

Caregiving in the U.S. 2020 - Appendix B. Detailed Methodology

Caregiving in the U.S. 2020 is based primarily on 7,309 online surveys among adults ages 18 and older, conducted in 2019 using Ipsos' national, probability-based online KnowledgePanel®. The base study includes full surveys with caregivers of an adult or child and comes from four separate samples: a national, general population sample; a targeted African American sample; a targeted Hispanic sample; and a targeted Asian American sample.

The base study resulted in 1,499 full online surveys with 858 non-Hispanic White, 215 non-Hispanic African American, 222 Hispanic, and 130 Asian American¹ caregivers of an adult, as well as 74 caregivers of another race. The remaining 5,810 online surveys were comprised of non-caregivers or caregivers who did not complete the full survey.

Two oversample groups were conducted, in addition to the base study, to strengthen the analysis of key groups: (1) Caregivers ages 75 and older were oversampled using Ipsos' KnowledgePanel®, to obtain 240 caregivers ages 75 and older (combined caregivers of an adult from the base study plus the age-specific online oversample); and (2) Asian American caregivers were oversampled using a blended landline-and cell phone sample to yield 210 Asian American caregivers (combined caregivers from the base study online plus the targeted phone oversample).

The sections below describe in more detail the research and sample design for *Caregiving in the U.S. 2020*. Also included is a discussion of prevalence estimation, weighting, and response rate.

A. RESEARCH DESIGN

The research design of this study is based on achieving two key goals for the National Alliance for Caregiving and AARP. First, estimate prevalence of caregiving for someone of any age within both the U.S. population and households. This goal is achieved by administering a screener to all respondents, regardless of caregiver status or the age(s) of care recipient(s). Second, describe the characteristics, roles, and needs among caregivers. This is achieved through administering a full online survey to caregivers. While the last cycle of this project in 2015 described only the experience of caregivers of adults ages 18 and older, *Caregiving in the U.S. 2020* allowed full online survey responses from caregivers of adults and caregivers of children with special needs under age 18.

Special areas of focus for this year's full survey are use of technology and online supports and services, financial impacts of caregiving, and issues faced by working caregivers.

Caregiving in the U.S. 2020 utilized a national, probability-based online panel in line with the methodology used in *Caregiving in the U.S. 2015*. This maintained methodology allows for examining changes to caregiving over the past five years.

B. QUESTIONNAIRE DESIGN

The questionnaire was drafted by Greenwald & Associates, drawing from the National Alliance for Caregiving and AARP study *Caregiving in the U.S. 2015*. The questionnaire, shown in appendix A, has two components to meet the two core goals of the study.

1 Asian American is defined to align with the U.S. Census and is inclusive of those of origin, background, or descent of areas of Southeast Asia, Indian subcontinent, and eastern-most portions of Asia, as well as the Pacific Islands.

First, the screener is used to establish the presence of any caregiver, caring for someone of any age, in the household and to obtain demographic information from a randomly selected respondent. The screener is administered regardless of the presence of caregiving in the household or the age(s) of the care recipient(s). This allows estimation of the national prevalence of caregiving for someone of any age (child with special needs and/or adult recipients) at both the individual and household levels.

Second, the core of the online survey, which includes the questions about caregiving, was administered to all caregivers regardless of the age of their care recipient. This core set of questions about caregiving was set up to match the administration of *Caregiving in the U.S. 2015*. If the randomly selected initial respondents indicated they cared for an adult only, they answered the rest of the survey about that adult. If the initial respondents indicated they cared for both an adult and a child with special needs under age 18, they answered the rest of the survey about the adult. The initial respondents who indicated they provided care for a child with special needs under age 18 but did not provide care to any adults were the only respondents allowed to answer the core of the online survey about their experience caregiving for a child with special needs.

The questionnaire was programmed into two versions, both shown in appendix A. The first, used for 1,659 full online surveys (1,499 base study and 160 age-targeted), was a computer-aided web interviewing system (CAWI), programmed by Ipsos and administered to their KnowledgePanel®. The CAWI questionnaire was professionally translated into Spanish, building from the translation of the 2015 CAWI questionnaire. The second, used for 80 Asian American caregiver interviews, was a computer-aided telephone interviewing system (CATI) administered by National Research, LLC.² For both modes of survey administration, Greenwald & Associates closely monitored all development of programming and fielding.

C. SAMPLE

As described above, the base study is comprised of four samples, all conducted online: (1) a random general population sample, which aimed to get 1,000 completed online surveys with caregivers of adults; (2) a targeted oversample of African Americans, in order to reach 200 African American caregivers of adults from the general population sample plus the targeted oversample; (3) a targeted oversample of Hispanics to reach 200 Hispanic caregivers of adults from the general population sample plus the targeted oversample; and (4) a targeted oversample of Asian Americans, in order to reach as many Asian American caregivers of adults from the general population sample plus the targeted oversample.³ For each base study sample listed above, there were no targets or quotas set for caregivers of children with special needs only; we accepted as many of these caregivers of children with special needs only as were found naturally in the fielding toward the caregiver of adult quotas laid out above.

The base study was conducted using Ipsos web-enabled KnowledgePanel®, a probability-based panel designed to be representative of the U.S. population. Ipsos selects panelists scientifically by a random selection of residential addresses, known as address-based sampling or ABS. Persons in those selected households are then invited by mail to participate in the web-enabled KnowledgePanel®. For those who agree to participate but do not already have Internet access, Ipsos provides, at no cost, a laptop and ISP connection. People who already have computers and Internet service participate in the panel using their own equipment. Panelists then receive unique log-in information for accessing surveys online and receive e-mails throughout each month inviting them to participate in research.

² The limited number of Asian Americans in KnowledgePanel® required this supplementation.

³ Ipsos' KnowledgePanel contained few Asian American respondents, of which we maximized to obtain 130 Asian American caregivers.

Those four samples—the general population sample, plus the three racial/ethnic targeted oversamples—produced the following number of completed online surveys and screened respondents for the base study as shown in Table B1:

Table B1. Completed Surveys and Screened Respondents by Base Samples

Base Study	Completed Surveys (all caregivers, caring for someone of any age)	Additional Screened Respondents
General population	1,320	5,096
African American targeted	33	124
Hispanic targeted	65	205
Asian American targeted	81	385
Total	1,499	5,810

In addition to the 1,499 online caregiver surveys in the base study, GfK utilized an age-targeted online sample to reach 160 caregivers ages 75 and older, resulting in 240 caregivers ages 75 and older.

In addition to the online surveys conducted via KnowledgePanel®, 80 interviews were conducted via telephone, in English, with Asian American caregivers, 73 coming from landline contacts and 7⁴ coming from cell phone contacts. The limited number of Asian Americans in KnowledgePanel® required this supplementation. The sample dialed was 88 percent landline and 12 percent cell phone. All phone interview caregivers were offered an honorarium of \$15 to compensate for their time.

