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Caught in the Middle: The Crucial Role of Sandwich Generation Caregivers

The Caregiving in the US 2025 Series

AARP

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Caught in the Middle: The Crucial Role of Sandwich Generation Caregivers

Key takeaways

- ✓ *The latest report from the Caregiving in the US* series shows that 29 percent of all caregivers of adults are sandwich generation caregivers.
- ✓ Sandwich generation caregivers are engaged in more complex caregiving tasks and are significantly more likely to provide high-intensity care than other caregivers.
- ✓ The higher intensity of caregiving is accompanied by strain on the physical well-being of sandwich generation caregivers.
- ✓ Sandwich generation caregivers are also more likely than their other caregivers to experience work disruption and financial strain.

The term *sandwich generation* has been in use for nearly five decades. Unlike other generations, this group is not defined by birth years but rather by a significant commonality in their lives: They are caregivers of adults with disabilities or complex medical conditions while they are also caring for children under age 18 at home. Research shows that parents spend anywhere from 10 to 30 hours providing care to children; for these parents, that time is added to the hours of caregiving they provide. As recent findings demonstrate, the number of sandwich generation caregivers is growing, and their need for support has increased.

The *Caregiving in the US 2025* data reveal that these caregivers are younger and more economically vulnerable than other caregivers, with less of a financial cushion to absorb the costs of caregiving on top of raising children. Their caregiving is not simply more time-consuming than that of other caregivers; it is also more complex and intense, affecting their well-being and financial security. Yet the full extent of their caregiving roles is not consistently recognized in health care settings and in the workplace, where needed support could be offered. Meeting the needs of sandwich generation caregivers starts with acknowledging the full weight of what they carry and understanding how their roles have intensified over time.

This companion report to the *Caregiving in the US 2025 Series* focuses on the experiences of sandwich generation caregivers, the impacts of caregiving on their health and finances, and the policy and practice solutions that can support their care and well-being. Meaningful trends over time in the characteristics and experiences of these caregivers are highlighted throughout as comparisons to findings from the *Caregiving in the US 2015* survey.

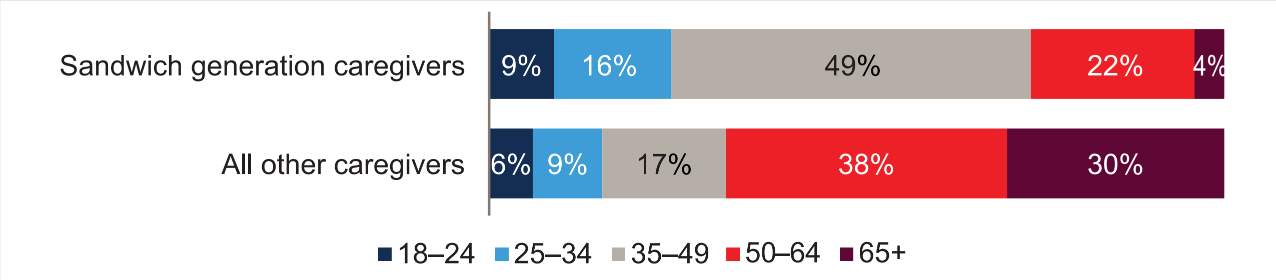
Profile of sandwich generation caregivers

Fifty-nine million Americans care for an adult with a serious illness or disability. Of those caregivers, 29 percent–17 million people–are sandwich generation caregivers, caring for a child under 18 and an adult with disabilities or complex medical conditions at the same time.

Sandwich generation caregivers are likely to be younger than other caregivers, as figure 1 shows. The average age for a sandwich generation caregiver is 42, compared to 55 for all other caregivers. This makes sense, as sandwich generation caregivers have children who are still living with them.

All races and ethnicities are represented in the sandwich generation caregiver population, but some groups are more prevalent: 16 percent are African American/Black, and 24 percent are Hispanic/Latino, significantly higher than the share of these groups among all other caregivers.

Figure 1. Caregiver Age



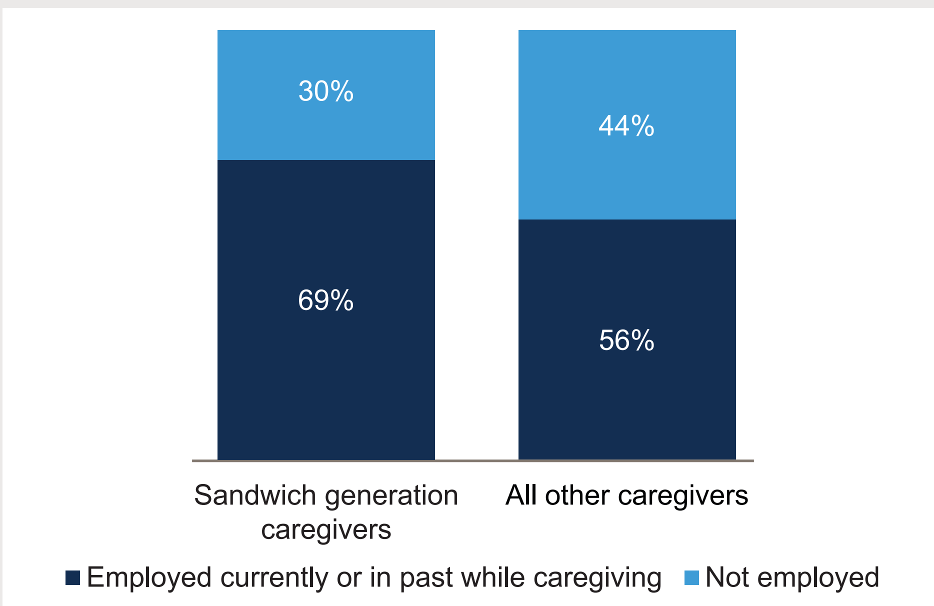
Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Note: *Results are rounded; results may not add to 100 percent.*

This group is also significantly more likely to be in paid employment while caregiving: 69 percent compared to 56 percent of all other caregivers, as figure 2 shows. This is likely due to the lower average age of sandwich generation caregivers, who are still in their prime working years.

More sandwich generation caregivers have household incomes less than $10,000, compared to all other caregivers (7 percent compared to 4 percent). Significantly more sandwich generation caregivers rely on Medicaid for their own health insurance coverage compared to all other caregivers (21 percent compared to 8 percent).

