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Cleo's 2026 Family Health Index™ Annual Report

INSIGHTS FROM 2025



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Over the past several years, the definition of caregiving has fundamentally expanded. Caregiving today spans every stage of life: caring for oneself, supporting a partner, navigating pregnancy and parenting, caring for children with complex needs, supporting aging parents, and managing the growing demands of the sandwich generation.

As the Harvard Business Review reports¹, employees with current caregiving responsibilities now represent 73% of the workforce, a hidden crisis underscoring that caregiving is no longer a niche experience, but a critical area of support for the modern workforce.

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Since launching the Family Health Index™ three years ago, Cleo has made the invisible visible by quantifying burnout risk, early signs of mental health strain, self-care deficits, and their downstream impact on rising healthcare costs and productivity loss across caregiving journeys and life stages. This year's findings go one step further, **revealing a critical and compounding impact on women's health that demands a broader, more holistic definition of what women's health truly means.**

Women represent the majority of family caregivers globally—a trend reflected in Cleo's population, where 66% of members are women. Women face an increasing risk for depression and anxiety with each life stage, driven by overlapping caregiving demands and health transitions. **Nearly 46% of women ages 40-54 are at high risk for burnout**, a period often marked by perimenopause or menopause, peak career responsibility, and sandwich-generation caregiving. Alongside burnout risk, women's mental health risk rises with age, with nearly 63% of women aged 55 and older screening positive for possible depression and/or anxiety on the Patient Health Questionnaire-4 (PHQ-4).

In 2025, caregiver burnout risk worsened across all parenting stages. While the sharpest increase was observed among parents of younger children, the largest proportion of high-risk individuals is still concentrated among those caring for school-aged children, teens, and adult loved ones. In a recent claims-based study, **employee caregivers identified as high risk for burnout incurred approximately \$1,000 PMPM in healthcare costs**, compared to \$600 PMPM for lower-risk members, indicating that unmanaged caregiving strain materially accelerates healthcare spend.

Critically, the data shows that when caregiving burnout risk scores improve, working caregivers report corresponding improvements in health activation, mental health, confidence, and productivity. Together, these findings make clear that caregiving is no longer a peripheral benefits issue, but a leading indicator of workforce health, higher healthcare costs, and performance risk.

Just as we have expanded our understanding of caregiving, these insights call for a broader view of women's health—one that goes beyond clinical conditions to reflect the impact of caregiving on overall health and wellbeing.

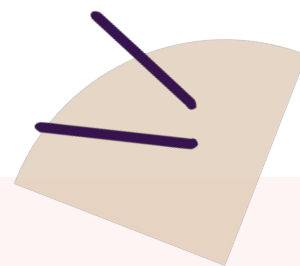


By making caregiver burnout visible and measurable in real time, our Family Health Index™ provides early insight into caregiver risk and enables proactive interventions to help organizations better manage costs, protect productivity, avoid preventable leaves, and build a more resilient workforce.

We are deeply grateful for the trust of our members and clients we support. As we look to the future, we remain committed to our mission: **To advance global family wellbeing through proactive, individualized support that guides every individual and their family members across their care journey.** We hope these findings provide valuable insight into the critical needs of working families and the measurable impact we are having at Cleo.

In support of family caregivers and women's health,

Madhavi Vemireddy, MD
Chief Executive Officer, Cleo



Family Health Index™ key insights from 2025:

1. **Burnout worsens across all parenting stages in 2025, with the greatest increase in risk now among parents of younger children.** Cleo is observing younger working parents seeking advanced emotional and developmental support for themselves and their children—beyond clinical care—coupled with concierge support for their family and community connection with other parents.
2. **Women face a compounding risk for burnout, depression, and anxiety with each life stage.** This vulnerability peaks between ages 40 and 54, a period when caregiving, menopause-related health needs, and career demands intersect, resulting in 46% of women being at high burnout risk and 53% screening at risk for depression and/or anxiety.
3. **High caregiving burnout correlates to higher healthcare costs.** Working caregivers at high risk of burnout, identified through the Family Health Index™ incur substantially higher medical costs—averaging \$1,000 PMPM—compared to \$600 PMPM for lower-risk members. This represents a 67% cost increase tied directly to burnout risk.
4. **When burnout risk scores improve, outcomes improve.** Alongside improved burnout risk scores, working caregivers report an improvement in productivity, with 48% to 52% of members also reporting an improvement in Emotional Wellness, Connectedness, Confidence, and Self-Care.

THE STATE OF EMPLOYERS AND FAMILY HEALTH: UNDERSTANDING THE HEADWINDS



- **Containing healthcare costs:** Caregiving stress is not just an emotional toll—it is a physiological one that drives higher utilization and medical claims. Many organizations are struggling to contain costs because they are failing to address a root cause: the compounding health risk of unsupported family caregivers.
- ✍ **The burnout epidemic & mental health tax:** Burnout among working parents and caregivers is now an epidemic, with external data indicating that as many as 92% are affected. This exhaustion, fueled by the crushing mental load and persistent lack of flexibility, has created a “mental health tax.” This refers to the direct, unavoidable correlation between chronic family responsibilities, unrelieved stress, and a measurable decline in mental wellbeing across the entire workforce.
- ✍ **Women’s health & the sandwich generation squeeze:** This growing segment of the population—those caring for both children and aging parents—faces uniquely intense pressure that limits their capacity to be fully present. This dual role falls disproportionately on women, who often serve as the primary caregivers for both generations while also navigating career expectations. For organizations, this is a retention crisis—without targeted intervention, high-performing women are frequently forced to scale back or exit the workforce entirely.
- ✍ **Leave of absence (LOA) & hidden workforce productivity losses:** Complex, intermittent, or poorly supported leave translates into reduced productivity not just during the time off, but significantly before and after the actual absence. Compounding this is presenteeism—the state of being physically present but mentally distracted by family health concerns. This represents a staggering hidden cost that often outweighs the expense of a well-supported, strategic LOA.

