

The MetLife Study of Caregiving Costs to Working Caregivers

Double Jeopardy for Baby Boomers Caring for Their Parents

June 2011

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57 Greens Farms Road
Westport, CT 06880
(203) 221-6580
MatureMarketInstitute@MetLife.com

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Established in 1996, The National Alliance for Caregiving is a non-profit coalition of national organizations focusing on issues of family caregiving. The Alliance was created to conduct research, do policy analysis, develop national programs, and increase public awareness of family caregiving issues. Recognizing that family caregivers make important societal and financial contributions toward maintaining the well-being of those for whom they care, the Alliance's mission is to be the objective national resource on family caregiving with the goal of improving the quality of life for families and care recipients.

4720 Montgomery Lane, Suite 205
Bethesda, MD 20814
www.caregiving.org

Center for Long Term Care Research and Policy, New York Medical College

The Center for Long Term Care Research and Policy at the School of Health Sciences and Practice, New York Medical College, was established to engage in research, education and public policy development to improve long term care for all Americans. The Center's work focuses on health care disparities, health care needs and caregiving across the lifespan and to promote fair and equitable financing of long-term care in the United States. Research and analysis in this report is provided by Peter S. Arno, PhD, and Deborah Viola, PhD with statistical support from Qiuhu Shi, PhD.

Center for Long Term Care Research and Policy
School of Health Sciences and Practice
New York Medical College, Valhalla NY 10595
www.nymc.edu/shsp/CLTC/index.html

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Table of Contents

2	Executive Summary
2	Key Findings
4	Introduction
4	What Do We Already Know About Working Caregivers?
5	Research Questions About Caregivers
6	Major Findings
6	Profile of Parental Caregivers
10	Cost to Caregivers in Lost Wealth
15	Other Financial and Health Impacts
18	Implications
18	Implications for Caregivers
18	Implications for Employers
19	Implications for Policymakers
20	Methodology
21	Appendix
21	Respondent Demographics
22	Endnotes

Executive Summary

Nearly 10 million adult children over the age of 50 care for their aging parents. These family caregivers are themselves aging as well as providing care at a time when they also need to be planning and saving for their own retirement. *The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents* was produced by the MetLife Mature Market Institute in partnership with the National Alliance for Caregiving and the Center for Long Term Care Research and Policy at New York Medical College. The study analyzes data from the 2008 panel of the National Health and Retirement Study (HRS) combined with estimates to determine the extent to which older adult children provide care to their parents, the roles gender and work play in that caregiving, and the potential cost to the caregiver in lost wages and future retirement income as a result of their support.

Key Findings

- The percentage of adult children providing personal care and/or financial assistance to a parent has more than tripled over the past 15 years. Currently, a quarter of adult children, mainly Baby Boomers, provide these types of care to a parent.
- The total estimated aggregate lost wages, pension, and Social Security benefits of these caregivers of parents is nearly \$3 trillion.
- For women, the total individual amount of lost wages due to leaving the labor force early because of caregiving responsibilities equals \$142,693. The estimated impact of caregiving on lost Social Security benefits is \$131,351. A very conservative estimated impact on pensions is approximately \$50,000. Thus, in total, the cost impact of caregiving on the individual female caregiver in terms of lost wages and Social Security benefits equals \$324,044.
- For men, the total individual amount of lost wages due to leaving the labor force early because of caregiving responsibilities equals \$89,107. The estimated impact of caregiving on lost Social Security benefits is \$144,609. Adding in a conservative estimate of the impact on pensions at \$50,000, the total impact equals \$283,716 for men, or \$303,880 for the average male or female caregiver 50+ who cares for a parent.

- Working and non-working adult children are almost equally as likely to provide care to parents in need.
- Overall, caregiving sons and daughters provide comparable care in many respects, but daughters are more likely to provide basic care and sons are more likely to provide financial assistance.
- Adult children 50+ who work and provide care to a parent are more likely to have fair or poor health than those who do not provide care to their parents.

Assessing the long-term financial impact of caregiving for aging parents on caregivers themselves, especially those who must curtail their working careers to do so, is especially important, since it can jeopardize their future financial security. There is also evidence that caregivers experience considerable health issues as a result of their focus on caring for others. The need for flexibility in the workplace and in policies that would benefit working caregivers are likely to increase in importance as more working caregivers approach their own retirement while still caring for an aging parent.

