



May 2019

RETIREMENT SECURITY

Some Parental and Spousal Caregivers Face Financial Risks

Accessible Version

GAO Highlights

Highlights of [GAO-19-382](#), a report to the Special Committee on Aging, U.S. Senate

Why GAO Did This Study

According to the U.S. Census Bureau, the number of people in the United States over age 65 is expected to almost double by 2050. As Americans age, family caregivers, such as adult children and spouses, play a critical role in supporting the needs of this population. However, those who provide eldercare may risk their own long-term financial security if they reduce their workforce participation or pay for caregiving expenses. GAO was asked to provide information about parental and spousal caregivers and how caregiving might affect their retirement security.

This report (1) examines what is known about the size and characteristics of the parental and spousal caregiving population, including differences among women and men; (2) examines the extent to which parental or spousal caregiving affects retirement security; and (3) identifies and discusses policy options and initiatives that could improve caregivers' retirement security.

GAO analyzed data from three nationally representative surveys; conducted an extensive literature review; and interviewed experts who are knowledgeable about caregiving or retirement security, engaged in research or advocacy around caregiving, or represent groups that might be affected by the identified policy approaches.

View [GAO-19-382](#). For more information, contact Charles Jeszeck at (202) 512-7215 or jeszeck@gao.gov.

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What GAO Found

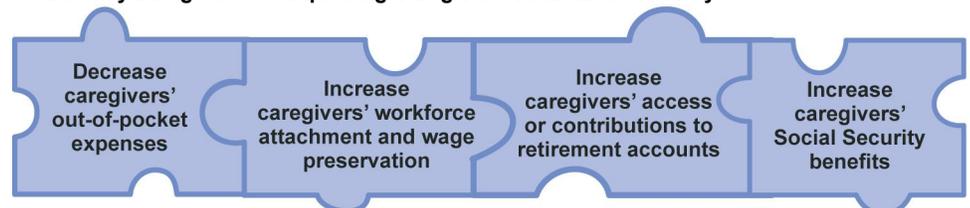
An estimated one in 10 Americans per year cared for a parent or spouse for some period of time from 2011 through 2017, and women were more likely than men to provide care, according to Bureau of Labor Statistics survey data. Both parental and spousal caregivers were older than the general population, with spousal caregivers generally being the oldest. In addition, spousal caregivers were less likely to have completed college or to be employed, and they had lower earnings than parental caregivers and the general population. Most parental and spousal caregivers provided care for several years, and certain groups were more likely to provide daily care, including women and minorities.

Some caregivers experienced adverse effects on their jobs and had less in retirement assets and income.

- According to data from a 2015 caregiving-specific study, an estimated 68 percent of working parental and spousal caregivers experienced job impacts, such as going to work late, leaving early, or taking time off during the day to provide care. Spousal caregivers were more likely to experience job impacts than parental caregivers (81 percent compared to 65 percent, respectively).
- According to 2002 to 2014 data from the Health and Retirement Study, spousal caregivers ages 59 to 66 had lower levels of retirement assets and less income than married non-caregivers of the same ages. Specifically, spousal caregivers had an estimated 50 percent less in individual retirement account (IRA) assets, 39 percent less in non-IRA assets, and 11 percent less in Social Security income. However, caregiving may not be the cause of these results as there are challenges to isolating the effect of caregiving from other factors that could affect retirement assets and income.

Expert interviews and a review of relevant literature identified a number of actions that could improve caregivers' retirement security, which GAO grouped into four policy categories. Experts identified various benefits to caregivers and others from the policy categories—as well as pointing out possible significant costs, such as fiscal concerns and employer challenges—and in general said that taking actions across categories would help address caregivers' needs over both the short-term and long-term (see figure). Several experts also said public awareness initiatives are critical to helping people understand the implications of caregiving on their retirement security. For example, they pointed to the need for education about how decisions to provide care, leave the workforce, or reduce hours could affect long-term financial security.

Four Policy Categories for Improving Caregivers' Retirement Security



Source: GAO analysis of literature and expert interviews. | [GAO-19-382](#)

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Abbreviations

ADL	activities of daily living
ATUS	American Time Use Survey
BLS	Bureau of Labor Statistics
CPS	Current Population Survey
ERISA	Employment Retirement Income Security Act of 1974, as amended
FMLA	Family and Medical Leave Act of 1993, as amended
HHS	Department of Health and Human Services
HRS	Health and Retirement Study
IADL	instrumental activities of daily living
IRA	individual retirement account
OASI	Old-Age and Survivors Insurance

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May 1, 2019

The Honorable Susan M. Collins
Chairman
The Honorable Robert P. Casey, Jr.
Ranking Member
Special Committee on Aging
United States Senate

The number of people in the United States over age 65 is projected to almost double in size by 2050, comprising 1 of every 5 people.¹ Of the population who were over age 65 in 2016, more than 40 percent (20.6 million) were over age 75. As Americans age, family caregivers, such as adult children and spouses, will play a critical role in supporting the needs of this population. However, those who provide eldercare may face risks to their own long-term financial security. For example, caregivers may take time out of the workforce or reduce their work hours to provide care, or they may stop saving for their own retirement or tap into their retirement savings to pay for out-of-pocket caregiving expenses, such as travel or medical expenses. These caregivers may ultimately receive less in Social Security benefits if they reduce their workforce participation. While men caregivers may face some of these risks, the effects of caregiving for women are compounded by lower average lifetime earnings and a longer life expectancy than men. As a result, women caregivers are at an increased risk of outliving their savings.²

You asked that we provide information about parental and spousal caregivers and to identify options that could improve their retirement security.³ This report (1) examines what is known about the size and

¹According to the U.S. Census Bureau, the U.S. population aged 65 and over was estimated at 49.2 million people in 2016. In 2050, this population is projected to be 85.7 million.

²We previously reported that elderly women are at greater risk of living in poverty than elderly men, in part due to taking time out of the workforce to care for family members. See GAO, *Retirement Security: Women Still Face Challenges*, [GAO-12-699](#) (Washington, D.C.: July 19, 2012).

³For the purposes of this review, we defined parental caregivers as those who provided care to a parent or parent-in-law, and we defined spousal caregivers as those who provided care to a spouse or partner.

characteristics of the parental and spousal caregiving population, including differences among women and men; (2) examines the extent to which parental or spousal caregiving affects retirement security; and (3) identifies and discusses policy options and initiatives that could improve caregivers' retirement security.

To determine the characteristics of parental and spousal caregivers, we analyzed nationally representative survey data from the American Time Use Survey (ATUS) eldercare module for 2011 through 2017, the most recent available.⁴ The ATUS eldercare module measures the amount of time people spend doing various activities related to eldercare. The survey asks respondents whether they provided unpaid care or assistance more than once in the 3 to 4 months prior to the survey to a person who needed help because of a condition related to aging.

To estimate the effect of parental and spousal caregiving on caregivers' jobs, we analyzed nationally representative survey data that was used in the 2015 *Caregiving in the U.S.* study.⁵ The survey asks respondents whether they provided unpaid care to a relative or friend 18 years or older to help them take care of themselves, and asks whether working caregivers experienced specific job impacts due to caregiving.

To estimate the effect of caregiving on retirement security, we analyzed nationally representative survey data from the Health and Retirement Study (HRS) from 2002 through 2014.⁶ HRS is a longitudinal survey of individuals over 50 that is conducted every 2 years. The initial cohort of respondents was ages 51 to 61 in 1992, and these respondents have been interviewed every 2 years since 1992. HRS has replenished the sample of younger cohorts every 6 years since 1992; however, there are some years of data that do not include younger respondents. Unlike the surveys above, which use a single definition for all types of caregivers,

⁴ATUS is sponsored by the Bureau of Labor Statistics (BLS) and conducted by the U.S. Census Bureau. The population is surveyed annually and is a subset of the Current Population Survey.

⁵The 2015 *Caregiving in the U.S.* study was sponsored by the National Alliance for Caregiving and the AARP Public Policy Institute.

⁶HRS is sponsored by the National Institute on Aging and the Social Security Administration, and the survey is conducted by the Survey Research Center at the University of Michigan's Institute for Social Research. The 2014 data are the most recent available. While data are available from 1992 to 2014, we did not use data prior to 2002 because the data were formatted differently.

the definitions for parental and spousal caregivers in the HRS were different. To identify parental caregivers, the HRS survey asks respondents whether they spent 100 hours or more since their last interview or in the last 2 years helping a parent or parent-in-law with basic personal activities such as dressing, eating, or bathing, or with household chores, errands, or transportation, among other tasks. To identify spousal caregivers, we used the questions that ask respondents whether they received help with activities of daily living (ADLs) or with instrumental activities of daily living (IADLs).⁷ We determined whether parental or spousal caregivers provided care in the 6 years leading up to ages 65 or 66 to capture the possible effect of caregiving on retirement income and assets. To obtain information on caregivers in this time period, we started with individuals initially interviewed at age 61 who would have provided care starting at 59, given the biennial nature of the survey. Each cohort of data includes individuals initially interviewed at age 61, which allowed us to maximize the number of individuals we could include in the HRS sample. However, as a result of this decision, our analysis did not cover caregiving that took place prior to age 59. Specifically, using HRS data, we examined differences between caregivers' and non-caregivers' individual retirement account (IRA) assets, non-IRA assets, defined contribution account (e.g., 401(k)) balances, and Social Security income.⁸ We also conducted regression analyses to examine whether observed differences were statistically significant when we controlled for demographic and other characteristics of parental and spousal caregivers.

For all of the survey data used in our study, we reviewed documentation, interviewed or obtained information from officials responsible for the data, and tested the data for anomalies. We determined the data were sufficiently reliable for the purposes of this report.

To identify policy options and initiatives that could improve caregivers' retirement security, we conducted an extensive literature review of journal articles, working papers, and think-tank studies on caregiving and topics related to retirement security, and conducted interviews with experts in

⁷ADLs include dressing, getting across a room, bathing, eating, getting in and out of bed, and using the toilet. IADLs include preparing hot meals, shopping for groceries, making telephone calls, and taking medications.

⁸We analyzed assets and Social Security income at the household level. We did not analyze the impact of caregiving on defined benefit pensions. We focused on defined contribution plans because they are the primary retirement plans for many workers.

caregiving or retirement security. Based on this information, we identified specific actions that could affect caregivers' retirement security, which we grouped into four different policy categories based on common themes. We then conducted semi-structured interviews with a range of experts and stakeholders—including some of the experts we met with to identify specific policy actions—to obtain their views on the benefits and costs of the specific policy options and approaches we identified. We selected experts and stakeholders who are knowledgeable about caregiving or retirement security or both, who are engaged in research or advocacy around caregiving, or who represented groups that might be affected by the identified policy approaches. See appendix I for more detailed information about our scope and methodology.

We conducted this performance audit from November 2017 to May 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Sources of Retirement Income

There are three main pillars of retirement income in the United States: Social Security benefits, employer-sponsored or other retirement savings plans, and individual savings and assets.⁹

Social Security

Social Security is a cash benefit that partially replaces earnings when an individual retires or becomes disabled.¹⁰ The monthly benefit amount depends on a worker's earnings history and the age at which he or she chooses to begin receiving benefits, as well as other factors. Social Security benefits are paid to workers who meet requirements for the time they have worked in covered employment, that is, jobs through which they have paid Social Security taxes. To qualify for retirement benefits, workers must typically have earned a minimum of 40 quarters of coverage (also referred to as credits) over their lifetime.¹¹ Social Security benefits are calculated based on the highest 35 years of earnings on which workers paid Social Security taxes. Those who wait until the full retirement age, which has gradually increased from 65 to 67, to claim Social Security receive unreduced benefits.¹² Social Security provides larger benefits, as a percentage of earnings, to lower earners than to higher earners.

⁹For more information about the retirement system of the United States, see GAO, *The Nation's Retirement System: A Comprehensive Re-evaluation is Needed to Better Promote Future Retirement Security*, [GAO-18-111SP](#) (Washington, D.C.: October 2017).

¹⁰Officially titled Old-Age and Survivors Insurance (OASI), the Social Security retirement program provides benefits to retired workers, their families, and survivors of deceased workers. The Disability Insurance program provides benefits to working-age adults who are unable to work due to a long-term disability. For more about Social Security, including how benefits are calculated, see GAO, *Social Security's Future: Answers to Key Questions*, [GAO-16-75SP](#) (Washington, D.C.: October 2015).

¹¹In 2019, a worker earns one credit for each \$1,360 of covered earnings, up to a maximum of four credits for the year.

¹²The full retirement age is 65 for 1937 and earlier birth cohorts and 67 for 1960 and later birth cohorts. Workers can elect to receive retirement benefits as early as age 62, but the benefit amount is reduced compared to benefits at full retirement age. Workers who wait to receive benefits until after their full retirement age receive an increase in their benefit amount for each month they delay claiming retirement benefits, up to age 70.

Social Security makes up a large portion of income for many older Americans, and older Americans face greater risk of poverty without Social Security benefits. We previously reported that data from the Federal Reserve Board's most recent Survey of Consumer Finances showed that in 2016, among households age 65 and over, the bottom 20 percent, ranked by income, relied on Social Security retirement benefits for 81 percent of their income, on average.¹³ According to a 2014 Census report, about 43 percent of people age 65 or older would have incomes below the poverty line if they did not receive Social Security.¹⁴

Employer-Sponsored or Other Retirement Savings Plans

The most common type of employer-sponsored retirement plan is a defined contribution plan, such as a 401(k) plan. Defined contribution plans generally allow individuals to accumulate tax-advantaged retirement savings in an individual account based on employee and employer contributions, and the investment returns (gains and losses) earned on the account.¹⁵ Individuals or employers may make contributions up to statutory limits.¹⁶ Individuals typically pay fees for account maintenance, such as investment management or record keeping fees.¹⁷ An employee may take funds out of the account prior to age 59 ½, but will owe taxes, possibly including an additional tax, for early withdrawal.¹⁸

Workers can also save for retirement through an individual retirement account (IRA). IRAs allow workers to receive favorable tax treatment for

¹³GAO, *The Nation's Retirement System: A Comprehensive Re-evaluation Needed to Better Promote Future Retirement Security*, [GAO-19-342T](#) (Washington, D.C.: Feb. 6, 2019).

¹⁴U.S. Census Bureau, "Impact on Poverty of Alternative Resource Measure by Age: 1981 to 2013," *Current Population Survey, Annual Social and Economic Supplements* (Sept. 16, 2014).

¹⁵Some employers offer defined benefit plans that traditionally promise to provide a benefit for the life of the participant, based on a formula specified in the plan that typically takes into account factors such as an employee's salary, years of service, and age at retirement. As noted earlier, this report did not analyze data on defined benefit plans.

¹⁶For example, the contribution limit for 401(k) participants in 2019 is \$19,000 per year. In addition, participants over age 50 may contribute an additional \$6,000.

¹⁷Fees are paid by the plan sponsor through deductions from an individual's account.

¹⁸There are exceptions to the additional tax for early withdrawals; however, a specific exception for paying caregiving expenses is not one of them.

making contributions to an account up to certain statutory limits.¹⁹ Most IRAs are funded by assets rolled over from defined benefit and defined contribution plans when individuals change jobs or retire. Individuals must have taxable earnings to contribute to an IRA, and the amount of their contribution cannot exceed their earned income.²⁰ IRAs also have account maintenance fees, which are generally higher than those charged to participants in employer-sponsored plans. IRAs are a major source of retirement assets. As we reported in 2017, IRAs held about \$7.3 trillion in assets compared to \$5.3 trillion held in defined contribution plans.²¹

Individual Savings and Assets

Individuals may augment their retirement income from Social Security and employer-sponsored plans with their own savings, which includes any home equity and other non-retirement savings and investments. Non-retirement savings and investments might include income from interest, dividends, estates or trusts, or royalties.

Selected Federal and State Efforts to Support Caregivers

Through our review of literature and interviews with experts, we identified several federal and state efforts that may provide support to caregivers:²²

- **Medicaid.** This federal-state health financing program for low-income and medically needy individuals is the nation's primary payer of long-

¹⁹The tax treatment differs depending on the type of IRA. For example, with traditional IRAs, individuals who meet certain conditions can take an income tax deduction on contributions they make to their IRA up to statutory limits, but they must pay taxes on amounts they withdraw from the IRA. Roth IRAs do not provide an income tax deduction for contributions, but withdrawals are generally tax-free after a specified time period. Contribution limits to IRAs are lower than to 401(k) plans. The annual contribution limit for IRAs in 2019 is \$6,000 (\$7,000 if age 50 or older).

