BOSTON COLLEGE
School of Social Work

Balancing Acts:

Older Caregivers in the Workforce Amidst COVID-19 Challenges

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Executive Summary

The COVID-19 pandemic has significantly altered the landscape for older workers, prompting a need for updated workplace and policy responses that address the challenges faced by this demographic, particularly those most marginalized. Unpaid caregiving, especially in later adulthood, poses distinct challenges. Older workers who are caregivers often struggle with balancing work and family care, especially in hourly, low-wage jobs with limited benefits. This can lead to financial consequences like reduced earnings and loss of benefits. The pandemic has further destabilized these already fragile care arrangements.

Purpose of the Report

This report aims to explore the characteristics of working caregivers compared to their non-caregiving counterparts and to enhance understanding of the impact of caregiving responsibilities on financial well-being and health, job disruption, and employment experiences among older workers in the wake of the COVID-19 pandemic.

Survey Data and Analysis

The analysis employs data from the 2018 and 2020 Health and Retirement Study (HRS) core and the 2018 HRS family data; and the 2021 HRS Perspectives on the Pandemic mail-in survey (i.e., the COVID supplement) to look at the characteristics and experiences of working caregivers age 50+ both pre-COVID (2018 data), and during and after COVID (2020 data and 2021 COVID supplement data). Descriptive, bivariate and inferential analyses are used to compare various groups.

Caregiving Types

Section 1 of this report examines four types of caregiving: 1) spousal/partner care, 2) parental care, 3) grandchild care, and 4) financial support to children and parents. Definitions include having a spouse or partner in need of assistance with (instrumental) activities of daily living, providing significant personal care or help with errands for parents or parents-in-law, extensive childcare for grandchildren, and substantial financial transfers to family members, respectively. In section 2, the analysis focuses on spousal caregiving using the same definition above and we also look at those who reported a job disruption during the pandemic due to care responsibilities.

Topline Findings

Pre-Pandemic Demographic and Health Characteristics:

- Spousal caregivers in this analysis are often part-time workers, older, and less

educated. They tend to face financial and health challenges. Their partners may be facing a variety of physical and emotional challenges.

- Parental caregivers are predominantly female and slightly better off financially, but report higher depressive symptoms. They are more likely to be working part-time.
- Grandchild caregivers are more frequently female, typically with higher incomes and education levels, however, they are more likely to confront health challenges.
- Financial supporters of children, tend to have higher incomes and better health and are more likely to be married or partnered.
- Among those financially supporting parents, there is an overrepresentation of Hispanic, Black and foreign-born individuals and of workers in both the lower- and upper-income brackets.
- Further, caregivers often face multiple caregiving responsibilities simultaneously.

Impact of COVID-19 on Financial and Health Outcomes:

- Spousal caregivers have higher odds of financial difficulty (1.65 times) and health problems due to missed or delayed care (1.87 times). These odds increase for those who stopped working due to caregiving (2.69 times for financial difficulty, 3.29 times for health problems).

Job Disruption and Changes in Work Experience:

- Caregivers are not significantly more likely to be laid off or terminated but have higher odds of quitting their jobs (2.01 times for spousal caregivers, 24.23 times for those who stopped working due to care responsibilities).

- Retirement likelihood is lower for spousal caregivers (0.44 times) but higher for those who stopped working due to care responsibilities (3.27 times).

- Caregivers experience increased job stress, with spousal caregivers having 1.52 times higher odds and those who stopped working facing even higher odds (2.54 times).

- They also report increased job dangers, interference with personal responsibilities, job worries, and decreased job enjoyment.

The findings highlight the nuanced narrative that has emerged before, during and after the pandemic that speaks volumes about the resilience and struggles of caregivers. It underscores a crucial need for supportive measures in the workplace and society to better protect and empower those who selflessly care for others, often at the cost of their own well-being and career trajectories.

Introduction and Methodology

Introduction and Background

Unpaid caregiving—sometimes referred to as informal caregiving or family caregiving—plays a very important role in constrained choices across the lifespan. Growing numbers of older adults are providing various forms of unpaid care, yet the wide spectrum of different types of caregiving and the intensity of some forms of caregiving for workers, even under the most privileged of circumstances, are often underestimated.[1]

Caregiving can include caring for young children or grandchildren, caring for young or midlife adults who are ill or disabled, or caring for older adults who are ill or disabled or who need help with activities of daily living due to age-related declines. It can also include financial assistance to others, such as monetary transfers to kin and taking on their children's student loan debt.

Those providing unpaid family care often struggle to manage demands from work and other life roles while simultaneously confronting their own age-related changes—often with inadequate support from healthcare and social service systems. Asking for accommodations or flexibility due to care responsibilities of a loved one is a constrained choice for some aging workers, especially those who work hourly, low-wage jobs that provide minimal benefits.[2] Lahaie, Earle, and Heymann found that for women and first-generation immigrants, providing eldercare may result in early retirement and involuntarily reduction of work hours to meet the demands of caregiving. Moreover, Hispanic and first-generation immigrant older caregivers had less access to paid leave, less schedule flexibility, and faced an unsupportive work culture.[3] Those forced into reducing their hours or permanently exiting the workplace due to care responsibilities are at greater risk of poverty in later life, due to reduced earnings, lower Social Security benefits, and loss of employer-sponsored health insurance.[4]

The Pandemic's Effect on Older Adults and Caregivers

The COVID-19 pandemic significantly impacted older adults and their unpaid caregivers, exacerbating challenges in obtaining basic necessities, healthcare, and managing social isolation and loneliness. This stress was acutely felt by caregivers, often family or friends, who struggled to balance the health and well-being of older adults with their own needs. These challenges were further intensified by the need to adapt to new technologies for health care access and a lack of adequate support from healthcare and social service systems.

Methodology

Data Source and Survey Methodology

This study uses data from the Health and Retirement Study (HRS) core (2018, 2020); the HRS family data (2018); and the 2021 HRS Perspectives on the Pandemic mail-in survey (i.e., the COVID supplement). The HRS is a nationally representative, longitudinal survey of the United States population aged 50 and older. It oversamples those who identify as Hispanic or Black, is offered to respondents in English or Spanish, and has been conducted biennially since 1992. The family data

is derived from HRS other person files and includes the characteristics of spouses and children of HRS respondents. Here, we used respondent-level observations with summary variables about the respondent's children. Several of our caregiving indicators were drawn from the family files, for which data was only available in 2018. The 2021 HRS Perspectives on the Pandemic mail-in survey is a supplement to the HRS that provides data particularly useful to this study because it documents COVID-19 exposures, experiences, and stressors, as well as employment disruption and financial setbacks for respondents.