Introduction

What Do We Already Know About Working Caregivers?

The rising demand for caregiving services will undoubtedly grow with the aging of the Baby Boomers as the U.S. population continues to become older for several decades to come.

Women's participation in the labor force, particularly by women age 55 and older, has increased dramatically — more than 50% in the past 15 years¹ — while growth in household incomes has leveled off. As a result, the economic burden of caring for family members is rising. In addition, family caregivers are aging as well. Many studies have found that stress, time away from family/friends, increased medication use, lost time at work, misuse of alcohol or prescription drugs, incidence of coronary heart disease, and depression are all negatively associated with family caregiving.

This study is an updated, national look at adult children who work and care for their parents. Prior reports, including the MetLife studies *Sons at Work: Balancing Employment and Eldercare*² and *The MetLife Juggling Act Study: Balancing Caregiving with Work and the Costs Involved*,³ have considered the impact on adult children who balance work and family caregiving. *The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents* focuses on caregivers who are adult children over the age of 50, by work status and gender, to consider the impact of caring for parents on the Baby Boomer generation. Approximately 9.7 million adult children over the age of 50 care for their parents,⁴ which suggests that family caregivers are themselves aging and yet are providing care at a time when they also need to plan and save for their own retirement. These factors are especially important as workers emerge from the economic recession in the U.S. and its impact on their future financial security.

Research Questions About Caregivers

This study analyzes data from the 2008 panel of the Health and Retirement Study (HRS), combined with estimates from other recognized studies, to answer questions regarding the extent to which older adult children provide personal care and financial assistance to their parents, the roles that gender and work play in this caregiving, and the potential financial impact on the working caregiver.

Specifically, the study focuses on the economic transfers, in terms of time and money, that can result from caregiving. Included in the definition of economic transfer is the impact of caregiving on caregivers' wages, Social Security savings, and retirement income. This is in addition to economic transfers that these same adults may also be making to their children who need financial assistance and support with college, mortgages, and grandchildren expenses, but that is outside the scope of this caregiving study.

This study addresses the following questions:

1. Are there differences between adult caregiving children who work and those who do not?
2. Are there gender differences in the economic burden?
3. What is the economic impact of family caregiving on these 50+ caregivers?
4. How might these study findings influence policy or practice?

Major Findings

Profile of Parental Caregivers

The Health and Retirement Study (HRS) was first fielded in 1992. The nationally representative HRS surveys adults over the age of 50 every two years and provides extensive information on this population, including data on income, work, and health status, and whether respondents provide personal care and/or financial assistance to their parents. This sample was restricted to HRS respondents from the 2008 panel who had a living parent. The sample contained 1,112 men and women with at least one parent living. (Additional information regarding this sample is available in the Appendix.)

Caregiving activity can take many forms. “Basic care” in the HRS is defined as personal activities like dressing, feeding, and bathing, or what are more commonly referred to as activities of daily living (ADLs) or personal care. These caregiving tasks are usually viewed as more intensive (and stressful) than “instrumental activities of daily living,” such as grocery shopping, transportation, and handling finances — which were not asked of caregivers in the HRS sample. The HRS specifically asks if the respondent has provided 100 hours or more of basic care in the last two years. “Financial assistance” is defined as providing at least \$500 of support to a parent within the past two years.

Note that these respondents are only asked about care they are giving to a parent; therefore, caregiving for a spouse, grandparent, sibling, child with special needs, or other relative or friend is not included. And, again, the respondents are all at least age 50. This means that the resulting data are quite conservative in that they do not reflect the entire spectrum of caregiving support, only that which focuses on an elderly parent(s).

Reflecting the general population, the majority of survey respondents are white, female, with at least some college education. Overall self-reported health status is good or better, and more than half are still working. Almost one-quarter provide basic, personal care to a parent; just as many respondents provide financial assistance.

