A photograph of two women sitting together. On the left is a young woman with dark, curly hair, wearing a light-colored top and a necklace. On the right is an elderly woman with short, white hair, wearing a dark blue cardigan over a patterned top. Both women are smiling and looking towards each other. The background is a light-colored wall with vertical paneling.

Understanding Inclusion with Data: Care Across Demographics and Communities

The Rosalynn Carter Institute's
Evidence-Based Approach

“I believe that one of the most important things to learn in life is that you can make a difference in your community no matter who you are or where you live.”

– Former First Lady Rosalynn Carter



The Rosalynn Carter Institute for Caregiver's mission is to ensure all caregivers are seen, heard, and supported – including those whose experiences have historically been overlooked. By capturing diverse perspectives and cultural contexts, we build a more complete picture of caregiving in America and design solutions that truly include everyone.

Why We Are:

Experience with Courage and Visionary Leadership



Our Future: A Generation Taking Care, Making Sacrifices

Rosalynn Carter Institute (RCI) was founded with the mission to carry on Former First Lady Rosalynn Carter's visionary leadership to ensure family caregivers are seen, heard, and supported. She was ahead of her time, not only identifying the challenges caregivers face but advocating for real solutions through acts of service and leadership.

Her vision lives on in RCI's mission to build a more inclusive, data-informed foundation of care. We are committed to ensuring that all caregivers, across all identities and backgrounds, feel seen, heard, and supported.

We know that caregiving is a universal experience. Every family, community, and culture depends on someone to provide care, and yet not all caregivers are equally visible in the systems meant to support them. Inclusion starts with recognition.

We must use data to reflect the full scope of caregiving across the United States and to design solutions that meet diverse needs.

RCI's evidence-based approach is grounded in the belief that belonging begins when we are seen. That is why we gather, analyze, and reflect on insights across demographics, capturing how care is experienced and how it differs across communities. Our work is a combination of research-based listening and active community involvement to understand the real lives of caregivers and build programs that respond to those realities.

Through this process, we have identified meaningful differences in how race, ethnicity, gender, geography, and age influence caregivers' challenges and strengths.

By elevating
these lenses, we
ensure that we:



See Caregivers—bring visibility to experiences that often go unacknowledged, validating their critical role



Hear Caregivers—translate stories into insights and opportunities for targeted support



Support Caregivers—develop practical programs, tools, and policy solutions that drive real change

RCI's mission is rooted in inclusion—not as a value we state, but as a principle we build on.

May 2025

Who We Are:

Evidence and Impact First



RCI has been dedicated to improving the lives of family caregivers and promoting a better understanding of their critical role in the health and care system.

Former First Lady Rosalynn Carter was ahead of her time in recognizing the challenges caregivers face, and more importantly, in acting to address them. She was known not only for identifying problems but for championing real solutions through service, research, and leadership. At the heart of RCI's work is this legacy: a deep commitment to evidence and measurable outcomes that support caregivers and drive long-term change through programs, policies, and advocacy.

According to a 2024 RAND Study, 105 million Americans—more than 40% of the U.S. population—are caregivers. These individuals provide unpaid care, valued at over \$600 billion annually, to someone who is aging, ill, or experiencing disability.



