

## Insight on the Issues

# Valuing the Invaluable 2026: Family Caregivers' Contribution Reaches \$1 Trillion

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### Key Takeaways

- ✓ An estimated 59 million family caregivers helped an adult family member, neighbor, or friend with daily activities during the year; about 37 million of these caregivers (63 percent) were providing care each month.
- ✓ All together, these family caregivers provided a total of 49.5 billion hours of care during the year, adding up to a total economic value of \$1.01 trillion (an average of \$20.41 per hour).
- ✓ The economic value of family caregiving exceeded the total amount of federal, state, and local Medicaid spending in 2024 (\$932 billion).

Family caregivers provide essential support to adults with disabilities and complex medical conditions. Family caregivers handle daily tasks of living (such as toileting, dressing, preparing meals, and transportation), complex medical and nursing tasks, and coordination of medical and social services. Most long-term services and supports (LTSS) in the United States is provided by family caregivers,<sup>1</sup> and nearly all of it is unpaid.<sup>2</sup>

*Caregiving in the US 2025* found that about 59 million American adults, or 22.5 percent of all adults, reported that they provided care for one or more adults ages 18 or older.<sup>3</sup> These caregivers are increasingly engaged in high-intensity care involving more hours of care, providing more help with daily living tasks and/or medical and nursing tasks typically handled by medical professionals.<sup>4</sup>

Using the *Caregiving in the US 2025* data set, this report estimates the economic value of family caregiving in the US, using new methods that incorporate the range of tasks and supports

The estimated economic value of family caregiving is \$1.01 trillion, based on about 59 million caregivers providing a total of 49.5 billion hours of care, at an average value of \$20.41 per hour.

that family caregivers provide. This economic value analysis finds that, in 2024, the 59 million caregivers of adults provided a total of 49.5 billion hours of care, at an average value of \$20.41 per hour of care, representing a total economic value of \$1.01 trillion.

This report also provides state-specific estimates of the number of caregivers, number of care hours, total economic value of caregiving, and average value per hour of care (see appendix on page 7 for detailed state data). The average economic value of caregiving per hour ranges from \$14.12 per hour in Louisiana to \$27.05 per hour in Washington, reflecting differences in the wages and cost of care in each state.

### Growing Complexity of Family Caregiving

The number of tasks caregivers perform has increased over time, and according to *Caregiving in the US 2025*, family caregiving is more complex than ever before.

- Most (57 percent) family caregivers of adults perform high-intensity caregiving, defined by the tasks they perform and the hours they devote to caregiving.
- More than half (55 percent) perform medical/nursing tasks that are typically handled by health care professionals.
- Family caregivers spend on average 27 hours per week on caregiving.

#### How much is \$1.01 trillion?

The estimated \$1.01 trillion economic value of caregiving equates to about \$3,000 for every person in the US.<sup>5</sup> The economic value of caregiving is (see also figure 1):

- more than all health care spending by private businesses in 2024 (\$967.4 billion);<sup>6</sup>
- more than all federal, state, and local Medicaid spending in 2024 (\$931.7 billion);<sup>7</sup>
- almost twice the amount of spending on LTSS and post-acute care in 2023 from all payers, including Medicaid, Medicare, and private sources (\$563.7 billion);<sup>8</sup> and
- almost twice all out-of-pocket health spending in 2024 (\$556.6 billion).<sup>9</sup>