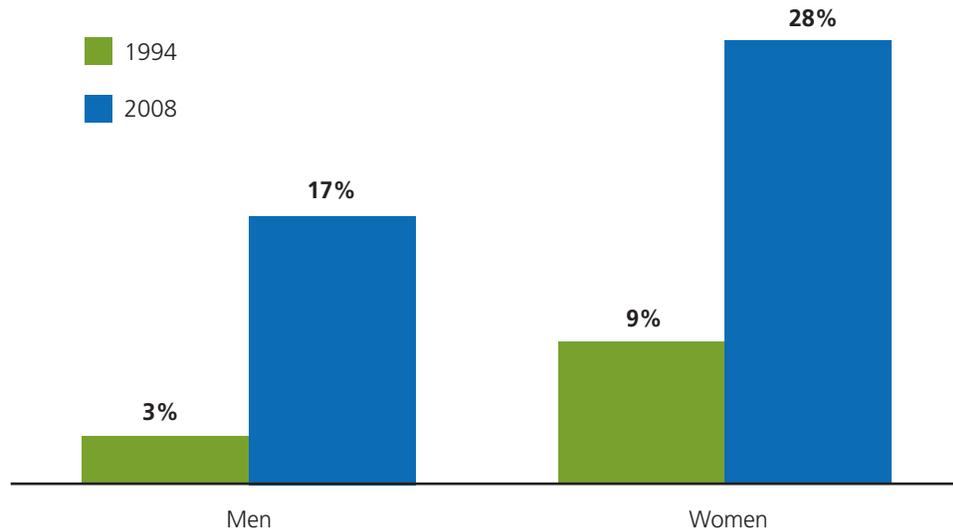
However, this percentage more than tripled between 1994 through 2008. In an earlier study of women providing care to their parents using the 1994 wave of the HRS, researchers reported that 3% of men and 9% of women provided help with basic care. By 2008, these percentages increased to 17% and 28%, respectively.⁵ Undoubtedly, the impact of the aging population has resulted in increased need within families for family caregiving support. Overall, the percentage of adult children who provide either type of care does not vary much by age. (See Table 1 and the Appendix for the complete table of demographics.)

Table 1: Who Are the Caregivers?

Age	All Ages (50+)	50–55	56–59	60+
Gender				
Male	34%	29%	37%	35%
Female	66%	71%	63%	65%
Race				
White	77%	69%	78%	82%
Black	17%	20%	14%	15%
Other	6%	10%	8%	3%
Work				
Work	57%	73%	68%	39%
Do not work	43%	27%	32%	61%
Help				
Basic personal care	24%	23%	23%	26%
Financial support	25%	24%	26%	24%

Source: Health and Retirement Survey, 2008 wave. See Appendix for additional demographics.

Figure 1: Percent of Men and Women Providing Basic Parental Care, 1994 versus 2008



While providing such personal care tasks is generally considered “intensive” caregiving, it is worth noting that the HRS data represent a conservative floor for annual hours of parental care. Other studies suggest that parental care can be as high as 98 hours and 141 hours per year for men and women respectively.⁶

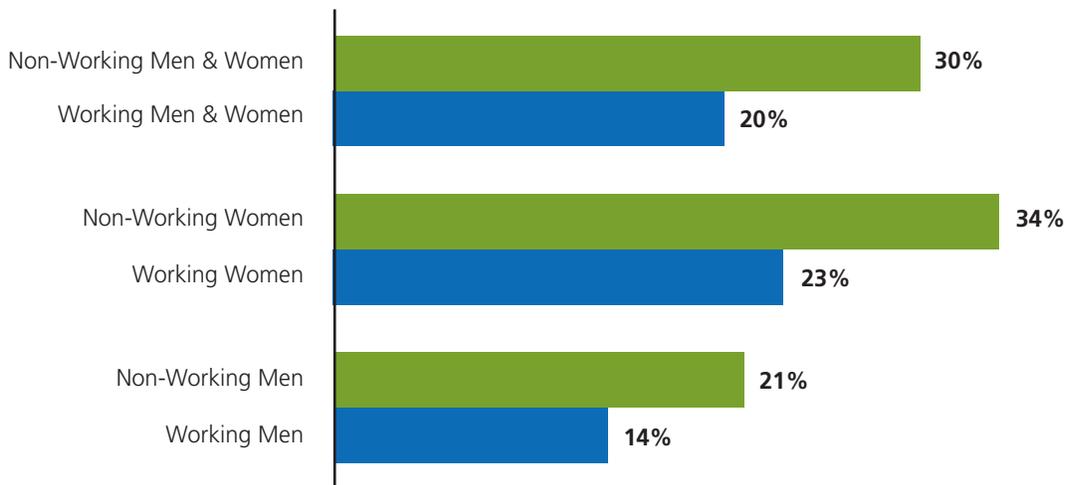
As Figure 2 shows, adult children who work or do not work are nearly as likely to provide basic personal care to parents in need (54% and 59%, respectively). However, non-working daughters are far more likely than daughters who work (34% vs. 23%) or sons, regardless of work status, to provide basic care to their parents (see Figure 3). Daughters are just as likely to care for a mother or father; sons are more likely to care for a father.