²⁰However, a spouse may contribute to an IRA, even if they did not earn income. The spouse without earnings may contribute up to the lower of the annual contribution limit or the total amount of compensation includible in gross income reported on a joint tax return reduced by certain contributions to another IRA by or on behalf of the spouse with earnings.

²¹[GAO-18-111SP](#)

²²We did not conduct an exhaustive review of federal and state efforts that support caregivers; the efforts mentioned here were identified through our literature review or through interviews with experts.

term services and supports for disabled and aged individuals. Within broad federal requirements, states have significant flexibility to design and implement their programs based on their unique needs, resulting in 56 distinct state Medicaid programs. Under Medicaid requirements governing the provision of services, states generally must provide institutional care to Medicaid beneficiaries, while home and community based long-term services and supports is generally an optional service. All 50 states and the District of Columbia provide long-term care services to some Medicaid beneficiaries in home and community settings under a variety of programs authorized by statute. Some of these programs include self-directed services under which participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility for managing their services with the assistance of a system of available supports. Under one such program, participants can hire certain relatives to provide personal care services.

- **Tax-related provisions.** Caregivers may be able to use dependent care accounts, tax credits, or tax deductions for financial assistance with caregiving costs. Dependent care accounts are set up through an employer and allow individuals to set aside pre-tax funds to care for a qualifying individual, such as a spouse who is unable to care for himself or herself.²³ As an example of a tax credit, beginning in 2018, caregivers may be eligible to obtain a \$500 non-refundable credit for qualifying dependents other than children, such as a parent or a spouse. As an example of a deduction, taxpayers may deduct the cost of qualifying medical expenses.²⁴
- **The Family and Medical Leave Act of 1993 (FMLA).** This act generally provides up to 12 weeks of unpaid leave per year for eligible employees to help care for a spouse, child, or parent with a serious health condition or for their own serious health condition, among other things. Employees are generally eligible for FMLA leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a worksite where the employer employs 50 or more employees or if the employer employs 50 or more employees within 75 miles of the worksite.

²³Married individuals filing separate tax returns can set aside \$2,500 and a couple filing a joint tax return can set aside up to \$5,000.

²⁴In 2018, taxpayers could deduct medical expenses that exceeded 7.5 percent of their adjusted gross income; this increased to 10 percent beginning in 2019.

- **The Older Americans Act of 1965.** This act was passed to help older individuals remain in their homes and includes grant funding for services for older individuals. Since its reauthorization in 2000, the Older Americans Act of 1965 has provided supports for caregivers through programs such as the National Family Caregiver Support Program. This program provides grants to states to fund a range of supports to help caregivers. For example, the program provides access to respite care.²⁵ According to the National Institute on Aging, respite care provides in-home or facility-based care by a trained care provider to give the primary caregiver short-term relief from caregiving.
- **Paid sick leave.** This form of leave provides pay protection to workers for short-term health needs, and paid family leave is used by employees for longer-term caregiving. No federal sick or paid family leave policy exists. However, as of March 2019, 10 states (AZ, CA, CT, MA, MD, NJ, OR, RI, VT, WA) and the District of Columbia (DC) have guaranteed paid sick days for specific workers, according to the National Partnership for Women and Families, with eligibility varying by state. As of February 2019, six states (CA, NJ, NY, RI, MA, and WA) and DC have paid family leave laws in effect or soon will be implementing them, according to the National Partnership for Women and Families. The covered family relationships, wage replacement rate, and funding mechanism of these programs vary by state.²⁶

About One in 10 Americans Provided Parental or Spousal Care, with Women and Minority Caregivers Providing More Frequent Care

Most Eldercare Providers Cared for a Parent or Spouse

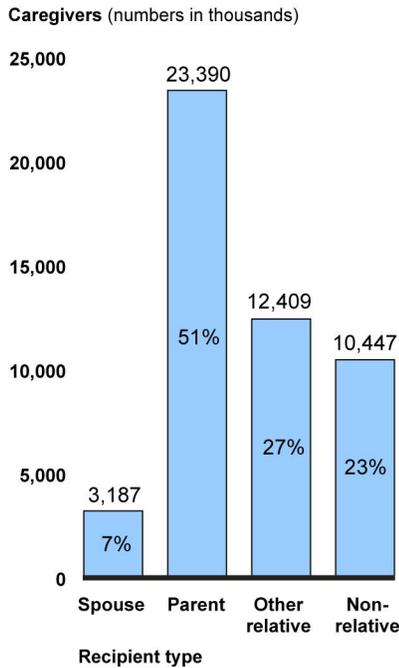
An estimated 45 million people per year provided unpaid eldercare from 2011 through 2017, according to American Time Use Survey (ATUS)

²⁵The Lifespan Respite Care Program, authorized in 2006 under Title XXIX of the Public Health Service Act, also provides family caregivers access to respite care. Lifespan Respite Care programs are coordinated systems of accessible, community-based respite care services for family caregivers of children and adults of all ages with special needs.

²⁶GAO did not do an independent review of state laws. Rather, descriptions of state laws are based on secondary source materials and interviews with experts.

data.²⁷ About 26 million people—roughly one in 10 adults in the U.S. population—cared for their parent or spouse, and about 22 million people cared for other relatives, such as grandparents, aunts and uncles, or non-related adults (see fig. 1).²⁸ Among parental and spousal caregivers, 88 percent (about 23.4 million people) provided care to a parent, and 12 percent (3.2 million people) provided care to a spouse. About 7.4 million parental or spousal caregivers (close to 30 percent) provided care for more than one person.

Figure 1: Number and Percent of Unpaid Caregivers, by Eldercare Recipient, 2011-2017



Source: GAO analysis of American Time Use Survey Data, 2011 - 2017. | GAO-19-382

²⁷Our estimates are similar to those derived by the Bureau of Labor Statistics (BLS), which estimates that, on average each year, 41.3 million people provided unpaid eldercare. Their number differs from ours in part because BLS restricts their definition of eldercare to cases where the care recipient is at least 65 years old. See BLS, *Unpaid Eldercare in the United States – 2015-16*, News Release USDL-17-1292 (Washington, D.C.: September 2017).

²⁸These numbers do not add up to 45 million because individual caregivers may provide care to more than one type of eldercare recipient. While the focus of our review was parental and spousal caregivers, we also examined the characteristics of those who provided care to another relative or to a non-relative. See appendix II for more information.

Note: Categories are not mutually exclusive; therefore, the sum of the four groups exceeds 100 percent. The spouse and parent categories each include an estimated 119,000 caregivers (0.3 percent of all caregivers) who provide care to both a parent and a spouse. Spousal caregivers include all caregivers who care for a spouse; parental caregivers include all caregivers who care for a parent; other relatives include those who care for another relative; and non-relative caregivers include those who care for others, such as a friend or neighbor. All estimates have relative standard errors less than or equal to 4 percent.

Parental and Spousal Caregivers Had Similar Demographic Characteristics but Different Economic Circumstances

We examined several demographic and economic characteristics of parental and spousal caregivers compared to the general population.²⁹

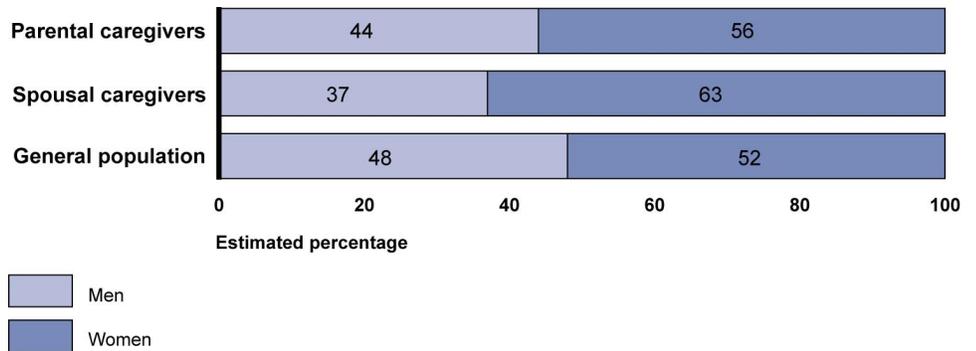
Gender

Women and men were almost evenly divided in the general population, but women were more likely than men to be parental or spousal caregivers, according to ATUS data from 2011 through 2017.³⁰ Women made up 52 percent of the general population, but represented 56 percent of parental caregivers and 63 percent of spousal caregivers (see fig. 2).

²⁹The general population includes the U.S. civilian noninstitutional population age 15 and older. Other researchers have found similar results in their analysis of the distribution and characteristics of caregivers. See Amalavoyal V. Chari, John Engberg, Kristin N. Ray, and Ateev Mehrotra, *The Opportunity Costs of Informal Elder-Care in the United States: New Estimates from the American Time Use Survey*, Health Services Research, 50:3 (June 2015). The results presented here are descriptive statistics; these associations do not reflect multivariate relationships among the economic and demographic characteristics of caregivers. We conducted multivariate analyses of the likelihood of caregiving and found that most demographic and economic characteristics are qualitatively similar in the multivariate and univariate context. See appendix III for information about how we conducted this analysis and for the results of this analysis.

³⁰As discussed previously, ATUS defines an eldercare provider as someone who has provided unpaid care or assistance more than once in the 3 to 4 months prior to the interview day to a person who needed help because of a condition related to aging. All estimates are based on aggregated data from 2011 through 2017.

Figure 2: Gender Distribution of Spousal and Parental Caregivers Compared to the General Population of the United States, 2011-2017



Source: GAO analysis of American Time Use Survey data, 2011-2017. | GAO-19-382

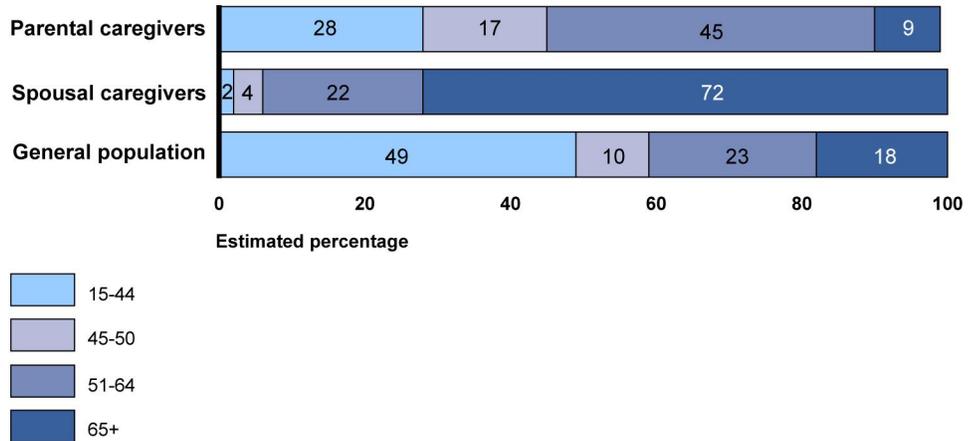
Notes: All estimates shown in figure have relative standard errors less than or equal to 4 percent. The general population includes the U.S. civilian noninstitutional population age 15 and older.

Age

Parental caregivers were younger than spousal caregivers, but both groups were older, on average, than the general population. The average age of parental caregivers was 50, and the average age of spousal caregivers was 70, according to ATUS data. While about half of the general population was under 45, most parental caregivers were over 50, and most spousal caregivers were over 65 (see fig. 3). While far fewer in number, spousal caregivers were considerably older than parental caregivers. Almost three-quarters of spousal caregivers were over Social Security claiming age for full retirement benefits compared to less than 10 percent of parental caregivers.³¹

³¹The full retirement age has gradually increased from 65, for 1937 and earlier birth cohorts, to 67, for 1960 and later birth cohorts.

Figure 3: Age Distribution of Spousal and Parental Caregivers Compared to the General Population, 2011-2017



Source: GAO analysis of American Time Use Survey data, 2011-2017. | GAO-19-382

Notes: All estimates shown in figure have relative standard errors less than or equal to 4 percent, except for spousal caregivers age 51-64, which has a relative standard error of 7 percent, and spousal caregivers age 15-44 and 45-50, which have relative standard errors between 20 and 25 percent. Values for parental caregivers do not add to 100 due to rounding. The general population includes the U.S. civilian noninstitutional population age 15 and older.

Race/Ethnicity

The racial/ethnic distribution of parental and spousal caregivers was consistent with the general population in that a significant majority of caregivers were white. When compared to the general population, caregivers were more likely to be white and less likely to be minorities.

Marital Status

The distribution in the marital status of parental caregivers was similar to the general population in that most people in the general population were married, followed by single, divorced, widowed, and separated.³² About

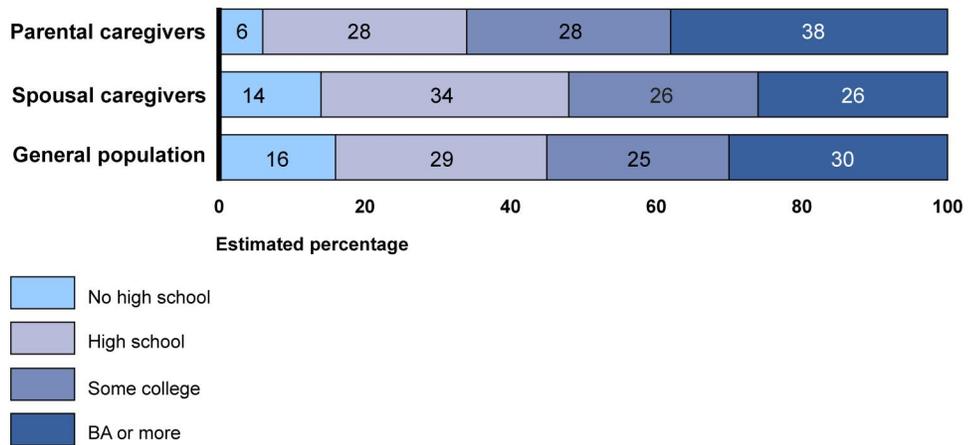
³²Parental caregivers are somewhat more likely to be married than the general population (65 percent compared to 52 percent).

two-thirds of parental caregivers were married, and not surprisingly, almost all spousal caregivers were married.³³

Education

Parental caregivers were more educated than spousal caregivers and the general population, according to ATUS data. For example, 38 percent of parental caregivers had completed college compared to 26 percent of spousal caregivers (see fig. 4). These differences may reflect that spousal caregivers are generally older and may come from a generation in which women were less likely to attend college.

Figure 4: Educational Attainment of Parental and Spousal Caregivers Compared to the General Population, 2011-2017



Source: GAO analysis of American Time Use Survey data, 2011-2017. | GAO-19-382

Notes: All estimates shown in this figure have relative standard errors less than 10 percent. The general population includes the U.S. civilian noninstitutional population age 15 and older.

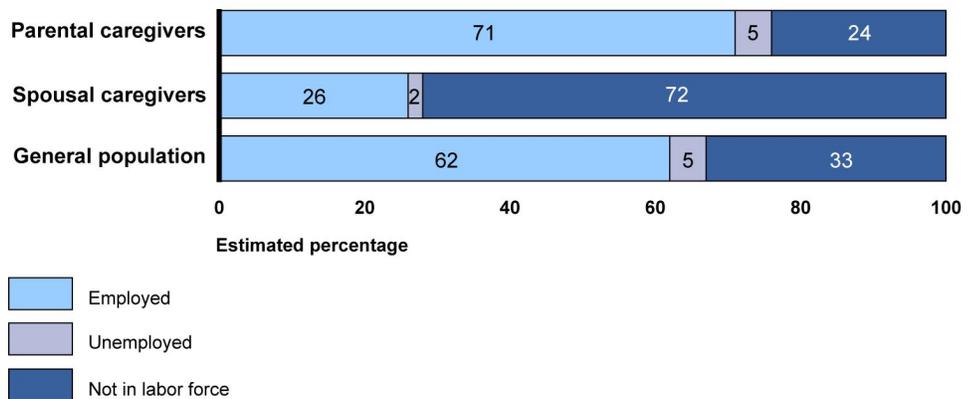
Employment and Earnings

Parental caregivers were more likely to be employed and to have higher earnings than spousal caregivers and those in the general population. Over 70 percent of parental caregivers worked either full-time or part-time

³³Most spousal caregivers were married, but a small percentage indicated that they were divorced, separated, widowed, or never married. Widowed spousal caregivers may have provided care within the past 3 to 4 months to a recently deceased spouse. Spousal caregivers who never married may be providing care to a domestic partner.

compared to 26 percent of spousal caregivers and 62 percent of the general population (see fig. 5). This may be related to the older age of many spousal caregivers, as the percentage of spousal caregivers out of the labor force was about equal to the percentage over age 65. Further, parental caregivers tended to earn higher wages than spousal caregivers. Among wage and salary workers with a single job, parental caregivers earned \$931 per week while spousal caregivers earned \$513 per week, and the general population earned \$743 per week, according to ATUS data.³⁴

Figure 5: Employment Levels of Parental and Spousal Caregivers Compared to the General Population, 2011-2017



Source: GAO analysis of American Time Use Survey data, 2011-2017. | GAO-19-382

Notes: The employed category includes full-time and part-time workers. All estimates in this figure have relative standard errors less than 10 percent, except unemployed spousal caregivers, which has a relative standard error of 27 percent. The general population includes the U.S. civilian noninstitutional population age 15 and older.