In terms of timing, 2018 data is pre-COVID, 2020 data is during COVID (Mar 2020 - May 2021) and COVID Supplement data (collected between May 2021 to June 2022) ask questions about experiences before, during and after COVID.

For the purposes of this analysis, only respondents ages 50 and older at the time of the first data point were included. This criterion excluded a small number of spouses. We use the RAND version of the HRS core and family data, which includes cleaned, processed and imputed variables for many of the more complex variables (e.g., financial variables, see the Appendix for detailed measures information). All analyses use unweighted data.

Section 1: Who are the Working Caregivers?

In section 1, we look at the sociodemographic, employment and care characteristics of each of the 4 types of caregivers compared to their non-caregiving counterparts, pre-COVID (2018). 4 different types of caregiving are examined: caregiving for a spouse or partner, caregiving for parents, grandchild care, and financial transfers to children and parents. We define these types as follows:

- An individual is considered a ***spousal caregiver*** if their spouse or partner needs assistance with one or more Activities of Daily Living (ADL's) or Instrumental Activities of Daily Living (IADL's).
- ***Care for parents and parents-in-law*** is defined as providing 100 or more hours of help with personal care or errands in the last two years. The data for this type of caregiving is restricted to only include those who are married or partnered.
- ***Grandchild care*** is identified when individuals are reported (by their children) to have provided 100 or more hours of childcare for grandchildren or great-grandchildren.
- Financial support is also a key aspect of caregiving; this includes ***financial transfers of $500 or more over two years to either children or parents and parents-in-law.***

Section 2: How has the Pandemic Affected Working Caregivers?

In section two, we limit the focus to those who were employed in March 2020, when the pandemic began, and who completed the COVID supplement mail-in survey questions related to pre-COVID-19 work and post-COVID-19 job disruptions and financial precarity and who had valid data on all relevant control measures. Due to limitations in data availability for 2020, in this section we focus on spousal caregiving using the same definition above and we also look at those who reported that that they had to stop working during the pandemic due to care responsibilities, but we are not able to distinguish the type.

See Appendix for a full list of variables, how they were measured, and the data source.

Section 1: Who Are the Working Caregivers?

This section focuses on pre-COVID data from 2018 to explore the sociodemographic, employment and care characteristics of each of the 4 types of caregivers compared to their non-working and non-caregiving counterparts.

Spousal Caregiving

In Table 1, the demographic and health characteristics of working spousal caregivers are compared to those of workers who are also married or partnered but do not have spousal care responsibilities. Analyses reveal significant differences across these groups in terms of demographic characteristics and health outcomes, suggesting distinct profiles based on caregiving status. Specifically:

- There is a relatively balanced ratio of males to females across workers who are caring for spouse or partners and those who are not.
- Hispanic and Black workers are over represented among working spousal caregivers compared to workers that do not have care responsibilities; there is little difference in terms of nativity, however.
- Spousal caregivers are over represented at the lower income levels, have slightly less education, and are slightly older than their non-caregiver counterparts.
- Interestingly, spousal caregivers report being in better overall health than those workers not providing care, yet they endorse more depressive symptoms.

Table 1. Demographic and Health Characteristics of Older Workers by Spousal Caregiver Status

	Spousal Caregivers (n=534) %/M	No Spousal Care (n=3,308) %/M	Statistical Significance
DEMOGRAPHIC CHARACTERISTICS			
Gender			N.S.
Female	45.05%	44.87%	
Male	54.95%	55.13%	
Race/ethnicity			**
Non-Hispanic white	50.56%	58.92%	
Hispanic	23.03%	18.20%	
Non-Hispanic Black	20.04%	16.63%	
Non-Hispanic Other	6.37%	6.26%	
Nativity			N.S.
Foreign-born	21.12%	20.16%	
Native-born	78.88%	79.84%	
Household poverty threshold			***
under poverty threshold	8.97%	5.43%	
1-1.9X poverty threshold	16.07%	7.91%	
2-2.9X poverty threshold	19.07%	9.99%	
3-4.9X poverty threshold	25.23%	21.09%	
5-9.9X poverty threshold	22.43%	33.10%	
10x or more poverty threshold	8.22%	22.48%	
Years of Education	12.55	13.66	***
Age	61.47	60.64	**
Self-Reported Health (range 1-5)	2.84	2.53	***
Depressive Symptoms (range 0-8)	1.30	0.89	***

Statistical differences are evaluated using chi-square tests for dichotomous and categorical measures, and t-tests for continuous measures; *p<.05; **p<.01; p<.001. N.S.=Not significant. N=number of respondents in analysis. Note: Sample is limited to those respondents who are married or partnered.

Table 2 compares employment characteristics and care characteristics for working spousal caregivers and workers without such responsibilities.

In terms of employment characteristics, working spousal caregivers are more likely to be working part-time than those workers who do not have spousal care responsibilities.

The care characteristics reported here provide a window into the types of care needs that spousal caregivers are facing. Care characteristics are reported by respondents' spouses or partners.

- The partners of working spousal caregivers are more likely to be in fair or poor health, have multiple hospitalizations, and suffer from various illnesses like depression, cancer, lung disease, strokes, psychiatric problems, Alzheimer's, and dementia, relative to their counterparts' partners.
- On average, spouses had difficulty performing 1.32 Activities of Daily Living (ADL, i.e., bathing, eating, dressing, walking across a room, and getting in or out of bed) and 1.08 Instrumental Activities of Daily Living (IADL; i.e., using a telephone, taking medication, handling money, shopping, preparing meals).
- Further, almost one-quarter reported receiving 50 or more hours of help from various sources (paid or unpaid) in the last month.

Table 2. Employment and Care Characteristics of Older Workers by Spousal Caregiver Status

	Spousal Caregivers (n=534) %/M	No Spousal Care (n=3,308) %/M	Statistical Significance
EMPLOYMENT CHARACTERISTICS			**
Labor force status			
Working full-time	65.05%	70.94%	
Working part-time	34.95%	29.06%	
CARE CHARACTERISTICS (SPOUSE)			
In fair or poor health	62.55%	15.48%	***
3+ hospitalizations in past 2 years	8.90%	1.34%	***
Clinically depressed (CESD≥4)	36.24%	7.08%	***
Cancer	14.58%	10.54%	***
Lung Disease	15.01%	5.07%	**
Stroke	11.99%	2.87%	***
Psychiatric problem	34.95%	14.43%	***
Alzheimer's Disease	1.12%	0.12%	***
Dementia	3.44%	0.25%	***
No. of ADL limitations (range: 0-5)	1.32		
No. of IADL limitations (range: 0-5)	1.08		
Hours of help received last month			
0 hrs.	44.30%		
1-49hrs	31.40%		
50-99 hrs.	9.11%		
100-199 hrs.	8.14%		
200 or more hrs.	6.98%		

Statistical differences are evaluated using chi-square tests; *p<.05; **p<.01; p<.001. N=number of respondents in analysis. Note: Sample is limited to those respondents who are married or partnered.

