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“Daughters are 28% more likely to care for aging parents than sons.”

**Dementia Care, Women's Health, and Gender Equity**The Value of Well-Timed Caregiver Support

[Nicholas T. Bott, PsyD1](https://jamanetwork.com/searchresults?author=Nicholas+T.+Bott&q=Nicholas+T.+Bott); [Clifford C. Sheckter, MD1](https://jamanetwork.com/searchresults?author=Clifford+C.+Sheckter&q=Clifford+C.+Sheckter); [Arnold S. Milstein, MD1](https://jamanetwork.com/searchresults?author=Arnold+S.+Milstein&q=Arnold+S.+Milstein)

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Although encouraging evidence shows a decline in dementia prevalence,[1](https://jamanetwork.com/journals/jamaneurology/article-abstract/2624330?redirect=true#nvp170005r1) the percentage of the US population aged 65 years and older is predicted to rise to 20% by 2030 (from 13% in 2010). Age is the greatest risk factor for dementia,[2](https://jamanetwork.com/journals/jamaneurology/article-abstract/2624330?redirect=true#nvp170005r2) and the number of cases of dementia will continue to rise as a function of an aging population (approximately 8.4 million by 2030). The mainstay of treatment is functional support, and 83% of caregiving comes from unpaid sources: family. The average person with dementia requires 171 hours of care per month, which is more than 100 hours more care per month than those without dementia (mean of 66 hours per month).[2](https://jamanetwork.com/journals/jamaneurology/article-abstract/2624330?redirect=true#nvp170005r2)

Women provide nearly two-thirds of all elder care, with wives more likely to care for husbands than vice versa and daughters 28% more likely to care for a parent than sons.[2](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r2) The best long-term care insurance in our country is a conscientious daughter.

Questions:

1. What is the greatest risk factor for dementia?

2. Daughters are more likely to care for parents by what percentage?

(full text below, not required to read)

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**Viewpoint**

July 2017

# Dementia Care, Women's Health, and Gender EquityThe Value of Well-Timed Caregiver Support

[Nicholas T. Bott, PsyD1](https://jamanetwork.com/searchresults?author=Nicholas+T.+Bott&q=Nicholas+T.+Bott); [Clifford C. Sheckter, MD1](https://jamanetwork.com/searchresults?author=Clifford+C.+Sheckter&q=Clifford+C.+Sheckter); [Arnold S. Milstein, MD1](https://jamanetwork.com/searchresults?author=Arnold+S.+Milstein&q=Arnold+S.+Milstein)

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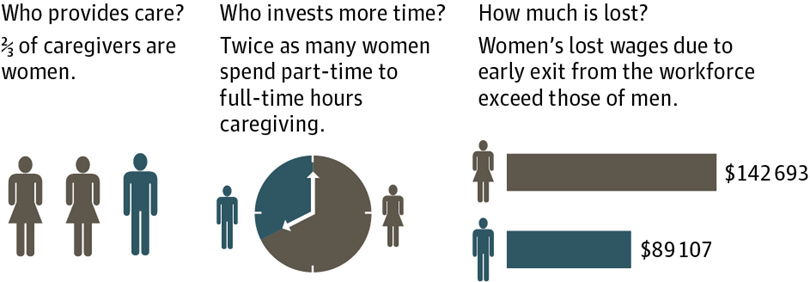
Although encouraging evidence shows a decline in dementia prevalence,[1](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r1) the percentage of the US population aged 65 years and older is predicted to rise to 20% by 2030 (from 13% in 2010). Age is the greatest risk factor for dementia,[2](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r2) and the number of cases of dementia will continue to rise as a function of an aging population (approximately 8.4 million by 2030). The mainstay of treatment is functional support, and 83% of caregiving comes from unpaid sources: family. The average person with dementia requires 171 hours of care per month, which is more than 100 hours more care per month than those without dementia (mean of 66 hours per month).[2](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r2)

Women provide nearly two-thirds of all elder care, with wives more likely to care for husbands than vice versa and daughters 28% more likely to care for a parent than sons.[2](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r2) The best long-term care insurance in our country is a conscientious daughter. Making up 47% of the workforce in 2015, burgeoning caregiving demands will disproportionately fall on working-age women, as will the associated decreases in self-esteem.