Cleo’s Family Health Index™ (FHI) is the only evidence-based, multi-dimensional burnout risk assessment tool on the market that proactively identifies parents and caregivers at higher risk of burnout and in need of timely intervention. By providing the actionable insights needed to address these complex issues, Cleo is able to proactively support employees across complex care journeys, stop issues before they hit a crisis point, and improve health and workforce-related outcomes within this rapidly evolving landscape.

WHAT CLEO’S FAMILY HEALTH INDEX™ MEASURES

Working parents and caregivers face a range of wellbeing challenges that impact their health and professional lives. The Family Health Index™ (FHI) is built to address these core concerns, including:

- 1. Caregiving balance:** Chronic stress and exhaustion resulting from the relentless juggling of professional and personal demands.
- 2. Emotional wellness strain:** High rates of stress, anxiety, and depression linked to managing work, caregiving duties, and personal life pressures.
- 3. Physical health issues:** Often driven by missed preventive care and compounded by sleep deprivation and poor nutrition, and can arise when caregivers consistently prioritize others' needs over their own health.
- 4. Social isolation:** A reduced capacity for social interaction or joyful activities due to the demanding nature of caregiving, leading to feelings of loneliness.
- 5. Limited self-care:** A lack of personal downtime and self-care resulting from caregivers consistently prioritizing the needs of others.
- 6. Family support:** Internal family dynamics that resist necessary changes or fail to provide mutual support, making it harder for an individual to improve and sustain their health.
- 7. Work-life balance:** The struggle to manage work responsibilities alongside caregiving duties, leading to internal conflict and reduced quality of life.
- 8. Productivity loss:** Decreased concentration, focus, and increased absenteeism at work due to growing caregiving responsibilities and the effects of stress and fatigue.

To effectively address these impacts, Cleo developed the FHI to assess member needs, deliver expert support, and rigorously track the impact of interventions through reassessment. The FHI measures seven critical dimensions of family health: **Confidence, Caregiving Balance, Self-Care, General Health, Mental Health, Connectedness, and Family Support.**

FHI SCORING

Caregiving Balance	Self-Care	General Health	Connectedness	Confidence	Family Support	Emotional Wellness
Maintain	Maintain	Maintain	Maintain	Maintain	Maintain	Maintain
Monitor	Monitor	Monitor	Monitor	Monitor	Monitor	Monitor
Nurture	Nurture	Nurture	Nurture	Nurture	Nurture	Nurture

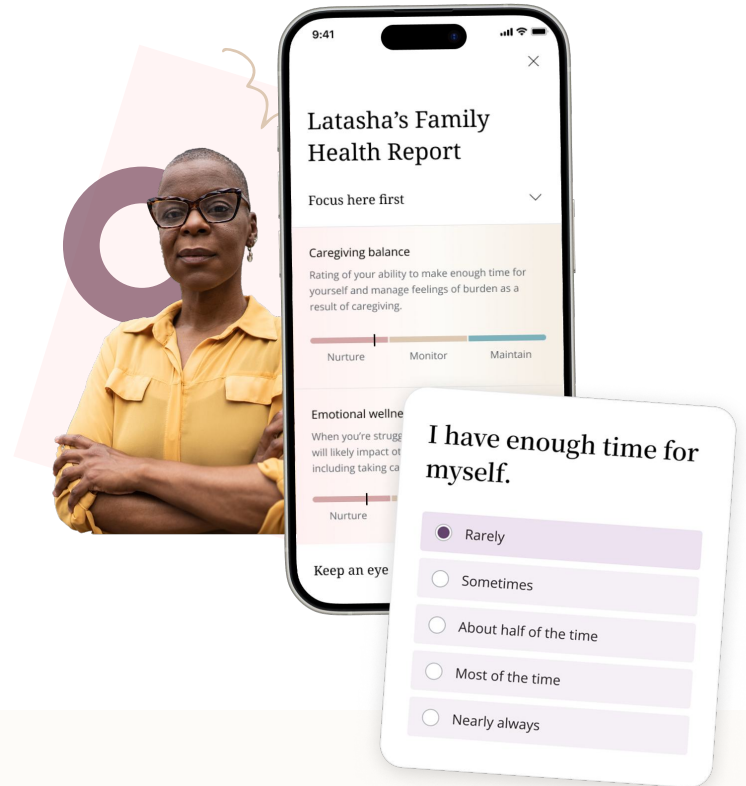
The FHI overall score is calculated as the sum of all dimensions scores.

High Risk for Burnout FHI Overall Score: 0-45	Moderate Risk for Burnout FHI Overall Score: 46-50 or positive PHQ-4	Low Risk for Burnout FHI Overall Score: 51-70
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WHAT CLEO'S FAMILY HEALTH INDEX™ MEASURES

Since its launch in February 2023, the FHI assessment has been completed over 19,000 times by over 15,000 members. Each member receives a score for each of the seven dimensions, along with an overall score that indicates their total risk for burnout. Cleo's support model support model intensifies for members identified as moderate and high risk.

Following their assessment, members receive in-app Support Plans, personalized resources, and guidance from their Cleo Guide and specialists, all tailored to their individual results and unique caregiving journey.



2025 Family Health Index™ statistics:

19,000+
assessment completions
since its introduction
in 2023

34%
of members are identified
as high risk for burnout



2/3
of members identified as
high risk for burnout
improve their overall
FHI score

Caregiving Balance, Self-Care, and General Health are the lowest-scoring dimensions across all parents and caregivers

54%
of members have a positive
PHQ-4, and are at risk for
depression or anxiety



61%
of members who screened
positive on the PHQ-4
showed improvement in
their scores at rescreening

Finding #1:

Burnout worsens across all parenting stages in 2025, with the sharpest increase seen among parents of younger children.