Figure 2. Working While Caregiving

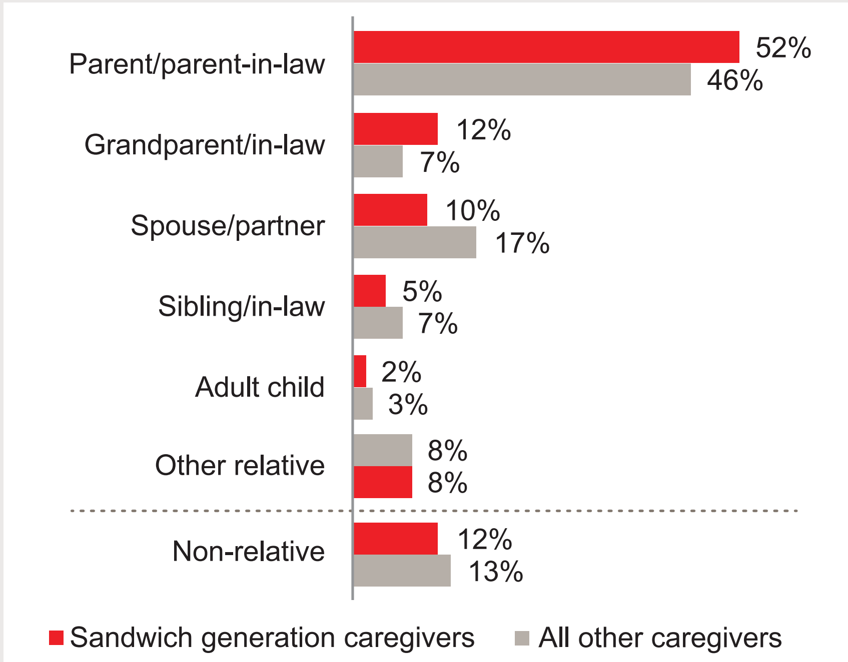


Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Profile of sandwich generation care recipients

Sandwich generation caregivers are more likely to be caring for a parent, parent-in-law, or grandparent and less likely to be caring for a spouse, compared to other caregivers (see figure 3).

Figure 3. Care Recipient Relation to Caregiver

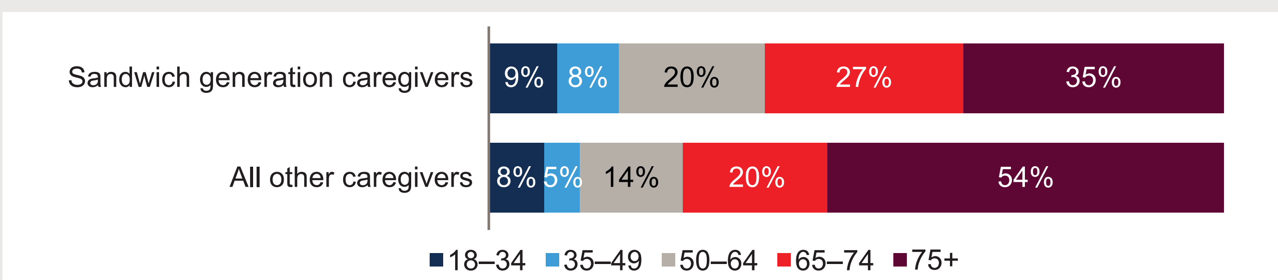


Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Note: *Results are rounded and don't know/refused responses are not shown; results may not add to 100 percent.*

They are also less likely to be caring for someone 75 or older, which is not surprising given their younger average age (see figure 4).

Figure 4. Care Recipient Age

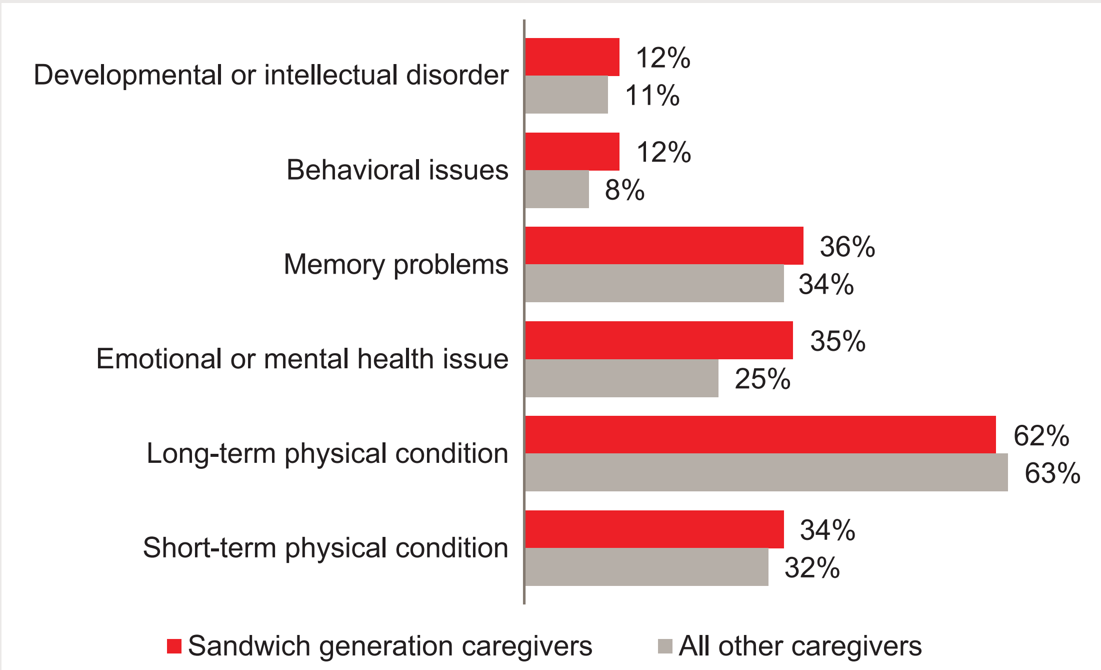


Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Most care recipients supported by sandwich generation caregivers live nearby. Nearly 4 in 10 care recipients (38 percent) live in the caregiver's household, whereas another 39 percent live within 20 minutes of the caregiver's home, a pattern that is similar to caregivers overall. Notably, coresidence has become more common over time, with a larger share of sandwich generation caregivers living with their care recipient compared to 2015 (38 percent compared to 35 percent).[1]

Many care for someone with long-term or short-term physical conditions and memory problems, similar to care recipients of all other caregivers. Sandwich generation caregivers, however, are more likely to care for someone with an emotional or mental health issue than all other caregivers, as figure 5 shows.

Figure 5. Types of Care Recipient Conditions



Analytic Sample: Caregivers of Recipients Age 18+ (n = 6,549)

Note: *Respondents may select more than one response; results add to greater than 100 percent.*

Care tasks and intensity of care

Understanding the scope and intensity of family caregiving is key to understanding the lives of caregivers. They perform a range of tasks that vary in complexity, physical demands, and time commitment. Sandwich generation caregivers balance care for a child under 18 with the care tasks detailed in this section for their adult care recipient. The *2025 American Time Use Survey* shows that parents spend almost 10 hours per week in active childcare.[2] Other research suggests that parents spend almost three times that many hours providing supervisory care to children while performing other household tasks.[3]

1 Weber-Raley, Lisa. 2019. *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.* National Alliance for Caregiving; Caring Across Generations (Washington, DC).