Women Caregivers Were More Likely to Work Part-time and Have Lower Earnings than Men Caregivers

We found that women who provided parental or spousal care were more likely to be employed part-time and to have lower earnings than men who

³⁴This represents median weekly earnings for wage and salary workers who worked at a single job.

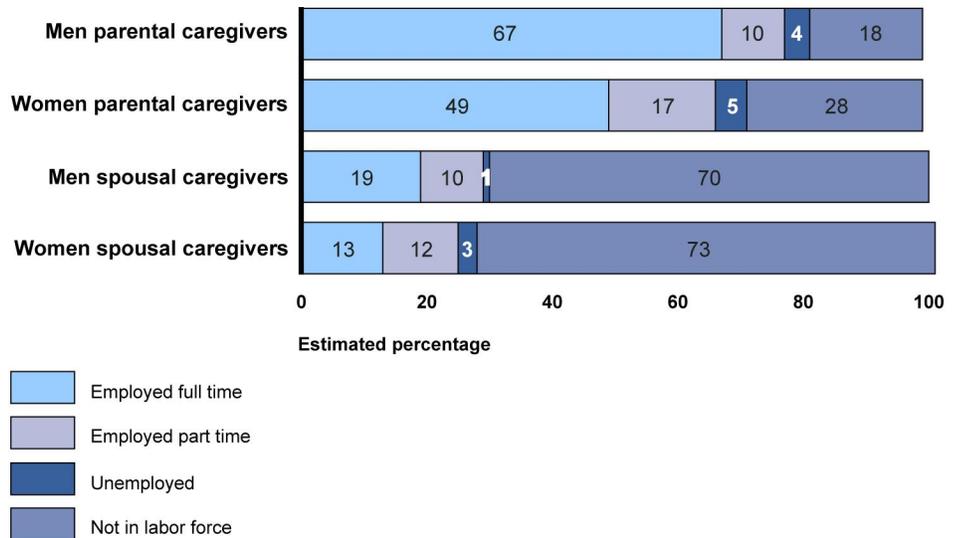
were parental or spousal caregivers (see fig. 6).³⁵ Women caregivers were less likely to work than men caregivers, but among those who worked, women caregivers were more likely to work part-time, according to ATUS data. For example, among parental caregivers, 66 percent of women were employed either full-time or part-time compared to 77 percent of men, but 17 percent of women worked part-time compared to 10 percent of men. Similarly, among spousal caregivers, women were less likely to be employed than men. In addition, differences in the employment status of women and men caregivers are similar to differences between women and men in the general population. When we examined the distribution of men and women caregivers in earnings quartiles, we found that men caregivers were more likely to be among the highest earners.³⁶ For parental caregivers, 43 percent of men compared to 25 percent of women were among the highest earners. For spousal caregivers, 22 percent of men compared to 14 percent of women were among the highest earners.³⁷ Regression results show that these differences between men and women caregivers were significant for parental and spousal caregivers, and remained significant after controlling for caregiver age and years of education.

³⁵We also examined whether there were differences in race, age, and marital status between women and men caregivers. While we found statistically significant differences between men and women in terms of age, the differences were small. The average age of men who were parental caregivers was 49, and the average age of women who were parental caregivers was 50. The average age of men who were spousal caregivers was 72, and the average age of women who were spousal caregivers was 69. In addition, women who were parental caregivers were more likely to be widowed and less likely to never have been married than men caregivers. We did not find significant differences in terms of race.

³⁶Earnings are an individual's weekly earnings at their main job for wage and salary workers with one job. The quartiles of usual weekly earnings for this group, over the period 2011-2017, (in 2017 dollars) were: first quartile: less than \$415.25; second quartile: \$415.25 through less than \$743.09; third quartile: \$743.09 through less than \$1,239.15; fourth (top) quartile: \$1,239.15 and higher.

³⁷Men are also more likely to be among the highest earners in the general population; however, similar to our findings about parental and spousal caregivers more generally, men and women parental caregivers have higher earnings than men and women spousal caregivers.

Figure 6: Selected Employment Characteristics of Women and Men Parental and Spousal Caregivers, 2011-2017



Source: GAO analysis of American Time Use Survey data, 2011-2017. | GAO-19-382

Notes: All estimates for parental caregivers have relative standard errors less than 10 percent, except unemployed men parental caregivers, which has a relative standard error of 11 percent. For spousal caregivers, estimates for both men and women not in the labor force have relative standard errors less than or equal to 4 percent. For spousal caregivers, estimates for both men and women employed full-time and part-time all have relative standard errors between 10 and 20 percent. The estimate for unemployed women spousal caregivers has a relative standard error of 30 percent and the estimate for unemployed men spousal caregivers has a relative standard error of 49 percent.

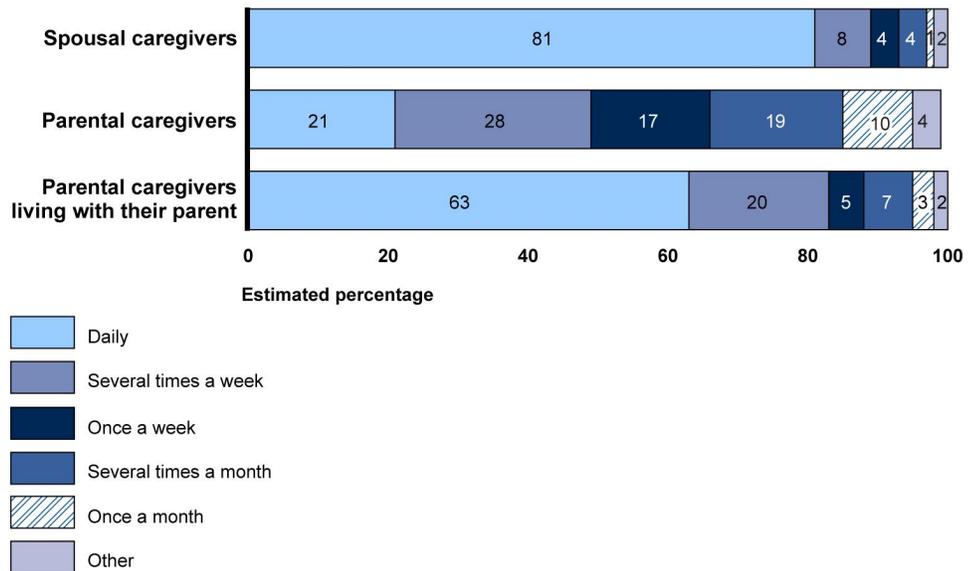
In terms of education, women parental caregivers were more likely to have completed some college or more (69 percent) while women spousal caregivers were less likely to have done so (50 percent) compared to men parental and spousal caregivers (63 and 56 percent, respectively). Similar to the education levels of the parental and spousal caregiving populations generally, these results may reflect generational differences.

Women, Minorities, and Those with Lower Education and Earnings Levels Provided More Frequent Care

Spousal caregivers were more likely to provide care daily compared to parental caregivers, and parental caregivers who lived in the same house as their parents were unsurprisingly more likely to provide care daily than those who did not, according to ATUS data. The vast majority of spousal caregivers (81 percent) provided care on a daily basis compared to 21 percent of parental caregivers. When we examined the frequency of caregiving among those who lived in the same house as their parents, we

found that about 63 percent of these parental caregivers provided care daily, suggesting there is a positive relationship between frequency of care and cohabitation (see fig. 7). Experts we spoke with said the frequency of care may depend on whether the care recipient has a disability and the type of disability. For example, someone with a severe disability may be more likely to require care daily compared to someone with a less severe disability.

Figure 7: Frequency of Parental and Spousal Care, by Living Arrangements, 2011-2017



Source: GAO analysis of American Time Use Survey data, 2011-2017. | GAO-19-382

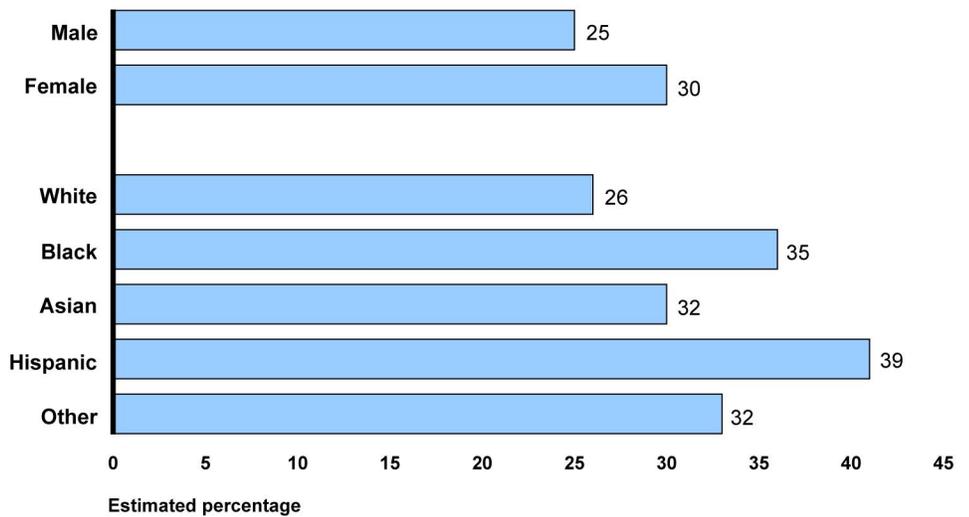
Notes: All estimates for parental caregivers overall have relative standard errors less than or equal to 6 percent. All estimates for daily caregiving have relative standard errors less than or equal to 3 percent.

Women and minorities tended to provide care more frequently. Among parental and spousal caregivers, 30 percent of women provided care daily compared to 25 percent of men.³⁸ While the majority of caregivers were white, as discussed above, black and Hispanic caregivers were more likely to provide daily care than white caregivers—35 percent of black caregivers and 39 percent of Hispanic caregivers provided care

³⁸As discussed above, among parental and spousal caregivers generally, 88 percent provided parental care, and 12 percent provided spousal care. However, among parental and spousal caregivers who provided care daily, 66 percent provided parental care, and 34 percent provided spousal care.

daily compared to 26 percent of white caregivers (see fig. 8). While most parental caregivers were married, parental caregivers who were never married were more likely to provide daily care than divorced, widowed, separated, and married caregivers.

Figure 8: Prevalence of Daily Caregiving among Parental and Spousal Caregivers, by Gender and Race/Ethnicity, 2011-2017



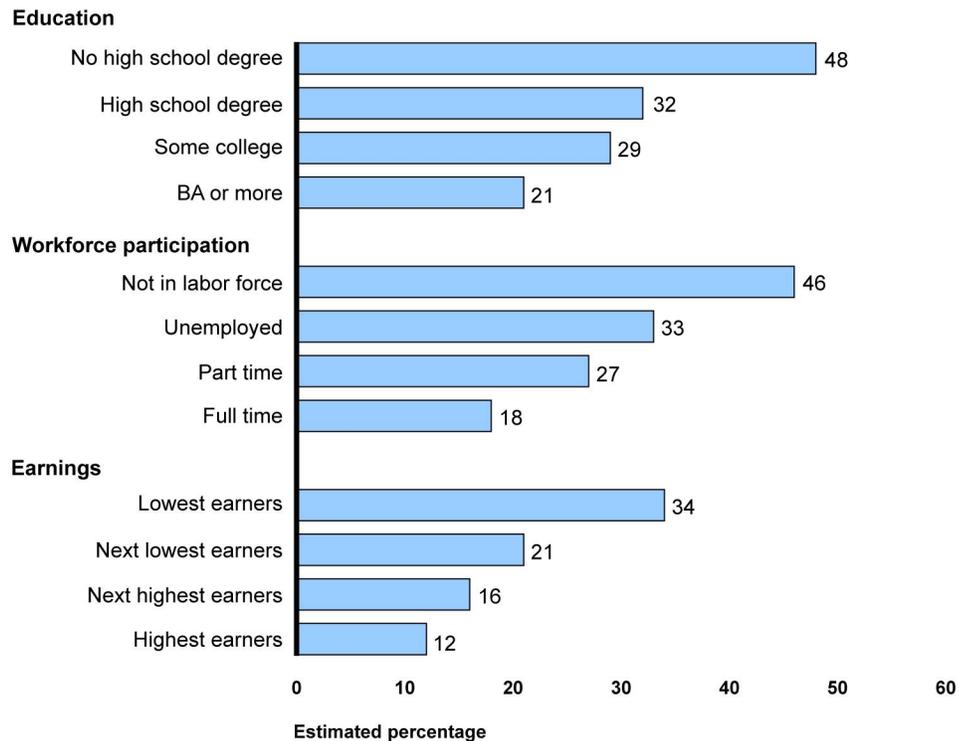
Source: GAO analysis of American Time Use Survey Data, 2011-2017. | GAO-19-382

Note: All estimates in this figure have relative standard errors less than or equal to 6 percent, except for the estimates of Asian and other race groups, which have relative standard errors of 15 percent.

Daily caregiving may be concentrated among those with the fewest financial resources. Parental or spousal caregivers with lower levels of education and earnings were more likely to provide care daily (see fig. 9). For example, 48 percent of caregivers without a high school degree provided care daily compared to 21 percent who had completed college. Those who worked part-time were also more likely to provide care daily compared to those who worked full-time (27 percent versus 18 percent,

respectively). Those who provided care daily were also more likely to be among the lowest earners.³⁹

Figure 9: Prevalence of Daily Caregiving among Parental and Spousal Caregivers, by Education, Workforce Participation, and Earnings, 2011-2017



Source: GAO analysis of American Time Use Survey Data, 2011-2017. | GAO-19-382

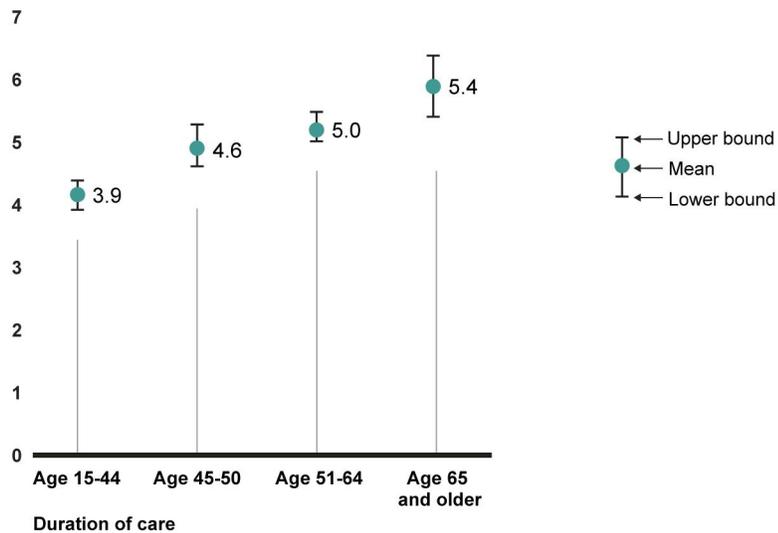
Note: Earnings are weekly earnings at main job and are presented only for wage and salary workers with one job. The quartiles of usual weekly earnings for this group, over the period 2011-2017, (in 2017 dollars) were: first quartile: less than \$414.25; second quartile: \$414.25 through less than

³⁹Caregivers with lower income, employment, and education were more likely to share a home with their parent, which could, in part, explain the higher rates of providing daily care among these groups of parental caregivers. To determine whether the relationships between socioeconomic characteristics and frequency of care was explained by the propensity to share housing with a parent, we conducted logistic regressions of the probability of providing daily parental care on age, education, employment status, income, marital status, and race/ethnicity. Some specifications included an indicator variable for whether the caregiver lived with their parent, while others did not. The universe for these regressions was parental caregivers. We found that the negative correlations between education, employment status, and income remained statistically significant when we controlled for whether the caregiver lived with their parent.