To better understand the needs of working caregivers, it is important to explore the extent to which workers may have multiple caregiving responsibilities simultaneously or be less likely to provide certain types of care. Table 3 reports on the intersection of spousal caregiving and other forms of care.

- Respondents who had spousal caregiving responsibilities were not more likely to have parent care responsibilities or to be providing financial assistance to parents.
- Spousal caregivers were *less likely* to provide grandchild care and financial transfers to children.

Table 3. The Intersection of Spousal Caregiving and Other Forms of Caregiving among Older Workers

	Spousal Caregivers	No Spousal Care	Statistical Significance
Parental Care			N.S.
Yes	32.93%	35.83%	
No	67.07%	64.17%	
N	334	2,401	
Grandchild Care			*
Yes	16.71%	21.44%	
No	83.29%	78.56%	
N	359	1,866	
Financial Transfers to Children			***
Yes	33.87%	46.06%	
No	66.13%	53.94%	
N	496	3,087	
Financial Transfers to Parents			N.S.
Yes	23.05%	24.33%	
No	76.95%	75.67%	
N	334	2,400	

Statistical differences are evaluated using chi-square tests. *p<.05; **p<.01; p<.001. N.S.=Not significant. N=number of respondents in analysis. Note: Sample is limited to those respondents who are married or partnered.

Parental Caregiving

Next, we turn to the demographic and health characteristics of working parental caregivers compared to those who are working and do not have parental care responsibilities (see Table 4). Keep in mind that that care for parents and parents-in-law is defined here as providing 100 or more hours of help with personal care (i.e., help with basic personal needs, such as dressing, eating and bathing) or errands (i.e., help with things like household chores or transportation) in the last two years.

- Females were overrepresented among parental caregivers relative to their working counterparts who did not have such responsibilities.
- While there was no significant difference in ethno-racial composition between groups, foreign born individuals were underrepresented among parental caregivers.
- Parental caregivers are slightly underrepresented in lower income categories, appearing to be slightly better off financially than non-caregivers.
- Parental caregivers are slightly more educated and older than their counterparts that do not have parental care responsibilities.
- While health ratings are similar in both groups, parental caregivers report higher depressive symptoms, on average.

Table 4. Demographic and Health Characteristics of Older Workers by Parental Caregiver Status

	Parental Caregivers (n=1,402)	No Parental Care (n=2,545)	Statistical Significance
	%/M	%/M	
DEMOGRAPHIC CHARACTERISTICS			
Gender			**
Female	53.35%	48.84%	
Male	46.65%	51.16%	
Race/ethnicity			N.S.
Non-Hispanic white	53.25%	53.70%	
Hispanic	18.42%	20.34%	
Non-Hispanic Black	21.48%	18.61%	
Non-Hispanic Other	6.85%	7.36%	
Nativity			**
Foreign-born	18.54%	22.79%	
Native-born	81.46%	77.21%	
Household poverty threshold			*
under poverty threshold	6.14%	8.72%	
1-1.9X poverty threshold	9.21%	11.08%	
2-2.9X poverty threshold	12.56%	12.30%	
3-4.9X poverty threshold	22.77%	19.92%	
5-9.9X poverty threshold	30.76%	29.59%	
10x or more poverty threshold	18.56%	18.39%	
Marital Status			N.S.
Married/Partnered	75.50	77.55	
Sep/Div/Wid/Nev mar	24.50	22.45	
Years of Education	13.86	13.41	***
Age	58.71	58.13	***
Self-Reported Health (range 1-5)	2.57	2.57	N.S.
Depressive Symptoms (range 0-8)	1.22	1.04	**

Statistical differences are evaluated using chi-square tests for dichotomous and categorical measures, and t-tests for continuous measures; *p<.05; **p<.01; p<.001. N.S.=Not significant. N=number of respondents in analysis.

As can be seen in Table 5, working parental caregivers are more likely to be working part-time relative to workers not providing this type of care.

Almost 45% of parental caregivers are providing 500 hours or more of care to parents or parents in law in the prior 2 years. Respondents were categorized as parental caregivers for this study if they were providing 100 or more hours of care, so those in the no parental care group could be providing small amounts of care. However, we see here that only about 7% gave between 1 and 99 hours of care, with the large majority (93%) providing no care.

Table 5. Employment and Care Characteristics of Older Workers by Parental Caregiver Status

	Parental Caregivers (n=493)	No Parental Care (n=618)	Statistical Significance
EMPLOYMENT CHARACTERISTICS			
Labor force status			**
Working full-time	73.25%	77.45%	
Working part-time	26.75%	22.55%	
CARE CHARACTERISTICS			
No. of hrs. of care to parents			
No hours		93.36%	
1 to 99 hours		6.64	
100 to 499 hours	55.71%		
500 or more hours	44.29%		

Statistical differences are evaluated using chi-square tests. *p<.05; **p<.01; p<.001. N=number of respondents in analysis.

As can be seen in Table 6, working parental caregivers are more involved in grandchild care and financial transfers to children and parents relative to their working counterparts without parental care responsibility.

Table 6. The Intersection of Parental Caregiving and Other Forms of Caregiving among Older Workers

	Parental Caregivers	No Parental Care	Statistical Significance
Spousal Care			N.S.
Yes	11.35%	12.68%	
No	88.65%	87.32%	
N	969	1,766	
Grand Child Care			**
Yes	26.67%	20.68%	
No	73.33%	79.32%	
N	675	1,214	
Financial Transfers to Children			***
Yes	51.67%	43.32%	
No	48.33%	56.68%	
N	1,198	2,186	
Financial Transfers to Parents			***
Yes	33.17%	18.79%	
No	66.83%	81.21%	
N	1,402	2,554	

Statistical differences are evaluated using chi-square tests. *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

Grandchild Care

Next, the demographic and health characteristics of working grandchild caregivers are compared to those with no grandchild caregiving responsibilities (see Table 7).

- Female representation is significantly higher among grandchild caregivers.
- There are more Black and fewer Hispanic grandchild caregivers relative to workers who do not provide significant grandchild care and grandchild caregivers are less likely to be foreign-born.
- Those older workers providing grandchild care have slightly higher incomes, higher levels of education, and are younger compared to non-caregivers.
- They report slightly lower levels of health, but do not differ from their counterparts in terms of depressive symptoms.