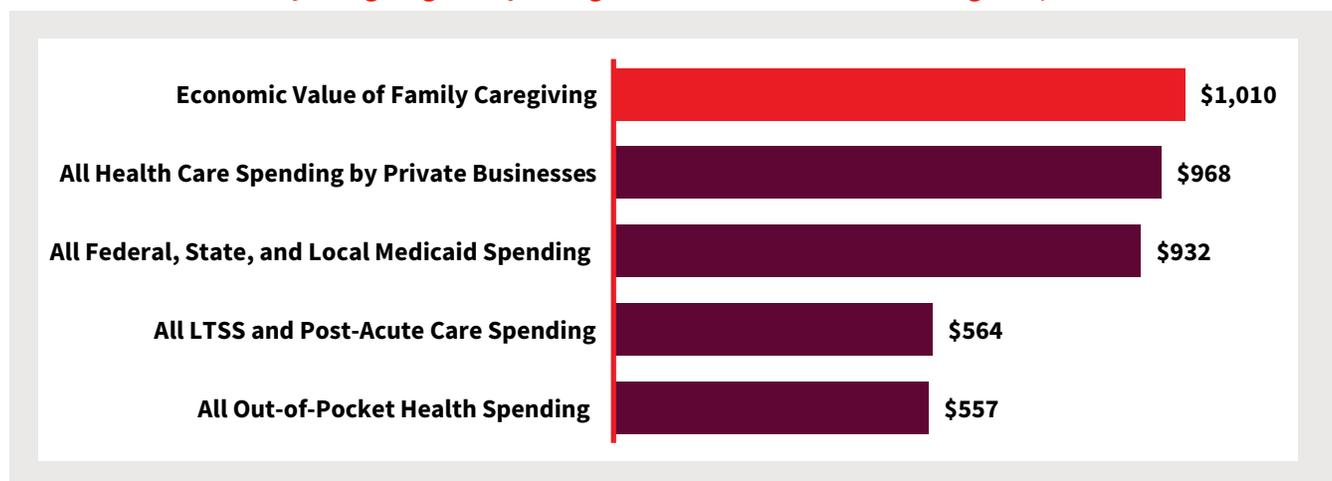
#### How much is 49.5 billion hours?

The estimated 49.5 billion hours devoted to family caregiving is the equivalent of 23.8 million full-time workers,<sup>10</sup> or about 17 percent of all full-time workers in the US (142 million). Adults in the US spend about as much time on family caregiving as they do on everyday activities like cleaning and food preparation, and almost twice as much as they do on religious activities and volunteering combined (figure 2).<sup>11</sup>

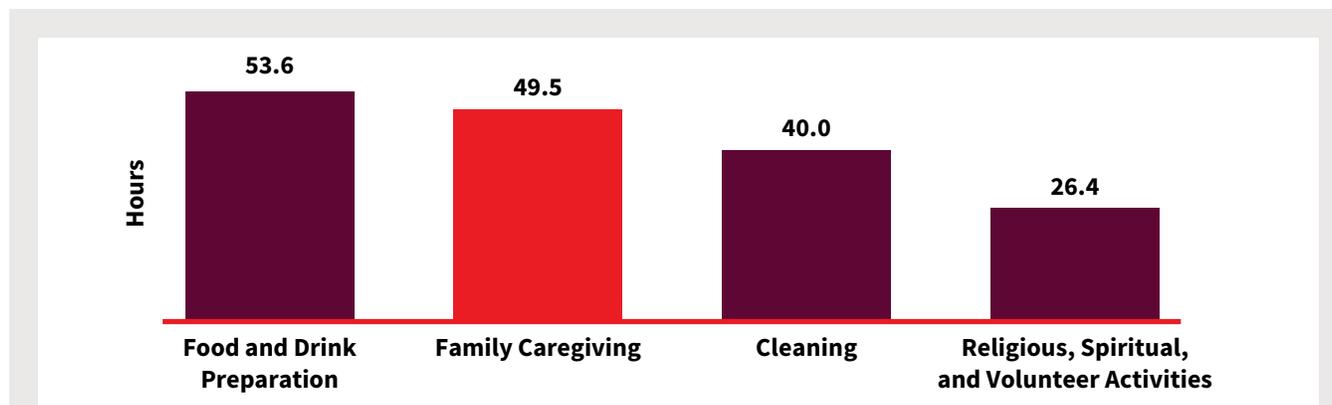
#### History of Valuing the Invaluable estimates

This report is the seventh in the *Valuing the Invaluable* series, dating back 20 years. The first *Valuing the Invaluable* analysis estimated that

FIGURE 1  
Economic Value of Family Caregiving and Spending on Select Health and LTSS Categories, in Billions



**FIGURE 2**  
**Total Hours Spent per Year by US Adults (18+) on Select Activities, in Billions, 2024**



Sources: AARP Public Policy Institute analysis of American Time Use Survey data,<sup>12</sup> 2024, and Caregiving in the US 2025 data.