For the Asian American targeted landline sample, the study used a targeted sample based on geographic density, surname, and/or known ethnicity of household. For the Asian American targeted cell phone sample, the study used an ethnicity targeted sample. Both sample components came from Dynata (previously named Survey Sampling International and Opinionology or SSI), the same sample source used in the prior wave in 2015 for the Asian American phone oversample. Due to the mode difference, the Asian American caregivers interviewed via telephone are not included in the base study results or estimates of prevalence, but are folded into analyses of Asian American caregivers. Combining all modes (online and telephone), we obtained 197 full surveys with Asian American caregivers of an adult⁵ and 13 full surveys with Asian American caregivers of a child only.

D. FIELD METHODOLOGY

A randomly selected respondent was selected for participation in *Caregiving in the U.S. 2020* from Ipsos' KnowledgePanel® from the base study samples.⁶ The online survey began with the screener among these randomly selected respondents and proceeded to the substantive portion of the questionnaire *only if* the randomly selected respondent was identified as a caregiver.

Pertinent demographic data were collected or provided by Ipsos for all of these initial randomly selected respondents (age, race, and gender), regardless of their caregiver status. Furthermore, data on the household were gathered for the national study (family or non-family status of household members, age of householder, and race of householder).

4 Eight caregivers were found in the fielding using the cell phone sample, although one caregiver had to be removed from analysis for data quality issues.

5 The combination of online and telephone modes for the Asian American caregivers may result in some mode effects *within* this subgroup. However, the benefit of insights into Asian American caregivers overall, due to obtaining additional completes, was deemed to outweigh the limitation of mode effect. The combined phone and online data for Asian American caregivers have been weighted to correct for demographic differences.

6 This includes the general population sample, African American-targeted oversample, Hispanic-targeted oversample, and Asian American-targeted online oversample.

The screening questions used to identify the presence of a caregiver in the household are as follows:

To identify the caregiver of an adult:

At any time in the last 12 months, has anyone in your household provided unpaid care to a relative or friend 18 years or older to help them take care of themselves? This may include helping with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing. This adult need not live with you.

To identify those caring for a child with special needs:

In the last 12 months, has anyone in your household provided unpaid care to any child under the age of 18 because of a medical, behavioral, or other condition or disability? This kind of unpaid care is more than the normal care required for a child of that age. This could include care for an ongoing medical condition, a serious short-term condition, emotional or behavioral problems, or developmental problems.

If the randomly selected respondent reported no caregiver in the household, or if the randomly selected respondent was not a caregiver but reported that someone else in the household was a caregiver, the survey ended after obtaining the demographic data for the individual and the household. If the randomly selected respondent was a caregiver of an adult or a caregiver of both an adult and a child, the respondent was administered the full online survey about their caregiving experience for the adult. If the randomly selected respondent was a caregiver of a child only, they were administered the full online survey about their caregiving experience for the child. Only one caregiver per household was surveyed.

For the oversample of caregivers ages 75 and older, only the first question above—about caring for an adult—was asked. For these older caregivers, if the initial respondent reported that they themselves were not a caregiver of an adult, the survey ended and no household screening data was collected.

For the phone oversample of Asian American caregivers, both questions above were asked. For the Asian American caregivers, if the initial respondent reported that there was no caregiver present in the household, the survey ended and no household screening data was collected.

To be validated as a caregiver of an adult and complete the full survey, all self-identified caregivers of adults from all samples had to report providing help with at least one Activity of Daily Living (ADL), Instrumental Activity of Daily Living (IADL), or medical/nursing task. To be validated as a caregiver of a child only and complete the full survey, all self-identified caregivers of children with special needs from all samples had to confirm that the child had at least one condition category for which they required care or that the child was limited in their ability to do things most children of the same age do.

Surveys from the Ipsos national sample were conducted May 28 through June 17, 2019. The African American, Hispanic, and online Asian American oversamples were conducted June 10 through July 8, 2019. The oversample of caregivers ages 75 and older was conducted June 19 through July 8, 2019. KnowledgePanel® respondents were given the option of conducting the survey in Spanish or English, and 31 percent of Hispanic respondents chose Spanish.

The Asian American caregiver phone interviewing was conducted in English by National Research. An as-needed-call design was used for interviewing, with a median of just over three dials per number in an attempt to establish contact. Most numbers were dialed four times (52 percent of sample). Every soft refusal was followed by another attempt to convert the refusal into a completed interview. Phone interviewing was conducted June 13 through July 27, 2019.

The completed online surveys averaged 23.7 minutes (19.5-minute median) and completed phone interviews averaged 34.1 minutes (34-minute median). See appendix A for full CAWI- and CATI-formatted questionnaires with all instructions.

E. WEIGHTING

Data from all samples in the base study⁷ were combined and weighted. The oversample phone interviews of Asian American caregivers and online surveys of older caregivers were combined later for analyses specific to these subgroups of caregivers, in a manner described below.

A population weight was derived to estimate the prevalence of caregiving among the U.S. adult population and to analyze the substantive results from the full surveys. The household weight was used to weight the base study results in order to estimate the prevalence of caregiving in U.S. households.

Population Weights

Population weights were based on the subset of fully screened respondents in the base study who were the randomly selected initial individuals. They were weighted using a single-stage weighting procedure by age, sex, and race/ethnicity to population estimates from the public-use data file (IPUMS) of the March 2019 Current Population Survey, conducted by the U.S. Census Bureau.

The same population-based weighting process was applied to each of the non-base study oversamples: phone Asian American caregivers and caregivers ages 75 and older. Weighting targets for caregiver age, sex, and race/ethnicity were developed from the population-weighted base study caregivers who matched the oversample group. Then, the oversample caregivers were combined with the like-caregivers from the base study, and their combined distribution was then weighted to the targets.

More specifically, the 80 oversample phone Asian American caregivers were combined with the 130 unweighted online Asian American caregivers and then weighted to the population-weighted distribution of Asian American caregivers from the base study by age and sex. The same process followed for the 160 oversample caregivers ages 75 and older in combination with the 80 unweighted caregivers ages 75 and older from the base study.

While there was no oversample of caregivers age 65 to 74 as there had been in *Caregiving in the U.S. 2015*, a weight for caregivers ages 65 to 74 (224 caregivers) was created to match the analysis done in that wave of the study. In addition, to create the ability to analyze caregivers ages 65 and older, those ages 65 to 74 and those ages 75 and older were weighted in proportion to their occurrence in the caregiving population.

Household Weights

Household weights involved a multistage weighting procedure closely mirroring that of the 2015 process. In the first stage, all base study data were weighted by householder race/ethnicity, and in the second stage by householder age and household type (family or nonfamily). The weighting was based on all respondents who were fully screened in the base study and who did not terminate during the screening process.

The data set included screened respondents who reported no caregivers in the household, caregivers who completed the survey, and respondents who reported the presence of caregivers who chose not to participate in the full survey or who only partially completed it. Weighting targets came from the public-use data file (IPUMS) of the March 2019 Current Population Survey, conducted by the U.S. Census Bureau.

Weighting Substantive Results

For reporting the substantive results of the national study in this report among the 1,499 caregivers surveyed, the population weight is used.

