



Caregiving in Colorado: 2020 & Beyond

Providing the majority of support for older adults, [unpaid caregivers](#) are essential members of Colorado's caring ecosystem.¹ Their support allows older Coloradans to remain in their homes and communities, age in ways they find meaningful, and reduces the need for high-cost care. [As Colorado ages](#), the importance of unpaid caregivers is only expected to grow.

The following brief outlines research from the Bell Policy Center on the projected evolution of unpaid care in Colorado through 2030. Major findings include:

- Colorado benefits by helping unpaid caregivers access services like respite, trainings, and workplace supports. When connected to lower nursing home utilization rates and increased workforce participation, caregiver supports could benefit the yearly state budget by between \$130 million to \$280 million in 2030.
- By 2030, Colorado is expected to have an 115,000-person caregiver gap. This is the result of demographic projections that show the number of older adults in need of care growing at a faster rate than those in the age group most likely to provide support.
- Though the majority reside along the Front Range, there's both disproportionate need for and physical concentration of caregivers in other parts of Colorado. This distribution is expected to continue through 2030.
- The preventative investments caregivers need — including respite, financial relief, and workplace supports — are currently in short supply. Without intentional effort, the gap between needed and available supports is expected to continue into the next decade.

Unpaid Caregiving for Older Adults in Colorado Fast Facts: Who Are Colorado's Caregivers?²

- Median age is 49 years old
- The majority (60 percent) are women
- 73 percent participate in the workforce, and more than a quarter of employed caregivers work part time
- Slightly over one-third have a child of their own living with them

What Do Caregivers Do?

- Provide a variety of services and supports, which often includes help with meal preparation, personal care, housework, transportation, medication management, and more complex medical care
- Caregiver support can be essential in helping the [almost half of all older adults](#) who need assistance with daily activities age in their homes and communities

Impacts on Caregivers

- Physical impacts of caregiving: greater prevalence of [chronic health conditions](#), higher levels of [obesity](#), and increased risk of [heart disease](#) and [cancer](#)
- Financial impacts of caregiving: [reduced workforce participation](#), decreased investments in [retirement savings accounts](#), and [high out-of-pocket costs](#)
- Mental health impacts of caregiving: higher levels of [depression](#), [stress](#), and [substance abuse](#)

¹ This report focuses solely on unpaid caregivers for older adults. A secondary, but equally important group of caregivers provides support for individuals with disabilities. Though not examined here, it's likely many of the same challenges and opportunities detailed in this report exist for this population of caregivers.

² Source: Bell analysis of 2011 – 2018 ATUS data of Coloradans who provided unpaid care to an older adult in the past three months.

Budget Benefits of Supporting Unpaid Caregivers

Comprehensive supports for unpaid caregivers benefit individual older adults and their families. Though often less noticed, strong caregiving policies can have similarly positive impacts for the state budget. Several of the more notable ways this occurs are discussed below.³

Reduced Medicaid Facility Care Costs

Unpaid caregivers play an important role in reducing the cost of elder care by:

- offering support that would otherwise be provided by a paid professional; and
- delaying, if not preventing, the use of expensive facility-based care.

Because the majority of institutional care for older adults is financed by [Medicaid](#), unpaid support which helps people age in their homes and communities is connected to significant state savings.

Additional research is needed to better assess the connection between Medicaid costs and caregiver supports. However, existent research is promising, and includes a [longitudinal study in California](#) that shows the state’s paid family and medical leave program reduced nursing home utilization rates by 11 percent. It’s likely evaluations of additional and more comprehensive caregiver supports would find larger declines in nursing home utilization. Using analysis of current nursing home utilization rates and related costs, the Bell estimates a range of possible rate reductions and connected savings in the chart below.⁴

Savings to the State from Reductions in Nursing Home Utilization (2030 Estimates)

Nursing Home Utilization Rate Reduction	10%	15%	20%
State Savings	\$63 million	\$94 million	\$125 million

Source: Bell analysis of projected nursing home utilization trends and costs in 2030 based upon 2018 usage rates detailed in the Colorado Health Institute’s study [“State Costs and Revenue”](#)

Increased Wages & Tax Revenue

[Approximately 60 percent](#) of all employed caregivers report making changes to their workplace behavior as a result of their care responsibilities. This inability to participate fully in the workplace has significant implications for individuals, families, and the economy. It can also mean diminished tax revenue. The chart below estimates the amount of money Colorado could receive if stronger policies and available services, many of which are detailed in the “Increasing the Availability of Caregiver Supports and Services” section below, were in place to support caregivers.⁵

³ The potential impacts to the state budget highlighted in this section are noted because of the strong research connecting workforce behavior and nursing home utilization to caregiving. However, caregiving’s impacts likely have more depth and breadth than credited here. More comprehensive evaluation and analysis will be necessary to determine the full extent of caregiving’s impacts to the state budget.