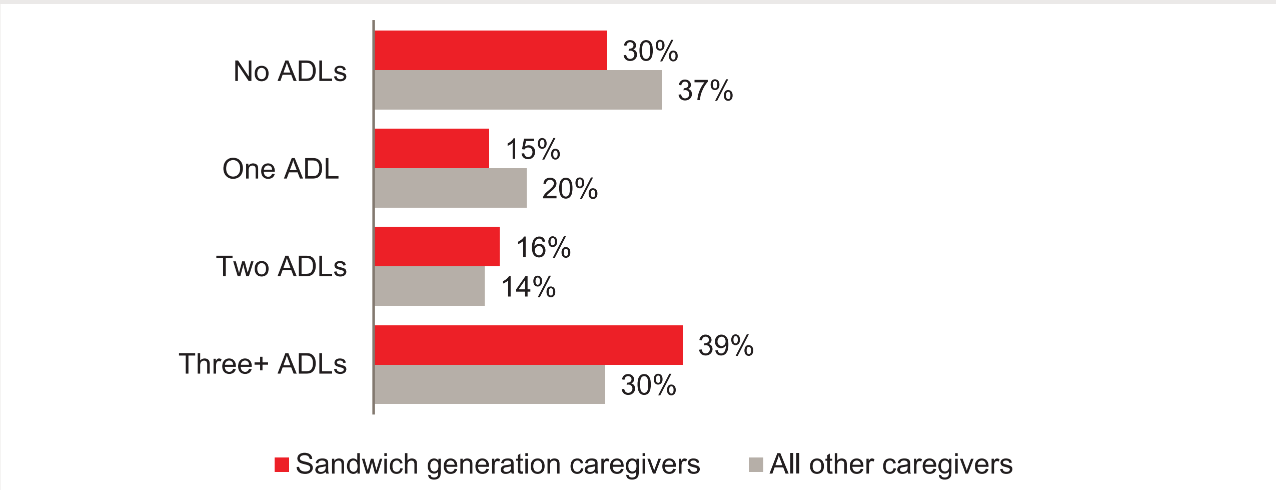
2 US Bureau of Labor Statistics, American Time Use Survey, Table 9. Time adults spent caring for household children as a primary activity by sex, age, and day of week, 2025 annual averages. https://www.bls.gov/news.release/atus.t09.htm.

3 Folbre, Nancy, and Jooyeoun Suh. 2025. *The Temporal Demands of Parental Child Care: Evidence from the American Time Use Survey*. University of Massachusetts at Amherst (Amherst, MA: University of Massachusetts at Amherst). https://peri.umass.edu/wp-content/uploads/2025/04/WP624.pdf.

Sandwich generation caregivers provide a similar number of hours of care per week as all other caregivers (27 hours per week on average), but the survey data show they are engaged in more complex caregiving tasks. On average, they provide help with significantly more activities of daily living (2.2 compared to 1.7 ADLs) and slightly more instrumental activities of daily living (4.7 compared to 4.5 IADLs) than all other caregivers, as figures 6 and 7 show.

ADLs include bathing, dressing, feeding oneself, toileting, and getting in and out of beds and chairs, whereas IADLs are complex tasks necessary for independent living, such as financial management, meal preparation, housework, transportation, and shopping.

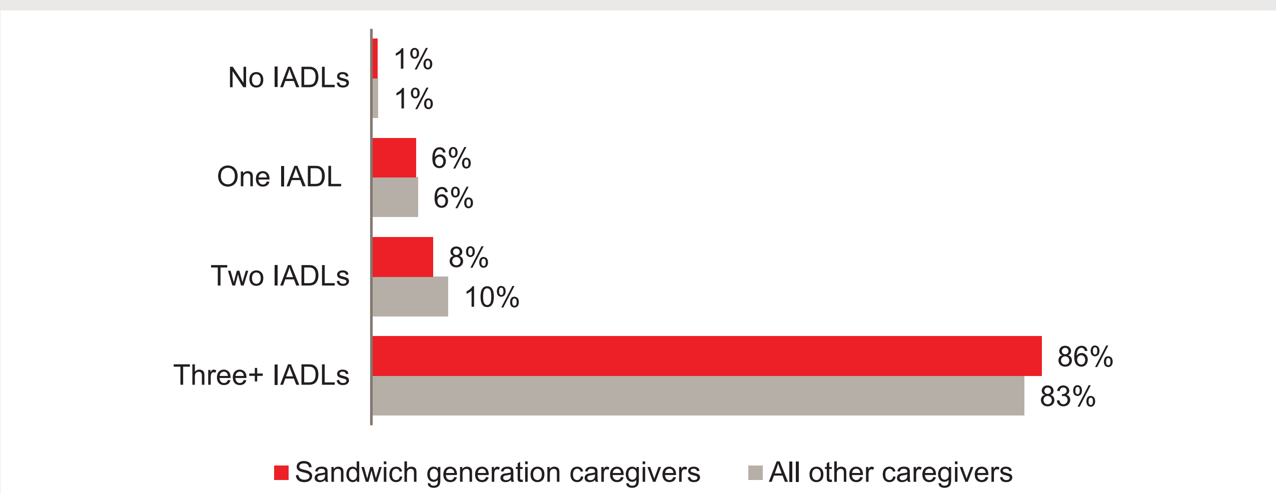
Figure 6. Help with Activities of Daily Living (ADLs)



Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Note: *Respondents may select more than one response; results add to greater than 100 percent.*

Figure 7. Help with Instrumental Activities of Daily Living (IADLs)

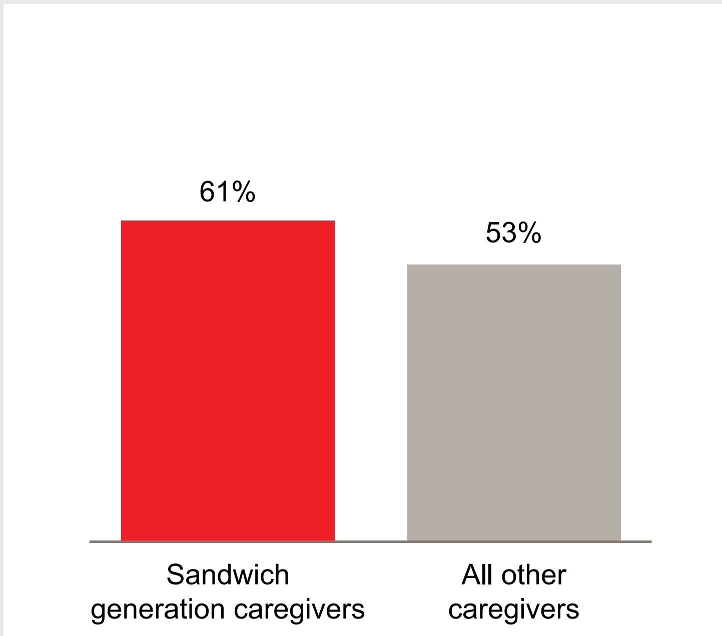


Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Note: *Respondents may select more than one response; results add to greater than 100 percent.*