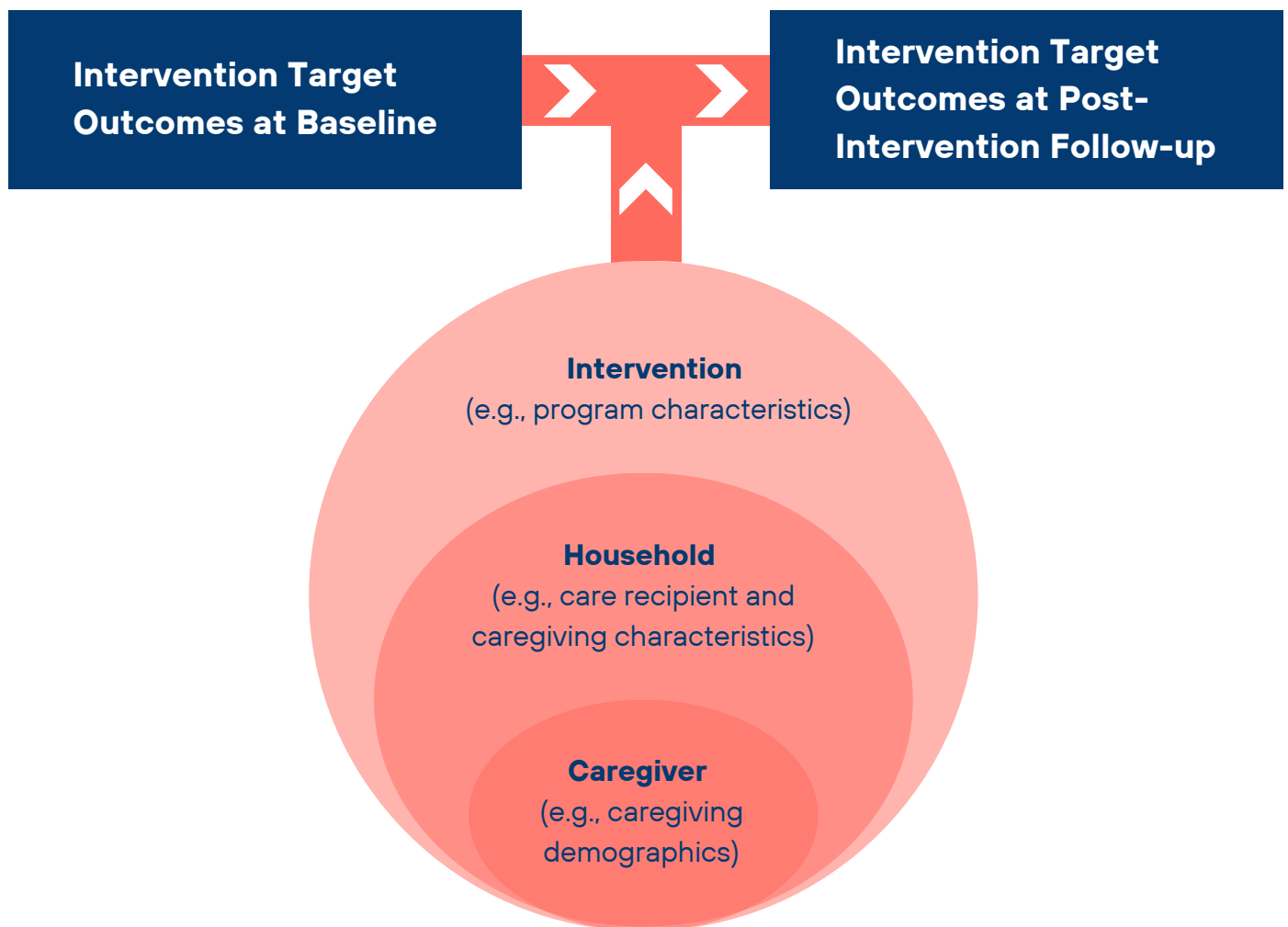
“Caregiving is a universal issue – everyone in their lifetime will receive or give care.”

– Former First Lady Rosalynn Carter

We knew early on that to better see, hear, and support caregivers, we needed to expand how we collect and analyze data, so that all family caregivers, across all communities, are seen and supported. Our approach combines rigorous research-based listening and active community involvement to capture the realities of care and translate them into responsive programs.

This evidence-based approach has consistently revealed important demographic and cultural differences, such as how race, ethnicity, gender, and geography shape the caregiving experience. By centering inclusion and belonging in our research, we are better equipped to deliver tools, resources, and interventions that truly work.

Figure 1. RCI Conceptual Model of Potential Drivers that Change Outcome



Connecting frameworks like these, tied with research reviews, and paired with program data and evidence transforms research into actionable improvements that directly benefit caregivers' daily lives. This model helps program designers and implementers understand what truly drives meaningful change, ensuring solutions are tailored yet scalable across diverse caregiving communities.

Why We Serve:

A Closer Look at Inclusion in Care



RCI supports a multicultural population of caregivers whose lived experiences are shaped by cultural identity. Our data shows that race, ethnicity, gender, and age influence how care is experienced – and reveal disparities that require context-specific support.



As mentioned, there are 105 million caregivers in America, representing over 40% of the U.S. population. This figure reflects a broad population that includes caregivers of all backgrounds – from Hispanic and African American communities to rural families, military households, women, and youth. While the RAND data reflects the scope of caregiving broadly, RCI's own data goes deeper into the cultural dynamics of care, especially the challenges experienced by historically underrepresented caregivers.



Our findings reinforce RCI's commitment to inclusion: programs are more effective when they're shaped by the cultural identities of the people they aim to support. When communities feel seen and their experiences are validated, outcomes improve – emotionally, financially, and socially.

Over the past two decades, RCI has gathered data across diverse communities, revealing that cultural identity plays a direct role in how caregivers experience isolation, stress, and satisfaction. A few key findings from RCI data:

Ethnicity

Hispanic caregivers are more likely to describe caregiving as rewarding and to feel valued in their role than non-Hispanic peers. However, they also face disproportionate financial stress and challenges balancing caregiving with workplace responsibilities.