Table 7. Demographic and Health Characteristics of Older Workers by Grandchild Caregiver Status

	Grandchild Caregivers (n=672)	No Grandchild Care (n=2,656)	Statistical Significance
	%/M	%/M	
DEMOGRAPHIC CHARACTERISTICS			
Gender			***
Female	61.16%	50.23%	
Male	38.84%	49.77%	
Race/ethnicity			***
Non-Hispanic white	52.68%	51.92%	
Hispanic	14.29%	20.91%	
Non-Hispanic Black	27.38%	23.17%	
Non-Hispanic Other	5.65%	3.99%	
Nativity			***
Foreign-born	12.20%	20.11%	
Native-born	87.80%	79.89%	
Household poverty threshold			*
under poverty threshold	8.18%	9.34%	
1-1.9X poverty threshold	11.16%	12.47%	
2-2.9X poverty threshold	12.80%	14.61%	
3-4.9X poverty threshold	23.66%	23.05%	
5-9.9X poverty threshold	28.87%	26.44%	
10x or more poverty threshold	15.33%	14.09%	
Marital status			N.S.
Married/Partnered	73.58%	71.21%	
Sep/Wid/Div/Never married	26.42%	28.79%	
Years of Education	13.48	12.86	***
Age	60.62	63.11	***
Self-Reported Health (range 1-5)	2.61	2.69	*
Depressive Symptoms (range 0-8)	1.16	1.16	N.S.

Statistical differences are evaluated using chi-square tests for dichotomous and categorical measures, and t-tests for continuous measures; *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

As can be seen in Table 8, there is no significant difference in full-time or part-time employment status between grandchild caregivers and those without such responsibilities. However, grandchild caregivers dedicate a significant amount of time to caring for grandchildren, highlighting their substantial caregiving role. We defined grandchild caregivers here as those who provide 100 or more hours of childcare for grandchildren or great-grandchildren. Over 60% of these caregivers have provided 200 or more hours. Among those who are not considered grandchild caregivers here, almost 8% provide between 1 and 99 hours of care and the remaining 92% do not provide any.

Table 8. Employment and Care Characteristics of Older Workers by Grandchild Caregiver Status

	Grandchild Caregivers (n=672)	No Grandchild Care (n=2,656)	Statistical Significance
EMPLOYMENT CHARACTERISTICS			
Labor force status			N.S.
Working full-time	66.37%	64.12%	
Working part-time	33.63%	35.88%	
CARE CHARACTERISTICS			
No. of Hrs. Caring for Grandchildren			
0 hrs.		92.24%	
1-49 hrs.		3.80%	
50-99 hrs.		3.95%	
100-199 hrs.	38.84%		
200 or more hrs.	61.16%		

Statistical differences are evaluated using chi-square tests. *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

Working grandchild caregivers are less likely to provide spousal care but more likely to provide parental care compared to those without grandchild caregiving responsibilities (see Table 9). They are also more likely to provide financial transfers to children, however, there's no significant difference in financial transfers to parents.

Table 9. The Intersection of Grandchild Caregiving and Other Forms of Caregiving among Older Workers

	Grandchild Caregivers	No Grandchild Care	Statistical Significance
Spousal Care			*
Yes	13.04%	16.94%	
No	86.96%	83.06%	
N	460	1,765	
Parental Care			**
Yes	41.76%	33.95%	
No	58.24%	66.05%	
N	431	1,458	
Financial Transfers to Children			***
Yes	47.89%	33.90%	
No	52.11%	66.10%	
N	664	2,640	
Financial Transfers to Parents			N.S.
Yes	21.11%	24.40%	
No	78.89%	75.60%	
N	431	1,455	

Statistical differences are evaluated using chi-square tests. *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

Financial Transfers to Children

Financial assistance to various family members represents an often ignored form of caregiving. Table 10 shows the demographic and health characteristics of those workers making financial transfers to children compared to workers who do not.

- This group is more likely to be white and less likely to be Hispanic or foreign-born.
- They are also more likely to be married or partnered, have higher income levels and education levels, and are slightly younger.
- They report better health and have similar levels of depressive symptoms compared to those workers not making financial transfers.

Table 10. Demographic and Health Characteristics of Older Workers by Whether they Provide Significant Financial Assistance to Children

	Financial Transfers to Children (n=2,331)	No Financial Transfers to Children (n=3,123)	Statistical Significance
	%/M	%/M	
DEMOGRAPHIC CHARACTERISTICS			
Gender			
Female	51.99%	54.43%	
Male	48.01%	45.57%	
Race/ethnicity			***
Non-Hispanic white	56.74%	49.87%	
Hispanic	12.70%	23.35%	
Non-Hispanic Black	23.78%	21.81%	
Non-Hispanic Other	6.78%	4.97%	
Nativity			***
Foreign-born	17.12%	21.78%	
Native-born	82.88%	78.22%	
Household poverty threshold			***
under poverty threshold	5.24%	10.31%	
1-1.9X poverty threshold	8.15%	14.13%	
2-2.9X poverty threshold	10.60%	16.02%	
3-4.9X poverty threshold	19.91%	23.80%	
5-9.9X poverty threshold	33.35%	24.66%	
10x or more poverty threshold	22.75%	11.08%	
Marital status			***
Married/Partnered	73.29%	68.78%	
Sep/Wid/Div/Never married	26.71%	31.22%	
Years of Education	14.10	12.79	***
Age	60.54	61.63	***
Self-Reported Health (range 1-5)	2.52	2.70	***
Depressive Symptoms (range 0-8)	1.12	1.15	N.S.

Statistical differences are evaluated using chi-square tests for dichotomous and categorical measures, and t-tests for continuous measures; *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

As can be seen in Table 11, those making financial transfers to children are more likely to be working full-time. The table also shows the substantial amounts transferred to children, indicating a significant financial commitment. Over 30% of these workers have transferred $10,000 or more to their children over the past 2 years.

Table 11. Employment and Care Characteristics of Older Workers by Whether they Provide Significant Financial Assistance to Children

	Financial Transfers to Children (n=2,331)	No Financial Transfers to Children (n=3,123)	Statistical Significance
EMPLOYMENT CHARACTERISTICS			
Labor force status			
Working full-time	72.07%	64.36%	***
Working part-time	27.93%	35.64%	
CARE CHARACTERISTICS			
Amount transferred to children			
$500-$1,999	26.64%		
$2,000-$9,999	42.69%		
$10,000 or more	30.67%		

Statistical difference is evaluated using a chi-square test; *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

Those making financial transfers to children are less likely to provide spousal care but more likely to be involved in parental and grandchild care, as well as in financial transfers to parents (see Table 12).