While caregiving for loved ones with dementia can certainly be meaningful, dispiriting routine tasks such as toileting, undergarment changing, and bathing are enduring challenges. Lack of daily predictability in dementia-linked symptoms intensifies the burden. Women are disproportionately at risk for lowering or exiting their career trajectory owing to caregiving demands.[3](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r3) The combined stresses of caring for family members with dementia and the lack of time to attend to personal needs can erode caregivers’ health.[4](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r4) For women who remain in the workforce, dementia care responsibilities can increase costs to their employers from absenteeism, productivity loss, stress-related disability claims, and health benefits plan spending. It remains to be seen whether men can be persuaded to assume an equal share of the burden of caregiving. While gender parity in childcare is modestly growing, gender parity in dementia care is unlikely to occur anytime soon.[5](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r5) Hard-fought gains toward equality in the workplace for women are at risk ([Figure](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005f1)).

**Figure.  Caregiving by the Numbers**

[View Large](https://cdn.jamanetwork.com/ama/content_public/journal/neur/936363/nvp170005f1.png?Expires=1698370755&Signature=Gak-UFJixTJCRjXUuUqJaqGjxGIFnZaU0oWgyYI7Go-WaQL8SWFmvqcQSRatELmZ2oTrJKa5UohZ~EbesSqiXFvfq7GsuyRUoFHVjjPXWGLf98yheuvj3JH6pPkDj~kY9rlO4-RGJL6mfCaiATZ5Bt7qQCcCZ7geSqXIFxBRydX06z9Ro9ZMV32U-UcBGRcU7nmdV3ZlSADyDQo46cAcPCzCKF1w~DFji-17R1I0OQeZlNc8YL8I25gTKtMGH3CJ3IyWFbU0l8rQ6kzi5nIgfq~c5XjrwQuaY3KQpUHEBSpLShSIuGhlblJVFaU2wvbmL5FKeLCEhwu9BLRtqk0VSQ__&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA)[Download](https://jamanetwork.com/downloadimage.aspx?image=https://cdn.jamanetwork.com/ama/content_public/journal/neur/936363/nvp170005f1.png?Expires=1698370755&Signature=Gak-UFJixTJCRjXUuUqJaqGjxGIFnZaU0oWgyYI7Go-WaQL8SWFmvqcQSRatELmZ2oTrJKa5UohZ~EbesSqiXFvfq7GsuyRUoFHVjjPXWGLf98yheuvj3JH6pPkDj~kY9rlO4-RGJL6mfCaiATZ5Bt7qQCcCZ7geSqXIFxBRydX06z9Ro9ZMV32U-UcBGRcU7nmdV3ZlSADyDQo46cAcPCzCKF1w~DFji-17R1I0OQeZlNc8YL8I25gTKtMGH3CJ3IyWFbU0l8rQ6kzi5nIgfq~c5XjrwQuaY3KQpUHEBSpLShSIuGhlblJVFaU2wvbmL5FKeLCEhwu9BLRtqk0VSQ__&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA&sec=165199383&ar=2624330&imagename=&siteId=16)

[](https://cdn.jamanetwork.com/ama/content_public/journal/neur/936363/nvp170005f1.png?Expires=1698370755&Signature=Gak-UFJixTJCRjXUuUqJaqGjxGIFnZaU0oWgyYI7Go-WaQL8SWFmvqcQSRatELmZ2oTrJKa5UohZ~EbesSqiXFvfq7GsuyRUoFHVjjPXWGLf98yheuvj3JH6pPkDj~kY9rlO4-RGJL6mfCaiATZ5Bt7qQCcCZ7geSqXIFxBRydX06z9Ro9ZMV32U-UcBGRcU7nmdV3ZlSADyDQo46cAcPCzCKF1w~DFji-17R1I0OQeZlNc8YL8I25gTKtMGH3CJ3IyWFbU0l8rQ6kzi5nIgfq~c5XjrwQuaY3KQpUHEBSpLShSIuGhlblJVFaU2wvbmL5FKeLCEhwu9BLRtqk0VSQ__&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA)