Figure 2: Workers Versus Non-Workers Who Provide Basic Personal Care



Note: Basic care is defined as the provision of personal activities like dressing, feeding, and bathing. The HRS specifically asks if the respondent has provided 100 hours or more of basic care in the last two years.

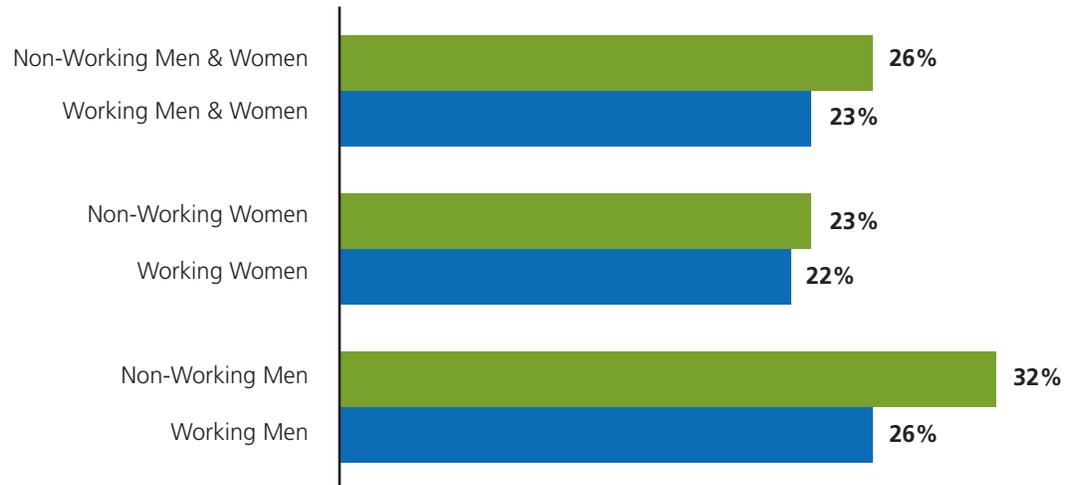
Figure 3: Workers Versus Non-Workers Who Provide Basic Personal Care, by Gender



Note: Basic care is defined as the provision of personal activities like dressing, feeding, and bathing. The HRS specifically asks if the respondent has provided 100 hours or more of basic care in the last two years.

Financial assistance is provided by children to their parents, regardless of the caregiver’s gender or work status or their parents’ gender (see Figure 4). However, men are more likely to provide financial assistance than basic care.

Figure 4: Workers Versus Non-Workers Who Provide Financial Assistance, by Gender



Note: Financial assistance indicates that at least \$500 of support was provided to a parent within the past two years.

Cost to Caregivers in Lost Wealth

Overall, caregiving daughters and sons in this study are comparable in many respects, a finding that has been borne out in prior studies.⁷ But significantly, caregiving may negatively impact working daughters more than sons, both in terms of their ability to continue working as well as hours worked. It has been

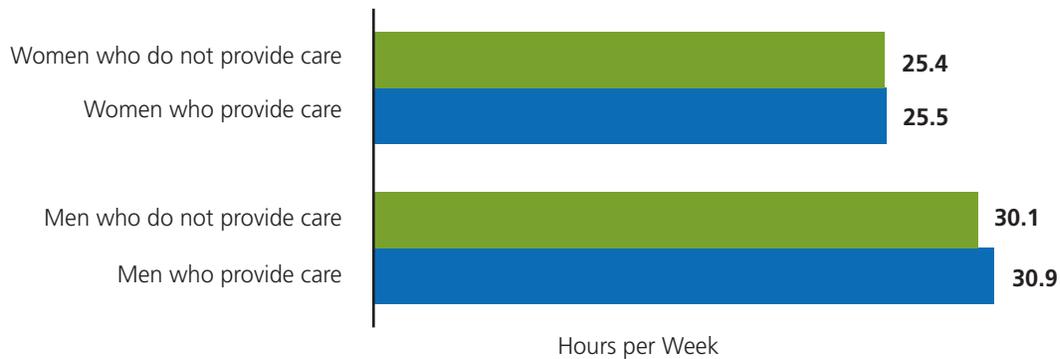
estimated that more than one-third of caregivers providing care to older adults leave the workforce or reduce hours worked, and women are more likely to leave their jobs once they begin care than to reduce the hours they work.⁸