Burnout risk has increased across every stage of parenting since last year. The largest proportion of high-risk individuals is still concentrated in the parents of older youth and caregivers of adult loved ones. However, the most significant proportional increase in risk from 2024 to 2025 occurred within the infant and preschool parenting stages, indicating that risk factors are escalating most rapidly for parents of the youngest children.

- **The preschool parenting stage** saw the largest relative increase, with the percentage of high-risk individuals rising by 45% (from 34% in 2024 to 49% in 2025).
- **The infant parenting stage** experienced the second-largest relative increase of 36% (from 32% in 2024 to 43% in 2025).
- **The high school parenting stage** also saw a substantial increase of 24% (from 46% in 2024 to 57% in 2025).

Overall, a growing segment of the workforce is experiencing more emotional and physical strain that increases burnout risk and impacts productivity, retention, and total employer costs.

Life Stage	% of high-risk members in 2024	% of high-risk members in 2025	% change YoY	
Adult	53%	53%	0%	
High school	46%	57%	24%	↑
School age	44%	53%	20%	↑
Preschool	34%	49%	45%	↑
Infant	32%	43%	36%	↑
Newborn	25%	27%	10%	↑
Pregnancy	21%	17%	-16%	↓
Family forming	26%	28%	9%	↑

INSIGHTS FROM CLEO GUIDES

Our Cleo Guides offer on-the-ground context for the **increase in burnout**, identifying three core drivers:

1

The infrastructure gap

Burnout is being driven by the physical exhaustion from juggling child care gaps, limited home support, long work hours and commutes, and barriers to timely access to healthcare and mental health providers.

How Cleo helps: Cleo offers tactical, concierge support to members, helping to lift things off their to-do list and help navigate local resources for essential services like child care and healthcare. This hands-on guidance is critical for closing the infrastructure gap and reducing member stress.

2

Mismatched expectations

A recurring theme is that parents (especially younger parents) are overwhelmed by the actual magnitude of parenting. There is a "shock to the system" as they realize they cannot simply fit a child into their pre-baby lifestyle and career.

How Cleo helps: Cleo's educational resources and Guides provide 1:1 coaching to proactively manage expectations and build confidence. Cleo's group offerings provide a supportive space for members who are seeking a desire for social support and connection, as they can feel isolated in their own parenting journey.

3

Workplace pressure

Employees feel they are struggling with the pressures of parenting and caregiving in tiny pockets of time while already already stretched thin and emotionally dysregulated.

How Cleo helps: Cleo supports members proactively and reactively, resolving immediate issues and building long-term strategies for self-care, family support, and workplace resilience to reduce burnout risk. Our Guides and specialists are equipped to solve problems affecting both home and work life.



WOMEN'S HEALTH: THE UNSEEN BURDEN AND EVOLVING NEEDS

Cleo's Family Health Index™ (FHI) has enabled us to better identify women's unique needs and provide tailored support on both an individual and population level.

With 66% of Cleo users identifying as women, women's health is the cornerstone of our clinical expertise and engagement strategy. Founded by an OBGYN, Cleo was built to bridge the gap between medical visits and daily life, ensuring that women have the specialized support they need at every stage. We recognize that while we support a diverse range of families, the physical and emotional health of women remains a critical driver of family health.

Our data reveals the intensity of this responsibility: the average woman is caring for approx. 1.5 care recipients. Furthermore, the FHI has found that **high-risk women care for, on average, 11% more care recipients than low- or moderate-risk women caregivers.**

From family forming and pregnancy through the complexities of parenting, caregiving, and the transition into menopause, Cleo provides the clinical depth and personalized guidance necessary for women to manage their own wellness while effectively caring for those they love.

A clinical foundation for every life stage

Cleo's platform is designed to meet the unique physiological and logistical needs of women across a full spectrum of experiences.

- **Pregnancy and postpartum support:** Rooted in clinical expertise to provide trusted guidance during pregnancy, postpartum, and beyond.
- **Menopause management:** Proactive resources to manage symptoms and maintain long-term health during midlife transitions.
- **Empowered self-care:** Encouraging women to prioritize their own health outcomes as the essential foundation for their family's collective wellbeing.

In a benefits landscape crowded with fragmented point solutions for specific needs like fertility, child care, or menopause, Cleo offers a unified clinical foundation for every life stage. For employers, this means moving from reactive support to a proactive women's health strategy that follows an employee throughout their entire career.



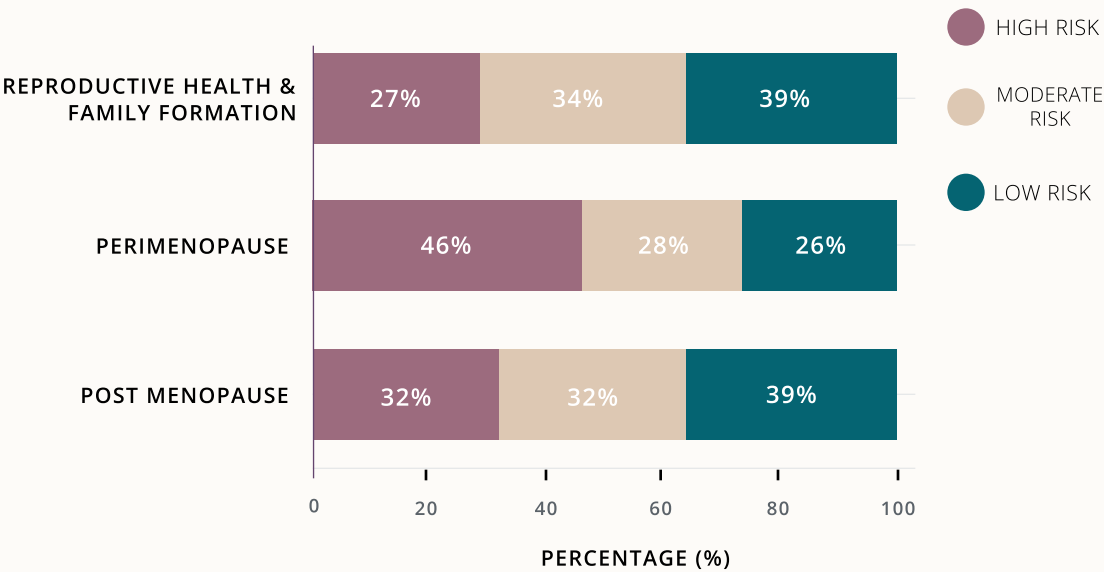
Finding #2:

Peak Burnout: 46% of Women Caregivers Ages 40–54 are at High Risk.