Table 12. The Intersection of Financial Transfers to Children and Other Forms of Caregiving among Older Workers

	Financial Transfers to Children	No Financial Transfers to Children	Statistical Significance
Spousal Care			***
Yes	10.65%	16.45%	
No	89.35%	83.55%	
N	1,596	2,000	
Parental Care			***
Yes	39.53%	31.85%	
No	60.47%	68.15%	
N	1,566	1,818	
Grand Child Care			***
Yes	26.17%	16.44%	
No	73.83%	83.56%	
N	1,219	2,111	
Financial Transfers to Parents			***
Yes	27.69%	20.25%	
No	72.31%	79.75%	
N	1,564	1,817	

Statistical differences are evaluated using chi-square tests; *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

Financial Transfers to Parents

Finally, we look to financial transfers to parents or parents in law (Table 13).

- There is a larger proportion of males among those workers making financial transfers to parents relative to those that are not.
- Those making financial transfers to parents are less likely to be white and more likely to be Hispanic, Black, or foreign-born.
- They are also more represented in both the lower and the upper income categories compared to those who do not make financial transfers to parents.
- Education is, on average, lower, and health better, but depressive symptoms slightly higher for those who making financial transfers to parents compare to their working counterparts who are not.

Table 13. Demographic and Health Characteristics of Older Workers by Whether they Provide Significant Financial Assistance to Parents

	Financial Transfers to Parents (n=945)	No Financial Transfers to Parents (n=3,012)	Statistical Significance
	%/M	%/M	
DEMOGRAPHIC CHARACTERISTICS			
Gender			*
Female	47.41%	51.29%	
Male	52.59%	48.71%	
Race/ethnicity			***
Non-Hispanic white	34.00%	59.62%	
Hispanic	32.47%	15.62%	
Non-Hispanic Black	26.27%	17.65%	
Non-Hispanic Other	7.31%	7.11%	
Nativity			***
Foreign-born	39.37%	15.64%	
Native-born	60.63%	84.36%	
Household poverty threshold			**
under poverty threshold	8.89%	7.57%	
1-1.9X poverty threshold	11.96%	10.00%	
2-2.9X poverty threshold	13.44%	12.02%	
3-4.9X poverty threshold	19.05%	21.49%	
5-9.9X poverty threshold	26.03%	31.19%	
10x or more poverty threshold	20.63%	17.73%	
Marital status			
Married/Partnered	76.59%	76.95%	
Sep/Wid/Div/Never married	23.41%	23.05%	
Years of Education	13.15	13.71	***
Age	58.13	58.39	N.S.
Self-Reported Health (range 1-5)	2.65	2.55	**
Depressive Symptoms (range 0-8)	1.21	1.08	*

Statistical differences are evaluated using chi-square tests for dichotomous and categorical measures, and t-tests for continuous measures; *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

As can be seen in Table 14, there is no significant difference in employment status between those who make financial transfers to parents and those who do not. The amounts transferred to parents or parents-in-law are lower in amount, generally than those made to children with almost 90% of all transfers to parents being between $500 and $9,999.

Table 14. Employment and Care Characteristics of Older Workers by Whether they Provide Significant Financial Assistance to Parents

	Financial Transfers to Parents (n=940)	No Financial Transfers to Parents (n=3,000)	Statistical Significance
EMPLOYMENT CHARACTERISTICS			N.S.
Labor force status			
Working full-time	77.98%	75.37%	
Working part-time	22.02%	24.63%	
CARE CHARACTERISTICS			
Amount transferred to parents or parents in law			
$500-$1,999	45.32%		
$2,000-$9,999	44.15%		
$10,000 or more	10.53%		

Statistical difference is evaluated using a chi-square test; *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

Those making financial transfers to parents are more likely to provide parental care and to make financial transfers to children. There are no significant differences in spousal or grandchild care across groups.

Table 15. The Intersection of Financial Transfers to Parents and Other Forms of Caregiving among Older Workers

	Financial Transfers to Parents	No Financial Transfers to Parents	Statistical Significance
Spousal Care			N.S.
Yes	11.65%	102.40%	
No	88.35%	87.60%	
n	661	2,073	
Parental Care			***
Yes	49.21%	31.12%	
No	50.79%	68.88%	
n	945	3,011	
Grand Child Care			N.S.
Yes	20.40%	23.61%	
No	79.60%	76.39%	
n	446	1,440	
Financial Transfers to Children			***
Yes	54.06%	43.84%	
No	45.94%	56.16%	
N	801	2,580	

Statistical difference is evaluated using a chi-square test; *p<.05; **p<.01; p<.001. N.S.=Not significant. N= number of respondents in analysis.

Section 2: How has the Pandemic Affected Working Caregivers?

Now, in section 2, we turn to focus on those who reported that they were working prior to the start of the COVID-19 pandemic (i.e., in March of 2020) to look at how experiences during and after the COVID-19 pandemic affected a variety of job and health outcomes using the HRS COVID-19 supplement data. We were able to merge data from the 2020 HRS to identify caregiver status, but since RAND HRS family data is not available for 2020, we limit our focus here to spousal caregiving, which was available in the 2020 core HRS data. In addition, however, we were able to look at those who reported a job disruption of at least 2 weeks during the pandemic due to caregiving responsibilities.

The COVID supplement represents a subsample of 11,000 HRS respondents. After restricting our sample to those age 50 or older who were working before the pandemic started and who had non-missing data on all control variables, predictor variables and outcome variables, sample sizes ranged in the 1,000-2,000 range and are reported for each analysis in tables.

We conducted a series of logistic regression analyses predicting a variety of different experiences during and after the COVID-19 pandemic as a function of caregiver status. These results are reported in tables 16, 17 and 18. All models control for gender, race/ethnicity, nativity, household poverty threshold, years of education, age, self-reported health, depressive symptoms.

Financial and Health Problems

- Spousal caregivers have 1.65 times higher odds of experiencing financial difficulty compared to non-caregivers ($p<0.01$), as can be seen in Table 16. Those who had a job disruption due to care responsibilities are even more likely, with 2.69 times higher odds ($p<0.01$).
- Spousal caregivers have 1.87 times higher odds of facing new or worsening health problems ($p<0.01$), and this likelihood increases to 3.29 times for those who had to stop working (for at least 2 weeks) due to care responsibilities ($p<0.01$).