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Impact on Earnings

Interestingly, in the HRS sample, for women caregivers versus non-caregivers, there are few differences in hours worked and hourly wages. Men who do not provide care earn significantly higher wages than men who do and than all women (see Figures 5 and 6).^{9,10}

Figure 5: Average Hours Worked per Week, by Caregiving Status and Gender



Base: Working respondents.

Figure 6: Median Hourly Wage, by Caregiving Status and Gender



These findings can be explained by other factors typical for men and women of this generation. Almost two-thirds of the men work full-time, while less than half of women do so. In addition, as demonstrated in most research done on caregiving, women who provide care often reduce their hours worked as a result of the burden of caregiving.^{11,12} Men who work part-time are far more likely to provide basic care than men who work full-time; conversely, men who work full-time are more likely to provide financial assistance. However, whether a woman works part-time or full-time, she is just as likely to provide basic personal care and financial assistance to a parent. This may be a result of the direct costs to

Whether a woman works full-time or part-time, she is just as likely to provide both basic personal care and financial assistance to a parent.

the caregiver of providing care, which has been recently estimated at \$5,531¹³ per year for out-of-pocket expenses. Out-of-pocket expenses may also present more of a financial burden to women than men.¹⁴

Men who are caregivers may have more opportunities than women to reduce hours past mid-life or work a part-time job without harming prior savings, pensions, or even Social Security contributions. Women who work increasingly do so because their families need their additional income for household expenses. However, women still typically earn less than men even when they do work full-time. Women's reduced income also results from working fewer hours or in part-time positions.

For all working caregivers, it is not unusual also to report missed opportunities for promotions, business travel, relocation, and education as workplace effects of providing care.¹⁵ Overall, both current wages and retirement income can suffer as a result.¹⁶

Caregiving responsibilities may have a dramatic economic impact on both men and women through lost wages due to either reduced hours worked or leaving the labor force early and diminished Social Security benefits or private pensions. Prior studies have presented a range of estimates for the impact on lost wages and pension benefits from \$303,260 to \$659,139 over caregivers' retirement years.¹⁷

Impact on Social Security Benefits

The HRS data provide a new estimate of the impact of caregiving on lost earnings and Social Security benefits over a caregiver's lifetime (see Tables 2 and 3). Lost earnings were determined by the median wage from the sample, the reduced hours of paid employment due to caregiving,¹⁸ and estimates of early labor force exit by a typical caregiver.¹⁹ The impact on current wages and future unearned wages was calculated, along with the impact on Social Security benefits.²⁰

A Caregiver's Scenario

Becky is a 59-year-old woman who has spent the past three years caring for her mom and an elderly uncle at the same time. Becky, who had a job as a manager at a paper plant, made a good living with a salary of about \$70,000 and benefits. At first, she tried to continue working while caring for her mother who had dementia. Becky would check in with her mother several times a day but, as her mother's dementia worsened, Becky was afraid to leave her mother home alone. She tried to use paid caregivers' help but found them too expensive and unreliable. Then her uncle, a caregiver's widower, fell and broke his hip and could no longer live alone. He too came to live with Becky.

Unfortunately, after a year in which her increasing lateness and emergency absences caused problems with her boss, Becky gave up and left her job to stay at home as a caregiver. For three years, she cared for her two relatives until her mother died and her uncle moved into a nursing home.

What happened at the end of three years? At 59 and with her technology skills a little rusty, Becky found it quite difficult to get another job at the same managerial level she had before. Eventually, she found a job but the benefits were not nearly as rich. There was minimal health insurance, and the company had only a defined contribution retirement plan to which employees could contribute. Becky had lost three years of contributions to Social Security and to the paper company's defined benefit plan. Also, because of no income and expenses in paying for additional health care services for her mother and uncle, Becky had been unable to save money for her retirement.