Women ages 40–54—who often represent the most experienced, critical, and high-earning segment of women in the workforce—face the highest burnout risk, with 46% of members identified at risk. This peak is driven by a complex confluence of perimenopause hormonal and physical changes occurring alongside maximum caregiving demands (the sandwich generation squeeze). This risk level is substantially elevated compared to women ages 55+ (32%) and 25–40 year old women in reproductive and family-forming stages (27%).

For HR and CFO leaders, this finding signals an urgent risk to talent retention, institutional knowledge, and ongoing workforces costs, as it is concentrated in a vital demographic whose loss carries the greatest business impact.

Burnout risk level for women



Finding #3:

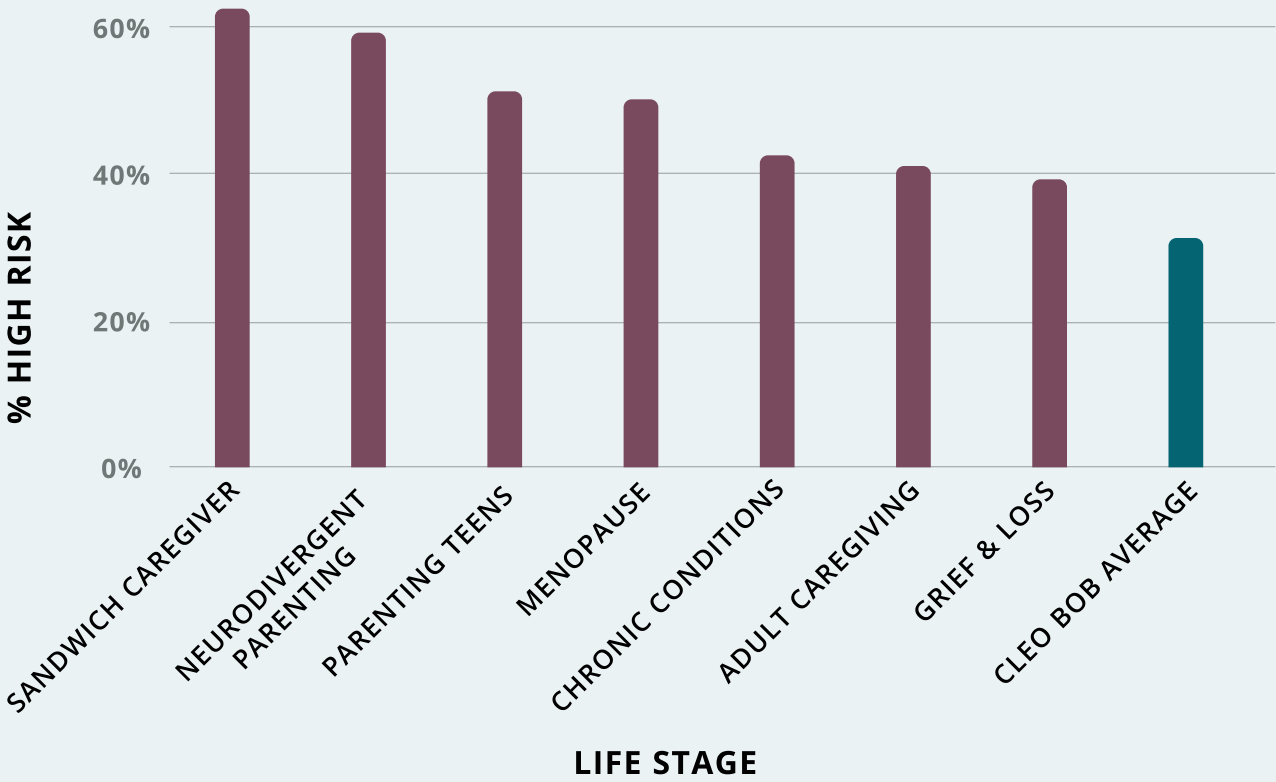
The women most vulnerable to burnout are defined by compounded, complex caregiving roles.

This concentration of stress represents a significant talent risk for organizations. Women’s highest-risk segments include:

- Sandwich generation caregivers (64%)
- Parents of a neurodivergent child (59%)
- Parenting a teen (52%)
- Managing their own menopause (51%)

These complex caregiving roles highlight the urgent need for tailored and targeted support to protect caregiver health, prevent the loss of institutional knowledge, and curb the rising business and healthcare costs associated with burnout.