In addition, many family caregivers perform health care tasks, such as administering injections and managing catheters. Sixty-one percent of sandwich generation caregivers perform these tasks, compared to 53 percent of all other caregivers. Help with medical and nursing tasks is an important marker of high-intensity caregiving. A 2019 AARP PPI report, *Home Alone Revisited*, found that caregivers performing these tasks are also likely to be helping their care recipients with ADLs and multiple IADLs.[4]

Figure 8. Assistance with Medical and Nursing Tasks



Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

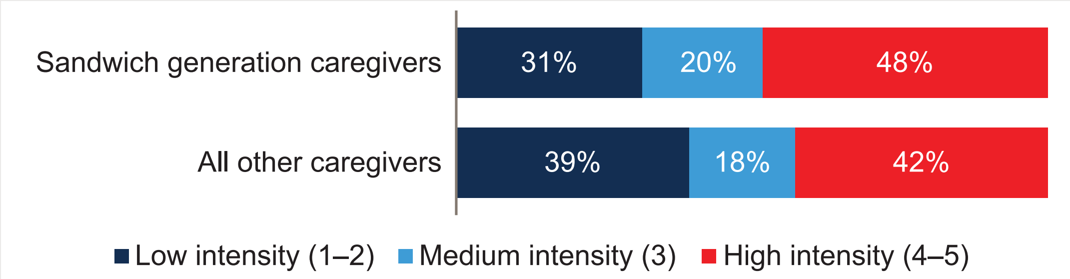
Note: *Results are rounded and don't know/refused responses are not shown; results may not add to 100 percent.*

Sandwich generation caregivers are significantly more likely to provide high-intensity care than other caregivers: 48 percent are in high-intensity care situations, defined as a score of 4 or 5 on the Level of Care Index, compared with 42 percent of all other caregivers providing high-intensity caregiving (see figure 9). In 2015, the number of those providing high-intensity caregiving was 36 percent.[5] The Level of Care Index measures the intensity of a caregiving situation based on the number of hours of care given and the number of ADLs and IADLs with which the caregiver assists.

4 Reinhard, Susan, Heather M. Young, Carol Levine, Kathleen Kelly, Rita Choula, and Jean Accius. *Home Alone Revisited*. Washington, DC: AARP Public Policy Institute, April 2019. https://doi.org/10.26419/ppi.00086.001

5 AARP analysis of *Caregiving in the US 2015* survey data. AARP and National Alliance for Caregiving. Caregiving in the US 2015, 2014 [Dataset]. Roper #31120150, Version 2. GfK KnowledgePanel [producer]. Cornell University, Ithaca, NY: Roper Center for Public Opinion Research [distributor]. https://doi.org/10.25940/ROPER-31120150

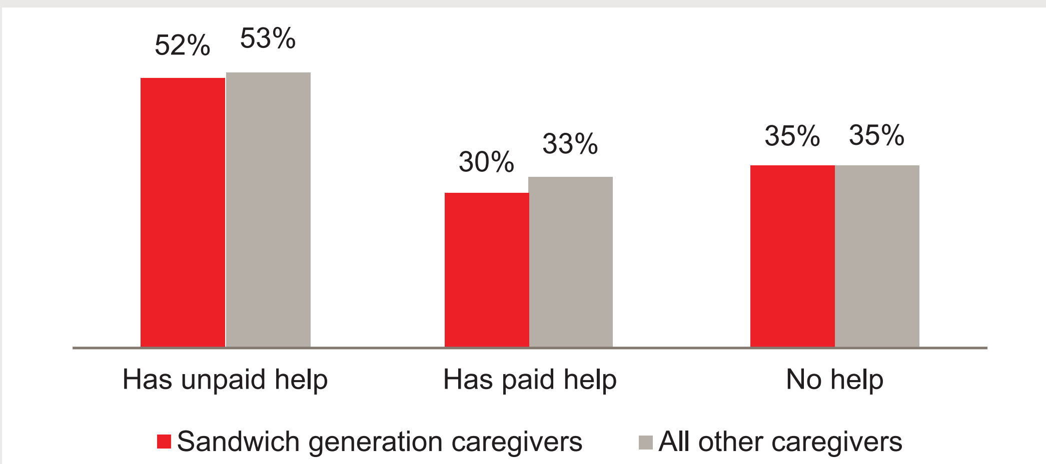
Figure 9. Level of Care Index



Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Despite engaging in more complex care tasks, sandwich generation caregivers use both paid and unpaid helpers at a similar rate as all other caregivers, as figure 10 shows.

Figure 10. Use of Paid or Unpaid Help



Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Note: *Respondents were asked about paid and unpaid help in separate questions; results may not add to 100 percent.*

"The last two years have been far busier than expected when it comes to caregiving. Economic pressure, health care changes, aide shortages, and my daughter turning 18… exhausted what little free time I had."

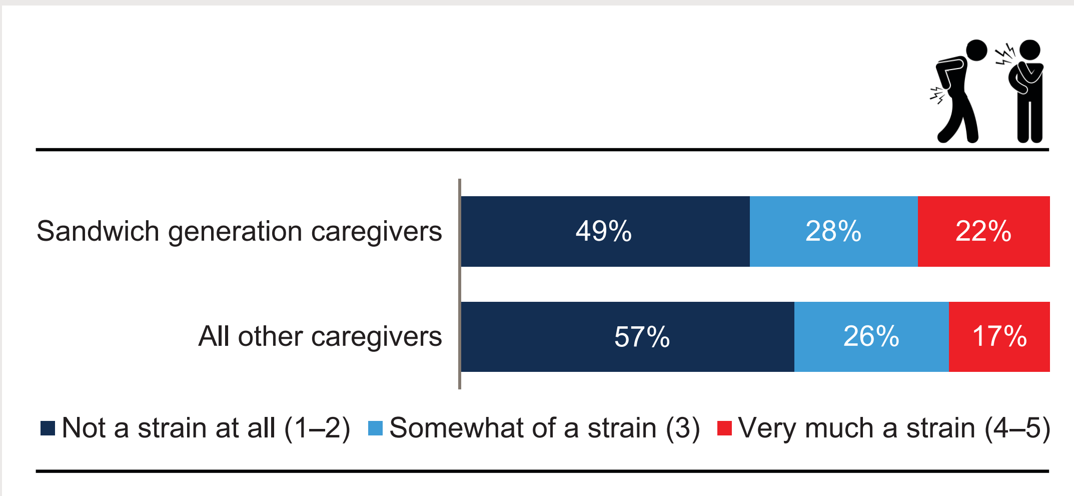
Larry, Connecticut, sandwich generation caregiver to his wife