Table 2: Impact of Parental Caregiving on Lost Wages and Social Security: Women

	Reduced Hours Working	Labor Force Exit
Lost Wages	\$120,616	\$142,693
Lost Social Security Benefits	\$64,433	\$131,351
Total Impact	\$185,049	\$274,044

Table 3: Impact of Parental Caregiving on Lost Wages and Social Security: Men

	Reduced Hours Working	Labor Force Exit
Lost Wages	\$126,934	\$89,107
Lost Social Security Benefits	\$37,923	\$144,609
Total Impact	\$164,857	\$233,716

Total wage, Social Security, and private pension losses due to caregiving could range from \$283,716 for men to \$324,044 for women, or \$303,880 on average for a typical caregiver. When this \$303,880 amount is multiplied by the 9.7 million people age 50+ caring for their parents, the amount lost is \$2,947,636,000,000, or nearly \$3 trillion.

For women, the total individual amount of lost wages due to leaving the labor force early because of caregiving equals \$142,693. The estimated impact of caregiving on lost Social Security benefits is another \$131,351. Thus, the cost impact of caregiving on lost wages and Social Security benefits for women equals \$274,044.

For men, the total individual amount of lost wages due to leaving the labor force early because of caregiving responsibilities equals \$89,107. The estimated additional impact of caregiving on lost Social Security benefits is \$144,609. Thus, the cost impact of caregiving on lost wages and Social Security benefits for men equals \$233,716.

Impact on Private Pension Savings

The impact of caregiving on private pension savings is more difficult to estimate. Two-thirds of all workers report saving for their retirement, and 59% expect to receive income from a defined contribution benefit plan. However, private

savings for those aged 55 or older range from as little as \$10,000 (28% of those aged 55+) to a high of more than \$250,000 (23% of those 55+), reflecting the wide gap in accumulation of private savings.²¹ Depending on the terms of the employer's retirement plan, it is possible that even caregiving workers aged 55 and older may not experience a significant impact to their employer-sponsored retirement income.

However, for people in younger age cohorts, employer-sponsored retirement plans have changed. Despite the undeniable trend toward eliminating defined benefit plans, individuals can still save for retirement through defined contribution plans (e.g., 401(k) or IRA plans).²² However, the ability to continue private savings for an additional 7 to 10 years may be impacted and could be further exacerbated by the out-of-pocket costs that tend to increase for family caregivers.

In an earlier study using personal files and records for a sample of caregivers, it was estimated that private pension loss might add an additional \$50,000 burden for caregivers over “a career of Caregiving.”²³ Thus, total wage, Social Security and private pension losses due to caregiving could range from \$283,716 for men to \$324,044 for women, or \$303,880 on average for a typical caregiver. When this \$303,880 amount is multiplied by the 9.7 million people 50+ caring for their parents, the amount lost is \$2,947,636,000,000, or nearly \$3 trillion.

Other Financial and Health Impacts

The economic costs of caregiving in this study have been defined as those resources, including time and money, flowing from adult children to support aging parents. Included in the definition is the potential impact of lower wages or fewer hours that caregivers work as a result of providing care and the impact on Social Security and retirement savings.

However, intergenerational transfers from children to parents are not just measured in terms of the economic costs described here. Family caregivers provide additional support by helping with chores, errands, and household paperwork, all of which detracts from the caregiver’s own leisure and personal time. They include other potentially more severe “opportunity costs” of caring for parents, including health effects, and psychosocial and behavioral impacts, such as depression or chronic disease. Just as difficult to quantify are the impacts on time the caregivers might otherwise be spending with children and grandchildren. They may also have less money available to help their children as they prepare for college, marriage, and owning their own homes. Caregivers of aging parents often find themselves “sandwiched” between assisting two generations and face difficult, stress-inducing decisions about how to allocate resources.²⁴

Workers who provide basic personal care report poorer health.

The recent national caregiver survey by NAC/AARP²⁵ indicates that self-reported health of adult caregivers age 18 and older declines the longer they provide care. Thirty-one percent of adult caregivers report stress, anxiety, or depression; 70% report making work accommodations due to caregiving; and 53% say that they lose time with friends and family.