⁴ Estimates were developed using nursing home utilization and costs findings from the Colorado Health Institute’s study [“State Costs and Revenue”](#) as a baseline. Changes to the number of individuals likely to use nursing homes in 2030 were estimated based upon changes in the projected number of Coloradans 80+, the population with greater likelihood of using nursing facilities. Cost differentials between 2020 and 2030 were estimated using projections from [Genworth](#) on the growth rate in nursing facility costs over the next decade.

⁵ Estimates are based upon the following assumptions: Caregivers most likely to positively change their workforce behavior and work additional hours due to enhanced caregiver supports are under the age of 65, provide either daily care or care multiple times a week, and are either not in the workforce or are working part-time; caregivers are making the statewide median wage, which for 2030 was calculated using projected wage changes from the [Congressional Budget Office](#) which Bell estimates to be \$27.02/hour; and the tax rate for 2030 remains at 4.63 percent. Estimates regarding applicable caregivers are based upon Bell analysis of 2011 – 2018 ATUS data of Coloradans under the age of 65, who were not in the workforce or who were working part-time, and provided care either daily/multiple times a week.

Additional Wages & Tax Revenue (2030 Estimates)

	Baseline if Unchanged	Low Impact	Middle Impact	High Impact
Part-Time Workers				
Average Change in Hours/Week/Caregiver	23 Hours	27 Hours	31 Hours	35 Hours
Additional Wages/Year	\$1.6 billion	\$280 million	\$550 million	\$550 million
Additional State Tax Revenue/Year	\$74 million	\$13 million	\$26 million	\$38 million
Not in Labor Force				
Average Change in Hours/Week/Caregiver	0 Hours	10 Hours	15 Hours	20 Hours
Additional Wages/Year	\$0	\$1.2 billion	\$1.9 million	\$2.5 billion
Additional State Tax Revenue/Year	\$0	\$58 million	\$87 million	\$120 million
Total Additional State Tax Revenue	\$74 million	\$71 million	\$113 million	\$158 million

Source: Bell analysis of 2011–2018 ATUS and [Congressional Budget Office](#) data

Long-Term Financial Implications for the State

The analyses above speak to the immediate, quantifiable implications of providing better supports for unpaid caregivers. However, what’s more difficult to assess, but likely just as prevalent, are the long-term, generational costs to the state. Analysis from the Bell Policy Center’s [“Colorado’s Middle Class Families”](#) report shows low- and middle-income families are increasingly facing constrained budgets, a reality that’s altering how Coloradans invest in their future. While the Bell’s report doesn’t speak specifically to the financial burden of supporting an older loved one, it’s likely the economic challenges felt broadly throughout Colorado are further exacerbated by unpaid care responsibilities.

Financial limitations that restrict whether one can buy a home, invest in further education, or put money away for retirement impact the health and well-being of current and future generations. As always, community well-being is strongly connected to state economic health, and impacts the need for social services, the strength of the workforce, and outside interest in investment. Unpaid caregiving’s impact on individuals’ long-term ability to invest in themselves and their families and the subsequent connection to state spending requires further exploration. However, given the substantial health and financial burdens of caregiving, it’s likely long-term financial implications exist for families, and as a result, the state budget.

State of Unpaid Caregiving in Colorado Through 2030

To develop impactful policies that offer meaningful support, it’s important to understand the state of caregiving in Colorado. Bell analysis of the U.S Bureau of Labor Statistic’s American Time Use Survey (ATUS) estimates 870,000 Coloradans, or approximately 18 percent of those 15 and older, are providing some type of unpaid care to an older adult in 2020.⁶ Importantly, the frequency of support these unpaid caregivers provide to their loved ones is not uniform, as shown below.

⁶ Estimates are based primarily upon Bell analysis of ATUS 2017-2018 data of Coloradans who provided unpaid care to an older adult in the past three months. An analysis of historic caregiving trends in Colorado from both the ATUS and AARP’s [“Valuing the Invaluable”](#) series showed little change in the relative number of caregivers over two year periods between 2011 – 2018. As a result, the number of Colorado caregivers in 2020 are estimated to be similar to those found through analyzing ATUS 2017-2018 data.