Race

Caucasian caregivers report significantly higher levels of depression and subjective burden than African American caregivers. African American military caregivers demonstrated notably strong problem-solving approaches, particularly in personal control and decision-making.

Gender

Men report higher perceived financial stress than women caregivers. Meanwhile, women—who make up 80% of RCI's participants—often serve in caregiving roles while working full time and are more likely to experience emotional distress. RCI's "TOUGH" crisis line sees 97% (Data from Crisis Text Line) of texters identifying as women.

Age

Older military caregivers report lower life satisfaction than younger caregivers. RCI data shows that younger caregivers—particularly those balancing work and care—report greater reductions in depressive symptoms and family-to-work conflict. They also demonstrate improved caregiving confidence and dementia knowledge over time.

These insights inform how RCI designs programs that reflect—not flatten—cultural differences. By responding to the unique needs of caregivers across demographics, we're building more effective, inclusive models of care that acknowledge the full context of caregivers' lives.

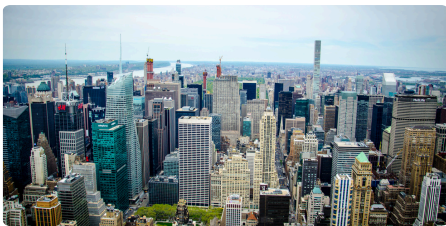
What We Do:

Build Empathy, Reduce Disparities, and Improve Outcomes



RCI's approach is rooted in rigorous research and deep respect for cultural context. We know that when programs are shaped by the experiences of caregivers—and reflect their values, challenges, and identities—outcomes improve for everyone. Our work is not one-size-fits-all. Instead, we design scalable, inclusive interventions that reflect the realities of diverse caregiving populations while advancing universal caregiver support.

Through partnerships, data, and policy influence, we translate research into practical solutions that address the emotional, financial, and structural barriers caregivers face. These include improving access to mental health tools, bolstering caregiver confidence and knowledge, and equipping care communities with the tools they need to thrive.



RCI's programs consistently deliver meaningful, measurable results across racial, ethnic, gender, age, and geographic groups. A few examples of what we've learned from RCI data:

Race

African American caregivers demonstrated the largest gains in self-efficacy and dementia knowledge.

Hispanic caregivers showed strong improvement despite starting with lower dementia knowledge and were more likely to describe caregiving as meaningful and rewarding.

Age

Younger caregivers reported significant decreases in depressive symptoms and family-to-work conflict. They were also more likely to apply new care skills and strategies after participation.

Older caregivers, particularly military-affiliated, reported lower life satisfaction fewer gains in emotional well-being.

Gender

Women participating in dementia-focused programs reported higher dementia knowledge score than any other group.

Men reported higher perceived financial stress compared to women, suggesting a need for targeted financial support tools.

Geography

Rural caregivers showed greater improvement in self-efficacy and caregiving knowledge than their urban counterparts, indicating the success of localized, culturally specific programming.

Together, these insights form the foundation of how RCI creates impactful, inclusive programs that honor caregiver identity and improve long-term outcomes. Whether in classrooms, clinics, or communities, our work equips caregivers to lead with confidence, resilience, and care.

How We Work: Equity Through Data and Community Voice



RCI combines research-based listening with active engagement in communities. Our process starts with caregivers' voices and experiences, then maps those against measurable outcomes to guide real-time program improvements.

We:

Translate findings into better tools, stronger policy, and inclusive systems of support

Work across sectors—healthcare, education, nonprofit, policy- to amplify local impact

Elevate cultural and demographic insights through program design

Ensure that data reflects the full spectrum of caregiving realities

This evidence model helps RCI tailor resources to each community while upholding effectiveness at scale.

What's Next: Why It Matters



We believe that belonging is a powerful foundation for healing and progress — and when caregivers feel seen, their outcomes improve.

Moving forward, we are encouraging partners to:

Broaden caregiver demographic reach and filling data gaps

Use community voice to shape caregiver-focused policy

Create culturally specific interventions grounded in evidence

Ensure all caregivers — regardless of background — can access the resources they need

All cultural insights and statistics sourced from: RCI Combined Program Data, 2024 (REACH, OFC, DWD, OCS)

“Do what you can to show you care about other people, and you will make our world a better place.”

– Former First Lady Rosalynn Carter

Learn more:

rosalynncarter.org



Read our other impact papers here:

Rural Caregivers

The Power of
Evidence

Youth Caregivers

Understanding
Inclusion with Data