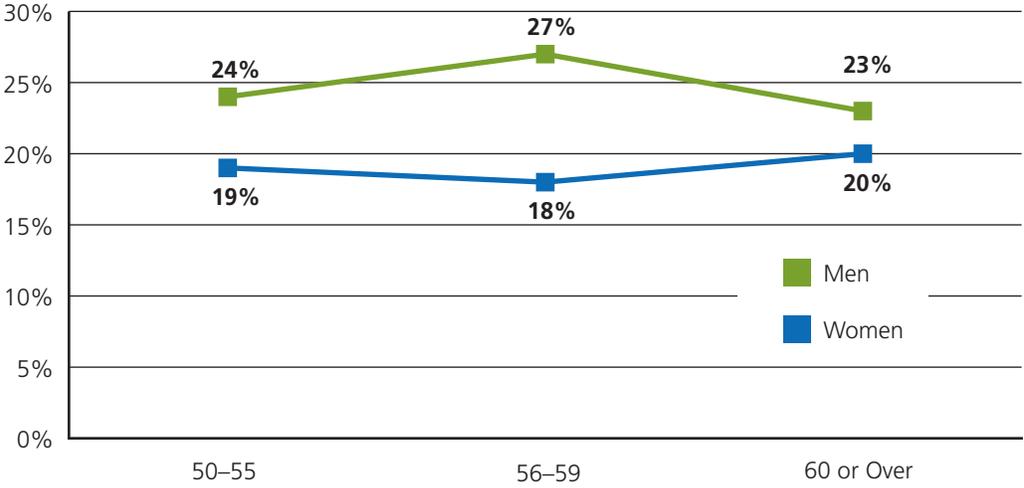
In the HRS study sample, regardless of gender, workers who provide basic personal care reported that their health was only fair or poor (14% to 17%). This compares to 11% to 14% of workers who did not provide any basic personal care as shown in Figure 7.

Figure 7: Percent of Workers in Fair or Poor Health, by Caregiving Status and Gender



However, when considering self-reported health status by gender, age, and caregiver status, regardless of age, women who provide basic care to a parent are more likely to report excellent/very good health compared to their male counterparts. Likewise, men are more likely to report fair/poor health at all ages, which may partially explain why men are less likely to provide basic care and may in fact compensate by providing financial help (see Figure 8). For all ages, regardless of health status, men are more likely to provide financial help.

Figure 8: Percent of Survey Respondents in Fair or Poor Health, by Gender and Age



Implications

Implications for Caregivers

The findings of this new study would imply that both male and female family caregivers need to be more aware of the long-term financial implications of leaving work or dropping back to part-time in order to care for older relatives. When they are considering such drastic work accommodations, caregivers are certain to realize what the immediate loss of income will mean. But the findings of this study show that they also need to be thinking about the potential average \$304,000 loss to their retirement funds (i.e., wages, Social Security benefits, and private pensions). Since the impact is greater for women (approximately \$40,000 more), women in particular should think through the impact of quitting their jobs, dropping back to part-time, or taking a lower-paying job because of the flexibility for caregiving it may offer.

Family caregivers should also think about their own health and be careful to maintain their health even while focused on the needs of their loved ones. It is easy to forget regular check-ups, mammograms, Pap tests, prostate exams, flu shots, and other preventative services when you are taking care of someone else.

Implications for Employers

This study points out the need for employers to provide workers with the best possible retirement planning information. Now that many employers offer 401(k) plans or other defined contribution plans where the worker decides how much money he or she wants to set aside for retirement, the need for information to help with planning becomes extremely important. Employees in the 50+ age range — often their peak earning years — are also at the greatest risk of being a caregiver for an older relative.

Employers can provide workplace accommodations — such as flex-time or family medical leave (FMLA) — so that caregivers can continue to stay in the workforce while caring for a relative. Employers can encourage workers to use free resources, such as the Eldercare Locator online or by toll-free phone (1-800-677-1116) to find services that can help with caregiving.

Employers also need to consider the health implications for their caregiving workers. Many studies have shown that caregiving can cost productivity and “presenteeism” in the workplace, as well as cost as much as an additional 8% in health care costs for employers.²⁶ Stress is a big factor in caregivers’ health. Employers can ensure that all workers have the opportunity to know about and access stress management programs, as well as other preventative health services.

Implications for Policymakers

Currently, there are only a few states with paid family and medical leave, but clearly this policy would benefit working caregivers who need to take leave to care for an aging parent. More states are beginning to show interest in paid family leave, especially as it is accrued through workers' compensation funds.