Table 16. Individual Logistic Regression Models Predicting Financial and Health Problems During The COVID-19 Pandemic as a Function of Caregiver Status

	Odds Ratio	SE	Statistical Significance
Financial Difficulty (N=2,201)			
Spousal caregiver	1.65	0.25	**
Stopped working (2 wks+) due to care responsibilities	2.69	0.87	**
New or Worsening Health Problem Due to Missed or Delayed Care (N=2,193)			
Spousal caregiver	1.87	0.41	**
Stopped working (2 wks+) due to care responsibilities	3.29	1.24	**

Statistical significance: *** $p<0.001$; ** $p<0.01$; * $p<0.05$; + $p<0.1$. N.S.=Not significant, SE=Standard Errors, N= number of respondents in analysis. Note: Sample is limited to those respondents who are married or partnered. All models control for gender, race/ethnicity, nativity, household poverty threshold, years of education, age, self-reported health, depressive symptoms.

Job Disruption

- While caregivers are not more likely to have been permanently or temporarily laid off, or to have experienced a job disruption due to illness, spousal caregivers have 2.01 times higher odds of quitting their jobs (although not statistically significant) and those who stopped working for care responsibilities are significantly more likely to quit, with 24.23 times higher odds ($p<0.001$).
- The odds of retirement are 0.44 times lower for spousal caregivers ($p<0.01$), indicating they are less likely to retire.
- Conversely, those who stopped working due to care responsibilities have 3.27 times higher odds of retiring ($p<0.01$).

Table 17. Individual Logistic Regression Models Predicting Job Disruption During The COVID-19 Pandemic as a Function of Caregiver Status

	Odds Ratio	SE	Statistical Significance
Laid Off Permanently (N=2,241)			
Spousal caregiver	1.04	0.31	
Stopped working (2 wks+) due to care responsibilities	0.74	0.54	
Laid Off Temporarily (N=2,241)			
Spousal caregiver	0.69	0.17	
Stopped working (2 wks+) due to care responsibilities	0.41	0.30	
Job Disruption Due to Illness (N=2,241)			
Spousal caregiver	1.01	0.29	
Stopped working (2 wks+) due to care responsibilities	2.06	1.02	
Quit (N=2,241)			
Spousal caregiver	2.01	1.24	
Stopped working (2 wks+) due to care responsibilities	24.23	14.27	***
Retired (N=2,241)			
Spousal caregiver	0.44	0.14	**
Stopped working (2 wks+) due to care responsibilities	3.27	1.36	**

Statistical significance: *** $p<0.001$; ** $p<0.01$; * $p<0.05$; + $p<0.1$. N.S.=Not significant, SE=Standard Errors, N= number of respondents in analysis. Note: Sample is limited to those respondents who are married or partnered. All models control for gender, race/ethnicity, nativity, household poverty threshold, years of education, age, self-reported health, depressive symptoms.

Changes in the Job Experience

- Spousal caregivers have higher odds of reporting increased job stress (1.52 times, $p<0.01$) during the pandemic than their non-caregiving counterparts, however, those who stopped working due to care responsibilities faced higher odds for both increased job stress (2.54 times, $p<.01$) and increased physical effort to do their job (2.09 times, $p<0.1$).
- Spousal caregivers have 1.46 times higher odds of increased risk in their job ($p<0.05$) and that likelihood is higher for those who stopped working due to care responsibilities (1.82 times, $p<0.1$).
- Spousal caregivers are more likely to experience increased job worries/problems (1.70 times, $p<0.01$) and have slightly higher, though not significant, odds of not completing work on time. The odds are higher for those who stopped working due to care responsibilities (2.28 times, $p<.05$ and 3.81 times, $p<.01$, respectively).
- Spousal caregivers face higher odds of family/personal life draining their job energy (not significant) and have 1.67 times higher odds of decreased job enjoyment ($p<0.01$). Those who stopped working due to care responsibilities also face higher odds for both (3.27 and 2.48 times, respectively, with both being statistically significant at the $p<.01$ level).

Table 17. Individual Logistic Regression Models Predicting Changes in the Job Experience During The COVID-19 Pandemic as a Function of Caregiver Status

	Odds Ratio	SE	Statistical Significance
Increased Physical Effort to Do Job (N=1,807)			
Spousal caregiver	1.18	0.25	
Stopped working (2 wks+) due to care responsibilities	2.09	0.85	+
Increased Job Stress (N=1,863)			
Spousal caregiver	1.52	0.24	**
Stopped working (2 wks+) due to care responsibilities	2.54	0.87	**
Increased Risk of Danger in Job (N=1,620)			
Spousal caregiver	1.46	0.26	*
Stopped working (2 wks+) due to care responsibilities	1.82	0.66	+
Increase in Work Schedule Interfering with Ability to Fulfill Personal Responsibilities (N=1,707)			
Spousal caregiver	1.28	0.29	
Stopped working (2 wks+) due to care responsibilities	1.73	0.78	
Increased in Job Worries or Problems Distracting You When Not at Work (N=1,630)			
Spousal caregiver	1.70	0.34	**
Stopped working (2 wks+) due to care responsibilities	2.28	0.89	*
Increase in Not Being Able to Get Work Done on Time Because of Home Life (N=1,390)			
Spousal caregiver	1.13	0.39	
Stopped working (2 wks+) due to care responsibilities	3.81	1.82	**
Increase in How Much Family or Personal Life Drains the Energy Needed to Do Job (N=1,442)			
Spousal caregiver	1.11	0.29	
Stopped working (2 wks+) due to care responsibilities	3.27	1.29	**
Decreased Job Enjoyment (N=1,917)			
Spousal caregiver	1.67	0.28	**
Stopped working (2 wks+) due to care responsibilities	2.48	0.86	**

Statistical significance: *** $p<0.001$; ** $p<0.01$; * $p<0.05$; + $p<0.1$. N.S.=Not significant, SE=Standard Errors, N= number of respondents in analysis. Note: Sample is limited to those respondents who are married or partnered. All models control for gender, race/ethnicity, nativity, household poverty threshold, years of education, age, self-reported health, depressive symptoms.

Summary and Conclusions

Caregivers frequently face a delicate balancing act between work commitments and caregiving duties, leading to reduced work hours, early retirement—particularly among those who hold more marginalized identities—and increased risks of financial instability due to lower earnings and benefits. The COVID-19 pandemic further intensified these challenges, exacerbating difficulties in accessing necessities, healthcare, and managing social isolation. Caregivers had to adapt to new healthcare technologies while struggling with heightened challenges of caregiving during the pandemic. The report utilizes data from the 2018 and 2020 Health and Retirement Study (HRS) and its 2021 COVID-19 supplement, focusing on U.S. residents aged 50 and older.

Overall, findings indicate varied experiences among different types of caregivers and that caregiving responsibilities, especially for those who experienced job disruptions during COVID, significantly and negatively affect various aspects of employment and personal well-being.

Demographic and Health Characteristics:

In the intricate tapestry of caregiving, the threads of gender, ethnicity, and income weave a complex pattern, as revealed in this study. The traditional role of women as caregivers is evident, with the majority of parental and grandchild caregivers being female. This highlights not just a personal choice but a societal norm, raising significant questions about gender equity both in the workplace and beyond.