34 million caregivers provided approximately \$350 billion of care in 2006.<sup>13</sup> These estimates have been updated periodically as new data have become available. Table 1 below shows all of the national estimates published in the *Valuing the Invaluable* series.

The methods used for each *Valuing the Invaluable* report were the best available at the time based on the most recent data. Because the source data were not consistent from year to year and the methods have varied from year to year, the resulting estimates are not directly comparable across years.

*“It is 24/7 duty when caring for my husband. Assistance walking to the bathroom, bathing, trimming nails, dressing, meals, laundry, keeping up with their medications, doctor’s appointments, or other health care providers (PT, OT, and nurse), or medical issues. Assist the family member getting in and out of the bed. You have to find time for grocery shopping and handle financial matters.”*

—Esther in Virginia

**TABLE 1**  
**Valuing the Invaluable Estimates, 2006–2024**

Data Year	Number of Caregivers Each Month	Total Care Hours per Year	Economic Value per Year	Average Value per Hour
2006	34 million		\$350 billion	\$9.63
2007	34 million		\$375 billion	\$10.10
2009	42 million	40.3 billion	\$450 billion	\$11.16
2013	40 million	37.0 billion	\$470 billion	\$12.51
2017	41 million	34.0 billion	\$470 billion	\$13.81
2021	38 million	36.0 billion	\$600 billion	\$16.59
2024	37 million*	49.5 billion	\$1.01 trillion	\$20.41

Note: \*Prior to the most recent report, the total number of caregivers was defined as the number providing care in the past month. The comparable statistic for 2024, 37 million caregivers providing care each month, is included instead of the 59 million providing care during the year.

## New features this year

There are three new features of the caregiver, hours of care, and economic value estimates in *Valuing the Invaluable 2026*. Each of these new features is enabled by the ability of the *Caregiving in the US 2025* survey to provide state-level estimates of caregiving prevalence and caregiver characteristics. Previous *Caregiving in the US* surveys have been the single richest source for data about caregivers and their care recipients but only at the national level.

These new features are:

1. Instead of drawing on multiple sources of data to create consensus estimates of the number of caregivers and hours of care, *Valuing the Invaluable 2026* only uses data from *Caregiving in the US 2025*. This means that all data about caregivers of adults from these two reports can be used together. National estimates in *Valuing the Invaluable 2026* are consistent with *Caregiving in the US 2025*, and all state estimates are consistent with *Caregiving in the US 2025: Caring Across States*. Part of this consistency is a change in how the number of caregivers is presented. In previous years, *Valuing the Invaluable* presented the number of caregivers each month. To be consistent with *Caregiving in the US 2025*, this report counts the total number of caregivers during the year. Of the 59 million caregivers of adults, about 37 million (63 percent) were providing care each month.
2. In previous years, it was not possible to estimate hours of care per caregiver at the state level, so a single national value was used for all states. In *Valuing the Invaluable 2026*, annual hours per caregiver are estimated separately for each state.
3. In previous years, the economic value per hour of caregiving was assumed to be the same for all caregivers in a state. In *Valuing the Invaluable 2026*, the economic value per hour of care varies depending on the type of care tasks performed. Within each state, different values per hour are used for caregivers helping with instrumental activities of daily living such as managing finances, preparing meals, and transportation (IADL caregivers); caregivers also helping with activities of daily living such as bathing and dressing but not medical/nursing tasks (ADL caregivers); and caregivers who take on medical and nursing tasks that are typically handled by health care professionals such as administering injections and managing catheters (medical/nursing caregivers).