Frequency of Care (2020 Estimates)

	Approximate # of Coloradans	% of Caregivers
Daily	150,000	17%
Several Times a Week	190,000	22%
Once a Week	115,000	13%
Several Times a Month	145,000	17%
Once a Month	90,000	10%
Other	180,000	21%
Total	870,000	100%

Source: Bell analysis of ATUS 2015-2018 data

Geographic Distribution of Colorado Caregivers

Statewide demographic differences impact the prevalence of caregiving throughout the state. Communities outside of the Front Range are generally older and less healthy, factors connected to a greater need for care.⁷ As the chart below demonstrates, though the majority reside along the Front Range, there are a disproportionate number of unpaid caregivers in non-Front Range communities.

Geographic Distribution of Colorado Caregivers (2020 Estimates)

	State	Central Mountains	Eastern Plains	Front Range	San Luis Valley	Western Slope
Estimated Number of Caregivers	870,000	26,000	35,000	705,000	8,000	96,000
% of State's Unpaid Caregivers	100%	3%	4%	81%	1%	11%
% of State Total Population, Ages 15+	100%	2%	3%	84%	1%	10%

Source: Bell analysis of 2011-2018 ATUS and State Demographer Office data

Projected Colorado Caregivers in 2030

Colorado's population is projected to continue aging rapidly through 2030. Over the next decade, the number of Coloradans 65 and older is expected to increase 37 percent, with those 70 and older — an age range often connected to needing more intensive supports — growing at an even faster rate.

To keep up with this growth, there will need to be an approximately 31 percent increase in the number of Colorado caregivers by 2030.⁸

⁷ Bell analysis of health data from the [Colorado Department of Public Health and Environment](#) shows those who live outside the Front Range generally have higher rates of chronic health conditions like diabetes and report greater levels of physical distress.

⁸ The estimated need for the number of unpaid caregivers in 2030 is based upon projected demographic changes in Coloradans 65 and older. Findings regularly shows age is a strong indicator of whether an older adult needs paid/unpaid support. A national survey of Medicare beneficiaries, "[Behavioral Adaptation and Late-Life Disability: A New Spectrum for Assessing Public Health Impacts.](#)" breaks the likelihood of needing care down by age. Using information from the State Demographer's Office and the above-mentioned report, population changes in the number of older adults likely to need assistance were calculated. Estimates assume that to maintain the same level of care currently being provided, the number of caregivers will have to increase by this same percentage.

Colorado Population Change Between 2020 & 2030

Age Group	Percentage Change
All Ages	+ 14%
65-69	+ 12%
70-79	+ 41%
80-89	+ 75%
90+	+ 34%

Source: State Demographer Office

However, despite the growing need for their support, the Bell estimates the number of unpaid caregivers in Colorado will only increase by 18 percent over the next decade. Based upon analysis of changing demographics and the historic makeup of caregivers, this will lead to an estimated 115,000-person gap in the number of needed vs available caregivers by 2030.⁹

Geographic Need vs. Likely Caregivers (2030 Estimates)

	State	Central Mountains	Eastern Plains	Front Range	San Luis Valley	Western Slope
Needed Caregivers	1,140,000	32,000	41,000	931,000	11,000	125,000
Likely Caregivers	1,025,000	28,000	39,000	837,000	9,000	112,000
Difference	115,00	4,000	2,000	94,000	2,000	13,000

Source: Bell analysis of 2011-2018 ATUS and State Demographer Office data

The estimated caregiving gap stems from projected changes in the number of Coloradans between 35 and 64 — the age group most like to provide unpaid care. While the total number of Coloradans in this age bracket will increase between 2020 and 2030, the growth rate won't match that for those 65 and older. Importantly, the projected caregiver gap in 2030 can be mitigated by proactive and intentional efforts to increase the number of younger Coloradans providing support. However, if unaddressed, it's likely the frequency of support from existent caregivers will need to increase, intensifying health and financial challenges for these individuals. Projected changes to frequency of care in 2030 can be found in Appendix A.

Increasing the Availability of Caregiver Supports & Services

To maintain existing levels of care, future caregivers will need a variety of services and supports. These resources allow Coloradans to more fully support their older loved ones while also helping to mitigate the physical, emotional, and financial challenges associated with caregiving. Several specific supports needed through 2030 are discussed in further depth below.