\$743.09; third quartile: \$743.09 through less than \$1,239.15; fourth (top) quartile: \$1,239.15 and higher. All estimates in this figure have relative standard errors less than 10 percent.

In addition to examining frequency of care, we also found that most parental or spousal caregivers provided care that lasted several years. The majority of parental or spousal caregivers (54 percent) provided care for at least 3 years, and 16 percent provided care for 10 years or more. On average, parental or spousal caregivers provided care for about 5 years, regardless of gender.⁴⁰ The number of years of care provided increased with the age of the parental or spousal caregivers (see fig. 10).

Figure 10: Average Number of Years of Care Provided by Parental and Spousal Caregivers, by Caregiver Age, 2011-2017



Source: GAO analysis of American Time Use Survey Data, 2011-2017. | GAO-19-382

Note: The bars display the upper and lower bounds of the 95 percent confidence intervals for the estimated mean duration of caregiving at each age.

Women caregivers, spousal caregivers, and Hispanic caregivers were more likely to provide long-term daily care.⁴¹ Among parental or spousal caregivers who said they provided care daily and provided care for at

⁴⁰We examined the duration of care among all parental or spousal caregivers by race and did not find statistically significant differences between whites and minorities.

⁴¹We categorized a respondent as providing long-term daily care if they said they provided care daily and they said they provided care for at least 5 years. However, because the ATUS survey asks respondents about the frequency of care during the 3 to 4 months prior to the interview, frequency of care may not have occurred daily during the entire caregiving period.

least 5 years, 61 percent were women. In comparison, among all parental and spousal caregivers, 56 percent were women. Twenty-nine percent of spousal caregivers provided long-term daily care compared to 8 percent of parental caregivers. In addition, 16 percent of Hispanic caregivers provided long-term daily care compared to 10 percent of whites and 12 percent of blacks.

Some Caregivers Experienced Adverse Effects on Their Jobs and on Their Retirement Assets and Income

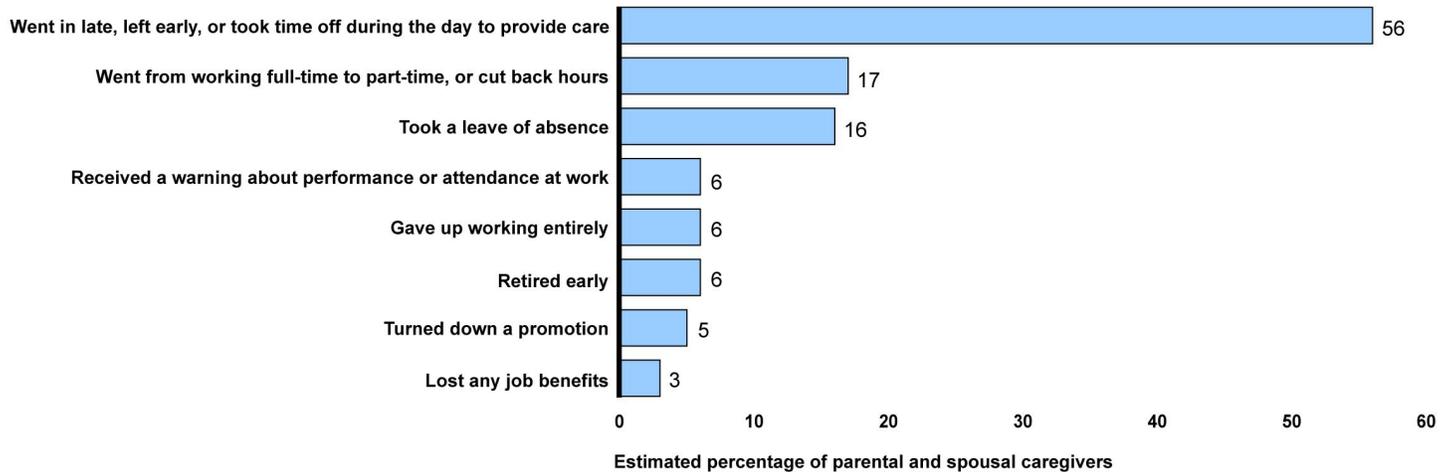
Parental and Spousal Caregivers Said Caregiving Affected Their Work

An estimated 68 percent of working parental and spousal caregivers said they experienced at least one of eight job impacts about which they were asked, according to our analysis of data used in the 2015 National Alliance for Caregiving and AARP sponsored study, *Caregiving in the U.S.*⁴² The highest percentage of parental and spousal caregivers—more than half—reported that they went in late, left early, or took time off during the day to provide care (see fig. 11).

⁴²The National Alliance for Caregiving and AARP sponsored study, *Caregiving in the U.S.*, defines caregivers as those who provided unpaid care in the last 12 months to a relative or friend 18 years or older to help them take care of themselves. We included in our analysis those caregivers who said they were employed while caregiving at the time of the survey or in the 12 months prior to the survey. Unless otherwise noted, all percentage estimates using these data have margins of error at the 95 percent confidence level within +/- 5 percentage points.

Figure 11: Percent of Employed Parental and Spousal Caregivers Who Experienced Specific Job Impacts Due to Caregiving, 2015

JOB IMPACTS



Source: GAO analysis of data in the National Alliance for Caregiving and AARP-sponsored study Caregiving in the U.S. | GAO-19-382

Note: All percentage estimates have margins of error no more than +/- 5 percentage points at the 95 percent confidence level.

Spousal caregivers were more likely to experience adverse job impacts than parental caregivers. About 81 percent of spousal caregivers said they experienced at least one of the eight job impacts they were asked about compared to 65 percent of parental caregivers. Spousal caregivers were more likely to reduce their work hours, give up work entirely, or retire early, compared to working parental caregivers. For example, 29 percent of spousal caregivers said they went from working full-time to part-time or cut back their hours due to caregiving, compared to 15 percent of parental caregivers.⁴³ Our prior work has reported that some older workers felt forced to retire for professional or personal reasons and that individuals approaching retirement often have to retire for reasons

⁴³The differences between spousal and parental caregivers are statistically significant at the 95 percent confidence level. The margin of error for spousal caregivers who experienced at least 1 of the 8 job impacts is within +/- 9 percentage points. The margin of error for spousal caregivers who said they went from working full-time to part-time or cut back their hours is within +/- 11 percentage points.

they did not anticipate, including caregiving responsibilities.⁴⁴ In addition, our prior work has reported that job loss for older workers, in general, can lead to lower retirement income, claiming Social Security early, and exhaustion of retirement savings. We also found that older workers face many challenges in regaining employment.⁴⁵

Consistent with these results, we also found that spousal caregiving was negatively associated with the number of hours caregivers worked. Specifically, spousal caregivers who were ages 59 to 66 worked approximately 20 percent fewer annual hours than married individuals of the same age who did not provide spousal care, according to HRS data from 2002 to 2014.

Spousal Caregivers Nearing Retirement Had Less in Retirement Assets and Income While Parental Caregivers Did Not

We found that spousal caregivers who were at or near the age of full retirement eligibility had lower levels of IRA assets, non-IRA assets, and Social Security income compared to those who did not provide care.⁴⁶ We did not detect the same relationship between parental caregiving and retirement income, which may be due, in part, to the older age of the caregivers we examined.

⁴⁴See GAO, *Older Workers: Phased Retirement Programs, Although Uncommon, Provide Flexibility for Workers and Employers*, [GAO-17-536](#) (Washington, D.C.: June 20, 2017) and GAO, *Retirement Security: Most Households Approaching Retirement Have Low Savings*, [GAO-15-419](#) (Washington, D.C.: May 12, 2015). In addition, a recent study using HRS data from 1992 to 2012 found that having a parent move in increased the probability of retiring early for those who experienced this. See Alicia H. Munnell, Matthew S. Rutledge, and Geoffrey T. Sanzenbacher, "Retiring Earlier Than Planned: What Matters Most?" Center for Retirement Research at Boston College, Brief Number 19-3 (Chestnut Hill, MA: February 2019).

⁴⁵GAO, *Unemployed Older Workers: Many Experience Challenges Regaining Employment and Face Reduced Retirement Security*, [GAO-12-445](#) (Washington, D.C.: Apr. 25, 2012).

⁴⁶We estimated these effects using regression analyses. We utilized HRS data from 2002 to 2014. We examined individuals ages 65 or 66 and determined whether they provided either parental or spousal care over three waves of the survey, which covered a 6-year time period. As discussed previously, the age at which Americans are eligible to receive full Social Security benefits varies from 65 to 67, depending on an individual's birth year. We conducted separate analyses for spousal care and parental care. For both analyses, we included caregivers that provided help with ADLs and IADLs. We analyzed assets and Social Security income at the household level. See appendix I for additional information.

Retirement Assets and Income of Spousal Caregivers

Spousal caregivers at or near retirement age had lower levels of retirement assets and income compared to married individuals who did not provide spousal care.⁴⁷ Spousal caregivers tended to have lower levels of IRA assets, non-IRA assets—such as real estate or stocks—and Social Security income than non-caregivers (see table 1).⁴⁸ After controlling for certain characteristics of caregivers, we found that spousal caregivers still had less retirement assets and income than non-caregivers. For example, spousal caregivers had an estimated 39 percent less in non-IRA assets than non-caregivers, after controlling for characteristics such as level of education and race/ethnicity.

Table 1: Household Assets and Income of Spousal Caregivers and Non-caregivers at or Near Retirement, 2002-2014

Household assets and income	Non-regression based asset levels		Regression-based values controlling for caregiver characteristics
	Spousal caregivers (in dollars)	Non-caregivers (in dollars)	Estimated percent difference in spousal caregiver and non-caregiver assets ^a (percent)
Average non-IRA assets	316,056	623,756	-39
Average IRA assets	47,087	146,408	-50
Average Social Security income	22,183	24,560	-11

Source: GAO analysis of data from the Health and Retirement Study. | GAO-19-382

Notes: We restricted our sample to married respondents. Non-caregivers are those who did not provide spousal care though they may have provided care to others. Non-IRA assets can include housing, real estate, or financial holdings, as well as other savings. The age at which Americans can retire and receive unreduced Social Security benefits varies from 65 to 67, depending on birth year. We examined caregivers at ages 65 or 66. Differences between spousal caregivers and non-caregivers are statistically significant at the 95 percent confidence level. Because the regression based values were estimated using a log-linear model, they only include the cases where the household has a positive value of that asset or income type.

^aWe controlled for year, college degree, prior earnings, race/ethnicity, and the health of the caregiver. These differences are statistically significant at the 95 percent confidence level.

When we compared women and men spousal caregivers, we found both had less in IRA and non-IRA assets than non-caregivers, but only women

⁴⁷In our analysis of HRS data, we found that about 10 percent of the married population had provided spousal care over the period of time we examined.

⁴⁸Non-caregivers are those who did not provide spousal care; however, they may have provided other forms of care, such as parental or child care.

had less in Social Security income.⁴⁹ Specifically, we found that women and men caregivers had 37 to 54 percent less in IRA and non-IRA assets than non-caregivers, after controlling for demographic and other characteristics. However, the effect of spousal caregiving on Social Security income was only significant among women. Women caregivers had 15 percent less in Social Security income than married women who did not provide care.⁵⁰ Many older Americans rely on Social Security for a significant portion of their retirement income. Therefore, a lower Social Security benefit could have serious consequences for these individuals' retirement security.

One possible explanation experts offered for why spousal caregivers may have less in retirement income and assets than non-caregivers is that the care recipient may be in poor health, resulting in reduced workforce participation of both members of the household, which could then have a large negative impact on household wealth.⁵¹ This scenario could leave spousal caregivers in a precarious financial situation heading into retirement.

Retirement Assets and Income of Parental Caregivers

We did not find that parental caregivers at or near retirement age had lower levels of retirement assets or income than non-caregivers. We compared the retirement assets and income of parental caregivers to the retirement assets and income of individuals who did not provide parental care and did not find a statistically significant effect of parental caregiving

⁴⁹This finding is consistent with an Urban Institute study that compared asset levels of spousal caregivers to non-caregivers using the HRS data from 1996 to 2010. The study found that spousal caregivers aged 51 and older with surviving or recently deceased spouses had 40 percent less average net total assets than non-caregivers. See Barbara Butrica and Nadia Karamcheva, *The Impact of Informal Caregiving on Older Adults' Labor Supply and Economic Resources*, The Urban Institute (Washington, D.C.: October 2014).

⁵⁰For men, the effect of spousal caregiving on Social Security income was negative but not statistically significant.

⁵¹When we controlled for the health of the care recipient, we still found that spousal caregivers had less in retirement income than non-spousal caregivers, though the differences were smaller. For example, women spousal caregivers had 8 percent rather than 15 percent less in Social Security income than women who did not provide spousal care when the health of the cared-for spouse was included in the analysis. This estimate was statistically significant at the 90 percent rather than the 95 percent level. See appendix I for more information on this analysis.

on IRA assets, non-IRA assets, defined contribution balances, or Social Security income.⁵² See appendix I for more information on this analysis.

We may not have seen a significant effect of parental caregiving for a few reasons. First, because of the scope of the HRS data we used, we limited the analysis to individuals who provided care in the 6 years leading up to ages 65 or 66. Therefore, this analysis does not capture the possible effects of parental caregiving prior to age 59, which may be during the middle of a person's career or during their peak earning years. Second, similar to spousal caregivers, experts said a caregiver may reduce their workforce participation to care for a parent; however, parental caregiving may not affect household income because married caregivers' spouses may be able to continue working and offset any lost earnings. In addition, unlike spousal care, parental care may be provided by multiple individuals, so the effect on retirement security may be distributed across siblings.

Challenges in Comparing Caregivers to Non-caregivers

Our analysis could not definitively identify the causal effect or lack of effect of caregiving on retirement income due to three main limitations. First, because caregiving is not random but is a function of an individual's circumstances, it is difficult to isolate its effect. For example, individuals who provide care may do so because they have jobs that are more flexible, or because they have better family support. Second, there may be other ways of providing care beyond an individual giving their time that were not captured in the HRS data and therefore could not be included in our analysis. For example, a child may provide financial assistance to a parent rather than providing time. However, the HRS does not capture whether financial help to parents was specifically used for caregiving expenses. Third, common to analyses of this type, alternate measures of certain variables may produce different estimates. For example, we controlled for a caregiver's level of education based on data included in the HRS; however, a measure of education that included the type of education, such as whether the person was a trained caregiver, might have changed our estimates. As a result of these limitations, our

⁵²This finding is consistent with a 2014 Urban Institute study that also compared asset levels of parental caregivers to non-caregivers using the HRS data. The study found that parental caregivers who were over 50 had higher levels of average net total assets than non-caregivers, but with a difference of less than 15 percent. See Butrica and Karamcheva, *Impact of Informal Caregiving*, 2014.

estimates may not capture the effect of caregiving on retirement income for the broader population.

Experts Said a Comprehensive Framework That Incorporates Actions across Policy Categories Could Improve Caregivers' Retirement Security

Caregivers Face Several Retirement Security Challenges

Our analysis of literature and expert interviews found that parental or spousal caregivers could face several retirement security challenges:

- **Caregivers may have high out-of-pocket expenses.** Caregivers may face immediate out-of-pocket expenses that could make it difficult to set aside money for retirement or that could require them to prematurely withdraw funds from existing retirement accounts. These financial burdens can include, for example, travel and medical expenses for a care recipient. AARP's study, *Family Caregiving and Out-of-Pocket Costs*, estimated that family caregivers spent an average of nearly \$7,000 on caregiving costs in 2016. Caregiving costs amounted to about 14 percent of income for white family caregivers and 44 percent and 34 percent for Hispanic and black caregivers, respectively.⁵³
- **Caregivers may reduce their workforce participation.** In addition to foregone earnings, caregivers who reduce their workforce participation may also lose access to employer-provided retirement benefits, such as participating in an employer-sponsored 401(k) plan or receiving an employer's matching contributions. About 68 percent of working parental and spousal caregivers reported job impacts due to caregiving responsibilities, which included reducing their workforce

⁵³See Chuck Rainville, Laura Skufca, and Laura Mehegan, *Family Caregiving and Out-of-Pocket Costs: 2016 Report*, AARP Research (Washington, D.C.: Nov. 2016). The study's respondents included people who provided care to anybody over the age of 18; 65 percent of respondents reported caring for a parent, parent-in-law, or spouse.

participation.⁵⁴ For those who leave the workforce, re-entry can be challenging, and wages and retirement savings can be negatively affected long-term.