The study paints a vivid picture of racial and cultural nuances in caregiving. Hispanic and Black older workers emerge as more likely to shoulder spousal caregiving responsibilities, while Black older workers also stand out in grandchild caregiving. This suggests a deeper interplay of cultural expectations and familial roles within these communities. Moreover, those providing financial support to their parents are predominantly Hispanic or Black, hinting at structural and societal dynamics influencing care decisions.

A fascinating distinction arises in the native-born versus foreign-born caregivers. Foreign-born workers often find themselves limited to providing financial support to parents, possibly overseas, while native-born caregivers tend to be more hands-on with parental and child care. This divide speaks volumes about the challenges and limitations faced by immigrants in caregiving roles.

Income and education level emerge as critical factors in the caregiving landscape. Spousal caregivers and those financially aiding parents often find themselves in lower income brackets, revealing the economic toll of caregiving. Conversely, parental and grandchild caregivers, as well as those supporting children financially, generally enjoy higher incomes. This economic disparity extends to education levels, with a similar bifurcation observed.

Age plays a definitive role in caregiving. Those tending to spouses and children or grandchildren are, on average, older, while those caring for parents skew younger. This age dynamic reflects the natural progression of care needs within families.

In terms of health, the study uncovers an intriguing paradox. Spousal caregivers and those supporting parents financially report better health, possibly reflecting the "Hispanic Health Paradox" where Hispanic individuals often report better overall health[4]. In contrast, grandchild caregivers and those financially aiding children report poorer health, suggesting the physical and emotional toll of caregiving.

Depressive symptoms are notably higher among spousal caregivers, parental caregivers, and those supporting parents financially, underscoring the emotional burden of caregiving roles. However, those supporting children or grandchildren do not report such symptoms, indicating varied emotional impacts across different caregiving scenarios. This study was not able to distinguish between grandchild caregivers who co-reside with or have primary care responsibilities for grandchildren and those who do not, which could affect outcomes significantly for this group.

Employment patterns among caregivers reveal a telling trend. Both spousal and parental caregivers are more likely to be employed part-time. This shift towards part-time work, driven by the need to balance caregiving and professional responsibilities, can lead to reduced income, career impact, and additional stress.

The study also highlights the interconnections among different caregiving roles. Spousal caregivers often step back from grandchild care and financial assistance to children, suggesting a prioritization of care responsibilities. Parental caregivers, on the other hand, are more engaged in both grandchild care and financial assistance, reflecting a multi-faceted approach to family support. Grandchild caregivers extend their caring roles to include parental care and financial aid to children, embodying the multi-generational nature of caregiving.

Impact of COVID-19 on Financial, Health and Employment Outcomes:

After controlling for a variety of sociodemographic and health characteristics, analyses reveal that working caregivers were impacted in profound ways by the COVID-19 pandemic. First, there were significant financial and health repercussions for spousal caregivers during the pandemic. They faced not just a heightened risk (1.65 times higher) of financial strain but also grappled with health problems due to delayed or missed care (1.87 times more likely). And for those who had to halt their work to care for loved ones, these risks soared even higher, painting a picture of compounded vulnerability in these challenging times.

Next, the pandemic's impact was more nuanced when it came to job disruptions. While the odds of being laid off or losing one’s job weren't significantly higher for caregivers, the odds of spousal caregivers quitting their jobs were doubled, but for those who experienced a disruption in their job due to caregiving, the likelihood of quitting was much higher. Retirement patterns also diverged – spousal caregivers were less inclined to retire, while those who experienced a disruption in their job due to caregiving were over three times more likely to take this step. These

findings could suggest that for those whose care responsibilities were significant enough during the pandemic that they couldn't work for at least a 2 week period were more likely quitting or retiring than getting laid off or terminated.

The workplace became a source of stress, perhaps for most during this time, but especially for caregivers. The odds of experiencing increased job stress were notably higher for spousal caregivers and even more so for those who had to stop working. Caregivers reported not just elevated job stress but also a rise in perceived job risks, conflicts with personal responsibilities, heightened job worries, and a significant dip in job satisfaction.

Limitations:

It should be noted that the findings have several limitations. Firstly, only a subset of caregiving types were able to be examined here. This report does not look at care for adult children who may be ill or disabled or care for other family members or friends and it does not examine whether caregivers are living with the individual they are providing care for or not. We can assume that the large majority of spousal caregivers are living with their partner, but the experience may be much more stressful and intense for those parental and grandchild caregivers who are living in the same household as those they are caring for. Secondly, in terms of the effects of the pandemic, we were only able to look at spousal caregiving and those who left their jobs due to caregiving responsibilities, thus it is unclear how parental or grandchild caregivers have fared. Parental caregivers may have had to navigate a stressful landscape getting care for their parents, including, in some cases, dealing with nursing home lock downs and fears of the effects of extreme social isolation and virus outbreaks. Grandchild caregivers may have played a large role in helping their grandkids with remote schooling, which presents unique challenges. Thirdly, spousal caregiving responsibility was assumed if one's spouse or partner has difficulty with ADL's or IADL's, however this is only a proxy for spousal caregiving. Finally, this study only reflects one year of COVID-19-related job disruptions and the associated health and employment precarities. Future waves of HRS may provide further insights on the long-term employment, financial, and health impact of COVID-19 on older working caregivers.

Recommendations

The findings highlight the urgent need for a comprehensive approach to support older workers with caregiving responsibilities, ensuring their health, financial security, and well-being during public health crises and beyond. Including:

- **Enhanced Support for Caregivers:** Increased access to healthcare, respite care, and public health supports are essential.
- **Workplace Accommodations:** Policies that offer flexibility and accommodations for workers with caregiving responsibilities are necessary.
- **Recognition of Care Work:** Greater acknowledgment and support for unpaid caregivers are crucial in the workplace a long as within the healthcare and social service systems.

Conclusions

The COVID-19 pandemic has disproportionately affected older workers with caregiving responsibilities, leading to significant challenges in their employment, health, and financial security. This demographic has faced heightened health risks, increased job precarity, and financial hardships. There is a critical need for policies and support systems that address the unique challenges faced by this group, especially considering the indispensable role they play in our economy and in our healthcare and social service systems.

Research and discourse on aging and work must acknowledge the ways in which caregiving responsibilities constrain or expand choice over the life course, especially for lower-income and historically marginalized workers.