⁹ Estimates for the actual number of caregivers is based primarily upon age projections. Others, including AARP, use similar assumptions. Analysis assumes the same proportion of individuals in all age groups over 15 that were providing care based upon Bell analysis of 2011 – 2018 ATUS data of Coloradans who provided care in the past three months remain the same for 2030. Demographic data for 2030 from the State Demographer's Office was then used to estimate the number of unpaid caregivers, both statewide and regionally. To corroborate these assessments, historic caregiving trends from ATUS data and analysis from AARP's "Valuing the Invaluable" series were also examined.

Respite

Respite — temporary relief for those caring for a loved one — is one of the most frequently requested services by unpaid caregivers. This relief can come from either paid or unpaid sources, and can be provided for varying lengths of time. Yet, despite the need, it's estimated [less than 1 percent](#) of all Colorado caregivers receive respite through the two largest funders, Medicaid and the National Caregiver Support Program. [As detailed in previous reports from the Bell](#), outside of private pay, which can be prohibitively expensive, there are limited ways to access respite.¹⁰

A growing body of research points to respite's value in supporting unpaid caregivers and their loved ones. [These benefits include:](#)

- Decreased caregiver stress and depression
- Better emotional and physical health for caregivers and the individuals they support
- For care recipients, reduced rates of hospitalization and Medicaid utilization
- Reduced placement in institutional facilities like nursing homes

There is a large gap between the number of Coloradans currently benefiting from respite and estimates of community need. A lack of providers, funding, and awareness of available supports contribute to the difference between needed and utilized respite services. Without meaningful effort to address these issues, this gap is likely to remain in the coming decade.¹¹

Needed vs. Actual Respite Utilization Estimates

	2020		2030	
	Needed	Actual	Needed	Actual
% of State's Unpaid Caregivers	460,000	6,000	790,000	7,000
% of State Total Population, Ages 15+	57.5 million	865,000	74 million	1 million

Source: Bell analysis of 2017-2018 ATUS, ["Colorado Respite Care Task Force,"](#) and ["Outcome Evaluation of the National Family Caregiver Support Program"](#) data

Additional Services & Supports

Beyond respite, caregivers benefit from a host of additional supports including training, education, connection to services, and outreach. Collectively, this support relieves stress, helps caregivers understand the course of their loved one's illness, gain needed skills, and provides a sense of awareness and self-identification as a caregiver. Projected increases in the number of future caregivers heightens the need for these services and supports, as detailed below.^{12 13}

¹⁰ Total respite utilization across sources is difficult to assess. While some data can be gathered from Medicaid and National Caregiver Support Program reports, there is little comprehensive data on how much respite individuals access through either private pay or volunteer sources.

¹¹ Analysis of likely respite for 2020 and 2030 is based upon information in the 2016 ["Colorado Respite Care Task Force"](#) report. Using this document, both the total number of individuals receiving respite and total amount of respite hours provided in FY 2015 were calculated. For both 2020 and 2030, it's assumed the percentage of caregivers and average number of hours received remain the same as FY 2015. Because no quality, comprehensive data on private respite or volunteer utilization could be found, these numbers were not included in the analysis. Analysis of needed respite for both 2020 and 2030 is based upon research from ["Outcome Evaluation of the National Family Caregiver Support Program"](#). Using this research, the assumption was made those providing daily care, for optimum results, will need at least 4 hours of respite a week. Two hours of respite a week were assumed to be beneficial for those providing care several times a week, and one hour of respite a week was assumed for those providing care once a week. Bell analysis of ATUS data regarding frequency of care, referenced elsewhere in the report for 2020 and 2030, was used to project the number of caregivers in need of respite as well as total hours.

Caregivers in Need of Additional Services & Supports (2020 & 2030 Estimates)

	Caregivers in Need (2020)	Caregivers in Need (2030)	Difference Between 2020 & 2030
Low-Level Support Outreach: Includes public education efforts to increase caregiver self-identification and awareness	870,000	1,025,000	155,000
Mid-Level Support General training: Can cover a range of topics including stress management or an overview of disease development	600,000	790,000	190,000
Support groups: Provides space for caregivers to learn from and support one another	340,000	440,000	100,000
Connection to services: Includes referral services that connect caregivers to needed supports	340,000	440,000	100,000
High-Level Support Intensive training: Can include more in-depth training on topics like specialized medical care	340,000	440,000	100,000
Counseling: Provides more intensive and individualized services, like mental health care	150,000	190,000	45,000

Source: Bell analysis of 2017-2018 ATUS data

Additional services and supports for unpaid caregivers have been shown to have a [range of benefits including:](#)

- Increased caregiver self-confidence and knowledge
- Reduced utilization of nursing homes, facility-based care, and Medicaid
- [Lower prevalence of caregiver burden and depressive symptoms](#)

Analysis of the need for caregiver services is based upon estimates of how frequently Coloradans provide unpaid care. It assumes even those Coloradans providing relatively minimal levels of support still benefit from very basic outreach services, with the need for additional resources increasing as individuals spend more time offering care. Tailoring services and supports to a range of caregiver needs is important for its dual ability to:

- mitigate the need for more acute, often expensive, supports; and
- build a provider network which the caregiver can rely upon as his/her care responsibilities evolve.