For researchers looking to project substantive results to the U.S. population, multiply any percentages by the estimated 47.9 million U.S. adults estimated to be caring for an adult, as the report focuses on results for caregivers of adults.

⁷ The base study is comprised of four online samples: the general population nationally representative sample, the African American-targeted oversample, the Hispanic-targeted oversample, and the Asian American-targeted oversample.

F. ESTIMATING PREVALENCE OF CAREGIVING

Population Prevalence

Using the 7,309 randomly selected initial respondents in the base study weighted with population weights, we find that 1,507 (weighted) are caregivers in the prior 12 months, as validated through a complete or partial online survey. In addition, 51 (weighted) reported they were caregivers of someone any age but did not continue the online survey to validate that caregiving status. However, among the initial respondents who initially reported being a caregiver and continued far enough in the online survey to validate their status, 92.85 percent were ultimately validated.

Applying this percentage to the 51 non-validated caregivers of any age results in n = 47 additional caregivers (weighted). The 1,507 caregivers plus 47 caregivers, on a base of 7,309 screened respondents, leads to a population prevalence rate of 21.3 percent and an estimate of 53.0 million individual caregivers in the United States. The prevalence for each race/ethnicity is shown in Table B2.

Table B2. 2020 Population Prevalence by Race/Ethnicity

2020	Prevalence	Margin of Error*	Number of Adults Ages 18+ in the United States**	Estimated Number of U.S. Adults Who Are Caregivers to an Adult or Child with Special Needs
Overall	21.3%	+/- 0.9%	249,193,093	53.0 million
White (Non-Hispanic)	19.8%	+/- 1.1%	158,209,049	31.3 million
African American	28.1%	+/- 3.0%	29,581,189	8.3 million
Asian American	19.2%	+/- 3.6%	15,745,552	3.0 million
Hispanic	21.9%	+/- 2.3%	40,477,862	8.9 million
Other	28.2%	+/- 7.3%	5,179,441	1.5 million

* All margins of error reported are for the prevalence result recorded, rounded to the nearest tenth of a percentage point.

** Population estimate from the public-use data file (IPUMS) of the March 2019 Current Population Survey, conducted by the U.S. Census Bureau.

In comparison, the prevalence in 2015 was as follows, as shown in Table B3:

Table B3. 2015 Population Prevalence by Race/Ethnicity

2015	Prevalence	Margin of Error	Number of Adults Ages 18+ in the United States*	Estimated Number of U.S. Adults Who Are Caregivers to an Adult or Child with Special Needs
Overall	18.2%	+/- 0.9%	239,340,657	43.5 million
White (Non-Hispanic)	16.9%	+/- 1.1%	156,772,568	26.5 million
African American	20.3%	+/- 2.6%	27,670,111	5.6 million
Asian American	19.7%	+/- 3.7%	13,791,579	2.7 million
Hispanic	21.0%	+/- 2.3%	36,307,496	7.6 million
Other	21.3%	+/- 6.3%	4,798,903	1.0 million

* Population estimate from the public-use data file (IPUMS) of the March 2014 Current Population Survey, conducted by the U.S. Census Bureau.

We are able to analyze the prevalence of caregivers in the United States by the age of care recipient(s). It is estimated that 19.2 percent of American adults, or 47.9 million adults, have provided care to an adult age 18 or older in the prior 12 months. We also estimate 5.7 percent of American adults, or 14.1 million adults, have provided care to a child with special needs in the prior 12 months.⁸ See Table B4 below for details.

Table B4. 2020 Population Prevalence by Care Recipient Age Group

2020	Prevalence	Margin of Error	Number of Adults Ages 18+ in the United States*	Estimated Number of U.S. Adults Who Are Caregivers
Overall	21.3%	+/- 0.9%	249,193,093	53.0 million
Only child recipients	2.0%	+/- 0.5%	249,193,093	5.1 million
Only adult recipients	15.6%	+/- 0.9%	249,193,093	38.9 million
Both adult and child recipients	3.6%	+/- 0.5%	249,193,093	9.0 million
Caregivers of recipients ages 50+	16.8%	+/- 0.9%	249,193,093	41.8 million

* Population estimate from the public-use data file (IPUMS) of the March 2019 Current Population Survey, conducted by the U.S. Census Bureau.

The population prevalence of caregivers of someone at least 50 years of age (shown above) is 16.8 percent, based on 1,226 caregivers out of 7,309 screened individuals. The 1,226 caregivers of someone age 50 or older were identified as follows. First, 1,219 of the initial respondents were validated caregivers of an older recipient. An additional eight were non-validated caregivers of age 50 or older recipients; these were multiplied by 92.85 percent—the proportion of initially reported caregivers who were asked validating questions and ultimately were confirmed to be caregivers. This results in 7 additional caregivers.

In comparison, the prevalence in 2015, by age of care recipient, is shown in Table B5:

Table B5. 2015 Population Prevalence by Care Recipient Age Group

2015	Prevalence	Margin of Error	Number of Adults Ages 18+ in the United States*	Estimated Number of U.S. Adults Who Are Caregivers
Overall	18.2%	+/- 0.9%	239,340,657	43.5 million
Only child recipients	1.6%	+/- 0.5%	239,340,657	3.7 million
Only adult recipients	13.9%	+/- 0.6%	239,340,657	33.3 million
Both adult and child recipients	2.7%	+/- 0.5%	239,340,657	6.5 million
Caregivers of recipients ages 50+	14.3%	+/- 0.6%	239,340,657	34.2 million

* Population estimate from the public-use data file (IPUMS) of the March 2014 Current Population Survey, conducted by the U.S. Census Bureau.

⁸ These are not mutually exclusive groups, in that some caregivers are providing care to both an adult age 18 or older and a child age 0-17.

Household Prevalence

There were 7,309 screened households in the base study. Using household weighted figures, 1,901 of these households contained at least one caregiver in the prior 12 months as validated through a complete or partial online survey (n = 1,486). In addition, 446 households reported the presence of a caregiver of someone of any age but did not continue the survey through to validate the caregiver.⁹

However, among the respondents who initially reported a caregiver and continued far enough in the online survey to validate their presence, a very large proportion (93.1 percent) were ultimately validated. Accordingly, we also count as caregivers 93.1 percent of the 446 households (n = 415) that reported the presence of a caregiver but did not complete the full online survey. Thus, 1,486 validated caregivers plus an estimated 415 additional caregivers, on a base of 7,309 screened households, equals a household prevalence rate of 26.0 percent. For details, see Table B6.

Table B6. 2020 Household Prevalence by Race/Ethnicity of Householder

2020	Prevalence	Margin of Error	Number of Households in the United States*	Estimated Number of Caregiving Households**
Overall	26.0%	+/- 1.0%	127,516,846	33.2 million
White (Non-Hispanic)	23.8%	+/- 1.1%	84,693,035	20.2 million
African American (Non-Hispanic)	32.5%	+/- 2.9%	16,137,218	5.2 million
Asian American	25.7%	+/- 4.5%	6,874,100	1.8 million
Hispanic	29.3%	+/- 2.9%	17,272,597	5.1 million
Other	34.3%	+/- 7.2%	2,539,897	0.9 million

* Household estimate from the public-use data file (IPUMS) of the March 2019 Current Population Survey, conducted by the U.S. Census Bureau.