Finally, while this study highlights the significant negative impact of caregiving responsibilities on employment and personal well-being, there is also a need for narratives that uphold the value of the work that unpaid caregivers do, that highlight and celebrate the racial, ethnic, and cultural contexts that shape caregiving, and seek to understand the ways in which caregiving can be both excruciating and rich in meaning simultaneously.[6]

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Appendix

Measures of Key Variables and Data Source

Variables	Description	Data Source
Demographic variables (2018)		
Gender	*Gender* was coded such that respondents who identified as female were coded "1" and those who identified as male were coded "0."	*RAND Longitudinal file-wave 14 (2018)*
Race/ethnicity	*Race/ethnicity* was coded as a categorical variable were "1" indicated non-Hispanic white, "2" indicated Hispanic (any race), "3" non-Hispanic Black, and "4" non-Hispanic other race.	*RAND Longitudinal file-wave 14 (2018)*
Nativity	Our measure for *nativity* was coded so that respondents who reported they were born in the United States (native born) were coded "0" and those born outside of the United States (foreign born) were coded "1."	*RAND Longitudinal file-wave 14 (2018)*
Household poverty threshold	*Household poverty threshold* is a measure drawn from the RAND Longitudinal File and is a continuous measure based on a ratio of household income to the associated income requirement to qualify as "poor" according to the Federal Poverty Limit. This income-to-poverty threshold ratio was then categorized into six distinct levels: families whose income is "1" under the poverty threshold; "2"1-1.9X the poverty threshold; "3" 2-2.9X the poverty threshold; "4" 3-4.9X the poverty threshold; "5" 5-9.9X the poverty threshold; and "6"10x or more the poverty threshold.	*RAND Longitudinal file-wave 14 (2018)*
Marital status	*Marital status* is coded so that "1" indicates married or partnered and "0" indicates separated, widowed, divorced or never married.	*RAND Longitudinal file-wave 14 (2018)*
Years of education	Respondent's self-reported *Years of Education* is a continuous measure, ranging from 0 to 17.	*RAND Longitudinal file-wave 14 (2018)*
Age	*Age* is a continuous measure of chronological age in 2018.	*RAND Longitudinal file-wave 14 (2018)*
Self-rated health	*Pre-COVID-19 self-reported health* is a continuous measure ranging from 1=poor health to 5=excellent health. For *spouse's report of health*, we created a binary measure where 1= fair or poor health.	*RAND Longitudinal file-wave 14 (2018)*
Depressive symptoms	*Pre-COVID-19 Depressive Symptoms* is a continuous measure based on the total number of symptoms reported in 2018, ranging from 0 to 8. For *spouse's report of depressive symptoms*, we	*RAND Longitudinal file-wave 14 (2018)*

	created a binary measure where a score of 4 or above, indicating clinically significant depressive symptoms, was coded as 1.	
Employment and caregiving variables		
Employment status	Respondents were asked if they were working in early March 2020 before the pandemic started.	COVID supplement
Care to spouse or partner	An individual is assumed to have spousal care responsibilities if their spouse or partner reported they have difficulty with one or more Activities of Daily Living (ADL's) or Instrumental Activities of Daily Living (IADL). ADL's include bathing, eating, dressing, walking across a room, and getting in or out of bed. IADL's include using a telephone, taking medication, handling money, shopping, preparing meals. *This variable is limited to those who are married or partnered.*	*RAND Longitudinal file- wave 14 (2018, 2020)*
Care to parents & parents in law	An individual is assumed to have parent care responsibilities if they and their partner reported providing 100 hours or more of help with personal care or errands to parents or parents in-law in the last 2 years. Personal care is defined as help with basic personal needs, such as dressing, eating and bathing and errands are defined as help with things like household chores or transportation.	RAND Family files- wave 14 (2018)
Grandchild care	Individuals were coded as providing grandchild care if their children reported that they used the respondent for 100 or more hours of child care, for grandchildren or great-grandchildren.	RAND Family files- wave 14 (2018)
Financial transfers to children	*Financial transfers to children* is coded as "1" if the respondent indicates that their household gave financial help totaling $500 or more over the previous 2 years to any kids or grandkids.	RAND Family files- wave 14 (2018)
Financial transfers to parents	*Financial transfers to parents* is coded as "1" if the respondent indicates that their household gave financial help totaling $500 or more over the previous 2 years to parents or parents in law.	RAND Family files- wave 14 (2018)
COVID and POST-COVID variables		
Job disruption during COVID and reasons for job disruption	Respondents were asked, "Since March 2020, was there a period of two weeks or more when you were not working?" Respondents who indicated "yes" were coded "1" and those who indicated "no" were coded "0." Respondents were also asked "Why did you stop working?" Respondents had the choice to identify	COVID supplement

	one or more factors from the following list: (1) lost job/laid off permanently, (2) furloughed/laid off temporarily, (3) illness, (4) care for others who needed me, or (5) retired. For each of the five reasons, respondents who indicated they stopped working for that reason were coded "1" and respondents who did not indicate that reason, were coded "0."	
Financial Difficulties	Respondents were asked, "Since March 2020, how often did you experience any of the following?" Respondents had the choice to identify one or more from the following list: (1) missed any regular payments on rent/mortgage, (2) missed any regular payments on credit cards or other debt, (3) missed any other payments such as utilities or insurance, (4) could not pay medical bills, (5) didn't have enough money to buy food, or (6) Had trouble buying food even though had money or (7) any other financial hardship not in this list. Responses ranged from 1) never, to 4) always or nearly always. We coded those who reported "sometimes" or more frequently to any of the 7 listed financial setbacks as "1" and all others who did not experience any of the major financial setbacks at least "sometimes," were coded "0."	2021 COVID supplement
New or worsening health problem due to missed or delayed care	Coded as 1 if reported that since March 2020, they needed medical or dental care, or prescription medicine, but delayed getting it, or did not get it at all and if they reported that the missed or delayed care caused one or more of the following: 1) a new physical health problem; 2) a new physical health problem; 3) worsening of an existing physical health problem; 4) a new mental health problem; or 5) worsening of an existing mental health problem.	
Changes in Job Experience	Respondents were asked, how the following 8 aspects of their work changed during the pandemic from March 2020 to March 2021, compared to before the pandemic: 1) How much physical effort it takes to do your job; 2) How much stress is caused by your job; 3) The risk or danger of your job; 4) Your work schedule interfering with your ability to fulfill personal responsibilities; 5) Job worries or problems distracting you when you are not at work; or 6) Not being able to get work done on time because of your home life; 7) How much your family or personal life drains you of the energy you need to do your job; and 8) Your enjoyment of your job.	

	Those who reported that the aspect increased were coded as 1 and those who reported that it decreased or stayed the same was coded as 0, with the exception of job enjoyment which was coded as 1 if decreased and as 0 if increased or stayed the same.	