## Understanding the increase in the estimated economic value between 2021 and 2024

The estimated economic value of family caregiving increased by two-thirds from 2021 to 2024 (from \$600 billion to \$1.01 trillion). The method for estimating the economic value of caregiving for this report differs

*“I love my parents, and they’ve given me a great life, so I feel it’s my turn to give back to them. I’m blessed to have a wonderful husband to help me who has given up a career of his own to take them to all their doctors’ appointments, pick up their prescriptions, cook for them, clean the house, and, along with me, make sure they take their many medications, eat healthy meals, and keep up with their personal care. I’m lucky I have him to help, as I work full-time, and would not be able to do all he does for them. It’s been a bit of a stress, because it’s hard for us to be able to live our own lives, or go anywhere, without considering when we need to be home for their next medication, appointment, meal, etc. as they’re totally dependent on us.”*

—Jennifer in Pennsylvania

from the method used in previous editions of *Valuing the Invaluable* due to changes in the source data; however, based on data sources with comparable data for multiple years, the large increase in economic value seems to be attributable to caregivers providing more hours of care at a higher value per hour, not to an increase in the number of caregivers.

Of the estimated 59 million caregivers of adults in 2024, about 37 million (63 percent) provided care each month. This monthly definition was used in all previous *Valuing the Invaluable* reports, and the 2024 value of 37 million is not meaningfully different from the 2021 estimate of 38 million. The new estimation approach examines variation in caregivers' tasks more closely and applies substitute wages that more closely reflect the skills and intensity of each primary task type. Previously, the estimation approach substituted a constant mix of state minimum wage and care worker wages to all caregiver hours. This new method considers that medical and nursing tasks, for example, require nursing-level skills and, hence, incorporates nursing professional wages into the estimation equation for caregivers engaged in these tasks. Overall, this approach better reflects how care intensity and task types vary across all caregivers.

Multiple sources have found that the intensity of caregiving has increased in recent years. *Caregiving in the US 2025* found that caregivers of adults provided, on average, 27 hours of care per week, compared to 23.7 hours per week in *Caregiving in the US 2020*.<sup>14</sup> The American Time Use Survey has found a similar increase in average intensity of caregiving, with people ages 15-plus providing elder care for an average of 3.4 hours per day in 2017-2018, 3.6 hours per day in 2021-2022, and 3.9 hours per day in 2023-2024.<sup>15</sup>

Compared to the previous *Valuing the Invaluable* estimates, the average value per hour increased from \$16.59 to \$20.41, a 23 percent increase. Even accounting for the change in methods incorporating different values for IADL, ADL, and medical/nursing caregiving, 90 percent of the increase in the average value per hour

of caregiving was due to real increases in the cost of home care, direct care worker wages, and minimum wage, and only 10 percent of the increase was due to the methods change. The recent increase in the cost of LTSS, particularly home care, is well documented.<sup>16</sup>

### Overview of methods

A separate report contains the full, detailed methods for the *Valuing the Invaluable* estimates.<sup>17</sup> The following is a brief conceptual overview of these methods.

All *Valuing the Invaluable 2026* estimates are based on analysis of the *Caregiving in the US 2025* data set, which was collected in a 2024 survey of family caregivers. Estimates of the number of caregivers and prevalence at the national level are taken directly from the analyses in *Caregiving in the US 2025* and *Caregiving in the US 2025: Caring Across States*.

Hours of care are estimated nationally by multiplying the weekly hours for current caregivers by 52 weeks. Current caregivers are defined as those providing care in the last month. Those caring for someone in the last year, but not last month, referred to throughout as non-current caregivers, are not included in the hours calculation. The likelihood that a

*"I am caring for my 61-year-old mentally handicapped sister and my 48-year-old son, who is in very poor health. I also work a full-time job to keep us afloat financially. I do all the shopping for us, pay all the bills, make sure they both get to their doctor's appointments, make sure they get all their medications, do all the housework and yard work, and make sure they have the things that they like to do to keep them busy and fulfilled. All of this does not leave time for me to see the doctor myself, or get much sleep, or do much for myself."*