** Caregiving for an adult or child with special needs.

In comparison, the household prevalence in 2015 was as follows, shown in Table B7:

Table B7. 2015 Household Prevalence by Race/Ethnicity of Householder

2015	Prevalence	Margin of Error	Number of Households in the United States*	Estimated Number of Caregiving Households**
Overall	23.3%	+/- 0.9%	122,854,716	28.6 million
White (Non-Hispanic)	21.7%	+/- 1.1%	83,628,928	18.2 million
African American (Non-Hispanic)	24.9%	+/- 2.5%	15,228,833	3.8 million
Asian American	25.2%	+/- 4.7%	5,926,848	1.5 million
Hispanic	28.6%	+/- 2.8%	15,756,754	4.5 million
Other	27.9%	+/- 7.5%	2,313,353	0.6 million

* Household estimate from the public-use data file (IPUMS) of the March 2014 Current Population Survey, conducted by the U.S. Census Bureau.

** Caregiving for an adult or child with special needs.

9 Validation means the caregiver continued far enough in the survey to report that they performed at least one ADL, IADL, or medical/nursing task for their adult care recipient. For child recipients, the caregiver confirmed that the child had at least one condition category for which they required care or that the child was limited in their ability to do the things most children of the same age do.

The study also examined prevalence of households containing a caregiver of a recipient at least 50 years of age, estimated at 20.3 percent. This comes from the following figures: Of the 7,309 screened households, 1,205 indicated someone in the household cared for a recipient age 50 or older. An additional 303 indicated someone cared for a recipient age 50 or older but did not complete enough of the survey to be validated. These 303 suspected caregivers of someone 50 or older were multiplied by 93.1 percent—the proportion of the *households* with reported caregivers who went far enough in the online survey to be validated—resulting in 282 additional caregivers. A total of 1,487 caregivers divided by 7,309 screened households equals the 20.3 percent prevalence estimate. For details, see Table B8.

Table B8. 2020 and 2015 Household Prevalence of Caregivers of Recipients Ages 50 and Older

	Prevalence	Margin of Error	Number of Households in the United States ^{*,**}	Estimated Number of Caregiving Households
2020	20.3%	+/- 0.9%	127,516,846	25.9 million
2015	17.8%	+/- 0.9%	122,854,716	21.8 million

^{*} Household estimate from the public-use data file (IPUMS) of the March 2019 Current Population Survey, conducted by the U.S. Census Bureau.

^{**} Household estimate from the public-use data file (IPUMS) of the March 2014 Current Population Survey, conducted by the U.S. Census Bureau.

Increase in Prevalence

It must be noted that the prevalence estimates are higher in *Caregiving in the U.S. 2020* than in *Caregiving in the U.S. 2015*.

First, it is possible that some increase in caregiving prevalence has occurred since the 2015 study. The demographic shifts¹⁰ and medical advancements¹¹ that have resulted in a rapidly aging population—one with chronic, ongoing conditions that is more in need of care than ever before—may be a factor in this increased prevalence. In addition, the increase in prevalence may be due to limitations or workforce shortages in the health care or long-term services and supports (LTSS) formal care systems; increased efforts by states to facilitate home- and community-based services; or it may be that increasing numbers of Americans are self-identifying that their daily activities, in support of their family members and friends with health or functional limitations,¹² *are* caregiving—or it may be the confluence of these trends. Other studies have documented the growing number of caregivers over time as well.¹³

Caregiving in the U.S. 2020 shows that prevalence has increased among most demographic groups compared to prevalence estimates from 2015. Table B9 summarizes prevalence changes by race/ethnicity, gender, education, employment, and generation.

10 G. F. Anderson and P. S. Hussey, “Population Aging: A Comparison among Industrialized Countries,” *Health Affairs* 19 (2000): 3.

11 W. W. Hung et al., “Recent Trends in Chronic Disease, Impairment, and Disability among Older Adults in the United States,” *BMC Geriatrics* 11 (2011): 47.

12 D. Redfoot, L. Feinberg, and A. Houser, “The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers,” *AARP Public Policy Institute* (2013). <https://www.aarp.org/home-family/caregiving/info-08-2013/the-aging-of-the-baby-boom-and-the-growing-care-gap-AARP-ppi-ltc.html>.

13 See Jennifer L. Wolff et al., “Family Caregivers of Older Adults, 1999-2015: Trends in Characteristics, Circumstances, and Role-Related Appraisal,” *The Gerontologist* 58, no. 6 (2017): 1021-32.

Table B9. Estimated Population Prevalence of Caregiving for Someone of Any Age by Select Demographics, 2020 and 2015

	2020 Prevalence	2015 Prevalence
Race/Ethnicity		
White (Non-Hispanic)	19.8%*	16.9%
African American (Non-Hispanic)	28.1%*	20.3%
Asian American	19.2%	19.7%
Hispanic	21.9%	21.0%
Gender		
Men	17.5%*	15.0%
Women	24.8%*	21.1%
Education		
Less than high school	20.1%	16.4%
High school grad or equivalent	20.0%*	17.5%
Some college, trade school	23.8%*	18.7%
Bachelor's degree or higher	20.4%	18.8%
Employment Status		
Employed	21.8%*	17.9%
Not employed	20.3%	18.6%
Generation		
Generation Z	16.3%	N/A
Millennial	20.2%*	15.3%
Generation X	23.6%*	18.3%
Baby Boomer	23.3%	21.1%
Silent	15.7%	17.3%

* Indicates significantly higher prevalence versus 2015 at 95 percent confidence level.

Of note, more than one out of every four non-Hispanic African Americans is a caregiver for someone of any age (28.1 percent), up from one in five in 2015 (20.3 percent). This significant increase in caregiving is occurring among both African American men and women as well as across the age span (both young and old). Also of note, one in five millennials and nearly one in four generation X Americans are caregiving for someone of any age, a significant increase for both generations and one that is occurring among men and women in these generations.

G. LEVEL OF CARE INDEX

The Level of Care Index, first developed in the 1997 study *Family Caregiving in the U.S.* (a predecessor to this research) and used in the 2004, 2009, and 2015 *Caregiving in the U.S.* studies,¹⁴ is replicated in this study to convey a simple measure of the intensity or complexity of the caregiving situation. This index provides one way to articulate the impact of a disease or disability on the people who care for an individual during the caregiver journey. The index is based on the number of hours of care given as well as the number of ADLs and IADLs performed.

14 In each of the prior waves, this index was referred to as the Burden of Care Index, with each level of the index referred to as high, moderate or medium, and low “burden.” For the 2020 cycle, we adjusted the name to be Level of Care Index, with each level of the index referred to with the word “intensity” rather than “burden,” as this index is one way to measure the intensity or complexity of the caregiving situation.

