The first resolved clause of resolution 14-F19, *Reviewing Literature on the Impact of Informal*

$500 billion a year. With the growing senior population and resource constraints on the existing health and formal caregiving system, it is expected that the prevalence of informal and family caregiving will grow in the years to come.

Family and Informal Caregiving and its Impact on Health Outcomes and Well-Being

Vitaliano et. al conducted a meta-analysis of 23 studies to compare health indicators of demographically similar caregivers and noncaregivers, finding a marginally greater risk for health problems in caregivers.[iii] Another meta-analysis of 84 articles by Pinquart and Sörensen looked at perceived differences in stress, depression, general well-being, physical health, and self-efficacy between caregivers and noncaregivers.[iv] While caregivers had lower perceived statuses for all indicators, the difference in level of physical health was much lower than the others. Dimentia caregivers tended to have larger differences than general caregivers and the relationship of caregiver to recipient and age of caregiver also impacted the magnitude of difference. Pinquart and Sörensen expanded upon their original meta-analysis by considering 176 studies looking at caregiver physical health.[v] Higher levels of care recipient behavior problems, older age, lower socioeconomic status, and lower levels of informal support were most strongly associated with poorer physical health. The impact of caregiving on health was most pronounced amongst, older caregivers, those psychologically distressed caring for dementia patients, and men.

In addition to self-reported physical health status, several studies analyze differences in mortality rates in determining the impact of caregiving on health. Amongst elderly spousal caregivers experiencing mental or emotional strain, Schulz et. al finds that mortality risks were 63 percent higher an r 9 status, sevTd[s)2(id)6(5t(d a)n001 08 0 TTJ0s)2(id)6g

Much of the literature pertaining to mental health examines the prevalence of depressive symptoms amongst caregivers. A review of the literature suggests that informal caregivers are more likely to report depressive symptoms and other psychological stressors than the general population.[x] Yates et. al finds that caregiving stressors, a factor of hours of care provided and overload, resulted in increased rates of depression for informal caregivers, which was partially mediated by the quality of relationship between giver and recipient, high levels of mastery, or emotional support.[xi] For caregivers of survivors of acute respiratory distress syndrome, health-related quality of life was lower compared to noncaregivers after accounting for age. Emotional stress was associated with lifestyle interference, lower levels of mastery, and depressed recipients of care, while caregiver well-being was associated with personal gains from providing care, mastery, and social support.[xii] Schulz et. al found that depression, stress, and well-being in caregivers were impacted by care recipient behavior problems, physical ability, and cognitive impairment; duration and amount of care provided; age; relationship between caregiver and recipient; and sex.[xiii] Pinquart and Sörensen conducted a meta-analysis of 228 studies looking at the associating of care-related factors with burden and depressed mood.[xiv] Behavioral problems of care recipients was the most impactful factor and was stronger for spousal caregivers than adult children caregivers. A study of caregivers to family members with dementia found that while self-reported health was generally negatively associated with caregiving, those

Burnout and diminished quality of life for a caregiver could translate to the care provided to the recipient. Wiglesworth et. al’s study on the abuse and neglect of dementia patients found that mistreatment was present in 47.3 percent of patients and found that mistreatment was caregivers reported substantial positive aspects from caregiving, citing certainty that the recipient is being well cared for and a deepened relationship between giver and recipient.[xxx] Only 10 percent reported substantial negative aspects ranging from exhaustion, strenuous workload, and lack of time. Those reporting negative aspects were more likely to also suffer from depression, anxiety, and diminished physical health.

Additionally, there are several population-based studies finding improved health indicators for the caregiving population compared to noncaregivers. Brown et. al found that amongst elderly married couples over a seven year period, those who provided at least 14 hours of care per week to their partner had lower mortality rates compared to those couples who did not provide care after accounting for care recipient characteristics and other health and demographic factors.[xxxi] Looking at stress in elderly women, Fredman et. al found that high-stress caregivers and noncaregivers had higher mortality rates than low-stress noncaregivers over the first three years, while these rates were similar in later years. However, low-stress caregivers had lower mortality rates than noncaregivers. Similarly, a comparison of mortality rates for caregivers matched with noncaregivers with similar demographic and health characteristics found an 18 percent lower mortality rate for caregivers over a 6-year period. Longitudinal studies using national census data in North Ireland and England and Wales both found that caregivers had lower mortality rates than noncaregivers.[xxxv]

Informal Caregiver Education and Training

There is a general gap in literature evaluating the needs and capabilities of informal caregivers. Without an understanding of caregiver training, knowledge of the disability/illness, care mastery, or competency in navigating the health care system, caregivers may be left unequipped to provide services appropriate to the needs of the recipient. Evidence suggests that access to training and resources better prepares caregivers to cope with caregiving challenges and monitor the recipient to appropriately assist[xxxvi] and that individualized and experiential training for informal caregivers, particularly for those caring for cancer patients, is intervention group of caregivers to a spouse with Alzheimer's disease, which found that the intervention group had better self-reported health indicators and number of illnesses.[xl]

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[xiv] Pinquart, Martin, and Silvia Sörensen. "Associations of stressors and uplifts of caregiving with caregiver burden and depressive mood: a meta-analysis." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 58, no. 2 (2003): P112-P128.

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[xvi] Metzelthin, Silke F., Ellen Verbakel, Marja Y. Veenstra, Job Van Exel, Antonius W. Ambergen, and Gertrudis IJM Kempen. "Positive and negative outcomes of informal caregiving at home and in institutionalised long-term care: a cross-sectional study." *BMC geriatrics* 17, no. 1 (2017): 232.

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[xviii] Takai, Michiko, Megumi Takahashi, Yumi Iwamitsu, Satoru Oishi, and Hitoshi Miyaoka. "Subjective experiences of family caregivers of patients with dementia as predictive factors of quality of life." *Psychogeriatrics* 11, no. 2 (2011): 98-104.

[xix]

[xxxi] Brown, Stephanie L., Dylan M. Smith, Richard Schulz, Mohammed U. Kabeto, Peter A. Ubel, Michael Poulin, Jaehee Yi, Catherine Kim, and Kenneth M. Langa. "Caregiving behavior is associated with decreased mortality risk."