Effects on well-being of sandwich generation caregivers

High-intensity caregiving challenges the physical and emotional well-being of all family caregivers.[6,7,8,9,10] High-intensity care in combination with the responsibilities of parenting is particularly challenging for the well-being of sandwich generation caregivers.[11]

The *Caregiving in the US 2025* data show that sandwich generation caregivers are at a 50 percent higher risk of experiencing high physical strain due to caregiving compared to other caregivers; 22 percent of sandwich generation caregivers report high physical strain due to caregiving compared to 17 percent of all other caregivers (see figure 11). Almost 40 percent of sandwich generation caregivers, like other caregivers, report high emotional stress as a result of caregiving, as figure 12 shows. High physical strain and emotional stress have affected a growing share of sandwich generation caregivers since 2015.[12]

Figure 11. Physical Strain of Caregiving



Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Note: *Results are rounded and don't know/refused responses are not shown; results may not add to 100 percent.*

6 Hua, Z. (2026). Caregiving Tasks, Caregiver Stress, and Self-Rated Health Among Family Caregivers of Older Persons: The Role of Economic and Community Resources. *Families in Society: The Journal of Contemporary Social Services*, *0*(0).

7 Richard Schulz, Scott R. Beach, Sara J. Czaja, Lynn M. Martire, Joan K. Monin. 2020. Family Caregiving for Older Adults. *Annual Review of Psychology* 71:635–659. https://doi.org/10.1146/annurev-psych-010419-050754

8 Huang, Si-Sheng. "Depression among caregivers of patients with dementia: Associative factors and management approaches." *World Journal of Psychiatry* vol. 12,1 59–76. 19 Jan. 2022. https://doi.org/10.5498/wjp.v12.i1.59

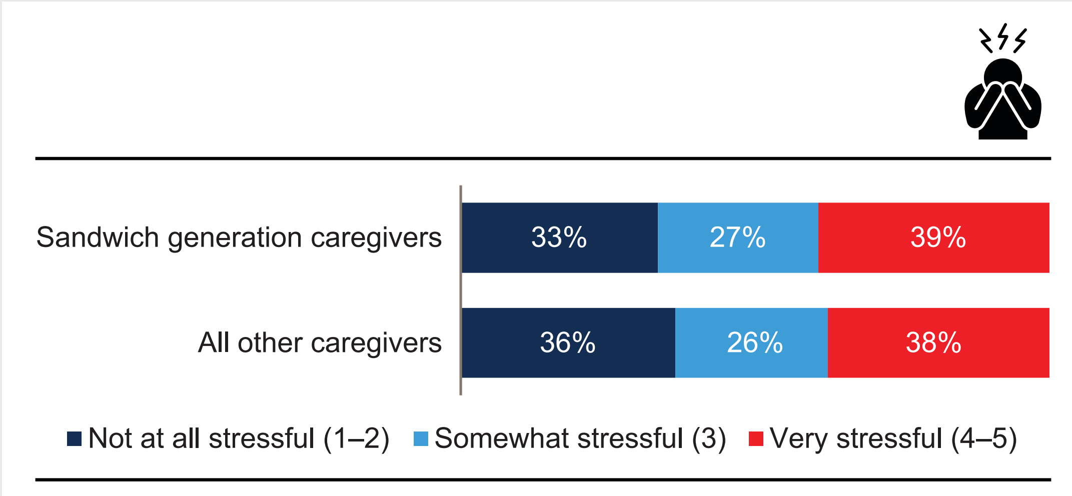
9 Reinhard, Susan, Heather M. Young, Carol Levine, Kathleen Kelly, Rita Choula, and Jean Accius. *Home Alone Revisited*. Washington, DC: AARP Public Policy Institute, April 2019. https://doi.org/10.26419/ppi.00086.001

10 Ingo W K Kolodziej, Norma B Coe, Courtney H Van Houtven, The Impact of Care Intensity and Work on the Mental Health of Family Caregivers: Losses and Gains, *The Journals of Gerontology: Series B*, Volume 77, Issue Supplement_1, May 2022, Pages S98–S111. https://doi.org/10.1093/geronb/gbac031

11 Kim, H., Beach, S. R., Friedman, E. M., Donovan, H., & Schulz, R. (2023). Effects of Childcare, Work, and Caregiving Intensity on Male and Female Family Caregivers. *The journals of gerontology. Series B, Psychological sciences and social sciences*, *78*(6), 959–968. https://doi.org/10.1093/geronb/gbad022

12 Weber-Raley, Lisa. 2019. *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.* National Alliance for Caregiving; Caring Across Generations (Washington, DC).

Figure 12. Emotional Stress of Caregiving



Analytic Sample: Caregivers of Recipients Age 18+ (n = 6,549)

Note: *Results are rounded and don't know/refused responses are not shown; results may not add to 100 percent.*

Just over half of sandwich generation caregivers (52 percent) felt they had no choice in taking on caregiving compared to 57 percent of all other caregivers. Lack of choice in becoming a family caregiver can significantly affect a caregiver's well-being.

The group more often reports that it is difficult to care for their own health while caregiving; more than 26 percent cite this, compared to 20 percent of other caregivers.

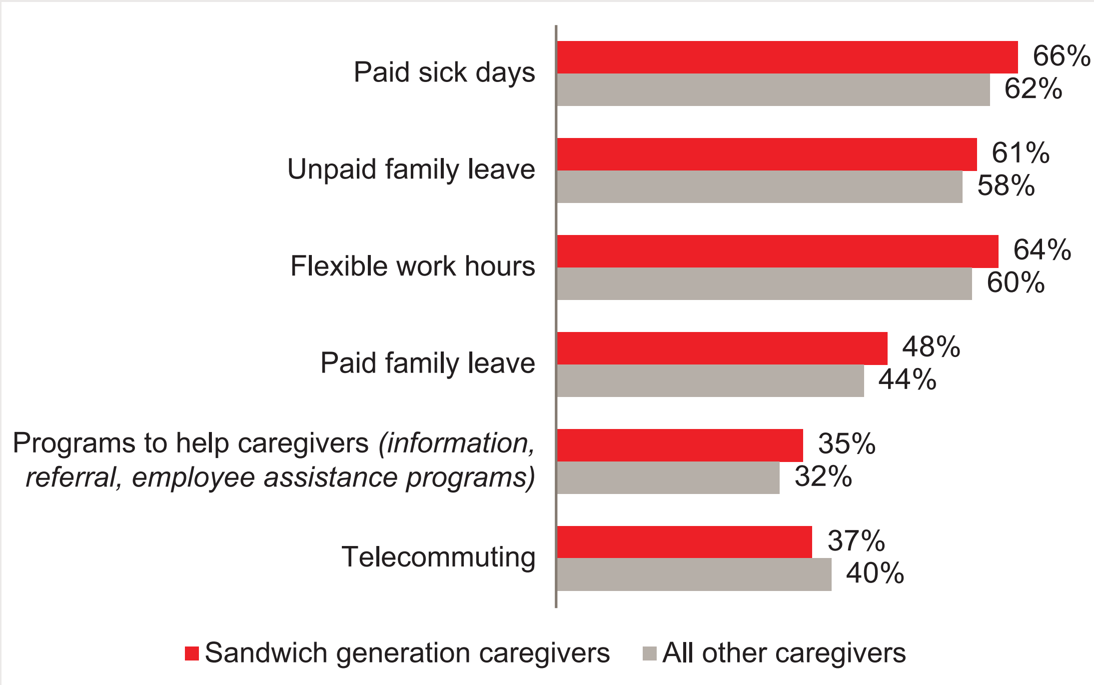
Only 16 percent of sandwich generation caregivers report that a health care provider has asked them what they need to care for themselves. This is consistent with all other caregivers and illustrates a significant missed opportunity for health care providers to connect caregivers with valuable support that could help reduce these stresses.