12 Estimates are based upon projected frequency of care for 2020 and 2030, both of which are referenced elsewhere in this report. Estimates assume the following: all caregivers need outreach; those providing care one or more time a week need connections to services; those providing care at least several times a month need general training; those providing care several times a week need intensive training; those providing daily care need counseling; and those providing care several times a week need access to support groups.

13 More so than other supports, including respite, it's difficult to assess the current number of unpaid caregivers currently benefitting from the services mentioned in this section. This difficulty is the result of several compounding factors, including: a) funding sources for unpaid caregiver services and supports are diffuse and spread across a variety of community sources, making comprehensive reporting difficult; b) caregivers are often a secondary client behind the older adult they're supporting, which often results in an under-reporting of the number of caregivers served and; c) it is very difficult to evaluate the reach of certain widescale supports, most notably general outreach.

Financial Support

Analysis from AARP shows the [average unpaid caregiver of an older adult](#) spends just over \$7,000 a year to support their loved one — approximately 14 percent of median family income for Coloradans providing care at least several times a week.¹⁴ [AARP analysis finds these expenses](#) lead unpaid caregivers to spend less on their own health, take out loans, and reduce retirement savings.¹⁵

[AARP analysis finds the financial support provided by unpaid caregivers primarily goes toward:](#)

- Household expenses: Approximately \$3,000/year or 40 percent of caregiving costs
- Medical expenses: Approximately \$1,750/year or 25 percent of caregiving costs
- Personal care expenses: Approximately \$1,000/year or 15 percent of caregiving costs

To afford caregiving expenses, [research from AARP](#) shows approximately 45 percent of caregivers change their financial behavior. This includes:

- 28 percent who stop saving
- 23 percent who take on additional debt
- 22 percent who use up personal short-term savings
- 19 percent who leave bills unpaid or pay them late

Based on AARP’s analysis of average caregiving expenses, the amount of money unpaid caregivers in Colorado are projected to spend supporting their loved ones will grow by more than 40 percent between 2020 and 2030:¹⁶

Out-of-Pocket Caregiving Expenses (2020 & 2030 Estimates)

	2020 Estimate	2030 Estimate
Estimated Expenses	\$4.25 billion	\$6.1 billion

Source: Bell analysis of 2017-2018 ATUS and AARP [“Family Caregiving and Out-of-Pocket Costs: 2016 Report”](#) data

Paid Leave

While unpaid caregivers benefit from a variety of workplace supports, including flexible schedules and greater access to employee assistance programs, there’s an especially significant need for paid family, medical, and sick leave. These benefits give working caregivers the ability to better support their loved ones while continuing to work. Current access to these benefits is described below.¹⁷

Percentage of Caregivers with Access to Paid Leave

Workplace Benefit	% of Colorado Caregivers with Benefit Access
Paid Family & Medical Leave	18%
Paid Sick Leave	73%

Source: [U.S. Bureau of Labor Statistics](#)

¹⁴ Source: Bell analysis of 2015 – 2018 ATUS data of Coloradans who provided at least monthly unpaid care to an older adult in the past three months.

¹⁵ Unlike the other services and supports mentioned in this report, the state of Colorado does not provide substantial financial relief to help defray out-of-pocket costs for unpaid caregivers, either through direct payments or indirect supports like tax credits.

¹⁶ Assumes median caregiving expenses only applied to those providing care at least several times a month as calculated by Bell analysis of ATUS frequency of care, referenced elsewhere in the report for both 2020 and 2030. Median caregiving costs were assumed to increase by 10 percent between 2020 and 2030.

¹⁷ Estimates use 2019 US Bureau of Labor Statistics data. It’s assumed these estimates will not change dramatically through 2030 without state or federal action.

Key Takeaways

The sections above lay out the contours of caregiving in Colorado throughout the next decade. Policymakers, stakeholders, and other advocates should consider the following takeaways when considering future actions.