For caregivers of adults, the calculation of the Level of Care Index begins by assigning points for the number of hours of care, as follows:

Hours of Care	
0 to 8 hours	1 point
9 to 20 hours	2 points
21 to 40 hours	3 points
41 or more hours	4 points

Points are then assigned for the number of ADLs and IADLs performed:

Types of Care Provided	
0 ADLs, 1 IADL	1 point
0 ADLs, 2+ IADLS	2 points
1 ADL, any number of IADLs	3 points
2+ ADLs, any number of IADLs	4 points

Then, the total number of points is consolidated into five levels of care. In this report, analysis often further collapses the five levels into three categories of intensity, with “high intensity” equating to Levels 4 to 5, “medium intensity” corresponding to Level 3, and “low intensity” equating to Levels 1 and 2.

Consolidating Points into Five Levels of Care and Three Intensity Categories		
2 to 3 points	Level 1	Low intensity
4 points	Level 2	
5 points	Level 3	Medium intensity
6 to 7 points	Level 4	High intensity
8 points	Level 5	

For caregivers of children with special needs only, the calculation of the Level of Care Index follows methodology last used in the 2009 cycle, when data was last collected about caregivers of children with special needs. The calculation assigns points for the number of hours of care, as was done above for caregivers of adults. Points are then assigned for the tasks performed, which for caregivers of children with special needs includes ADLs, select IADLs,¹⁵ and other caregiver support activities (CSAs).¹⁶

Types of Care Provided	
0 ADLs, 0 or 1 IADL/CSA	1 point
0 ADLs, 2+ IADLs/CSAs	2 points
1 ADL, any number of IADLs/CSAs	3 points
2+ ADLs, any number of IADLs/CSAs	4 points

Then, the total number of points is consolidated into five levels of care, using the same groupings of points as defined above for caregivers of adults.

15 Caregivers of children with special needs only were asked about three IADLs: giving medicines, pills, or injections; managing finances, such as paying bills or filling out insurance claims; and arranging outside services, such as nurses, home care aides, or home-delivered meals.

16 CSAs include advocating for them with providers, services, schools, or government agencies; monitoring the severity of their condition to adjust care accordingly; and communicating with health care professionals about their care.

H. DATA MANIPULATIONS AND CLEANING

Imputation on Constant Care (Hours of Care)

A linear regression model was performed in 2015 to impute a numeric hours of care provided weekly for caregivers who selected that they provide “constant care.” As the results from this model suggested,¹⁷ for 2020 we again use 77 hours per week in the mean calculations for anyone who self-selected “constant care” on the online survey. For all others who actually typed in a numeric value of 98 hours of care per week or more, we continued the convention from prior waves of replacing their hours of care with a value of 98 for the mean calculation only.

To validate these imputation results, in the 2020 cycle, caregivers who selected that they provide “constant care” were asked to describe the kind of care they provided. Just 1 in 5 self-reported they provide care all the time, 24 hours a day, 7 days a week (19 percent). Another 1 in 3 indicated they had some breaks, either providing care almost all of the time with only small breaks here or there (19 percent) or almost all of the time with just breaks to sleep (15 percent). The final 4 in 10 indicated they provide care on and off around the clock (43 percent).

Generational Definitions

The report classifies both caregivers and care recipient age based on their generation, for both 2020 and 2015 data.¹⁸ The definitions of generation by age in both 2020 and 2015 are shown in Table B10.

Table B10. Generational Definitions for Caregivers and Care Recipients, 2020 and 2015

Generation	Birth Year Range	Age for 2020	Age for 2015
Generation Z	1997 or later	0–22*	Not applicable**
Millennial	1981–1996	23–38	18–33
Generation X	1965–1980	39–54	34–49
Baby Boomer	1946–1964	55–73	50–68
Silent	1928–1945	74–91	69–86
Greatest	1927 or earlier	92 or older	87 or older

* For the 2020 cycle, generation Z caregivers are ages 18–22, as caregivers must be 18 or older to qualify for the survey. Generation Z care recipients can be ages 0–22, as we asked about recipients of any age (child or adult).

** Generation Z was ages 0–17 during the 2015 cycle and therefore qualified neither as a caregiver (who had to be 18 or older) nor as a care recipient (for the 2015 cycle, we asked only about recipients 18 or older).

Split Sample Question Wording

To adjust wording but maintain trend, a split sample design was used in 2020 to test two different wordings for two different questions. Caregivers were randomly assigned to each split sample and shown one of two wording options.

First, on question 17, asking about the care recipient’s condition categories, split sample A (first half) was shown the trended wording to match 2015 on Item D only: “Developmental or intellectual disorder or mental retardation.” Split sample B (second half) was shown the new wording on Item D only: “Developmental or intellectual disorder or delay.” Future waves will use the latter wording only.

17 See Appendix B of *Caregiving in the U.S. 2015* for a full methodological description of the imputation model and methodology: <https://www.caregiving.org/wp-content/uploads/2015/05/CGV016-Main-Report-Appendix-B-Detailed-Methodology-5.21.15.pdf>.

18 The definition of generations is based on the time or year in which data collection occurred. For 2020, data collection occurred in 2019, while for 2015, data collection occurred in 2014. Generational definitions from Pew Research Center. For more information, see <https://www.pewresearch.org/topics/generations-and-age/>.

Second, on question 18, asking about the care recipient’s main condition, split sample A (first half) was shown the trended wording to match 2015 on response Item 3 only: “Alzheimer’s, confusion, dementia, forgetfulness.” Split sample B (second half) was shown the new, shorter wording on response Item 3 only: “Alzheimer’s, dementia.” Future waves will display the latter wording only.

Age of Recipients versus General Population

The age of care recipients is markedly different than the general U.S. population. While very few Americans are ages 75 and older, nearly half of care recipients are in this age group. See Table B11 for detailed comparison.

Table B11. Care Recipient Age Compared to Age Distribution of U.S. Population, 2020 and 2015

	2020 Care Recipients	2019 Population *	2015 Care Recipients	2014 Population **
18-24	4%	12%	2%	13%
25-34	4%	18%	3%	18%
35-44	3%	16%	4%	17%
45-54	8%	17%	9%	18%
55-64	15%	17%	15%	17%
65-74	20%	12%	19%	11%
75 or older	46%	8%	47%	8%

* The 2020 survey was conducted in 2019, so targets for population are from 2019, sourced from public-use data file (IPUMS) of the March 2019 Current Population Survey, conducted by the U.S. Census Bureau.

** The 2015 survey was conducted in 2014, so targets for population are from 2014, sourced from public-use data file (IPUMS) of the March 2014 Current Population Survey, conducted by the U.S. Census Bureau.