Sandwich generation caregiving and work

Sandwich generation caregivers are significantly more likely to be employed while caregiving: 69 percent compared to 56 percent of other caregivers. This higher prevalence may be because they are younger than all other caregivers and are still in their prime working years.

Employed sandwich generation caregivers report having access to an average of 3.1 workplace benefits that could support them in their caregiving roles, similar to other caregivers of adults. See figure 13 for details on access to specific workplace benefits for caregivers.

Figure 13. Workplace Benefits for Caregivers



Analytic Sample: Working and Not Self-Employed Caregivers of Recipients Age 18+ (*n* = 3,409)

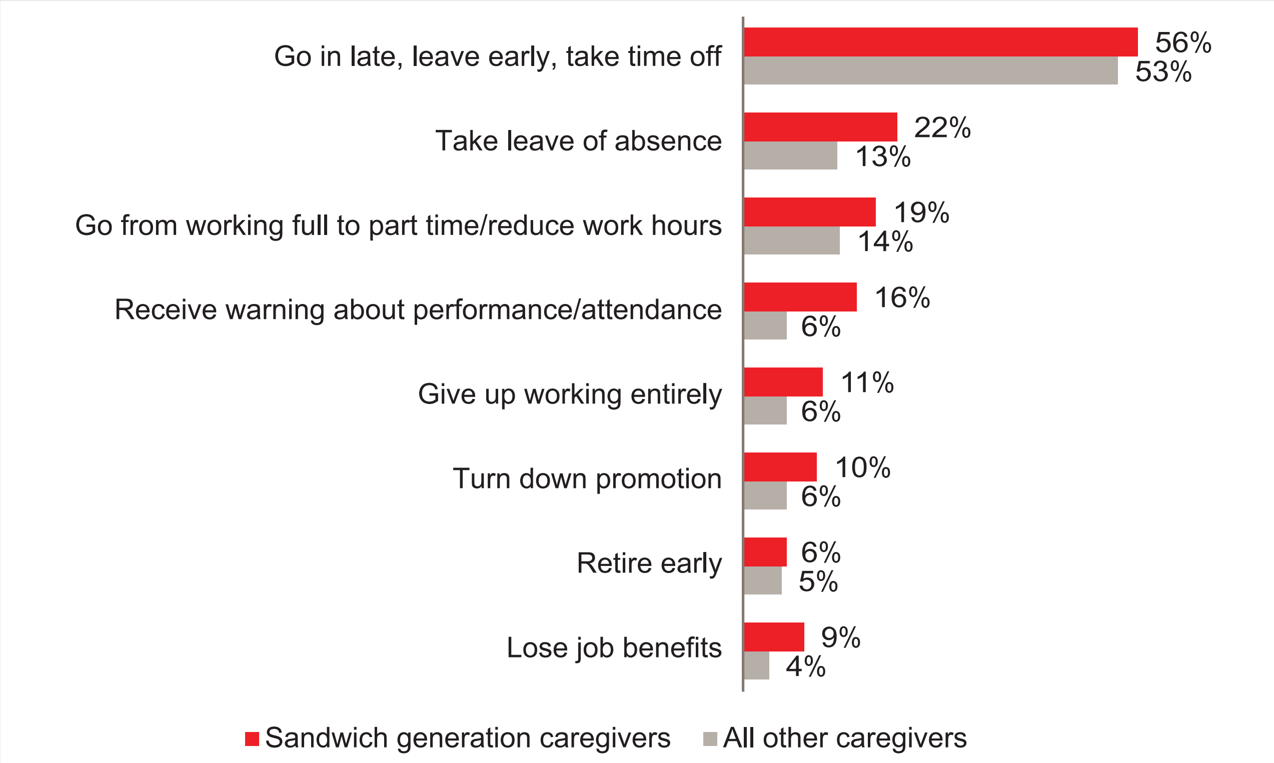
Note: *Respondents may select more than one response; results add to greater than 100 percent.*

Working sandwich generation caregivers in hourly employment, however, report significantly fewer supportive benefits on average than salaried caregivers (2.6 for hourly as compared to 3.9 for salaried workers). Of working sandwich generation caregivers, more than 54 percent are paid hourly, and 38 percent are salaried.

Despite the availability of supportive benefits in the workplace, almost 7 in 10 working sandwich generation caregivers (67 percent) report experiencing at least one work disruption due to caregiving, comparable to all other working caregivers (62 percent). As figure 14 shows, the most prevalent work disruption reported by sandwich generation caregivers, and all other caregivers, was going in to work late, leaving early or taking time off work.

> ***"Many of us cannot work because we are full-time caregivers. There are many people who are in their 50s like me, who struggle with being able to work a job. Like me, they are often taking care of an aging parent as well as dependent children... We need more support, as there are millions of us."***
>
> — Takesha, New Jersey, sandwich generation caregiver to her mother

Figure 14. Work Impacts as a Result of Caregiving



Analytic Sample: Working and Not Self-Employed Caregivers of Recipients Age 18+ (*n* = 3,409)

Note: *Respondents may select more than one response; results add to greater than 100 percent.*

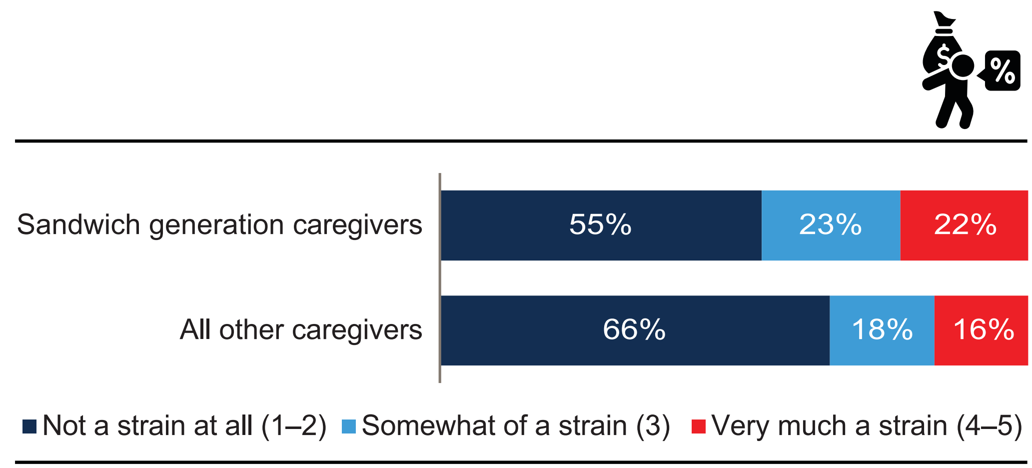
The financial impacts of sandwich caregiving