Data taken from the Alzheimer’s Association[2](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r2) and from the MetLife Mature Market Institute.[6](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r6)

Delivering and funding caregiving are separate problems, with intertwined solutions. Government-funded expansion for robust community support and in-home caregiving are offered by several Organization for Economic Co-operation and Development nations. The Netherlands’s famous “dementia village,” Hogeweyk, and Japan’s supply of government-paid in-home caregivers are illustrative. In the United States, the 2016 political ascension of fiscal conservatives makes such a new entitlement unlikely. Proposals for a “Medicare Part E” that would allow senior citizens to trade reduced acute inpatient care benefits for new long-term care benefits have not gained traction. Combining Medicaid and Medicare dollars has enabled some successful innovations such as the Program for All-inclusive Care for the Elderly, although scaling has proven difficult owing to variation in state and local funding. For health systems operating fee-for-service Medicare, there is no incentive to support caregivers because these systems bear no risk. A few health care organizations operating Medicare Advantage plans provide in-home caregiving, reasoning that family burnout leads to emergency department visits and preventable costly hospitalizations.

While the Obama administration extended paid parental leave to federal employees and federal contractors, Deloitte LLP, a major international accounting and consulting firm, distinguished themselves by offering the most expansive paid family leave policy in the private sector. It allows all men and women up to 16 fully paid weeks to care for a family member including an aging parent. Paid leave at the start of the role transition to parenthood has generated diverse benefits for women and their employers including increased likelihood of returning to work, increased productivity, improved infant health outcomes, shorter child hospital stays, and improved maternal health.[7](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r7) Similarly, women are disproportionately at risk of early or complete workplace exit at the initiation of a high-intensity caregiving role.

The potential economic dividends from the Deloitte policy will not only accrue to Deloitte shareholders but also to taxpayers. Employer-sponsored paid leave for elder care offers unique value to women workers through providing a circumscribed period of adjustment to the new role, enabling caregivers to develop and implement plans of care and thus mitigating the risk of workplace exit. Well-timed paid leave can be even more effective if combined with existing home-based interventions led by occupational therapists and “handymen” to preserve senior citizens’ capacity to perform activities of daily living and reduce the hours spent caregiving, which translates into further financial savings.[8](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r8),[9](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r9)

A better-planned and buffered introduction to in-home family care for senior citizens with dementia will also improve quality of life and decrease the duration of frequently unwelcome institutional care because caregiver burnout predicts the frequency of hospitalization and earlier long-term care placement. These comprehensive benefits will also accrue to state taxpayers, whose governors struggle already with the costs of long-term care for most patients with dementia who spend-down their assets on caregiving fees and thereby qualify for Medicaid-funded long-term care. State and federal Medicaid fiscal challenges owing to the cost of dementia care will intensify. The Congressional Budget Office projects Medicaid spending on Long Term Services and Supports will grow at a mean of 5.5% per year, far in excess of gross domestic product growth, to reach an estimated $100 billion by 2023.[10](https://jamanetwork.com/journals/jamaneurology/fullarticle/2624330#nvp170005r10) Federal tax subsidies allowing corporations to deduct the period of paid family leave may further incentivize employers.

A comprehensive solution for elder care remains politically elusive. Until federal coverage for in-home caregiving is legislated, employer-based paid leave policies are uniquely positioned to fill the gap. More expansive family leave policies will be particularly valuable for employees serving as caregivers for loved ones with dementia, most of whom will be women. Clinicians also have a key role to play. On making the diagnosis of dementia, they can educate families about the mean number of weekly hours of caregiving that will be required, reliably refer them to local social services, and support family discussions of the career-long effect of the gender gap. Gender health and economic equity are at risk as the proportion of our population that will struggle with the burden of dementia predictably surges.

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Article Information

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