- **Caregivers may not contribute to retirement accounts.** Caregivers may face challenges contributing to retirement accounts due to caregiving, and some working caregivers may not be eligible for employer-sponsored retirement benefits. For example, some part-time employees may not be eligible to participate in employer-sponsored retirement plans, or some employees may lose access if they reduce their workforce participation. Individual and employer-sponsored retirement accounts serve as important supplements to Social Security as income replacements in retirement.
- **Caregivers may have lower Social Security benefits.** Caregivers may have less in Social Security benefits if they reduce their workforce participation. Social Security benefits are calculated using the highest 35 years of earnings. If a caregiver retires after working for 33 years, he or she would have 2 years of zero income in their benefit calculation, which would result in lower benefits throughout retirement compared to what their benefit would have been if they had a full 35-year earnings history. Social Security makes up a large portion of retirement income from many older Americans, so a lower Social Security benefit could have significant consequences for financial security.

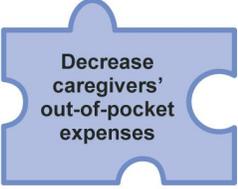
Four Policy Categories Encompass Actions That Could Improve Caregivers' Retirement Security

We identified four policy categories that could potentially address retirement security challenges faced by caregivers. To do so, we identified specific actions that could improve caregivers' retirement security based on a review of literature and interviews with experts. We then grouped these actions into four categories: 1) decrease caregivers' out-of-pocket expenses, 2) increase caregivers' workforce attachment and wage preservation, 3) increase caregivers' access or contributions to

⁵⁴Among eight specific job impacts they were asked about in the 2015 *Caregiving in the U.S.* study, these parental and spousal caregivers experienced job impacts related to their workforce participation, including going from working full-time to part-time or cutting back their work hours, taking a leave of absence, giving up working entirely, or retiring early. See figure 11.

retirement accounts, and 4) increase caregivers' Social Security benefits.⁵⁵ See figure 12 for example actions in each category.

Figure 12: Four Policy Categories and Examples of Possible Policy Actions for Improving Caregivers' Retirement Security

 <p>Decrease caregivers' out-of-pocket expenses</p>	<ul style="list-style-type: none"> • Pay caregivers for their time, for example with a stipend • Provide cash or other direct benefits for caregiving expenses • Provide additional tax credits for caregiving expenses to reduce caregivers' tax liability • Make pre-tax dependent care spending accounts available for more eldercare expenses • Provide access to tax preferred savings accounts for caregiving expenses • Allow early withdrawal of Social Security benefits for caregiving costs • Allow tax-free withdrawals from retirement accounts for caregiving expenses • Provide incentives for individuals to purchase long-term care insurance for themselves
 <p>Increase caregivers' workforce attachment and wage preservation</p>	<ul style="list-style-type: none"> • Expand Family and Medical Leave Act (FMLA) coverage, for example to workplaces with less than 50 employees • Provide employment discrimination protections for caregivers • Increase access to caregiving supports, for example respite care that provides temporary institutional assistance as relief for usual caregivers • Allow employees telework options and flexible schedules • Expand access to paid family and medical leave • Allow employees to use sick days to care for family members • Allow workers to set aside pre-tax earnings for use when taking FMLA leave
 <p>Increase caregivers' access or contributions to retirement accounts</p>	<ul style="list-style-type: none"> • Tie the earned income requirement for contributing to an individual retirement account (IRA) to income earned before becoming a family caregiver • Offer lower fee IRAs for caregivers • Provide caregivers with additional opportunities to make catch-up contributions to their retirement accounts • Prevent employers from excluding part-time and temporary workers from retirement benefits • Reduce the eligibility and vesting requirements for employer-offered retirement plans • Require employers to continue contributing to qualified retirement plans when employees take unpaid leave under the Family or Medical Leave Act • Increase access to alternative retirement plans for those who do not have employer sponsored ones
 <p>Increase caregivers' Social Security benefits</p>	<ul style="list-style-type: none"> • Provide Social Security credits for caregivers who take time off from work • Reduce the number of years in the Social Security benefit calculation • Reduce work requirements to enable people with shorter earnings histories to be eligible to receive Social Security benefits • Increase the Social Security special minimum benefit that is provided to long-term low earners

Source: GAO analysis of literature and expert interviews. | GAO-19-382

⁵⁵These policy categories included actions that could be taken by federal or state policymakers, as well as actions that could be taken by individuals or employers. See appendix I for a detailed description of how we developed these categories. We are not endorsing any particular policy, category, or any combination of approaches.

Note: These policy categories included actions that could be taken by federal or state policymakers, as well as actions that could be taken by individuals or employers. We are not endorsing any particular policy, category, or any combination of approaches.

Experts Said Some Policy Categories Could Better Help Women and Low-Income Caregivers and All Have Costs

Experts we interviewed identified potential benefits of each of the four policy categories. They also identified specific groups of parental or spousal caregivers who could benefit, including women, lower-income caregivers, and working caregivers (see table 2). As discussed previously, women were more likely to provide parental and spousal care, to work part-time, and to have lower earnings than men caregivers. In addition, over one-third of parental caregivers and almost two-thirds of spousal caregivers were in the bottom two income quartiles, and caregivers in the bottom earnings quartile were more likely to provide care daily.

Table 2: Experts' Views on the Potential Benefits of Four Policy Categories for Improving Caregivers' Retirement Security

Benefit of policy category	Caregivers who could benefit	Other potential beneficiaries
Decreasing caregivers' out-of-pocket expenses could help caregivers meet their immediate financial needs and save for their retirement. Actions under this approach could alleviate the need to divert existing or potential retirement savings to the expense of caregiving.	Lower-income caregivers and those who reduced their workforce participation: These caregivers may not have money immediately available to pay for out of pocket expenses or they may have less disposable income to contribute to retirement accounts.	Employers and the economy: One expert said that employers' productivity and retention could improve if some of the financial stresses of caregiving were alleviated. Another expert said that the economy could benefit if caregivers have more money to spend now and in retirement.

Benefit of policy category	Caregivers who could benefit	Other potential beneficiaries
<p>Increasing caregivers' workforce attachment and wage preservation could help caregivers continue to earn income to support their current economic needs, accrue Social Security credits, and save for retirement. Actions under this approach could help caregivers see a reduction in adverse work and wage effects due to caregiving.</p>	<p>Working caregivers, particularly women and those who are lower-income: Women are more likely to provide care than men, and women caregivers may provide care for a child and a parent over the course of their career. This can lead to work interruptions with negative wage impacts that compound over the years. Lower-income caregivers may not be able to utilize existing benefits for caregivers. According to the Department of Labor's Bureau of Labor Statistics, in 2018, lower paid workers had less access to paid sick leave than higher paid workers across different job sectors.^a In addition, one expert said lower-income caregivers are less able to afford to take unpaid job-protected leave, as provided under the Family and Medical Leave Act of 1993 (FMLA).</p>	<p>Employers: Recruitment and retention of working caregivers could improve, especially for skilled and aging workers, which would reduce hiring and training costs. One expert said employers could see a decrease in lost productivity costs. Another noted that employers' legal costs might decline with fewer lawsuits by caregivers alleging employer discrimination, which the expert said have increased substantially over the last decade. Finally, experts said inter-state businesses could benefit from federal policies that replace the current patchwork of state sick and paid leave laws though employers may still face costs, as described below.</p>
<p>Increasing caregivers' access or contributions to retirement accounts could help those already saving for retirement continue to do so during caregiving episodes, and could make others eligible for employer sponsored retirement plans.^b One expert also said this approach engages employers in efforts to support caregiver employees.</p>	<p>Working caregivers, particularly those who are part-time and younger: Caregivers working part-time could be under the minimum eligibility threshold of hours worked for contributing to employer-sponsored plans or vesting of employer-provided contributions. Younger caregivers might not be thinking about impacts on retirement savings when they take time off work or reduce their hours.</p>	<p>Employers and the economy: Employers could better retain skilled workers, and one expert said there could also be increases in employee loyalty and engagement. The economy could benefit if caregivers have more money to spend in their retirement and rely less on public benefits and services.</p>
<p>Increasing caregivers' Social Security benefits could help the largest number of people because Social Security is a portable benefit that follows people as they switch jobs. In addition, experts said this approach does not rely on an individual's ability to save for retirement.</p>	<p>Women and lower-income caregivers, caregivers who take time out of the workforce, and caregivers with non-traditional jobs: Both women and lower-income caregivers are more likely to rely on Social Security as the sole source or a large share of their retirement income. As a result, negative effects to their Social Security benefit calculation caused by caregiving could lead to a greater loss of financial security compared to those with supplemental retirement savings. Caregivers who take time out of the workforce could similarly experience negative effects to their benefit calculation and face similar risks to their financial security. One expert identified caregivers with non-traditional jobs, like gig and contract workers, as less likely to have access to employer-sponsored retirement plans and more likely to rely on the portability of Social Security benefits. These groups of caregivers could see the largest boost to their retirement security through increases to their Social Security benefits.</p>	<p>Caregivers' families and states: Caregivers' families could benefit from reduced financial stress if they rely on a caregiver's Social Security income. States could benefit by spending less on programs that supplement Social Security, such as Medicaid.</p>

Source: GAO analysis of literature and expert interviews. | GAO-19-382

Note: All of the information in this table represents the views of experts or information from literature and not our opinion. We are not endorsing any particular policy, category, or any combination of approaches.

^aDepartment of Labor, Bureau of Labor Statistics, News Release: Employee Benefits in the United States – March 2018, USDL-18-1182 (Washington, D.C. July 20, 2018).

^bThe Employee Retirement Income Security Act of 1974 (ERISA) established the framework for most private sector employer-sponsored welfare benefit and retirement plans. ERISA sets certain requirements and minimum standards for employer-sponsored retirement plans concerning participation, vesting, benefit accrual, and funding, among other things. For example, part-time employees may be eligible to participate in a plan if they work at least 1,000 hours per year.

Experts also said all four categories have potential costs and challenges (see table 3).

Table 3: Experts Views on the Potential Costs and Challenges Associated with Four Policy Categories for Improving Caregivers' Retirement Security

Policy category	Costs
Decrease caregivers' out of pocket expenses	<p>Fiscal concerns: Experts said some actions to address out of pocket expenses may have high costs and revenue implications. For example, caregivers could benefit from a tax credit because it would decrease their tax liability, but tax credits would also decrease federal revenues.</p>
	<p>Interaction effects between programs: If caregivers were paid for their time, experts said this could interact with programs like state Medicaid self-directed care options that allow recipients to pay some family caregivers. Experts also said caregivers may become ineligible for other public programs because direct cash assistance to help cover caregiver expenses could be considered wages or income.</p>
	<p>Determining and tracking eligibility: Caregivers may be able to currently utilize dependent care accounts, tax credits, or tax deductions for financial assistance with caregiving costs; however, a caregiver often has to claim the care recipient as a dependent. If caregivers could utilize these tax provisions for non-dependents, the current mechanisms for tracking those receiving care through tax forms would not apply, according to one expert.</p>
	<p>Limited benefits for lower-income caregivers: These caregivers generally have little disposable income to invest, so they would benefit less from actions that change the kinds of savings accounts offered or the rules on how funds can be used. In addition, experts noted that tax credits have a lag time and might not provide relief when it is most needed.</p>
	<p>Limitations of certain actions under this category: Caregivers who withdraw retirement funds or claim Social Security early to meet immediate needs could risk their long-term financial security. Regarding long-term care insurance, experts said policies typically do not protect caregivers from financial risks associated with caregiving, although some policies may offer a limited benefit to pay for caregiver training. In addition, experts said plans may not provide comprehensive coverage and are expensive, with premiums increasing as the policyholder ages.^a</p>
Increase caregivers' workforce attachment and wage preservation	<p>Employer challenges: Experts said employers may be resistant to implement requirements that could create new burdens and costs. For example, requiring additional unpaid or paid leave or flexible schedules could be difficult for some small businesses and industries such as restaurants and retail that may require employees to be present at specific times. In addition, one expert said providing additional time off for caregiving could incentivize caregivers to take off more time than they need.</p>
	<p>Potential harmful effects for employees: Experts said employers may reduce other benefits they provide to employees in response to additional supports or flexibilities for caregivers. For example, one expert said an employer might forgo providing raises for all employees to help fund a new benefit for caregivers.</p>

Policy category	Costs
Increase caregivers' access or contributions to retirement accounts	<p>Limited benefits for some familial relationships: Experts said some caregivers, such as those caring for parents-in-law, are unable to utilize FMLA leave.^b</p>
Increase caregivers' Social Security benefits	<p>Employer challenges: Employers may face costs and reduced flexibility in their benefits programs to accommodate new requirements for caregivers. One expert said that employers prioritize providing benefits for the most stable part of their workforce and to as many employees as possible while balancing costs.</p> <p>Potentially harmful effects for some employees: In response to additional requirements and their costs, experts said employers may be less inclined to employ caregivers or those who are more likely to be caregivers if they believe they will be more expensive to hire.</p> <p>Limited benefits for lower-income caregivers: Unlike middle- and higher-income caregivers, experts said lower-income caregivers may not have the disposable income to contribute to a retirement account.</p> <p>Concerns about targeting caregivers: Many people face difficulties saving for retirement, and experts suggested that targeting caregivers to address this wider problem could be seen as unfair.</p> <p>Costs: Experts said actions that increase payments out of the Social Security trust fund without addressing its insolvency may be promising benefits that cannot be paid.^c In addition, experts said providing credits for caregivers could result in policy decisions to cut benefits for others.</p> <p>Administrative challenges: Experts identified administrative considerations for both caregiver credits and changes to the Social Security benefit calculation: For caregiver credits, a decision would need to be made about time or income eligibility thresholds and whether to place caps on how many credits could be claimed. For changes to the benefit calculation, a decision would need to be made about whether new benefit calculation formulas will apply only to caregivers or to the general population. Experts further noted that both kinds of actions require coordination with Medicaid and other programs that include provisions to pay family caregivers.</p> <p>Potential disincentives to employment: Experts said caregivers may see an incentive to leave the workforce to provide care if eligibility or work requirements for the Social Security benefit calculation are relaxed.</p>

Source: GAO analysis of literature and expert interviews. | GAO-19-382

Note: All of the information in this table represents the views of experts or information from literature and not our opinion. We are not endorsing any particular policy, category, or any combination of approaches.

^aLong-term care insurance is designed to offer financial support to pay for long-term care services, such as help with bathing, dressing, and other activities of daily living at one's home or in an institution. The cost of a plan is determined by the age of the purchaser, the maximum amount that a policy will pay per day, and the number of days or years that the policy will cover, among other

factors. Long-term care insurance is different from the other actions to improve caregivers' retirement security in that it requires the care recipient to act by purchasing the plan rather than the caregiver.

^bFMLA allows eligible employees up to 12 weeks of unpaid leave per year to, among other reasons, help care for a spouse, child, or parent with a serious health condition.

^cStarting in 2010, Social Security began paying out more in benefits than it received in revenues. According to the 2019 Annual Report of the Board of Trustees of the Federal Old-Age And Survivors Insurance and Federal Disability Insurance Trust Funds, if no changes are made, by 2034, the OASI trust fund will only be sufficient to pay 77 percent of scheduled benefits, and by 2052, the disability trust fund will be sufficient to pay 91 percent of scheduled benefits.

Experts identified three implementation issues that would need to be addressed regardless of the policy category.

- **Determining responsibility for implementation.** It is unclear who would be responsible for implementing and funding certain actions under each approach, according to experts. Some may require legislative changes, steps by employers, or public-private partnerships that integrate both sectors. The RAISE Family Caregivers Act enacted in January 2018 requires the Department of Health and Human Services (HHS) to develop a strategy, including recommendations related to financial security and workforce issues, to support family caregivers and to convene an advisory council to help develop the strategy.⁵⁶ The advisory council will include representatives from federal agencies, employers, state and local officials, and other groups. Between October 12, 2018 and December 3, 2018, HHS sought nominations for individuals to serve on the advisory council.⁵⁷
- **Defining caregiving for benefit eligibility.** Experts said some actions may require a definition of caregiving to use in determining eligibility for benefits. Current definitions related to federal caregiving policy vary. For example, FMLA defines a caregiver by specific familial relationships. In contrast, the RAISE Family Caregivers Act defines a family caregiver more broadly as an “adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.”
- **Identifying and verifying caregivers.** Experts said some actions may require a mechanism for identifying and verifying a caregiver's status. Experts noted that many caregivers do not identify themselves as such, particularly those caring for a spouse, and therefore do not claim existing benefits. In addition, certain actions may require a

⁵⁶See Pub. L. No. 115-119, §§ 3(a) & (b) and 4(a), 132 Stat. 23, 23-26.