As figure 15 shows, just over one in five sandwich generation caregivers (22 percent) experience high financial strain due to caregiving, significantly more than all other caregivers (16 percent). Sandwich generation caregivers are at a 60 percent higher risk of high financial strain compared to non-sandwich generation caregivers. The *Caregiving in the US* survey asks caregivers about financial strain and impacts due to caregiving; however, the impact of all other household expenses is likely to factor into a caregiver's assessment of financial strain. Sandwich generation caregivers shoulder childcare costs in addition to any out-of-pocket care costs for their care recipients. *ChildCare Aware's* survey of childcare prices in the United States estimates that the average annual price of care was $13,184 per child in 2025.[13]

> ***"In our society, we don't plan for the life of being a caregiver. We're just dropped into it, and especially with the economy now, people are already struggling outside of being a caregiver. It's a strain, and it's a financial strain that can really bankrupt people."***
>
> Wendy, Connecticut, sandwich generation caregiver to her mother

13 Child Care Aware of America, Child Care in America: 2025 Price & Supply. 2026. https://info.childcareaware.org/price-and-supply-2025

Figure 15. Financial Strain of Caregiving



Analytic Sample: Caregivers of Recipients Age 18+ (*n* = 6,549)

Note: *Results are rounded and don't know/refused responses are not shown; results may not add to 100 percent.*

Over half of sandwich generation caregivers report experiencing at least one negative financial impact, significantly more than other caregivers (56 percent compared to 44 percent). On average, they report experiencing 2.4 negative financial impacts, which is significantly higher than the 1.6 impacts of all other caregivers (see table 1).

Much of this higher risk is due to the relative younger age of sandwich generation caregivers compared to all other caregivers. Younger caregivers may have fewer financial resources accumulated that would equip them to weather financial shocks due to caregiving.

Table 1. Negative Financial Impacts as a Result of Caregiving

Negative Impact	Not a Sandwich Generation Caregiver	Sandwich Generation Caregiver
Stop saving	29%	38%
Use up personal short-term savings	22%	30%
Use up long-term savings, such as retirement or education, to pay for other things	12%	15%
Take on more debt	19%	30%
Borrow money from family or friends	13%	25%
Miss or is late paying student loan	4%	10%
File for bankruptcy	2%	4%
Leave bills unpaid or pay late	16%	28%
Is unable to afford basic expenses such as food	12%	20%
Has to start working, work more or find a second job	9%	17%
Delay retirement or decide to never retire	8%	10%
Move to a less expensive home, apartment, or other living arrangement	7%	10%
Is evicted or experiences foreclosure	2%	5%

Promising policy and practice to support sandwich generation caregivers

Sandwich generation caregivers shoulder some of the most demanding caregiving responsibilities: providing high-intensity care that involves managing complex care tasks, including mobility tasks and medical and nursing tasks. At the same time, they are more likely than other caregivers to balance caregiving with paid employment, creating significant challenges in managing work, family, and care responsibilities. In addition to covering any out-of-pocket care costs, many sandwich generation caregivers also bear the expenses of raising children, placing them under considerable financial strain. These unique pressures underscore the need for targeted policies and practices that better support these caregivers across health care systems, in the workplace, and in their communities.

Support sandwich generation caregivers and their care recipients at key touchpoints in health care settings.

Health care professionals should routinely identify family caregivers and assess their health-related needs. Sandwich generation caregivers report high stress and financial strain and often put off their own care, yet few are asked about it. A brief caregiver health risk assessment can flag unmet needs and connect caregivers to services, including training on the care tasks they perform.

Sandwich generation caregivers are far more likely to provide high-intensity care and help with complex medical and nursing tasks, which can be difficult without adequate training. The introduction of Caregiver Training Services (CTS) billing codes in the Medicare Physician Fee Schedule is one solution to ensure that caregivers receive training from health care professionals in care tasks that help keep Medicare beneficiaries safe in their homes and communities. Expanding the reach and adoption of CTS is critical to the effectiveness of this policy solution. Allowing training to be delivered via telehealth has brought CTS to more caregivers, but greater capacity could be achieved by extending billing eligibility to other health care professionals already offering caregivers direct support. Expanding solutions to incentivize training for caregivers of all ages in health care settings would benefit sandwich generation caregivers who more often care for those under age 65, the age of Medicare eligibility.

Just under half of sandwich generation caregivers report that their care recipient was hospitalized at least once in the past year, and just over a third of those caregivers felt included in care plans or discharge instructions for their care recipient. Forty-five states, the District of Columbia, Puerto Rico, and the US Virgin Islands have enacted some version of the Caregiver Advise, Record, and Enable (CARE) Act, which supports family caregivers when their care recipients are hospitalized and as they transition home. Although these laws vary by state, they generally require hospitals to document a patient-designated family caregiver, notify caregivers before discharge, and prepare them to perform any needed medical or nursing tasks at home, including medication management, injections, and wound care. Ensuring that hospital providers and caregivers are aware of local CARE Act requirements is critical to ensuring these laws provide caregivers with effective support.

Help working caregivers balance work and caregiving responsibilities.

Paid leave policies can help sandwich generation caregivers balance work and care responsibilities and remain attached to the workforce. Although there is no federally mandated paid leave for caregivers, 14 states and the District of Columbia have paid family and medical leave laws that allow workers to take time off to care for themselves or a family member. These laws should cover family and affinity, non-family but close, relationships that are inclusive of all caregiving relationships. Currently, 18 states and the District of Columbia have enacted paid sick leave laws, and three more states cover sick leave under general paid time off laws.

The proposed federal More Paid Leave for More Americans Act would incentivize paid family and medical leave by encouraging states to establish or enhance paid leave programs and coordinate paid family leave laws across states. This proposal seeks to make it easier for employers to navigate the varied state policies to support caregiving employees and relieve working caregivers from administrative burden when accessing paid leave benefits.

Help sandwich generation caregivers maintain their financial security.