Women caregivers at highest risk for burnout



Finding #4:

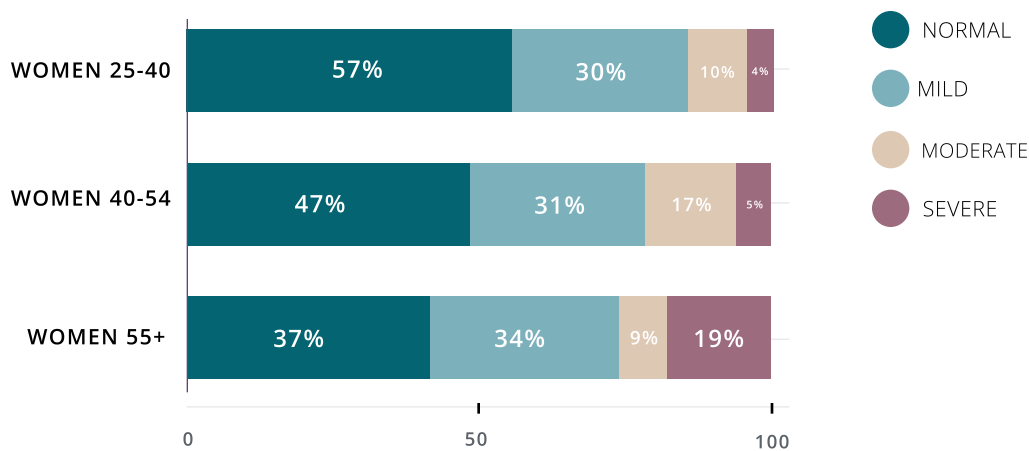
Women's PHQ-4 positive screening rates rise with age, peaking at 63% among women 55 years and older.

Across all Cleo members, 46% of women and 44% of men screen positive the PHQ-4 for depression and anxiety risk. That baseline shifts meaningfully by age—climbing dramatically for women over time. Women screening at risk for depression and anxiety increases steadily:

- **Women 25-40** (Reproductive/Family Forming stages): Below the baseline at **43%**
- **Women 40-54** (Perimenopause stage): Surpassing the baseline at **53%**
- **Women 55+** (Post-Menopause stage): Peaking significantly above the baseline at **63%**

The power of the Family Health Index™ lies in its ability to deliver proactive mental health screening for every parent and caregiver, a step most employees do not take on their own. Recognizing that caregivers—both men and women—are carrying a tremendous load outside of work, this screening is essential. It ensures they receive the personalized support necessary to manage their emotional wellbeing, enabling them to show up as their best version of themselves, both at work and at home. Cleo makes this critical intervention possible.

Women's PHQ-4 score distribution



CLEO'S IMPACT

Improvement rates upon rescreening were strongest among members with the highest initial risk (PHQ-4 score):

- **87%** of women in the Severe risk category showed improvement
- **65%** of those in the Moderate risk category showed improvement
- **55%** of those in the Mild risk category showed improvement



Finding #5:

Menopause symptom severity correlates directly with burnout risk and lower Family Health Index™ (FHI) scores.

Among the women we support throughout their menopause journey, we have observed a clear trend: as the number of menopause symptoms increases, overall FHI scores decline. This drives a proportional rise in burnout risk, reinforcing that menopause support is not only a critical component of workforce stability, but a direct lever to reduce burnout risk.

MENOPAUSE SYMPTOMS FINDINGS

91%

of women seeking menopause support at Cleo report actively dealing with at least one menopause-related symptom:

- 77% are experiencing *emotional* symptoms (depression, anxiety, irritability)
- 76% are experiencing *mental* symptoms (forgetfulness, decreased concentration)

2.5

the average number of menopause symptoms reported

2 in 5

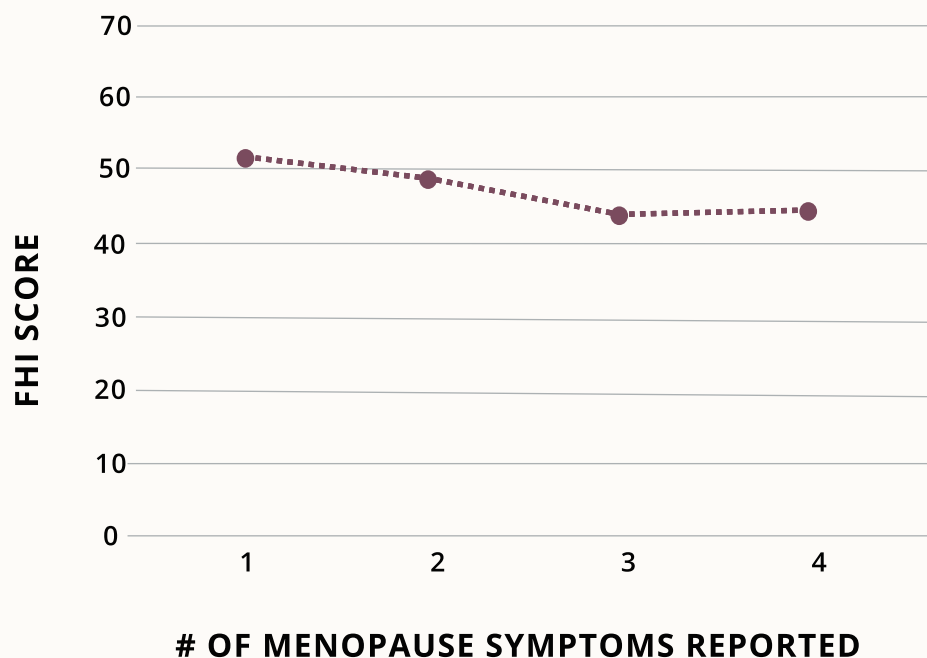
women report sexual symptoms



WOMEN'S HEALTH

Women who report more menopause symptoms exhibit lower FHI scores, indicating a higher risk of burnout and overall health decline.

FHI score vs. number of menopause symptoms



Mayo Clinic² has also found that menopause symptoms worsen with caregiver burden. Their key takeaways were:

- Half of midlife women who spent 15 hours or more per week caregiving reported moderate to severe menopausal symptoms.
- Heavy caregivers (15+ hours per week) were 57% more likely to report worse menopause symptoms vs. non-caregivers.

Cleo's data aligns with Mayo Clinic findings, establishing a clear link: **Caregiving burden significantly worsens menopausal symptoms.** To mitigate this compounded risk and support a critical segment of the workforce, organizations must act decisively to ease the caregiving burden and increase dedicated support, which is essential for improving the physical and emotional wellbeing of midlife women.

