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**Relationship Between Caregiver Burden and Socioeconomic Status**

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Linear regression analysis found a p-value of 0.229 which is greater than 0.05. The hypothesis was that socioeconomic class significantly affects caregiver burden. However, there is not enough evidence to disprove that socioeconomic status has no effect on caregiver burden.

Figure 1
Median Income and Total Score by Zipcode

A limitation was not being able to directly ask patients their income, education, or socioeconomic status, thus, zip codes of the addresses of the patients were used to find median income on census.gov. Another limitation is that all the caregivers are from one center’s patient pool and, as a result, less variation in socioeconomic status is likely.

Discussion
- In a previous study in China, female caregivers (married) with high educational attainment were more likely to provide high-intensity informal care which contrasts with studies focusing on high-income countries that had the opposite result. The high-income countries have more established long-term care service systems in contrast to China. Thus, the caregivers from high-income countries who have higher SES can send their parents to those institutions.
- Although the U.S. is considered a high-income country, the finding of no effect of socioeconomic status may have a plausible explanation. A study in the U.S. surveyed majority female caregivers and the majority people they care for have autism. They found that despite the family income being in the range of two to five minimum wages, the female caregivers did not have significantly more negative quality of life scores. The explanation was that they reported their occupation as “home keeper” and because of the long-term nature of this caregiving, it may contribute to their ‘overestimated’ perception of quality of life. Similarly, it is possible that in our study, which has 182 mothers out of the 217 sample, has the same reasoning leading to no apparent effect of socioeconomic status on caregiver burden.
- Another study on socioeconomic factors’ and family stigma’s impact on caregivers of patients with Alzheimer’s found family stigma was more significant of an impact than socioeconomic factors on quality of life. Therefore, it is possible that socioeconomic status may not be the main factor influencing caregiver burden in the case of the caregivers at the RISN center.

Future Direction
- Although median household income (MHI) is a practical and beneficial method to examine public health effects and zip codes are useful as an area-based SES indicator, they pose some limitations. In our study, we had a limited population sample of one healthcare center. In the future it would be beneficial to use SES indicators, such as zip codes and MHI, from other patient pools or simply have a larger sample size.
- Other interesting factors to study could be about the effects of race, gender, and whether they are married/unmarried on caregiver burden. As mentioned, many caregivers are females/mothers and looking at caregiving intensity informal care which contrasts with studies focusing on high-income countries that had the opposite result. Our sample does not include data on caregiver race but that could be an important question to ask in future caregiver burden inventory forms.

References
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