Without intentional effort, there will be a deficit in caregivers by 2030. This will have noticeable impacts.

- More concentrated caregiver burdens: The relative decline in the number of caregivers per older adults in need of assistance will place a higher care burden on those providing support. For these individuals, this will likely result in greater, and more intense, health, financial, and employment challenges.
- Potential negative impacts for older adults: Unpaid caregivers provide [approximately 80 percent](#) of all care for older adults. If there is an inadequate supply of unpaid support, older adults may:
 - Rely more heavily on paid workers: Though most support is unpaid, [approximately one-third of all older adults](#) with severe needs benefit from paid care. However, even for these individuals, paid support is often a supplement to what's provided by friends and family. If fewer unpaid sources exist, older adults may come to rely more heavily on [paid, direct care professionals](#). While a possibility, the likeliness of this scenario is limited by the fact these services are [expensive](#) and workers, especially in rural areas, are often in [short supply](#).
 - Have increased difficulty remaining in their homes and communities: Inadequate support, whether from paid or unpaid sources, impacts older adults' ability to remain in their homes and communities. As a result, older adults, even those with relatively minor needs, may find it necessary to move into more expensive, facility-based settings. This outcome is both [less preferable for the majority of older adults](#) and more expensive, for both Colorado families and the [state](#).

A gap already exists in the availability of caregiver services. This deficit will only increase in the coming years if policymakers fail to take action. There are several important points to consider around these findings.

- Caregiver supports are preventative: Each of the aforementioned services and supports are a preventative investment. Though additional research is needed to further quantify their benefits, supports for unpaid caregivers have been shown to diminish the need for acute medical services, delay expensive institutional care, and defray out-of-pocket expenses. They have both short and long-term impacts for Colorado families, communities, and the state as a whole. By investing in unpaid caregivers now, health and financial benefits can be realized in the future.
- Need for a more robust infrastructure: Current gaps in caregiver supports are not solely the result of limited funding. While certainly a major component, inadequate infrastructure to provide services is also a major issue. For example, though an oft requested support, some Coloradans don't access respite because of an inadequate supply of well-trained [direct care workers](#).
- Need for targeted attention in rural communities: Though a numerical minority, there are a disproportionate number of rural caregivers in Colorado. Paired with a host of [well-documented](#) environmental challenges, rural communities' disproportionate need for services will require policy makers to develop focused and tailored solutions for these areas. Estimates for different caregiver services by geographic area in 2030 can be found in Appendix B.

Unpaid caregivers play an essential role in Colorado communities. As Colorado's population ages, these individuals will only grow in importance. However, without more targeted services, supports, and attention, caregivers and their families will continue to struggle. Proactive and intentional public policy which recognizes the value and worth of caregiving for older adults will be necessary to create a stronger, healthier, and more secure future for families throughout the state.

Appendix A

Frequency of Care (2020 & 2030 Estimates)		
	2020 % of Caregivers	2030 % of Caregivers
Daily	17%	19%
Several Times a Week	22%	24%
Once a Week	13%	15%
Several Times a Month	17%	19%
Once a Month	10%	10%
Other	21%	13%

Frequency of care percentages for 2020 come from Bell analysis of ATUS 2015-2018 data of Coloradans who provided care in the past three months. Frequency of care projections for 2030 are based upon assumptions that the overall intensity of care will increase if the relative number of caregivers fails to keep up with the number of individuals in need of support. This is consistent with Bell analysis of historic ATUS data.

Appendix B

Geographic Need for Unpaid Caregiver Services & Supports (2030 Estimates)

	State	Central Mountains	Eastern Plains	Front Range	San Luis Valley	Western Slope
Respite						
Individuals in need of respite	790,000	21,000	30,000	645,000	7,000	87,000
Additional Services & Supports						
Individuals in need of outreach	1,025,000	28,000	39,000	837,000	9,000	112,000
Individuals in need of connections to services	440,000	12,000	16,000	360,000	4,000	48,000
General training	790,000	21,000	30,000	645,000	7,000	87,000
Intensive training	440,000	12,000	16,000	360,000	4,000	48,000
Support groups	440,000	12,000	16,000	360,000	4,000	48,000
Counseling services	190,000	4,000	7,000	158,000	1,000	20,000
Financial Support						
Total dollars spent	\$6.1 billion	\$165 million	\$232 million	\$5 billion	\$6.1 billion	\$6.1 billion

The need for different caregiver services was assumed to remain constant across geographic areas. As a result, above projections are based solely upon each region's projected percentage of total caregivers.