Finding #6:

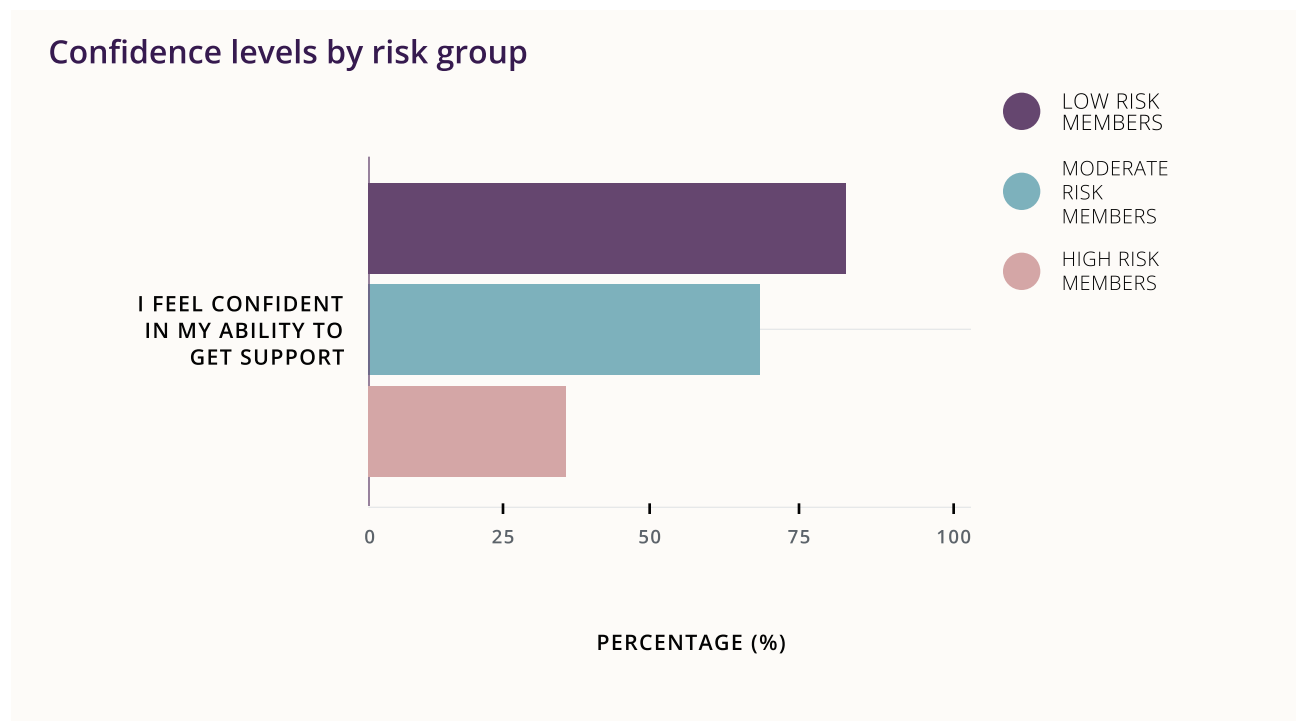
Caregiver risk levels severely impact confidence in finding support

The largest gap between low-and high-risk groups identified through the FHI, is an individual feeling of confidence in one's ability to access the right support. There is a 46-point disparity: **82%** of low-risk members report feeling confident, versus only **36%** of high-risk members.

As the most significant deficit identified at the FHI initial assessment, this domain is a key strategic area for Cleo's intervention. Our focus is on building caregiver self-efficacy and empowering them to navigate the complex care and benefit ecosystem.

This proactive guidance includes teaching them:

- How to understand what they need now and in the future
- How to find high-quality support for themselves and their family (such as how to vet child care centers, utilize provider finder tools, and identify centers of excellence, etc.)
- How to advocate for themselves and their family by providing sample questions to ask during care providers or doctor visits
- How to build pathways for self-reflection and trust in their own experience so they can identify whether a solution is working for them



Finding #7:

The Family Health Index™ identifies employees with key indicators linked to higher healthcare costs and lower work productivity.

A dramatic pattern is observed across all health dimensions: the incidence rate increases sharply as risk levels rise. This shows that isolation, poor health perception, feelings of burnout, and lack of concentration are not general complaints, but strong indicators of a person's overall health status. **High-risk employees are substantially more likely to report:**

- 1. Isolation:** High-risk members are **11 times more likely** to feel lonely or isolated most of the time or always. This confirms medical research findings that mental and social wellbeing is the single biggest predictor of severe health risk and the subsequent costs associated with absenteeism and mental health claims.
- 2. Poor health perception:** High-risk members are **6 times more likely** to report that their self-rated health is poor/fair. This signals a population that is aware of their deteriorating health but may be delaying care.
- 3. Burnout:** High-risk members are **4.6 times more likely** to report burnout and less able to complete tasks. This confirms that burnout is not just a productivity problem but a powerful engine driving employees into the most costly health risk category.

Top-reported needs for high-risk members:

85%

feelings of depression or anxiety (PHQ-4)

88%

insufficient time for self-care

75%

limited social participation

62%

rarely getting exercise or eating healthy



The Public Health Crisis: The U.S. Surgeon General's Advisory³ declared that **the crisis of loneliness is a public health concern** that significantly impacts both mental and physical health, equating its risk to smoking 15 cigarettes a day. Further, "Social isolation and loneliness are associated with a 29% increased risk of heart disease and a 32% increased risk of stroke."