⁵⁷See Solicitation for Nominations to Serve on the Family Caregiving Advisory Council, 83 Fed. Reg. 51,688 (Oct. 12, 2018).

decision about whether benefits extend to the primary caregiver or to all caregivers, for example, siblings who may jointly provide care to a parent.

Experts Said Implementing Actions across Policy Categories and Enhancing Public Awareness Would Help Address Caregivers' Needs

Several experts we interviewed said caregivers could benefit more from a retirement system that incorporates actions across the policy categories so that actions can work in tandem to address caregivers' needs. For example, if caregivers have lower out-of-pocket caregiving costs, they might be able to contribute more to their retirement savings. If caregivers can contribute more to their retirement savings because they have better access to accounts, they might have to rely less on Social Security in retirement. Some experts pointed to Hawaii's Kupuna Caregivers Program as an example of a program with complementary goals—to alleviate out-of-pocket expenses and reduce barriers to staying fully employed while providing care for a family member. Specifically, according to experts, the program provides a financial benefit of \$70 per day for up to 365 days to caregivers who work at least 30 hours a week to spend on respite care, home health care workers, meal preparation, and transportation costs for a care recipient age 60 or older. Although the program is in the early stages of implementation, experts said several states already see it as a model for meeting these two goals.

Experts also said it would be helpful to implement actions that address the needs of caregivers in the long- and short-term and across their lifespans. In general, experts said each of the policy categories could help longer-term caregivers more than short-term caregivers. However, they said certain actions to decrease caregivers' out-of-pocket expenses or to increase workforce attachment could also help in addressing immediate needs. For example, experts said actions such as paid time off and flexible work schedules could help those caring for individuals with acute conditions to attend doctor's appointments. Experts also said policies should address the needs of caregivers with different levels of workforce attachment. For example, one expert said there are disparate policy impacts to consider depending on whether someone is a salaried worker, an hourly worker, or a caregiver who does not work. Similarly, someone who depends on other types of government assistance, such as Social Security Disability Insurance, may also have different needs. Another expert said the age at which caregiving takes place may impact

retirement security; people may be caring for older parents or a spouse at a point in their careers when they are supposed to be catching up on retirement contributions or have peak earnings, so they may not be able to make up for lost time in terms of retirement savings.

Finally, several experts mentioned public awareness as critical to helping people understand the implications of caregiving on retirement security. They stressed the importance of financial literacy and making caregivers aware of existing and new benefits. Experts said people are not well informed about their Social Security benefits or their options for private retirement savings. In addition, it can be difficult to understand the long-term impacts of becoming a caregiver, and experts pointed to the need for education about how the decision, along with those to leave the workforce or reduce workforce participation, could affect caregivers' long-term financial security. One expert noted that education and services that help families proactively think about their financial security and plan for caregiving needs could be useful. Educating the public about what supports exist, new supports as they become available, and eligibility and enrollment procedures, is critical to ensuring caregivers take advantage of available supports.

Agency Comments

We provided a draft of this report to the Department of Labor, the Department of Health and Human Services, the Department of the Treasury, and the Social Security Administration for review and comment. The Departments of Labor, Health and Human Services, and the Treasury provided technical comments, which we incorporated as appropriate. The Social Security Administration told us they had no comments on the draft report.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Secretaries of Labor, Health and Human Services, and Treasury, the Acting Commissioner of Social Security, and other interested parties. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or jeszeck@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made contributions to this report are listed in appendix IV.

A handwritten signature in black ink, reading "Charles Jeszeck". The signature is written in a cursive style with a large, looping initial "C".

Charles A. Jeszeck
Director,
Education, Workforce, and Income Security

Appendix I: Objectives, Scope, and Methodology

The objectives of this review were to (1) examine what is known about the size and characteristics of the parental and spousal caregiving population, including differences among women and men; (2) examine the extent to which parental or spousal caregiving affects retirement security; and (3) identify and discuss policy options and initiatives that could improve caregivers' retirement security. This appendix provides information about the methods we used to answer these questions. Section I describes key information sources we used, and section II describes the empirical methods we used to answer the first and second research questions and the results of supplementary analyses.

Section I: Information Sources

To answer our research questions, we analyzed data from three nationally representative surveys—the American Time Use Survey (ATUS), the Health and Retirement Study (HRS), and *Caregiving in the U.S.*—conducted an extensive literature search, and interviewed relevant experts or stakeholders. This section provides a description of our data sources and the steps we took to ensure their reliability for the purposes of our review.

American Time Use Survey

To answer the first objective, we analyzed data collected through ATUS' eldercare module from 2011 through 2017, the most recent year of data available. The ATUS—which is sponsored by the Bureau of Labor Statistics and conducted by the U.S. Census Bureau—provides nationally representative estimates of how, where, and with whom Americans spend their time. Individuals interviewed for the ATUS are randomly selected from a subset of households that have completed their eighth and final month of interviews for the Current Population Survey (CPS). Starting in 2011, the ATUS began asking questions about eldercare. We weighted the data and calculated relative standard errors to reflect CPS guidance on the sample design. A relative standard error is equal to the standard error of a survey estimate divided by the survey estimate.

Caregiving in the U.S.

We analyzed data used in the 2015 *Caregiving in the U.S.* study sponsored by the National Alliance for Caregiving and the AARP Public Policy Institute to estimate job impacts of parental and spousal caregiving for working caregivers. The survey was conducted through online interviews. To identify caregivers, respondents were asked whether they provided unpaid care to a relative or friend 18 years or older to help them take care of themselves. Respondents were also asked to whom they provided care, which allowed us to identify parental and spousal caregivers. We considered someone to be a parental caregiver if they provided care to a parent or a parent-in-law. We considered someone to be a spousal caregiver if they provided care to a spouse or partner. To determine the job impacts of caregiving, respondents were asked whether they were currently employed while providing care or whether they were employed in the last year while providing care and whether they experienced any of the following job impacts as a result of caregiving:

- Went in late, left early, or took time off during the day to provide care
- Went from working full-time to part-time, or cut back hours
- Took a leave of absence
- Received a warning about performance or attendance at work
- Gave up working entirely
- Retired early
- Turned down a promotion
- Lost any job benefits

All estimates derived from random samples are subject to sampling error. All percentage estimates from this survey have margins of error at the 95 percent confidence level of plus or minus 5 percentage points or less, unless otherwise noted.

Health and Retirement Study

To analyze the effects of caregiving on retirement security, we analyzed data collected through the HRS, a nationally representative survey sponsored by the National Institute on Aging and the Social Security Administration and conducted by the Survey Research Center at the University of Michigan's Institute for Social Research. This biennial longitudinal survey collects data on individuals over age 50 and contains

information on unpaid parental and spousal caregivers. Each biennial period is referred to as a “wave.” The HRS includes both members of a couple as respondents. There are currently 12 waves of core data available from 1992 to 2014 with about 18,000 to 23,000 participants in any given wave. The initial 1992 cohort consisted of respondents who were then ages 51 to 61, and these respondents have been interviewed every 2 years since 1992. New cohorts have been added over time to maintain the representation of the older population from pre-retirement through retirement and beyond. We used data from 2002 to 2014 for our analyses; we did not use data prior to 2002 because data on spousal caregivers were formatted differently. We adjusted asset and income values for inflation. We weighted the data and calculated standard errors to reflect HRS guidance on the sample design.

Data Reliability

For each of the datasets described above, we conducted a data reliability assessment of variables included in our analyses. We reviewed technical documentation, conducted electronic data tests for completeness and accuracy, and contacted knowledgeable officials with specific questions about the data. We determined that the variables we used from the data we reviewed were sufficiently reliable for the purposes of describing and comparing the caregiving populations to each other or to non-caregivers. We also cited studies conducted by other researchers to supplement our findings; each of these studies was reviewed by two social scientists with expertise in research methodology and was found to be sufficiently methodologically sound for the purposes of supplementing our descriptions or comparisons.

Literature Review and Interviews

To gain an understanding of policy options that could improve caregivers’ retirement security, we reviewed prior GAO work, conducted an extensive literature review of journal articles, working papers, and think-tank studies on caregiving and topics related to retirement security, and conducted preliminary interviews with experts in caregiving or retirement security. Based on this information, we identified specific actions that could affect caregivers’ retirement security, which we categorized into four different categories based on common themes. We then conducted semi-structured interviews with or received written responses from a range of experts and stakeholders—including some of the experts we met with to identify specific policy actions—to obtain their views on the benefits and

costs of the specific policy options and approaches we identified, and we also asked them to identify any additional actions. We selected experts and stakeholders who are engaged in research or advocacy around caregiving or retirement issues, or those who might be affected by the actions identified. We also aimed to interview experts or stakeholders who might have different viewpoints regarding the identified actions. See table 4 for a list of the experts or stakeholders we interviewed or received written comments from over the course of our work.

Table 4: Experts and Stakeholders Interviewed Regarding Policy Options to Improve Caregivers' Retirement Security

Academician from George Mason University
AARP
American Enterprise Institute
Caring Across Generations
Expert on retirement systems and workforce issues
Institute for Women's Policy Research
Metropolitan Area Agency on Aging
National Academy of Social Insurance
National Alliance for Caregiving
National Women's Law Center
Northwestern Mutual
Small Business Majority
Society for Human Resource Management
U.S. Chamber of Commerce
U.S. Department of Health and Human Services
U.S. Department of Labor
U.S. Department of the Treasury
U.S. Social Security Administration
Women's Institute for a Secure Retirement

Source: GAO interviews with experts and stakeholders. | GAO-19-382

Section II: Methods for Analyzing Parental and Spousal Caregivers' Characteristics and the Effect of Caregiving on Retirement Security

This section discusses the quantitative analysis methods we used to describe the characteristics of parental and spousal caregivers and the regression analyses we conducted to estimate the impact of caregiving on retirement security. We used ATUS and HRS data for these analyses.

Characteristics of Parental and Spousal Caregivers

To describe the characteristics of parental and spousal caregivers, we conducted descriptive analyses to examine differences between parental and spousal caregivers and the general population.¹ For all univariate and multivariate statistics calculated using the ATUS data, we constructed variance estimates using replicate weights.

The ATUS eldercare module defines caregiving as “assisting or caring for an adult who needed help because of a condition related to aging.” The eldercare module contains one observation per eldercare recipient, and for each recipient, includes information about the duration of care provided to the recipient, the age of the recipient, the relationship of the recipient to the care provider, and whether the care recipient and the care provider share a household. To analyze data on eldercare providers rather than recipients, we restructured the data into a single observation per care provider. While any given care provider could provide care to multiple recipients, we defined care provider types as follows:

- **Spousal caregivers** were those who provided care to a spouse or cohabiting domestic partner, regardless of whether they also provided care to another person.²

¹The general population includes the U.S. civilian noninstitutional population age 15 and older.

²There was a very small number of cases with anomalies, such as two observations where the respondents indicated they provided care to two spouses. This could reflect individuals who provided care to both a current and former spouse. In addition, some individuals that we classified as spousal care providers indicated that they were not married; these are likely cases where a person provided care to a cohabiting domestic partner.

- **Parental caregivers** were those who provided care to a parent or parent-in-law, regardless of whether they also provided care to another person.
- Caregivers of **another relative** were those who provided care to someone related to them (such as a grandparent or aunt or uncle), regardless of whether they also provided care to another person.
- Caregivers of a **non-relative** were those who provided care to an unrelated person, such as a friend or neighbor, regardless of whether they also provided care to another person.

Data on frequency of care—how often a respondent provided eldercare—is collected once for each care provider, rather than for each recipient, and therefore did not require restructuring. However, as noted above, data on the duration of care—how long a respondent provided care—is collected for each care recipient. Therefore, we analyzed the duration of care for the relevant care recipient (parent or spouse) using the same caregiver types as described above. For example, if someone provided both parental and spousal care, the duration of care for the relevant recipient would be used.

We conducted descriptive analyses to examine parental and spousal caregivers' characteristics including gender, age, race and ethnicity, marital status, level of education, employment status, and earnings. The following are important considerations of these analyses:

- **Age.** We examined caregivers who provided care to an adult recipient of any age, and, except where indicated in the text, we compared the characteristics of adult caregivers to the general adult population of all ages. We used four age categories (15 to 44, 45 to 50, 51 to 64, and 65 and older). We chose these age groups so that we could examine the characteristics of care providers with a similar age profile to those we examine in our analysis of household income and assets.
- **Presence of a living parent.** We did not have information in the ATUS to determine whether those who provided parental care had living parents; therefore, our analyses included all parental caregivers who said they provided care to a parent or parent-in-law within the past three to four months, even if the parent was deceased by the time of their interview. Certain analyses, where indicated in the text, control for the presence of a parent in the respondent's household.
- **Earnings.** ATUS provides current information on respondent's usual weekly earnings at their main job. Because we did not have current information on earnings from all jobs, for this analysis only, we

restricted the sample to those respondents who have a single job. Because we did not have current information on self-employment income, we restricted our analysis of earnings to those respondents who are wage and salary workers.

In our report, we present data on the unadjusted demographic and economic characteristics of caregivers and the general population. We present the unadjusted characteristics so that readers can view the actual demographic profile of caregivers. However, we also conducted logistic regression analyses that predict the likelihood of caregiving as a function of various demographic and economic characteristics and found that most characteristics are qualitatively similar in the multivariate and univariate context. Our independent variables for this multivariate analysis were age, education, gender, marital status, race, ethnicity, and labor force status—employed, unemployed, or not in the labor force. Where indicated, as mentioned above, we included a categorical variable for whether the respondent’s parent lives in the respondent’s household. Where indicated, we included quartiles of usual weekly earnings; in logistic regressions that included weekly earnings as an independent variable, the analyses were restricted to wage and salary workers with a single job. See appendix III for more detail about these logistic regression analyses.

Effect of Parental and Spousal Caregiving on Retirement Security

To analyze the impact of caregiving on retirement assets and income, we compared the assets and retirement income of caregivers and non-caregivers. We conducted separate analyses for each type of care, as described below.

Spousal Care

To determine the effect of spousal caregiving on retirement security, we took two approaches:

1. We conducted descriptive analyses to examine differences between spousal caregivers and non-caregivers in terms of assets at or near retirement and Social Security income during retirement.³ We also

³Non-caregivers are married respondents who did not provide spousal care; however, they may have provided other forms of care, such as parental or child care.

examined differences between spousal caregivers and non-caregivers in terms of work, education, and health status of both the person providing and the person receiving care.

2. We conducted regression analyses to examine whether observed differences in assets and Social Security income were still statistically significant when we controlled for these differences in the spousal caregiving and non-caregiving populations.

Data Analysis Sample

In order to construct our analysis sample of spousal caregivers, we took the following steps. First, we identified married individuals at ages 65 or 66. We chose these ages because they are at or near the full retirement age at which individuals can receive unreduced Social Security benefits.⁴ We then identified the respondents that provided spousal care in the current wave or in the prior two waves of data, a 6-year period of time. To determine whether someone provided spousal care, the HRS asks the respondent whether they received help with activities of daily living (ADLs) or with instrumental activities of daily living (IADLs) and who helped with these activities.⁵ If the respondent indicated that their spouse or partner provided help, we then identified that person as a spousal caregiver. This resulted in a sample of about 5,000 observations. We found that about 10 percent of the sample provided spousal care in the 6 years we examined.

We also obtained information on the asset levels, hours worked, and other descriptive attributes at ages 65 or 66. To determine the level of Social Security retirement income, we looked ahead to the household's Social Security income at age 71 using data from future waves of the HRS because some individuals may receive benefits at a later age.

Results of Descriptive Analyses

We found differences between spousal caregivers and non-spousal caregivers, and differences were often statistically significant (see table 5). As the table shows, spousal caregivers tended to have lower asset

⁴In addition, according to Center for Retirement Research at Boston College, about 90 percent of individuals have begun Social Security payments by this age.