Caregiver Household Income

Household incomes for caregivers are higher in 2020 than in 2015, when raw data are presented without any adjustment. However, there are two factors influencing this data discrepancy. First, inflation causes changes in dollars over time, requiring that past data be adjusted to reflect current dollars. Second, the source data, provided by Ipsos’ KnowledgePanel®, were slightly different in the uppermost end of the income scale in 2020 as compared to 2015. The 2015 household income variable (ppincimp) had an uppermost limit of \$175,000 or more, while the 2020 household income variable (ppincimp_20) had a greater level of detail, including three categories for values of \$175,000 or above (category 19 = \$175,000 to \$199,999, category 20 = \$200,000 to \$249,999, and category 21 = \$250,000 or more).

To address these two factors influencing the ability to compare household income from 2020 to 2015, two calculation methods were attempted. For both, income categories were converted to the midpoint of each category of the income scale with an inflation adjustment¹⁹ on the 2015 data. However, the first method utilized as much information from the source data as possible, while the second forced income to be on the same, collapsed scale.

- Calculation method one used as much information as possible from both 2015 and 2020 cycles to calculate median, mean, and standard deviations of income. For 2015 online completes, we

19 The inflation adjustment was made for September 2014 (time when 2015 data were collected) to July 2019 (time when 2020 data were collected). According to the Bureau of Labor Statistics, the inflation change rate for this period was 7.79 percent (<https://data.bls.gov/cgi-bin/cpicalc.pl>). This was verified against another source for CPI inflation, which documents a less conservative change of 8.46 percent between 2014 and 2019 (see <http://www.in2013dollars.com/us/inflation/2014?amount=1>).

used the full panel of information available to assign midpoints (variable name ppincimp), then adjusted these midpoints for inflation. For 2015 phone completes, we used the question as asked in the survey (D8 series recoded into income) to assign midpoints, then adjusted for inflation. For 2020 online completes, we used the full panel of information available in variable ppincimp_20 to assign midpoints. For 2020 phone completes, we used the question as asked in the survey (D8 series recoded into variable income) to assign midpoints. Calculation method one is shown in the source data under variable income19.

- Calculation method two forced collapsed household income data from the 2020 cycle to match household income data from the 2015 cycle to calculate median, mean, and standard deviations of income. For 2015 completes, online or phone, we used the collapsed income variable (income) to assign midpoints then adjusted these midpoints for inflation. For 2020 completes, online or phone, we used the collapsed income variable (income) to assign midpoints. Calculation method two is shown in the source data under variable altinc19.

As is shown in Table B12, the median household income varies depending on which calculation method is used. For the purposes of the paper, we report calculation method one, as this has the advantage of using as much information as possible as well as correcting for inflation. However, the figure below shows that were the source data comparable in terms of scales (calculation method two), as provided by Ipsos' KnowledgePanel®, the differences in caregiver income would be negligible.

Table B12. Median Household Income of Caregivers, 2020 and 2015—Comparison of Uncorrected and Corrected Data

	2020	2015
Base data, no inflation adjustment, using as much information as possible	\$70,200	\$54,700
Calculation method one: inflation adjusted, using as much information as possible	\$67,500	\$59,300
Calculation method two: inflation adjusted, with forced same scales in both periods	\$62,500	\$67,400

I. MARGIN OF ERROR AND RESPONSE RATE

The margin of sampling error, at the 95 percent confidence level, for the overall sample and for the three age-specific subsets, which are the focus of separate companion reports, are shown in Table B13. The margin of error will be larger for subgroups within each sample.

Table B13. Margin of Error by Care Recipient Age Groups, 2020 Study

Sample (with unweighted n's)	Margin of Error (for 50% result)
Results of entire substantive base study (caregivers of adults only) Based on 1,499 completed surveys	2.5 percentage points
Results for caregivers of children with special needs under age 18 Based on 107 completed surveys	9.5 percentage points
Results for caregivers of 18 to 49-year-olds Based on 188 completed surveys	7.1 percentage points
Results for caregivers of recipients ages 50 and older Based on 1,204 completed surveys	2.8 percentage points

The response rate of each sample is shown in Table B14. For the online samples, this represents a cumulative response rate.²⁰ The response rates for the telephone samples are based on a standard method provided by the American Association for Public Opinion Research (AAPOR).²¹

Table B14. Response Rate by Sample Type, 2020 Study

Sample	Response Rate
Full online study, all samples	5.1%
General population online	5.3%
African American targeted online	4.2%
Hispanic targeted online	2.7%
Asian American targeted online	4.9%
Age 75+ targeted online	6.5%
Phone study, all samples	0.3%
Asian American targeted landline	0.3%
Asian American targeted cell phone	0.3%

20 The cumulative response rate considers panel recruitment rates, household profile rates, retention rate, and study-specific response and completion. M. Callegaro and C. DiSogra, "Computing Response Metrics for Online Panels," *Public Opinion Quarterly* 72, no. 5 (2008): 1008–32.

21 The American Association for Public Opinion Research, *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys* (Ann Arbor, MI: AAPOR, 2000). Response rate formula #2.

K. BANNER DEFINITIONS

The banners used in the analysis of the main report are defined as follows. All n sizes shown in tables below are unweighted n sizes. Statistical testing at the 95 percent and 99 percent confidence intervals was ran, with the 95 percent level used for reporting.

BANNER #1—MAIN Study Caregivers of Recipients 18+			
WEIGHT BY IND14WGT unless otherwise indicated; entire banner (Status = 1)			
Trend			
1	2015	smptyp 14<5 and year=2014	1,248
2	2020	smptyp 14<5 and year=2019 and agecrat=2-3	1,392
Care Recipient Age 2020			
3	18-49	smptyp 14<5 and year=2019 and agecrat=2	188
4	50+	smptyp 14<5 and year=2019 and agecrat=3	1,204
5	50-64	smptyp 14<5 and year=2019 and agecrat=3 and agecr<65	256
6	65+	smptyp 14<5 and year=2019 and agecrat=3 and agecr>64 and agecr<900	944
2015			
7	18-49	smptyp 14<5 and year=2014 and agecrat=2	159
8	50+	smptyp 14<5 and year=2014 and agecrat=3	1,087
9	50-64	smptyp 14<5 and year=2014 and agecrat=3 and agecr<65	234
10	65+	smptyp 14<5 and year=2014 and agecrat=3 and agecr>64	853
Caregiver Race/Ethnicity 2020			
11	White	smptyp 14<5 and year=2019 and agecrat=2-3 and racecg=1	801
12	African American	smptyp 14<5 and year=2019 and agecrat=2-3 and racecg=2	199
13	Hispanic	smptyp 14<5 and year=2019 and agecrat=2-3 and racecg=5	205
14	Asian	(smptyp 14<5 or smptyp 14=7) and year=2019 and agecrat=2-3 and racecg=3; WEIGHT by WGTAcg	197
2015			
15	White	smptyp 14<5 and year=2014 and racecg=1	698
16	African American	smptyp 14<5 and year=2014 and racecg=2	206
17	Hispanic	smptyp 14<5 and year=2014 and racecg=5	208
18	Asian	(smptyp 14<5 or smptyp 14=7) and year=2014 and racecg=3; WEIGHT by WGTAcg	201
Caregiver Gender 2020			
19	Men	smptyp 14<5 and year=2019 and agecrat=2-3 and sexcg=1	542
20	Women	smptyp 14<5 and year=2019 and agecrat=2-3 and sexcg=2	850
2015			
21	Men	smptyp 14<5 and year=2014 and sexcg=1	507
22	Women	smptyp 14<5 and year=2014 and sexcg=2	741
Caregiver Age 2020			
23	18-49	smptyp 14<5 and year=2019 and agecrat=2-3 and (agecg>17 and agecg<50)	552
24	50-64	smptyp 14<5 and year=2019 and agecrat=2-3 and (agecg>49 and agecg<65)	546
25	65+	smptyp 14<7 and year=2019 and agecrat=2-3 and (agecg>64 and agecg<998); WEIGHT BY WGT65plus	454
26	65-74	smptyp 14<6 and year=2019 and agecrat=2-3 and (agecg>64 and agecg<75); WEIGHT BY WGT6574	217
27	75+	(smptyp 14<5 or smptyp 14=6) and year=2019 and agecrat=2-3 and (agecg>74 and agecg<998); WEIGHT BY WGT75plus	237
2015			
28	18-49	smptyp 14<5 and year=2014 and (agecg>17 and agecg<50)	503
29	50-64	smptyp 14<5 and year=2014 and (agecg>49 and agecg<65)	472
30	65+	smptyp 14<7 and year=2014 and (agecg>64 and agecg<998); WEIGHT BY WGT65plus	482
31	65-74	smptyp 14<6 and year=2014 and (agecg>64 and agecg<75); WEIGHT BY WGT6574	213
32	75+	(smptyp 14<5 or smptyp 14=6) and year=2014 and (agecg>74 and agecg<998); WEIGHT BY WGT75plus	269