—Cheryl in Arizona

*“This is not my first rodeo. I have been a caregiver for my older brother, then my father and mother, and now my younger brother. I have to plan everything around them and make sure that their needs are met. Often before or instead of my own. Everything from their medication, food, paperwork, doctor appointments, housework, and everyday care becomes your responsibility.”*

—Tracey in Ohio

caregiver was providing care in the last month is related to caregiver characteristics, including hours and task type. Using only the hours for current caregivers ensures that the estimates of the total hours and the share by caregiver type task are unbiased.<sup>18</sup>

At the state level, non-current caregivers are included in the hours calculation to keep the state-level sample size as large as possible. Hours of both current and non-current caregivers, however, are scaled (separately for IADL, ADL, and medical/nursing caregivers) to account for the relationships between caregiver task, average hours, and current/non-current caregiving.

The economic value per hour is estimated at the state level separately by caregiver tasks—IADL only, ADL, or medical/nursing—using a set of state-level benchmarks comprising 75 percent wages (state minimum wage and various occupational average wages) and 25 percent cost of purchasing home care in the private pay market.

Consistent with *Caregiving in the US 2025: Caring Across States*, the hours by caregiver task type are estimated with state data for 32 states with sufficient sample size in the *Caregiving in the US 2025* data set. For the other 18 states and the District of Columbia, which do not have sufficient sample size, the hours of care by caregiver task type and proportion of caregivers by task type is estimated at the Census division level, and then scaled by the estimate of the number of caregivers in the state, and valued

based on the state level benchmarks. Because of the differences in methods at the national, larger state, and smaller state levels, the state estimates in *Caregiving in the US 2025: Caring Across States* do not exactly add up to the national estimates in *Caregiving in the US 2025*. Similarly, the state estimates in *Valuing the Invaluable 2026* do not exactly add up to the national estimates. See the methods report for more detail.

## Conclusion

As *Caregiving in the US 2025* states, “A family caregiver can be anyone, and each caregiving story is unique.” What unites all family caregivers is the substantial value their care provides—not only to those they support but to society at large. This unpaid care generates significant public benefit, including savings for taxpayers, yet it often does so at considerable cost to caregivers’ own health, well-being, and long-term economic security.

*Valuing the Invaluable 2026* helps quantify that value by estimating the total economic value of family caregiving. At an annual rate of \$1.01 trillion, family caregivers are a major economic force not just for the care they provide but also the value that care represents. As the US population continues to age and more adults become family caregivers, governments at all levels and private sector actors, such as employers and health systems, must be attuned to and address family caregivers’ value, their varied experiences, and their needs.

**Appendix: State estimates**

*Understanding differences in state data compared to previous Valuing the Invaluable reports*

As with the national estimates, state estimates are not directly comparable between years due to changes in source data and methods between *Valuing the Invaluable 2026* and previous *Valuing the Invaluable* reports. Several additional sources of variation for the state estimates could lead to significant apparent differences for some states that may not reflect actual changes. These sources include:

- The way caregivers were counted at the state level changed compared to previous *Valuing the Invaluable* reports. In this report, the number of caregivers is estimated directly at the state level, whereas in previous reports, a national total number of caregivers was estimated and then this total was allocated to individual states based on the age distribution of the state population and differences in age-adjusted prevalence of caregiving.
- Average hours of care in *Valuing the Invaluable 2026* are estimated at the state level rather than using a single national estimate for average hours.
- All estimates are based on survey data. The sample size is much smaller for individual states than for the nation as a whole, meaning that the state estimates are much less precise. For example, although the point estimates for the prevalence of caregiving varied from 14 percent in North Dakota and Wyoming to 31 percent in Mississippi, only a single state (Georgia) has a prevalence that is statistically significantly different from the national average.

We do not recommend comparing state estimates in *Valuing the Invaluable 2026* to state estimates from previous *Valuing the Invaluable* reports.