⁵ADLs include dressing, getting across a room, bathing, eating, getting in and out of bed, and using the toilet. IADLs include preparing meals, shopping for groceries, making telephone calls, and taking medications.

levels—IRA assets, non-IRA assets, or defined contribution account balances—as well as lower levels of Social Security income.⁶ Although the asset levels of spousal caregivers did not increase as much as for non-caregivers, the differences were not statistically significant.⁷ Spousal caregivers also tended to work fewer hours, were less likely to have a college degree, and were more likely to be in self-reported poor or fair health.

Spouses receiving care also had different characteristics than spouses not receiving care, indicating that the care recipient also could affect household assets. Spouses receiving care tended to work less and to be in poorer self-reported health. Spouses receiving care also worked fewer hours—1,100 compared to 2,700 for spouses who did not receive care (see table 5). About 66 percent of spouses that received care were in self-reported fair or poor health, as opposed to 15 percent of those who did not receive care.

Table 5: Estimated Key Differences between Spousal Caregivers and Non-caregivers, among Married Respondents

Variable	Spousal caregivers	Non-caregivers ^a	Overall	Sig. difference
Individual retirement account (IRA) assets (in dollars)	47,087	146,408	136,259	**
Non-IRA assets (in dollars)	316,056	623,756	592,313	**
Defined contribution account balance (in dollars)	129,586	227,427	222,998	**
Social Security income (in dollars)	22,183	24,560	24,318	**
Percent change in IRA assets	128 percent	161 percent	158 percent	NS
Percent change in non-IRA assets	43 percent	83 percent	79 percent	NS
Cumulative annual hours worked during period	2,133	2,671	2,616	**
Earnings prior to caregiving period (in dollars)	24,640	39,383	37,929	**
Percent with a college degree	14 percent	31 percent	30 percent	**
Percent in bad or fair health	31 percent	19 percent	20 percent	**
Cumulative annual hours worked during period, spouse	1,042	2,711	2,540	**
Percent in bad or fair health, spouse	66 percent	16 percent	21 percent	**
Observations	572	4666	5238	N/A

⁶We did not analyze the impact of caregiving on defined benefit pensions. We focused on defined contribution plans because they are the primary retirement plans for many workers.

⁷When estimating the level of defined contribution account balances, we restricted the sample to those that had positive account balances. This resulted in a substantially reduced sample, so we do not present information about the growth in defined contribution account balances.

Appendix I: Objectives, Scope, and Methodology

Source: GAO analysis of data from the Health and Retirement Study, 2002-2014. | GAO-19-382

Notes: This analysis is restricted to married respondents at ages 65 or 66. Significance tests were estimated using the HRS sampling design. A defined contribution account, such as a 401(k) is the most common type of employer-sponsored retirement plan. Non-IRA assets can include housing, real estate, or financial holdings, as well as other savings. The percent change in IRA assets and non-IRA assets represents the percent change in assets over the 6-year period of caregiving that we examined. Values in the table are averages.

^aNon-caregivers are married respondents who did not provide spousal care; however, they may have provided other forms of care, such as parental or child care.

**Indicates that results were statistically significant at the 5 percent level.

NS indicates that differences between spousal caregivers and non-caregivers were not statistically significant.

N/A indicates not applicable.

We also compared differences between spousal caregivers and non-caregivers by gender (see table 6). We found some of the same differences between men and women spousal caregivers and non-caregivers as we did among spousal caregivers and non-caregivers more generally. However, there were also additional differences. For example, among women, growth in assets was larger among caregivers, and was statistically significant. However, differences in the cumulative hours worked was not statistically significant.

Table 6: Estimated Key Differences between Spousal Caregivers and Non-caregivers among Married Respondents, by Gender

	Women			Sig. diff	Men			Sig. diff
	Spousal caregivers	Non-caregivers ^a	Overall		Spousal caregivers	Non-caregivers ^a	Overall	
Individual retirement account (IRA) assets (in dollars)	37,361	150,314	138,050	**	57,037	142,910	134,633	**
Non-IRA assets (in dollars)	309,240	642,814	606,594	**	323,028	606,684	579,345	**
Defined contribution account balance (in dollars)	140,229	259,970	253,611	*	120,435	206,543	203,084	*
Social Security income (in dollars)	23,849	26,442	26,161	**	20,479	22,875	22,644	**
Percent change in IRA assets	127 percent	155 percent	153 percent	NS	128 percent	166 percent	163 percent	NS
Percent change in non-IRA assets	-18 percent	106 percent	93 percent	**	107 percent	61 percent	65 percent	NS
Cumulative annual hours worked during period	1,828	1,965	1,950	NS	2,446	3,302	3,220	**
Earnings prior to caregiving period (in dollars)	18,500	23,337	22,829	*	31,017	53,917	51,793	**
Percent with a college degree	12 percent	26 percent	25 percent	**	16 percent	36 percent	34 percent	**
Percent in bad or fair Health	29 percent	17 percent	19 percent	**	34 percent	20 percent	21 percent	**
Cumulative annual hours worked during period, spouse	1,104	2,621	2,456	**	978	2,791	2,616	**
Percent in bad or fair health, spouse	65 percent	18 percent	23 percent	**	68 percent	14 percent	19 percent	**
Observations	318	2355	2681	N/A	254	2311	2569	N/A

Source: GAO analysis of data from the Health and Retirement Study, 2002-2014. | GAO-19-382

Notes: This analysis is restricted to married respondents at ages 65 or 66. Significance tests were estimated using the HRS sampling design. A defined contribution account, such as a 401(k) is the most common type of employer-sponsored pension plan. Non-IRA assets can include housing, real estate, or financial holdings, as well as other savings. The percent change in IRA assets and non-IRA assets represents the percent change in assets over the 6-year period of caregiving that we examined. Values in the table are averages.

^aNon-caregivers are married respondents who did not provide spousal care; however, they may have provided other forms of care, such as parental or child care.

**Indicates that results were statistically significant at the 5 percent level.

*Indicates that results were statistically significant at the 10 percent level.

NS indicates that differences between spousal caregivers and non-caregivers were not statistically significant.

N/A indicates not applicable.

Regression Analysis

In order to investigate whether observed differences in retirement assets or income might be due to factors other than caregiving, we controlled for

additional variables using a multiple regression. Specifically, we generated a binary variable which took the value of one if the respondent had provided spousal care and took the value of zero if not and examined the estimated coefficient on this variable. We ran six different regression models for each of the assets, with six different sets of controls, in addition to the spousal caregiving variable. The different models are as follows, with each building on the model prior. Unless otherwise noted, the findings presented in the report are from model 5.

- Model 1 estimated the differences, with only controls for the year of the wave. This helps control for the effects that would be experienced by all retirees in that year, like an economic recession.
- Model 2 included the controls from model 1 and also whether the person has a college degree. This helps control for the effects of education on assets and income.
- Model 3 included the controls from models 1 and 2 as well as earnings for the respondent in the period before we observed them caregiving. This helps control for caregivers having lower earnings before caregiving, which could affect assets and income.
- Model 4 included the controls from models 1, 2, and 3 and also demographic characteristics, such as race and ethnicity, which can be associated with assets or income.
- Model 5 included the controls from models 1, 2, 3, and 4 and also controlled for the self-reported health of the potential caregiver.
- Model 6 included the controls from models 1, 2, 3, 4, and 5 and also controlled for the self-reported health of the potential care recipient. Having a spouse in poor health might affect assets or income, even if no caregiving was provided.

We estimated effects on four different types of assets and income at ages 65 and 66: IRA assets, non-IRA assets, defined contribution balances, and Social Security income (see table 7). We took the logarithm of the value before running the regression to normalize the distribution. We also considered the possibility that caregiving might not only affect the level of assets, but might affect the accumulation or growth of assets. We did that by including models that estimated the effect on the growth of IRA and non-IRA assets.

The table below shows the parameter estimates of the effect of spousal caregiving with different levels of controls or dependent variables. In the table, the columns represent the different models (1 through 6). The rows

represent different dependent variables—different types of assets or Social Security income for which we estimated the effect of spousal caregiving. In the table, the upper panel shows the effects on women’s assets and income based on caregiving. The middle panel shows the effects on men’s assets and income based on caregiving, and the final panel shows the effect when the men’s and women’s samples were pooled. As the table shows:

- For women, men, and when the sample was pooled, we found significant negative effects of spousal caregiving on both IRA and non-IRA assets. However, the coefficient decreased in magnitude when we added additional controls. For example, when we controlled for the health of the person receiving the help, the coefficient almost fell by half, from about .5 to about .25 in the case of non-IRA assets. This indicates that it is difficult to differentiate the effect of spousal caregiving from the effect of having a spouse in poor self-reported health.
- For women, men, and when the sample was pooled, we found significant negative effects of spousal caregiving on Social Security income. But for men, the effect was only significant at the 10 percent level for models with fewer controls. In addition, when we added controls for demographics and health, the effect for men no longer was significant.
- For the growth of assets, we found negative effects for non-IRA assets for women, but not for men and not for the pooled sample. However, the effects were only significant at the 10 percent level and not significant when we controlled for the health of the care recipient.

Table 7: Comparison of Spousal Caregivers to Non-caregivers in Retirement Security among Married Respondents, by Gender

Dependent variable	Model parameter estimates					
	(1)	(2)	(3)	(4)	(5)	(6)
Women						
Log of individual retirement account (IRA) assets	-0.86*	-0.69**	-0.67**	-0.68**	-0.64**	-0.52**
Log of non-IRA assets	-0.82**	-0.68**	-0.59**	-0.57**	-0.51**	-0.27**
Log of defined contribution account balance	0.20	0.50	0.63**	0.63**	0.60**	0.86**
Log of household Social Security income	-0.18**	-0.17**	-0.18**	-0.17**	-0.16**	-0.09
Percent change in IRA assets	-0.01	0.07	0.18	0.18	0.18	0.63
Percent change in non-IRA assets	-1.32**	-1.46**	-1.37*	-1.39*	-1.58*	-2.67
Men						
Log of IRA assets	-0.92**	-0.78**	-0.81**	-0.78**	-0.77**	-0.67**
Log of non-IRA assets	-0.81**	-0.62**	-0.55**	-0.52**	-0.47**	-0.20*
Log of defined contribution balance	-0.21	0.18	0.24	0.22	0.15	0.05
Log of household Social Security income	-0.08*	-0.08*	-0.07*	-0.06	-0.05	0.00
Percent change in IRA assets	-0.26	-0.02	0.24	0.29	0.33	0.50
Percent change in non-IRA assets	0.46	0.28	0.24	0.21	0.25	0.42
Pooled sample						
Log of IRA assets	-0.88**	-0.72**	-0.73**	-0.72*	-0.69**	-0.57**
Log of non-IRA assets	-0.81**	-0.65**	-0.57**	-0.54**	-0.49**	-0.23**
Log of defined contribution account balance	-0.01	0.32	0.39	0.38	0.34	0.37
Log of household Social Security income	-0.14**	-0.13**	-0.13**	-0.13**	-0.11**	-0.05
Percent change in IRA assets	-0.25	-0.10	0.15	0.18	0.19	0.55
Percent change in non-IRA assets	-0.43	-0.59	-0.55	-0.58	-0.62	-1.11
Additional controls^a						
Year	X	X	X	X	X	X
College degree	N/A	X	X	X	X	X
Earlier earnings of respondent	N/A	N/A	X	X	X	X
Demographic characteristics	N/A	N/A	N/A	X	X	X
Health of respondent	N/A	N/A	N/A	N/A	X	X
Health of spouse	N/A	N/A	N/A	N/A	N/A	X

Source: GAO analysis of data from the Health and Retirement Study, 2002-2014. | GAO-19-382

Notes: This table shows the estimated difference in the listed dependent variable between spousal caregivers and non-caregivers, as captured by the regression parameter. Analysis is restricted to married respondents at ages 65 or 66. Significance tests were estimated with robust standard errors using the HRS sampling design. Non-caregivers are married respondents who did not provide spousal care; however, they may have provided other forms of care, such as parental or child care. A defined contribution account, such as a 401(k) is the most common type of employer-sponsored pension plan. Non-IRA assets can include housing, real estate, or financial holdings, as well as other savings. Values of percent change in the table are not formatted as percents.

**Indicates that results were statistically significant at the 5 percent level.

*Indicates that results were statistically significant at the 10 percent level.

^aThese controls are in addition to the spousal caregiving variable.

X indicates the variable was included in the model.

N/A indicates not applicable.

In addition to the regression coefficients, we also calculated the differences in percent terms, which may be easier to interpret (see table 8).⁸ We found results that were strongest when comparing women spousal caregivers to women who did not provide spousal care. The effect for women was resilient to the inclusion of controls. In the model that included the health of the recipient (model 6), the effect ranged from a 40 percent reduction in IRA assets, to an 8 percent reduction in household Social Security income. For men, we found effects for IRA assets, but the effects for Social Security income were not resilient to the inclusion of controls besides the education of the recipient.

⁸Because we used the logarithm of the measures of assets and Social Security income as the dependent variable, the standard interpretation of the coefficient is that it represents the average log point difference between caregivers and non-caregivers. This coefficient can be made to more closely approximate a percent difference by taking the exponent and subtracting 1.

Table 8: Comparison of Spousal Caregivers to Non-caregivers in Retirement Security among Married Respondents, by Gender, Represented as Percent Difference

Asset type	Model parameter estimates					
	(1)	(2)	(3)	(4)	(5)	(6)
Women						
Individual retirement account (IRA) assets	-57.63**	-49.76**	-48.72**	-49.48**	-47.48**	-40.82**
Non-IRA assets	-56.05**	-49.50**	-44.61**	-43.61**	-39.93**	-23.34**
Household Social Security income	-16.29**	-15.81**	-16.13**	-15.98**	-14.80**	-8.42*
Men						
IRA assets	-60.34**	-54.16**	-55.38**	-54.30**	-53.70**	-48.92**
Non-IRA assets	-55.70**	-46.19**	-42.41**	-40.54**	-37.20**	N/A
Household Social Security income	-7.46*	-7.37*	-7.01*	N/A	N/A	N/A
Pooled sample						
IRA assets	-58.71**	-51.54**	-51.75**	-51.22**	-50.05**	-43.44*
Non-IRA assets	-55.67**	-47.64**	-43.23**	-41.95**	-38.52**	-20.44**
Household Social Security income	-12.64**	-12.35**	-12.50**	-11.90**	-10.76**	N/A
Additional controls ^a						
Year	X	X	X	X	X	X
College degree	N/A	X	X	X	X	X
Earlier earnings of respondent	N/A	N/A	X	X	X	X
Demographic characteristics	N/A	N/A	N/A	X	X	X
Health of respondent	N/A	N/A	N/A	N/A	X	X
Health of spouse	N/A	N/A	N/A	N/A	N/A	X

Source: GAO analysis of data from the Health and Retirement Study, 2002-2014. | GAO-19-382

Notes: This table shows the estimated difference in the listed dependent variable between spousal caregivers and non-caregivers, with the regression coefficient transformed to more closely reflect a percent difference. Analysis is restricted to married respondents at ages 65 or 66. Non-caregivers are married respondents who did not provide spousal care; however, they may have provided other forms of care, such as parental or child care. A defined contribution account, such as a 401(k) is the most common type of employer-sponsored pension plan. Non-IRA assets can include housing, real estate, or financial holdings, as well as other savings.

**Indicates that results were statistically significant at the 5 percent level

*Indicates that results were statistically significant at the 10 percent level.

^aThese controls are in addition to the spousal caregiving variable.

X indicates the variable was included in the model.

N/A indicates not applicable.

Parental Care

To determine the effect of parental caregiving on retirement security, we conducted descriptive analyses to examine differences between parental caregivers and non-caregivers in terms of assets at or near retirement age and Social Security income during retirement.⁹

Data Analysis Sample

In order to construct our analysis sample of parental caregivers, we took the following steps. First, we identified individuals at age 65 or 66 who had living parents or parents-in law. We made this restriction because having living parents at ages 60 to 66 (and the opportunity to provide care) might be associated with higher socio-economic strata. Therefore, we did not want to compare caregivers to those who did not provide care because their parents were deceased.¹⁰ We then identified the respondents that provided parental care in the current wave or in the prior two waves of data. To determine who is a parental caregiver, the HRS asks respondents two separate questions. The first asks whether a respondent spent a total of 100 hours or more since their last interview or in the last 2 years helping a parent or parent-in-law with basic personal activities like dressing, eating, or bathing. The second question asks whether a respondent spent a total of 100 hours or more since their last interview or in the last 2 years helping a parent or parent-in-law with other things, such as household chores, errands, or transportation. We limited the analysis to those with living parents or in-laws. This resulted in a sample of about 2,499 observations. We found that about 57 percent of the sample provided parental care in the 6 years we examined.