BANNER #2–MAIN Study Caregivers of Recipients 18+**WEIGHT BY IND14WGT unless otherwise indicated; entire banner (SMPTYP14<5 and Status = 1)****Choice to Care 2020**

1	Yes	year=2019 and agecrct=2-3 and CHOICE=1	629
2	No	year=2019 and agecrct=2-3 and CHOICE=2	759

2015

3	Yes	year=2014 and CHOICE=1	622
4	No	year=2014 and CHOICE=2	622

Caring for 2020

5	Parent/Parent-in-law	YEAR=2019 and agecrct=2-3 and banrel=1	703
6	Spouse/Partner	YEAR=2019 and agecrct=2-3 and banrel=2	179
7	Other relative	YEAR=2019 and agecrct=2-3 and banrel=3	355
8	Non-relative	YEAR=2019 and agecrct=2-3 and banrel=4	149

2015

9	Parent/Parent-in-law	YEAR=2014 and banrel=1	614
10	Spouse/Partner	YEAR=2014 and banrel=2	160
11	Other relative	YEAR=2014 and banrel=3	282
12	Non-relative	YEAR=2014 and banrel=4	192

Care Recipient Lives 2020

13	With caregiver	year=2019 and agecrct=2-3 and banlives=1	541
14	Not together	year=2019 and agecrct=2-3 and banlives=2	849
15	Not together, < 1 hr	year=2019 and agecrct=2-3 and banlives=2 and (q11=2 or q11=3)	678
16	Not together, 1 hr+	year=2019 and agecrct=2-3 and banlives=2 and (q11=4 or q11=5)	169

2015

17	With caregiver	year=2014 and banlives=1	426
18	Not together	year=2014 and banlives=2	810
19	Not together, < 1 hr	year=2014 and banlives=2 and (q11=2 or q11=3)	669
20	Not together, 1 hr+	year=2014 and banlives=2 and (q11=4 or q11=5)	139

Level of Care Index 2020

21	Low	year=2019 and agecrct=2-3 and burdcat=1	595
22	Medium	year=2019 and agecrct=2-3 and burdcat=2	231
23	High	year=2019 and agecrct=2-3 and burdcat=3	559

2015

24	Low	year=2014 and burdcat=1	504
25	Medium	year=2014 and burdcat=2	218
26	High	year=2014 and burdcat=3	520

Hours Care Per Week 2020

27	0-20	year=2019 and agecrct=2-3 and banhours=1	939
28	21+	year=2019 and agecrct=2-3 and banhours=2	446

2015

29	0-20	year=2014 and banhours=1	826
30	21+	year=2014 and banhours=2	416

BANNER #3—MAIN Study Caregivers of Recipients 18+**WEIGHT BY IND14WGT unless otherwise indicated; entire banner (SMPTYP14<5 and Status = 1)****Primary Caregiver 2020**

1	Yes	year=2019 and agecrct=2-3 and primary=1	892
2	No	year=2019 and agecrct=2-3 and primary=2	497

2015

3	Yes	year=2014 and primary=1	779
4	No	year=2014 and primary=2	462

Years of Care 2020

5	< 1 year	year=2019 and agecrct=2-3 and (q21cat=2 or q21cat=3)	574
6	1-4 years	year=2019 and agecrct=2-3 and q21cat=4	393
7	5+ years	year=2019 and agecrct=2-3 and (q21cat=5 or q21cat=6)	419

2015

8	< 1 year	year=2014 and (q21cat=2 or q21cat=3)	596
9	1-4 years	year=2014 and q21cat=4	333
10	5+ years	year=2014 and (q21cat=5 or q21cat=6)	316

Physical Condition 2020

11	Long-term	year=2019 and agecrct=2-3 and q17b=1	888
12	Short-term only	year=2019 and agecrct=2-3 and q17b>1 and q17a=1	280
13	None	year=2019 and agecrct=2-3 and q17b>1 and q17a>1	224

2015

14	Long-term	year=2014 and q17b=1	752
15	Short-term only	year=2014 and q17b>1 and q17a=1	309
16	None	year=2014 and q17b>1 and q17a>1	187

Expects to Care Future 2020

17	Yes	year=2019 and agecrct=2-3 and N12=1	767
18	No	year=2019 and agecrct=2-3 and N12=2	264
19	Not sure	year=2019 and agecrct=2-3 and N12=3	360

2015

20	Yes	year=2014 and N12=1	656
21	No	year=2014 and N12=2	285
22	Not sure	year=2014 and N12=3	307

Feels Alone 2020

23	Agree	Year=2019 and agecrct=2-3 and (m5c=4 or m5c=5)	301
24	Disagree	Year=2019 and agecrct=2-3 and m5c<3	811
25	Neither	Year=2019 and agecrct=2-3 and m5c=3	272

Student While Caregiving in Past Year 2020

26	Yes	Year=2019 and m10=1	114
27	No	Year=2019 and m10=2	1,273

BANNER #4–MAIN Study Caregivers of Recipients 18+**WEIGHT BY IND14WGT unless otherwise indicated; entire banner (SMPTYP14<5 and Status = 1)****Worked While Caregiving in Past Year 2020**