Tax credits and grants can help offset the significant out-of-pocket costs sandwich generation caregivers shoulder for services and supports such as home care, respite care, assistive technology, durable medical equipment, and home modifications. States have flexibility in designing caregiver tax credits, including setting income eligibility limits, targeting specific caregiving populations, determining benefit levels, and capping annual expenditures. Tax credits reduce a caregiver's tax liability, whereas grants provide direct reimbursement and can be used in states with no income tax.

Oklahoma, Nebraska, and Connecticut have recently enacted caregiver tax credits to help offset the out-of-pocket costs of family caregiving. Nebraska's credit provides a nonrefundable tax credit of up to $2,000 annually, or up to $3,000 for those caring for a veteran or a person with dementia, to reimburse up to half of eligible caregiving expenses. Eligible caregivers include those caring for someone who needs assistance with at least two ADLs, regardless of the care recipient's age. Connecticut's Caregiver Tax Credit closely mirrors the Nebraska model but caps the credit at $2,000.

Oklahoma became the first state to pass legislation creating a comprehensive caregiver tax credit in 2023. In 2026, the state updated the law to expand eligibility to caregivers of those of any age needing help with at least two ADLs, increase the income guidelines for caregiver eligibility, and include mileage and transportation as reimbursable expenses. The new law also increased the maximum credit to $3,000 annually for all eligible caregivers. All three state tax credits include annual state expenditure caps.

State successes implementing caregiving tax credits and grants have encouraged the push for a federal tax credit to allow eligible caregivers nationwide to claim a credit for a portion of qualified caregiving expenses. The Credit for Caring Act would provide a tax credit offsetting 30 percent of eligible, out-of-pocket care expenses over $2,000 up to a maximum credit amount of $5,000. The credit would phase out for higher-income individuals and include safeguards to prevent overlap with other federal tax benefits. Unlike the existing child and dependent care credit, this tax credit would support caregivers of nondependents and those who do not live with their care recipient.

Health savings accounts, flexible spending accounts, health reimbursement accounts, and legacy Archer medical savings accounts allow account holders to pay the medical expenses of a spouse or dependent using pretax savings. The proposed Lowering Costs for Caregivers Act would allow caregivers to use these health savings and flexible spending accounts to cover the qualified medical expenses of parents and parents-in-law, regardless of whether they qualify as dependents under tax law. The extension of these pretax savings vehicles could be especially helpful for sandwich generation caregivers who are more often caring for parents and parents-in-law than all other caregivers.

Conclusion

Sandwich generation caregivers—now numbering 17 million and representing 29 percent of all caregivers of adults—occupy a uniquely demanding position, simultaneously raising children under 18 and providing complex, high-intensity care to an adult with a disability or chronic condition. This report's findings show that although these caregivers devote a similar number of hours to caregiving as all other caregivers, they shoulder a heavier load within those hours: more help with ADLs and IADLs, more frequent involvement in medical and nursing tasks, and they are more often providing high-intensity caregiving than all other caregivers.

That intensity carries real costs. Sandwich generation caregivers report greater physical strain and more difficulty attending to their own health, and they are significantly more likely to experience work disruptions and financial strain than caregivers without children at home. Financially, they face a 60 percent higher risk of high financial strain, with more than half reporting at least one negative financial impact—from depleted savings to unpaid bills—compounding the everyday costs of raising children alongside caregiving.

These findings point to a clear need for coordinated support across the systems that touch caregivers' lives. The policy and practice considerations outlined here address that need on three fronts: strengthening support and training within health care settings so providers can better recognize and respond to caregivers' needs; expanding workplace benefits that help working caregivers stay employed without sacrificing their financial security; and building financial supports that ease the compounding economic pressures sandwich generation caregivers face. Many caregiver policies focus on elder care, and most childcare policies focus on parenting; however, expanding the lens to the continuum of care across the lifespan can result in more effective solutions for all caregivers. Taken together, these measures offer a path toward better supporting the millions of Americans who balance the needs of both their children and those they care for.

Appendix

Table A1. Demographic Summary of Sandwich Generation Caregivers of Adults

	Demographic	Sandwich Generation Caregivers	All Other Caregivers
Caregiver Gender	Male	35%	40%
	Female	65%	60%
Age of Caregiver	18–24	9%↑	6%
	25–34	16%↑	9%
	35–49	49%↑	17%
	50–64	22%↓	38%
	65+	4%↓	30%
	Mean age	42↓	55
	Median	41↓	57
Race/Ethnicity of Caregiver	Non-Hispanic white	48%	66%
	African American/Black	16%↑	11%
	Hispanic/Latino	24%↑	13%
	Asian American/Native Hawaiian/Pacific Islander	6%	4%
	American Indian, Alaska Native, or multiracial	6%	5%
Caregiver Education	Less than high school	12%	8%
	High school graduate	26%	25%
	Some college or associate's degree	31%	33%
	Bachelor's degree	16%	19%
	Master's degree or above	15%	16%
Caregiver Marital Status	Married/partnered	55%	52%
	Widowed	2%↓	5%
	Separated	3%	1%
	Divorced	7%↓	11%
	Single, never married	28%	26%
Caregiver Household Income *(unadjusted)*	**Less than $50,000** ***(net)***	31%	28%
	Less than $10,000	7%↑	4%
	$10,000–$24,999	8%	8%
	$25,000–$49,999	16%	16%
	$50,000 or more ***(net)***	69%	72%
	$50,000–$74,999	17%	18%
	$75,000–$99,999	12%	13%
	$100,000+	40%	41%
Caregiver Distance From Care Recipient	In your household	38%	41%
	Within 20 minutes of your home	39%	34%
	20 minutes to 1 hour from your home	14%	13%
	1+ hours from your home	9%	12%

	Demographic	Sandwich Generation Caregivers	All Other Caregivers
Caregiver Location	**Not rural *(net)***	**80**%	**79**%
	Urban	39%	34%
	Suburban	41%	45%
	Rural	20%	21%
Caregiver Employment Status	Employed in past year while caregiving	69%↑	56%
	Not employed	30%	44%
Caregiver Student Status	Yes	14%↑	7%
	No	86%	93%
Caregiver Disability Status	Yes	15%	19%
	No	84%	81%
Caregiver Has Health Insurance	Yes	87%	90%
	No	13%	10%
Caregiver Source of Health Insurance	Employer-sponsored	48%	43%
	Medicare	8%↓	27%
	Medicaid	21%↑	8%
	Direct purchase	5%	6%
	Military/veterans	2%	3%
Caregiver Service in Armed Forces	Served on active duty	7%	8%
	Did not ever serve	93%	91%
Caregiver LGBTQ+ Status	Yes	8%	10%
	No	87%	87%
Care Recipient Location	Urban/suburban	63%	69%
	Rural	37%	31%
Care Recipient Service In Armed Forces	Served on active duty	11%	12%
	Did not ever serve	87%	86%
	Observations	**6,549**	

Note: ↑↓ *Result is significantly higher or lower than for all other caregivers.*

AARP and National Alliance for Caregiving.
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