Results of Descriptive Analyses

Unlike our analysis of spousal caregivers, we found that parental caregivers had higher levels of assets at or near retirement than non-caregivers, but differences between parental caregivers and non-caregivers were not statistically significant (see table 9).

⁹In reference to parental caregivers, non-caregivers are respondents who did not provide parental care; however, they may have provided other forms of care, such as spousal or child care.

¹⁰We consulted with researchers from the Urban Institute to discuss our approach and preliminary findings on the effect of parental or spousal caregiving on retirement income and assets, and they agreed that this restriction is important.

Table 9: Estimated Key Differences between Parental Caregivers and Non-caregivers

Variable	Parental caregivers	Non-caregivers ^a	Overall	Sig. difference
Individual Retirement Account (IRA) assets (in dollars)	137,458	115,898	128,166	NS
Non-IRA assets (in dollars)	629,097	559,034	598,903	NS
Defined contribution account balance (in dollars)	208,802	222,072	215,643	NS
Household Social Security income (in dollars)	21,352	20,731	21085	NS
Observations	1396	1103	2499	N/A

Source: GAO analysis of data from the Health and Retirement Study, 2002-2014. | GAO-19-382

Notes: This analysis is restricted to respondents at ages 65 or 66 with living parents or in-laws. Significance tests were estimated using the HRS sampling design. A defined contribution account, such as a 401(k) is the most common type of employer-sponsored pension plan. Non-IRA assets can include housing, real estate, or financial holdings, as well as other savings. Values in the table are averages.

^aNon-caregivers are respondents who did not provide parental care; however, they may have provided other forms of care, such as spousal or child care.

N/A indicates not applicable.

Appendix II: Characteristics of Different Types of Caregivers

The following tables provide information about the characteristics of various types of eldercare providers.

Table 10: Number of Eldercare Providers by Age and Care Recipient, 2011 to 2017

Age	Spousal caregivers	Parental caregivers	Caregivers for other relatives	Caregivers for non-relatives	Total caregivers
15-44	60,463 ^a	6,608,804	8,530,994	3,383,161	17,140,955
45-50	115,925 ^a	4,016,529	802,784	1,122,599	5,450,723
51-64	712,760	10,607,194	1,777,800	2,870,013	14,529,382
65 +	2,297,575	2,157,604	1,296,979	3,071,343	8,309,605
Total	3,186,723	23,390,132	12,408,557	10,447,116	45,430,666

Source: GAO Analysis of American Time Use Survey data, 2011-2017 | GAO-19-382

Note: Except where indicated, all estimates have relative standard errors less than 10 percent. Categories are not mutually exclusive. The spouse and parent categories each include an estimated 119,000 caregivers (0.3 percent of all caregivers) who provide care to both a parent and a spouse. The “spouse” category includes anyone who cared for a spouse; the “parent” category includes anyone who cared for a parent; the “other relative” category includes anyone who cared for another relative; the “non-relative” category includes anyone who cared for a non-relative.

^aEstimates have relative standard errors between 10 percent and 30 percent.

Table 11: Characteristics of Eldercare Providers, by Care Recipient, 2011-2017

	Spousal caregivers (percent)	Parental caregivers (percent)	Caregivers for other relatives (percent)	Caregivers for non-relatives (percent)	General population (percent) ^a
Gender					
Male	37	44	44	45	48
Female	63	56	56	56	52
Age					
15-44	2 ^b	28	69	32	49
45-50	4 ^b	17	6	11	10
51-64	22	45	14	27	23
65 +	72	9	10	29	18
Race					
White	82	76	67	72	66
Black	7 ^b	10	17	13	12

**Appendix II: Characteristics of Different Types
of Caregivers**

	Spousal caregivers (percent)	Parental caregivers (percent)	Caregivers for other relatives (percent)	Caregivers for non-relatives (percent)	General population (percent) ^a
Asian	2 ^c	2 ^b	3 ^b	2 ^b	4
Other	2 ^c	2 ^b	2 ^b	2 ^b	2
Hispanic	8 ^b	9	12	10	16
Marital status					
Married	95	65	39	48	52
Never married	1 ^b	18	50	25	31
Divorced	2 ^b	12	6	14	10
Widowed	1 ^c	3	3	10	6
Separated	0 ^c	2	2 ^b	2 ^b	2
Education					
No high school	14	6	21	13	16
High school	34	28	25	27	29
Some college	26	28	28	27	25
BA or more	26	38	25	33	30
Labor force status					
Full-time	15	57	42	37	48
Part-time	11 ^b	14	19	16	14
Unemployed	2 ^b	5	9	6 ^b	5
Not in the labor force	72	24	29	41	33
Earnings					
Bottom quartile	42	17	34	31	25
Second	21 ^b	22	25	23	25
Third	20 ^b	28	21	24	25
Top quartile	17 ^b	33	20	22	25

Source: GAO Analysis of American Time Use Survey data, 2011-2017 | GAO-19-382

Notes: Categories are not mutually exclusive. The spouse and parent categories each include an estimated 119,000 caregivers (0.3 percent of all caregivers) who provide care to both a parent and a spouse. The “spouse” category includes anyone who cared for a spouse; the “parent” category includes anyone who cared for a parent; the “other relative” category includes anyone who cared for another relative; the “non-relative” category contains anyone who cared for a non-relative. Except where indicated, all estimates have relative standard errors less than 10 percent. Earnings are an individual’s usual weekly earnings at their main job, and are estimated only for wage and salary workers with one job. The quartiles of usual weekly earnings for this group, over the period 2011-2017, (in 2017 dollars) were: first quartile: less than \$414.25; second quartile: \$414.25 through less than \$743.09; third quartile: \$743.09 through less than \$1,239.15; fourth (top) quartile: \$1,239.15 and higher.

^aThe general population includes the U.S. civilian noninstitutional population age 15 and older.

^bEstimates have relative standard errors between 10 percent and 30 percent.

^cEstimates have relative standard errors between 30 percent and 50 percent and should be interpreted with caution.

**Appendix II: Characteristics of Different Types
of Caregivers**

Table 12: Number of Years and Frequency of Eldercare, by Care Recipient, 2011-2017

	Spousal caregivers	Parental caregivers	Caregivers for other relatives	Caregivers for non-relatives	All caregivers
Number of years of care					
Less than 1 year	21 percent	19 percent	25 percent	30 percent	24 percent
1 to 2 years	25 percent	26 percent	28 percent	26 percent	27 percent
3 to 4 years	18 percent	17 percent	18 percent	15 percent	17 percent
5 to 9 years	20 percent	21 percent	17 percent	15 percent	19 percent
10 years	15 percent	16 percent	12 percent	14 percent	14 percent
Average number of years of care					
Number of years	5.1	4.7	3.9	4.1	4.2
Frequency					
Daily	81 percent	21 percent	16 percent	10 percent	22 percent
Several times a week	8 percent ^a	28 percent	24 percent	24 percent	24 percent
Once a week	4 percent ^a	17 percent	18 percent	22 percent	18 percent
Several times a month	4 percent ^a	19 percent	24 percent	23 percent	20 percent
Once a month	1 percent ^a	10 percent	14 percent	14 percent	12 percent
Other	2 percent ^a	4 percent	5 percent ^a	6 percent	5 percent
Long-term daily caregiving^b					
No	71 percent	92 percent	95 percent	97 percent	92 percent
Yes	29 percent	8 percent	5 percent	3 percent ^a	8 percent

Source: GAO Analysis of American Time Use Survey data, 2011-2017 | GAO-19-382

Note: Categories are not mutually exclusive. The spouse and parent categories each include an estimated 119 thousand caregivers (0.3 percent of all caregivers) who provide care to both a parent and a spouse. The “spouse” category includes anyone who cared for a spouse; the “parent” category includes anyone who cared for a parent; the “other relative” category includes anyone who cared for another relative; the “non-relative” category contains anyone who cared for a non- relative. Except where indicated, all estimates have relative standard errors less than 10 percent.

^aEstimates have relative standard errors between 10 percent and 30 percent.

^bWe categorized a respondent as providing long-term daily care if they said they provided care daily and they said they provided care for at least 5 years. However, because the ATUS survey asks respondents about the frequency of care during the 3 to 4 months prior to the interview, frequency of care may not have occurred daily during the entire caregiving period.

Appendix III: Multivariate Analysis of the Probability of Providing Care

Table 13 shows the adjusted odds of providing care for people with different economic and demographic characteristics, from multivariate analyses. Models 1, 2, 3 and 4 show the adjusted odds of providing parental care, and models 5 and 6 show the adjusted odds of providing spousal care.

- Model 1 estimates the probability of providing parental care as a function of gender, age, marital status, race, education, and labor force status.
- Model 2 estimates the probability of providing parental care as a function of gender, age, marital status, race, education, and income quartiles. This model is restricted to employed workers, and therefore does not include labor force status as a regressor.
- Model 3 is identical to model 1, except that model 3 includes an indicator for whether the parental caregiver and the parental care recipient live in the same household.
- Model 4 is identical to model 2, except that model 4 includes an indicator for whether the parental caregiver and the parental care recipient live in the same household.
- Model 5 estimates the probability of providing spousal care as a function of gender, age, marital status, race, education, and labor force status.
- Model 6 estimates the probability of providing spousal care as a function of gender, age, marital status, race, education, and income quartiles. Like model 2, this model is restricted to employed workers, and therefore does not include labor force status as a regressor.

**Appendix III: Multivariate Analysis of the
Probability of Providing Care**

Table 13: Logistic Regression Analyses of the Probability of Providing Parental or Spousal Care

	Odds of providing parental care and standard error (model 1)	Odds of providing parental care and standard error (model 2)	Odds of providing parental care and standard error (model 3)	Odds of providing parental care and standard error (model 4)	Odds of providing spousal care and standard error (model 5)	Odds of providing spousal care and standard error (model 6)
Gender						
Male	1.000	1.000	1.000	1.000	1.000	1.000
Female	1.258* (0.043)	1.336* (0.062)	1.273* (0.043)	1.370* (0.062)	1.90* (0.17)	1.92* (0.41)
Age						
15-44	1.000	1.000	1.000	1.000	1.00	1.00
45-50	2.940* (0.146)	3.058* (0.185)	3.448* (0.180)	3.359* (0.208)	6.46* (2.30)	9.10* (4.65)
51-64	3.546* (0.134)	3.684* (0.177)	4.280* (0.181)	4.129* (0.208)	16.55* (4.85)	18.80* (8.52)
65 +	0.960 (0.058)	1.406* (0.151)	1.206* (0.072)	1.690* (0.181)	66.09* (19.35)	60.33* (27.60)
Marital status						
Married	1.000	1.000	1.000	1.000	1.00	1.00
Never married	0.766* (0.036)	0.748* (0.044)	0.461* (0.028)	0.517* (0.039)	0.09* (0.03)	0.24* (0.11)
Divorced	0.873* (0.042)	0.843* (0.052)	0.787* (0.036)	0.777* (0.047)	0.07* (0.02)	0.19* (0.09)
Widowed	0.563* (0.047)	0.731* (0.106)	0.536* (0.044)	0.699* (0.099)	0.03* (0.01)	0.18* (0.11)
Separated	0.747* (0.077)	0.865 (0.131)	0.654* (0.065)	0.800 (0.114)	0.14* (0.06)	0.47 (0.26)
Race/ethnicity						
White	1.000	1.000	1.000	1.000	1.00	1.00
Black	0.804* (0.040)	0.796* (0.057)	0.820* (0.042)	0.807* (0.057)	0.80 (0.11)	0.87 (0.25)
Asian	0.487* (0.052)	0.504* (0.069)	0.448* (0.046)	0.456* (0.057)	0.49 (0.26)	1.00 ^a (.)
Other	0.897 (0.119)	0.840 (0.155)	0.897 (0.120)	0.846 (0.159)	1.66 (0.62)	2.65 (1.82)
Hispanic	0.686* (0.038)	0.626* (0.049)	0.656* (0.036)	0.601* (0.046)	0.81 (0.11)	0.56 (0.18)

**Appendix III: Multivariate Analysis of the
Probability of Providing Care**

	Odds of providing parental care and standard error (model 1)	Odds of providing parental care and standard error (model 2)	Odds of providing parental care and standard error (model 3)	Odds of providing parental care and standard error (model 4)	Odds of providing spousal care and standard error (model 5)	Odds of providing spousal care and standard error (model 6)
Education						
No high school degree	1.000	1.000	1.000	1.000	1.00	1.00
High school degree	1.933* (0.153)	1.624* (0.203)	2.240* (0.177)	1.742* (0.213)	0.71* (0.10)	0.73 (0.28)
Some college	2.225* (0.178)	1.863* (0.213)	2.580* (0.204)	1.967* (0.218)	0.85 (0.12)	0.90 (0.34)
BA or more	2.480* (0.191)	1.867* (0.221)	3.095* (0.239)	2.070* (0.240)	0.67* (0.10)	0.68 (0.27)
Employment status						
Employed	1.000 (.)	N/A N/A	1.000 (.)	N/A N/A	1.00 (.)	N/A N/A
Unemployed	1.194* (0.094)	N/A N/A	1.063 (0.084)	N/A N/A	1.89* (0.53)	N/A N/A
Not in labor force	0.784* (0.036)	N/A N/A	0.747* (0.034)	N/A N/A	1.71* (0.18)	N/A N/A
Earnings^b						
Lowest earners	N/A N/A	1.000 (.)	N/A N/A	1.000 (.)	N/A N/A	1.00 (.)
Second lowest	N/A N/A	1.006 (0.081)	N/A N/A	1.136 (0.094)	N/A N/A	0.56* (0.14)
Second highest	N/A N/A	1.176* (0.087)	N/A N/A	1.388* (0.109)	N/A N/A	0.51* (0.13)
Highest earners	N/A N/A	1.290* (0.110)	N/A N/A	1.528* (0.139)	N/A N/A	0.40* (0.13)
Cohabitation						
Parent in household	N/A N/A	N/A N/A	3.701* (0.230)	3.149* (0.263)	N/A N/A	N/A N/A
Constant	0.034* (0.003)	0.034* (0.005)	0.024* (0.002)	0.025* (0.003)	0.00* 0.00	0.00* (0.00)
Number of unweighted observations	79,520	79,520	79,520	79,520	79,520	77,747
Number of unweighted observations in subpopulation ^c	N/A	38,980	N/A	38,980	N/A	37,207

Source: GAO Analysis of American Time Use Survey data, 2011-2017 | GAO-19-382

**Appendix III: Multivariate Analysis of the
Probability of Providing Care**

Notes: Each row shows coefficient estimates, with coefficient standard errors beneath them. Coefficients are presented as odds ratios. Categories with odds ratios above one indicate an increased likelihood of providing care, relative to the reference category. Categories with odds ratios below one indicate a decreased likelihood of providing care, relative to the reference category. Reference groups, or omitted categories, are shown with a coefficient of 1.000. Models that include labor force status do not include earnings quartiles, and models that include earnings quartiles do not include labor force status, because earnings are estimated only for employed workers.

^aThis has a coefficient of 1.00 because the group is dropped due to insufficient data (perfect prediction of the outcome). This results in 1,773 observations not used in model 6.

^bEarnings are an individual's usual weekly earnings at their main job, and are estimated only for wage and salary workers with one job. The quartiles of usual weekly earnings for this group, over the period 2011-2017, (in 2017 dollars) were: first quartile: less than \$414.25; second quartile: \$414.25 through less than \$743.09; third quartile: \$743.09 through less than \$1,239.15; fourth (top) quartile: \$1,239.15 and higher.

^cEstimated subpopulation size (where applicable). Models 1, 3, and 5 are run on the entire population of ATUS respondents, while models 2, 4, and 6 are run on the subpopulation of respondents who are employed wage or salary workers with a single job.

*Indicates that results are statistically significant at the 95 percent confidence level.

N/A indicates not applicable.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

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Staff Acknowledgments

In addition to the contact named above, Erin M. Godtland (Assistant Director), Nisha R. Hazra (Analyst-in-charge), Benjamin Bolitzer, Jessica Mausner, and Rhiannon C. Patterson made key contributions to this report. Also contributing to this report were Susan Aschoff, Deborah Bland, Justin Fisher, Avani Locke, Michael Naretta, Mimi Nguyen, Rachel Stoiko, Shana Wallace, and Adam Wendel.

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