CAREGIVER HEALTH AND WELLBEING

Difference in reported needs between high-risk and low-risk members

	% of high-risk members	% of low-risk members	% difference between high-risk and low-risk members
Insufficient time for self-care	88%	35%	86%
At risk for depression/anxiety (positive PHQ-4)	85%	0%	200%
Limited social participation	75%	29%	88%
Rarely/sometimes gets exercise and eats healthy	62%	18%	110%
Report burnout and less able to complete tasks	55%	12%	128%
Struggle to get enough sleep	52%	14%	115%
Health declined over the past year	42%	15%	95%
Self-rated health is poor/fair	36%	6%	143%
Feel lonely or isolated most of the time or always	22%	2%	167%

The challenges faced by working caregivers are not incidental; **they are strong indicators of health risk and are associated with higher healthcare costs.** The largest relative differences between high- and low-risk caregivers are concentrated in mental and social wellbeing (isolation)—making these the clearest signals of severe health risk.

In 2025, Cleo conducted a healthcare claims analysis to evaluate our impact on a client population and quantify how FHI risk identification correlates with healthcare expenditure. The analysis of employer claims data surfaced clear patterns among Cleo members, particularly those identified as high burnout risk, including:

- **Higher PMPM costs for members identified as high risk:** High-risk working caregivers identified through Cleo's FHI incur substantially higher medical costs—averaging \$1,000 PMPM—compared to \$600 PMPM for lower-risk members.
- **Higher rates of mental health support:** Employees using Cleo were 4x more likely to utilize their mental health benefits than non-Cleo members (38% vs. 9%).
- **Increased primary care visits:** Employees using Cleo were 40% more likely to be compliant with their preventive care.

Finding #8:

Global caregiving crisis escalates: APAC reaches 53% high-risk, while Canada sees a 33% spike.

The global caregiving crisis continues to escalate, led by the Asia-Pacific (APAC) region, which maintains the highest overall burnout risk. In 2025, the percentage of high-risk caregivers in APAC increased to **53%**—a sustained upward trend since the launch of the FHI that underscores a critical need for targeted, culturally responsive support. Simultaneously, Canada experienced the most dramatic year-over-year escalation, with a **33%** increase in high-risk members.

	AMER	APAC	CANADA	EMEA	LATAM
2024 % of high-risk members	31%	43%	33%	41%	44%
2025 % of high-risk members	31%	53%	44%	45%	38%
% change YoY	0%	23%	33%	10%	-14%

Working caregivers in APAC face significant vulnerabilities rooted in poor mental wellbeing and social isolation, underscoring the severity of the crisis in the region:

- **Mental health strain:** 63% of APAC working caregivers screen positive on the PHQ-4, indicating a risk for depression or anxiety. This is **29% higher than Cleo’s Book of Business (BoB) average** of 49%.
- **Social isolation:** The lack of social connection is a major factor, with 54% reporting limited social participation and 17% feeling isolated most of the time or always—a rate **89% higher than Cleo's BoB average**.
- **Poor health perception:** 27% of APAC caregivers rate their own health as poor or fair, a metric that is **59% worse than Cleo's BoB average**, reflecting the toll on their overall wellbeing.

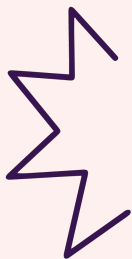


PRODUCTIVITY IMPROVEMENT

Finding #9:

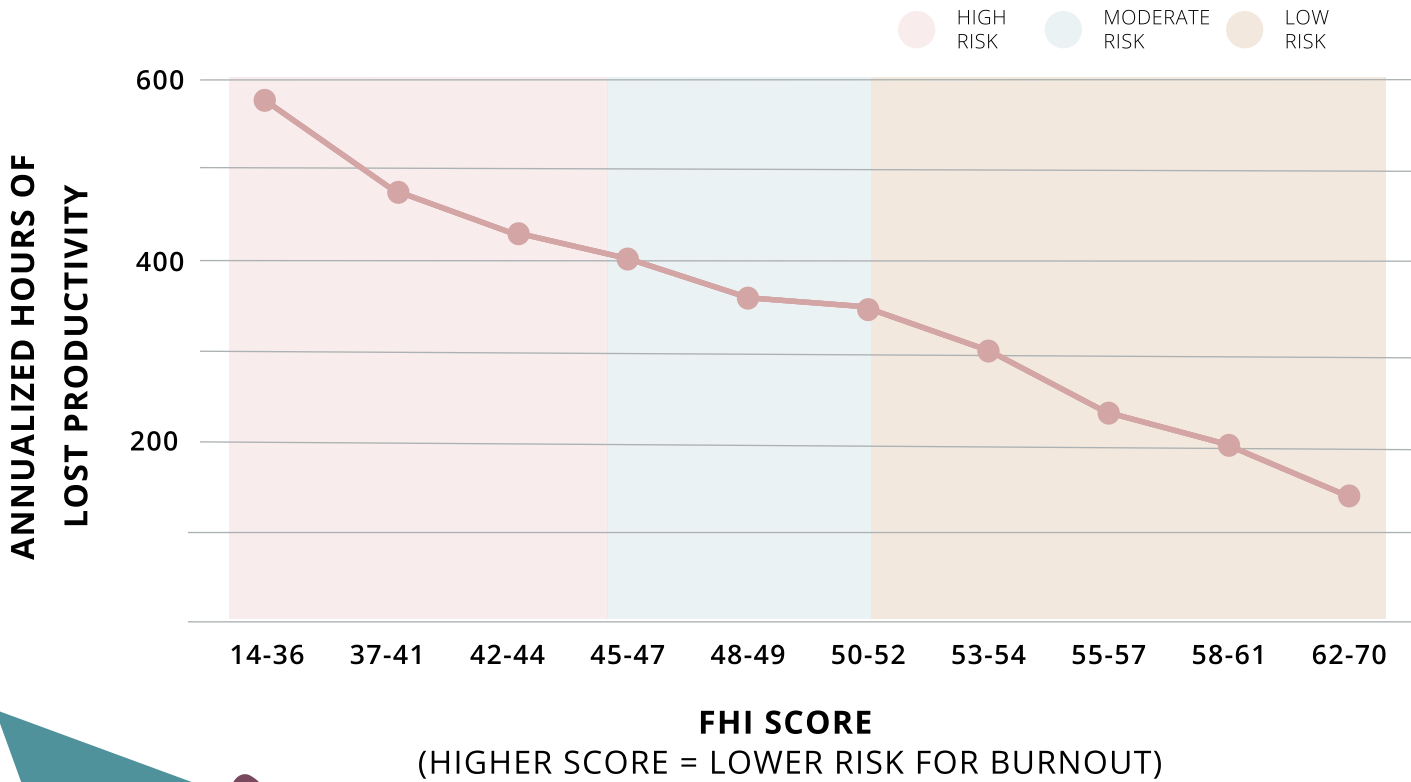
The FHI-productivity link: High-risk members who improve their FHI score yield, on average, an 8-point score increase and 64 hours of saved productivity.