**TABLE A1**  
**State Estimates of the Number of Caregivers, Care Hours, and Economic Value of Family Caregiving, 2024**

State	Number of Caregivers of Adults 18+	Number of Care Hours (millions)	Economic Value (millions)	Average Value per Hour
Alabama	1,040,000	830	\$12,800	\$15.38
Alaska*	96,000	90	\$2,000	\$22.46
Arizona	1,190,000	1,220	\$27,000	\$22.21
Arkansas*	630,000	540	\$9,100	\$16.81
California	6,400,000	6,100	\$149,000	\$24.32
Colorado	910,000	650	\$16,000	\$24.39
Connecticut	710,000	460	\$10,700	\$23.45
Delaware*	164,000	122	\$2,600	\$21.12
District of Columbia*	89,000	66	\$1,640	\$24.75
Florida	4,300,000	4,100	\$81,000	\$19.66
Georgia	2,500,000	2,400	\$41,000	\$17.54
Hawaii*	210,000	200	\$4,900	\$24.18
Idaho*	400,000	350	\$6,600	\$18.95
Illinois	2,100,000	1,490	\$33,000	\$22.17
Indiana	1,110,000	860	\$16,100	\$18.68

State	Number of Caregivers of Adults 18+	Number of Care Hours (millions)	Economic Value (millions)	Average Value per Hour
Iowa	610,000	310	\$6,400	\$20.55
Kansas	610,000	590	\$10,900	\$18.42
Kentucky	910,000	780	\$15,500	\$19.98
Louisiana	900,000	920	\$12,900	\$14.12
Maine*	310,000	220	\$5,500	\$24.99
Maryland	1,150,000	1,040	\$24,000	\$22.89
Massachusetts	1,390,000	920	\$22,000	\$24.27
Michigan	1,520,000	1,330	\$27,000	\$20.03
Minnesota	840,000	480	\$11,100	\$22.94
Mississippi*	690,000	620	\$9,400	\$15.16
Missouri	1,130,000	870	\$17,500	\$20.23
Montana*	151,000	132	\$2,800	\$21.43
Nebraska*	300,000	210	\$4,500	\$21.31
Nevada*	560,000	490	\$10,600	\$21.57
New Hampshire*	280,000	200	\$4,400	\$21.83
New Jersey	1,760,000	1,190	\$28,000	\$23.68
New Mexico*	390,000	340	\$6,200	\$18.07
New York	3,900,000	2,600	\$58,000	\$22.55
North Carolina	2,100,000	1,790	\$33,000	\$18.17
North Dakota*	82,000	58	\$1,270	\$21.97
Ohio	2,100,000	1,610	\$32,000	\$19.58
Oklahoma	770,000	680	\$12,200	\$17.98
Oregon	740,000	600	\$15,400	\$25.48
Pennsylvania	2,200,000	2,100	\$40,000	\$19.05
Rhode Island*	155,000	111	\$2,800	\$25.07
South Carolina	1,050,000	990	\$17,200	\$17.40
South Dakota*	150,000	106	\$2,500	\$23.22
Tennessee	1,400,000	1,430	\$26,000	\$18.11
Texas	4,900,000	4,000	\$65,000	\$16.40
Utah	600,000	490	\$9,900	\$20.44
Vermont*	118,000	85	\$2,100	\$24.45
Virginia	1,520,000	1,370	\$27,000	\$20.01
Washington	1,250,000	930	\$25,000	\$27.05
West Virginia*	350,000	260	\$4,400	\$16.66
Wisconsin	1,030,000	560	\$11,100	\$19.75
Wyoming*	64,000	56	\$1,060	\$18.97
<b>United States</b>	<b>59,000,000</b>	<b>49,500</b>	<b>\$1,010,000</b>	<b>\$20.41</b>