Family caregiving is one of the only options available to the majority of older adults who lack insurance for long-term care services. The new Affordable Care Act²⁷ includes a voluntary long-term care insurance program — Community Living Assistance Services and Supports (CLASS) — that is designed to provide some coverage for long-term care needs. Benefits begin once the individual participant requires help with more than two personal care tasks — a minimum of \$50 per day has been established by the law. This daily cash benefit can be paid to the family caregiver who provides these services. The benefit is designed to be a small help to families. The national publicity around the CLASS Act, when launched, will likely increase general public awareness of the need to plan for one's own long-term care as well.

Future long-term care policy will benefit from taking into account the role of family caregivers, especially the characteristics of the very large cohort of Baby Boomers who are likely to enter their own old age still caring for their parents. If these caregivers understand the financial implications of caregiving as described in this study, they may be better able to plan for their own retirement as well as fulfilling their caregiving role.

Methodology

This study uses data from the Health and Retirement Study (HRS) conducted biannually by the University of Michigan with funding from the National Institute on Aging. First fielded in 1992, the HRS surveys a nationally representative sample of adults over the age of 50 and provides extensive information on this population, including data on income, work and health status, and whether respondents provide basic, personal care, and/or financial assistance to their parents. After cases with missing data were eliminated from the 2008 panel, the sample was restricted to 1,112 men and women who had a parent living.

The variables chosen reflect demographic characteristics of the respondents including, gender, age, race/ethnicity, and education; self-reported health status; work status; whether mother or father required assistance or could not be left alone and type of care (e.g., basic care or financial assistance).

The data were analyzed by assistance to parents, by working status and by gender, for all caregivers.

Two questions were consistently used in the literature about the hours of care and financial assistance provided to parents. "Basic care" in the HRS is defined as the provision of personal activities like dressing, feeding, and bathing, or what are more commonly referred to as Activities of Daily Living (ADLs) or personal care. The HRS specifically asks if the respondent has provided 100 hours or more basic care in the last two years. "Financial assistance" indicates that at least \$500 of support was provided to a parent within the past two years.

At each wave of interviews, HRS respondents were asked if they were currently working for pay and if so, the number of hours per week. Since this was a cross-sectional study using just one wave of the HRS, the respondents' reported wages and hours worked were combined, along with assumptions from other studies with respect to reduced hours worked or probability of exiting the workforce as a result of providing parental care, to estimate the economic costs of parental caregiving. Median values were used because averages, or mean data, can be skewed by outliers.

Because this study only includes estimates of informal caregiving by adult children 50+ and only for aging parents, the estimates are very conservative in terms of national estimates reporting the impact of caregiving on work.

Respondent Demographics

Age	All Ages (50+)	50–55	56–59	60+
	N=1,112	N=327	N=310	N=475
Gender				
Male	34%	29%	37%	35%
Female	66%	71%	63%	65%
Race				
White	77%	69%	78%	82%
Black	17%	20%	14%	15%
Other	6%	10%	8%	3%
Education				
Less than high school, GED, high school	42%	41%	34%	48%
Some college	31%	32%	34%	28%
College or higher	27%	27%	33%	24%
Health				
Excellent/Very good	48%	45%	50%	50%
Good	31%	35%	28%	30%
Fair/Poor	21%	20%	22%	21%
Work				
Work	57%	73%	68%	39%
Do not work	43%	27%	32%	61%
Help				
Basic personal care	24%	23%	23%	26%
Financial support	25%	24%	26%	24%

Source: Health and Retirement Survey, 2008 wave.

Endnotes

- 1 Johnson RW, Kaminski J. Older Adults' Labor Force Participation Since 1993: A Decade and a Half of Growth. Urban Institute: Fact Sheet on Retirement Policy, http://www.urban.org/uploadedpdf/412011_older_adults_labor_force.pdf, accessed January 23, 2011.
- 2 MetLife Mature Market Institute, National Alliance for Caregiving, and The Center for Productive Aging at Towson University. (2003, June). *The MetLife Study of Sons at Work: Balancing Employment and Eldercare*.
- 3 MetLife Mature Market Institute, National Alliance for Caregiving, and The National Center on Women and Aging. (1999, November). *The MetLife Juggling Act Study: Balancing Caregiving with Work and the Costs Involved*.
- 4 The figure, 9.7 million parental caregivers, is derived by multiplying the percentage of HRS survey respondents who provided basic and/or financial help to a parent, by the 2008 Census population estimates for their respective age groups and the estimated proportion of adults having a living parent.
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