In 2023, we established a correlation between initial FHI scores and productivity, with higher scores associated with less lost productivity at work. With sufficient data from FHI rescreens now available, we can confirm a powerful population-wide trend: as Cleo members improve their FHI scores, they also report a corresponding improvement in their productivity.



High-risk members with improved FHI scores saw an average increase of 7.9 points in their overall FHI score and—for those who improved by 7 points or more—reported an average of **64 hours of saved productivity annually**, which translates to **\$4,029 in productivity savings** for an employee whose annual compensation is \$93,796.

Higher FHI score is associated with higher productivity



Finding #10:

61% of members improve their Cleo Health Activation Score.

In addition to improving a member's overall FHI score, mental health (PHQ-4), and productivity, Cleo also focuses on improving their health activation. **Cleo's Health Activation is designed to empower parents and caregivers by strengthening their understanding and capability in managing both their own and their family's wellbeing.** Rather than focusing solely on the individual, this approach recognizes that a caregiver's health is the foundation of a healthy home.

We drive measurable improvement by monitoring and optimizing three core FHI domains:

- **Self-Care:** Prioritizing the caregiver's physical and mental needs
- **Confidence:** Building the self-efficacy required to navigate care and finding support for themselves and their family
- **Family Support:** Strengthening the collaborative dynamics within the household, focusing on resilience, seeking healthcare, and promoting healthy choices

CLEO'S IMPACT

2/3 of members who screened higher risk for burnout improve their FHI score

In 2025, nearly two-thirds (64%) of high-risk members showed measurable improvement in their FHI score, even as the Index expanded to a larger and more complex caregiver population. As members improve their overall FHI score, they experience a measurable improvement in their health and caregiving situations.

In 2025, we observed the following average improvements among our high-risk members:

EMOTIONAL WELLNESS

61%

of members reported an improvement, highlighting the success of personalized mental health support.

CONNECTEDNESS

49%

of members saw an increase in their sense of social connection & support, mitigating the effects of isolation.

CONFIDENCE & SELF-CARE

48%

of members improved their confidence and dedicated time to essential self-care practices.

CAREGIVING BALANCE

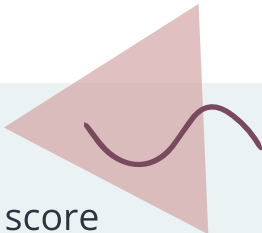
45%

of members reported a reduction in the stress and load of their caregiving responsibilities.

OVERALL HEALTH & FAMILY SUPPORT

42%

of members saw an improvement in their general health and the collaborative support within their family unit.



CLEO'S IMPACT

How is Cleo able to drive this improvement?

48% **of members engage with a Cleo Guide for support** after completing the FHI, whether through a Guide session or engaging in active in-app messaging. Cleo's care team is composed of over 30 Guide specialities to ensure we have the breadth and depth to support each parent and caregiver.

62% **of members engage with the Cleo app** after completing the FHI. Members are provided with a personalized, evidence-based digital experience tailored to their caregiving journey. They receive customized content, Support Plan updates, and guidance to utilize their benefits and community resources with concierge support from Cleo's Care Activity Team.

48% **of members are connected to other resources and employer benefits** after completing their initial FHI screening. Benefit referrals connect members to critical resources such as mental health support, health plan navigation, leave policies, maternal programs, and other relevant employer benefits.

CONCLUSION

This edition of Cleo's Family Health Index™ Annual Report shows that family caregiving is no longer a hidden personal challenge—it is a material driver of caregiver health, workforce resilience, and healthcare cost risk.

These findings indicate that the physical and mental toll of caregiving disproportionately impacts women, with risk intensifying in midlife as complex caregiving responsibilities often collide with perimenopause and menopause. Across Cleo's population, and particularly for midlife women, caregiving strain and burnout are showing up as elevated depression and anxiety risk, declining self-care, and worsening self-reported health that can accelerate avoidable utilization over time.

The business implications are equally clear: **Higher-risk caregiving populations are associated with significantly higher medical costs and higher business costs driven by burnout-related productivity loss, unplanned leaves of absence, and attrition risk.**

Cleo's Family Health Index doesn't just quantify this risk—it enables earlier identification and targeted, culturally responsive support across complex care journeys. Backed by independent validation and demonstrated outcomes, **Cleo helps organizations improve wellbeing, mitigate preventable cost escalation, manage leave risk proactively, protect retention and performance among the employees carrying the greatest caregiving load.**

Citations

- 1- [Harvard Business Review](#)
- 2- [Mayo Clinic](#)
- 3- [U.S. Surgeon General's Advisory](#)



LEARN MORE

Get in touch to learn about how to bring a comprehensive family benefits strategy to your organization.

Contact salesteam@hicleo.com for more information on cost savings and ROI, a live demo, and more.

We're looking forward to hearing from you!

Best,
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