1	Yes	year=2019 and agecrct=2-3 and EMPCARE=1	837
2	No	year=2019 and agecrct=2-3 and EMPCARE=2	555

2015

3	Yes	year=2014 and EMPCARE=1	724
4	No	year=2014 and EMPCARE=2	524

Hours Worked 2020

5	<30	Year=2019 and agecrct=2-3 and EMPCARE=1 and N13<30	204
6	30+	Year=2019 and agecrct=2-3 and EMPCARE=1 and N13>29 and N13<98	628

2015

7	<30	Year=2014 and EMPCARE=1 and N13<30	185
8	30+	Year=2014 and EMPCARE=1 and N13>29 and N13<98	536

Pay Type 2020

9	Salary	Year=2019 and agecrct=2-3 and EMPCARE=1 and Q33z=1	345
10	Hourly	Year=2019 and agecrct=2-3 and EMPCARE=1 and Q33z=2	431

Financial Strain 2020

11	High	Year=2019 and agecrct=2-3 and (Q37b=4 or 5)	255
12	Moderate	Year=2019 and agecrct=2-3 and Q37b=3	260
13	Low	Year=2019 and agecrct=2-3 and Q37b<3	871

2015

14	High	Year=2014 and (Q37b=4 or 5)	220
15	Moderate	Year=2014 and Q37b=3	257
16	Low	Year=2014 and Q37b<3	766

Care Recipient Lives in Rural Area 2020

17	Yes	Year=2019 and agecrct=2-3 and Q15b=1	432
18	No	Year=2019 and agecrct=2-3 and Q15b=2	957

2015

19	Yes	Year=2014 and Q15b=1	332
20	No	Year=2014 and Q15b=2	908

Care Recipient Generation 2020

21	Generation Z	Year=2019 and agecrct=2-3 and GenCR=1	32
22	Millennial	Year=2019 and agecrct=2-3 and GenCR=2	94
23	Generation X	Year=2019 and agecrct=2-3 and GenCR=3	122
24	Baby Boomer	Year=2019 and agecrct=2-3 and GenCR=4	447
25	Silent or older	Year=2019 and agecrct=2-3 and GenCR>4	691

2015

26	Millennial	Year=2014 and GenCR=2	57
27	Generation X	Year=2014 and GenCR=3	102
28	Baby Boomer	Year=2014 and GenCR=4	340
29	Silent or older	Year=2014 and GenCR>4	747

BANNER #5–MAIN Study Caregivers of Recipients 18+**WEIGHT BY IND14WGT unless otherwise indicated; entire banner (SMPTYP14<5 and Status = 1)****Caregiver Household Income 2020**

1	Less than \$50,000	year=2019 and agecrct=2-3 and income=1-3	463
2	\$50,000 or more	year=2019 and agecrct=2-3 and income=4-6	929

2015

3	Less than \$50,000	year=2014 and income=1-3	578
4	\$50,000 or more	year=2014 and income>3 and income=4-6	670

Caregiver Education 2020

5	High school or less	year=2019 and agecrct=2-3 and (educ=1 or educ=2)	414
6	Some college	year=2019 and agecrct=2-3 and (educ=3 or educ=4)	457
7	Bachelor's or more	year=2019 and agecrct=2-3 and (educ=5 or educ=6)	521

2015

8	High school or less	year=2014 and (educ=1 or educ=2)	454
9	Some college	year=2014 and (educ=3 or educ=4)	347
10	Bachelor's or more	year=2014 and (educ=5 or educ=6)	447

Caregiver Married/Partner 2020

11	Yes	year=2019 and agecrct=2-3 and marital=1-2	889
12	No	year=2019 and agecrct=2-3 and marital=3-6	467

2015

13	Yes	year=2014 and marital=1-2	818
14	No	year=2014 and marital=3-6	408

Caregiver Rural 2020

15	Yes	year=2019 and agecrct=2-3 and Q16b=1	167
16	No	year=2019 and agecrct=2-3 and Q16b=2	1,225

2015

17	Yes	year=2014 and Q16b=1	187
18	No	year=2014 and Q16b=2	1,061

Caregiver Generation 2020

19	Generation Z	Year=2019 and agecrct=2-3 and GenCG=1	34
20	Millennial	Year=2019 and agecrct=2-3 and GenCG=2	283
21	Generation X	Year=2019 and agecrct=2-3 and GenCG=3	392
22	Baby Boomer	Year=2019 and agecrct=2-3 and GenCG=4	594
23	Silent	Year=2019 and agecrct=2-3 and GenCG=5	89

2015

24	Millennial	Year=2014 and GenCG=2	218
25	Generation X	Year=2014 and GenCG=3	285
26	Baby Boomer	Year=2014 and GenCG=4	566
27	Silent or older	Year=2014 and GenCG=5-6	179

Caregiver LGBTQ Status 2020

28	Yes	year=2019 and agecrct=2-3 and LGBT=1	100
29	No	year=2019 and agecrct=2-3 and LGBT=2	1,274

2015

30	Yes	year=2014 and LGBT=1	101
31	No	year=2014 and LGBT=2	1,137

BANNER #6—MAIN Study Caregivers of Recipients 18+**WEIGHT BY IND14WGT unless otherwise indicated; entire banner (Status = 1)****Type of Other Help 2020**

1	Both	smptyp 14<5 and year=2019 and agecrct=2-3 and PdUnhelp=1	318
2	Unpaid only	smptyp 14<5 and year=2019 and agecrct=2-3 and PdUnhelp=2	417
3	Paid only	smptyp 14<5 and year=2019 and agecrct=2-3 and PdUnhelp=3	195
4	None	smptyp 14<5 and year=2019 and agecrct=2-3 and PdUnhelp=4	457

2015

5	Both	smptyp 14<5 and year=2014 and PdUnhelp=1	309
6	Unpaid only	smptyp 14<5 and year=2014 and PdUnhelp=2	363
7	Paid only	smptyp 14<5 and year=2014 and PdUnhelp=3	177
8	None	smptyp 14<5 and year=2014 and PdUnhelp=4	391

Condition Categories 2020

9	Long-term physical	smptyp 14<5 and year=2019 and agecrct=2-3 and q17b=1	888
10	No long-term physical	smptyp 14<5 and year=2019 and agecrct=2-3 and q17b=2	422
11	Short-term physical	smptyp 14<5 and year=2019 and agecrct=2-3 and q17a=1	408
12	No short-term physical	smptyp 14<5 and year=2019 and agecrct=2-3 and q17a=2	848
13	Emotional or mental health	smptyp 14<5 and year=2019 and agecrct=2-3 and q17c=1	358
14	No emotional or mental health	smptyp 14<5 and year=2019 and agecrct=2-3 and q17c=2	872
15	Memory problem	smptyp 14<5 and year=2019 and agecrct=2-3 and q17g=1	443
16	No memory problem	smptyp 14<5 and year=2019 and agecrct=2-3 and q17g=2	814

AARP and National Alliance for Caregiving. *Caregiving in the United States 2020*. Washington, DC: AARP. May 2020.
<https://doi.org/10.26419/ppi.00103.005>

THIS REPORT WAS MADE POSSIBLE WITH GENEROUS SPONSORSHIP FROM