\*smaller state; hours per caregiver are estimated at the census division level

- 1 National Academies of Sciences, Engineering, and Medicine, *Families Caring for an Aging America* (Washington, DC, The National Academies Press, 2016), <https://www.ncbi.nlm.nih.gov/books/NBK396401/>
- 2 Of the 59 million caregivers of adults, only 2 million were paid for all of their care hours, and another 9 million were paid for some of the hours they provided. The total economic value of \$1.01 trillion is for all care provided, whether or not it is paid. Source: *Caregiving in the US 2025* (table 2, page 7)
- 3 An additional 4 million adults reported caring for a child under age 18 with an illness or disability, for a total of 63 million caregivers of people of all ages. The detailed analysis in this report focuses on caregivers of adults.
- 4 AARP and National Alliance for Caregiving, *Caregiving in the US 2025* (Washington, DC, AARP, July 24, 2025), <https://doi.org/10.26419/ppi.00373.001>.
- 5 “Annual Estimates of the Resident Population for the United States, Regions, States, District of Columbia, and Puerto Rico: April 1, 2020 to July 1, 2024,” US Census Bureau, <https://www.census.gov/newsroom/press-kits/2024/national-state-population-estimates.html>.
- 6 “National Health Expenditures 2024 Highlights,” Centers for Medicare & Medicaid Services, <https://www.cms.gov/files/document/highlights.pdf>.
- 7 “National Health Expenditures Fact Sheet,” Centers for Medicare & Medicaid Services, 2024, <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet>.
- 8 “Who Pays for Long-Term Services and Supports?,” Congressional Research Service, August 28, 2025, <https://www.congress.gov/crs-product/IF10343>.
- 9 Centers for Medicare & Medicaid Services, “National Health Expenditures Fact Sheet.”
- 10 Assuming 2,080 hours per year, or 40 hours per week x 52 weeks.
- 11 AARP Public Policy Institute analysis of American Time Use Survey data, 2024, <https://www.bls.gov/tus/>.
- 12 Bureau of Labor Statistics, American Time Use Survey, 2024, One-Screen Data Search. Toggle options (1) both sexes, (2) 18 years and older, (3) all persons, (4) all persons, (5) food and drink preparation; interior cleaning; religious and spiritual activities; and volunteer activities, (6) all days, and (7) average hours per day. Multiply average hours per day for each activity by 365 to calculate hours per year. Multiply by 267,181,678 (US Census estimate of 2024 18+ population) to reach national hours per year among adults.
- 13 Mary Jo Gibson and Ari Houser, “Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving,” AARP Public Policy Institute, June 2007, [https://assets.aarp.org/rgcenter/il/ib82\\_caregiving.pdf](https://assets.aarp.org/rgcenter/il/ib82_caregiving.pdf). All previous *Valuing the Invaluable* reports and the current report are available at [www.aarp.org/valuing](http://www.aarp.org/valuing).
- 14 *Caregiving in the US 2020*, figure 29 (page 30).
- 15 US Bureau of Labor Statistics, “Unpaid Eldercare in the United States News Release,” table 4, news release, September 25, 2025, <https://www.bls.gov/news.release/elcare.htm>. Previous years are available at [https://www.bls.gov/news.release/archives/elcare\\_09212023.htm](https://www.bls.gov/news.release/archives/elcare_09212023.htm) and [https://www.bls.gov/news.release/archives/elcare\\_11222019.htm](https://www.bls.gov/news.release/archives/elcare_11222019.htm).
- 16 Ari Houser, “Long-Term Services and Supports Are Becoming Even More Unaffordable for Middle-Class Americans,” AARP Public Policy Institute, March 2026, <https://www.aarp.org/pri/topics/lts/lts-becoming-even-more-unaffordable/>.
- 17 Ari Houser, “Valuing the Invaluable 2026 Methods Report,” AARP Public Policy Institute, March 2026, [www.aarp.org/valuing](http://www.aarp.org/valuing)
- 18 For example, the likelihood of being a current caregiver is related to caregiver task type. Seventy-nine percent of IADL caregivers (averaging about 11 hours of care per week) were providing care in the past month, compared to 56 percent of ADL caregivers (19 hours per week) and 59 percent of medical/nursing caregivers (37 hours per week). Counting both current and non-current caregivers would underestimate the percentage of care hours provided by IADL caregivers and overestimate the percentage provided by ADL and medical/nursing caregivers.

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