

ANALYSIS BRIEF

THE SANDWICH GENERATION



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Summary of Findings:

The adult children (caregivers) in multi-generational households are most often women aged 40-55. But over a third of the adult children taking care of an older parent are aged 55 or older and 13 percent are themselves 65 years old or older.

Almost 62 percent of the adult caregivers living in multi-generational households are employed, and they are more likely than average to report holding multiple part-time jobs.

Elderly parents who live in multi-generational households are highly dependent on their caregivers for transportation. Over half have difficulty in daily travel and 64 percent do not drive.

When an elderly parent in a multi-generational household does not drive, their daily travel is about half the rate of people of the same age who drive.

For the population as a whole, the number of trips required to access medical services has increased at an astounding rate, starting in the late 80s and early 90s.

This is an important issue for elderly parents living in multi-generational households and their caretakers—the vast majority of trips by elderly parents to access medical services are made as passengers in a vehicle.

Older non-drivers in multi-generational households travel four times more often to access medical services than comparable drivers. Someone drives them 63 percent of the time, but they also use taxis and shuttles 16 percent of the time, and public transit for almost 10 percent of these trips.

The NHTS data show an astounding increase in the amount of travel to access medical services—an older person today makes four times the number of trips for medical services in an average year as a comparable person did in the 1970s and 80s.

This trend is especially apparent for people aged 50 and older. While the percent of the population 50 and older has grown by 66 percent since 1983, the number of medical trips made by people aged 50 and older has increased fourfold.

THE SANDWICH GENERATION

As the longevity revolution plays out, many families find themselves with aging parents and growing children at the same time--sandwiched between child care and elder care they have been referred to as the "Sandwich Generation". The size of the sandwich generation depends on how it is defined. A recent AARP report found that 44 percent of 45- to 55-year-olds had at least one living parent and one child under age 21, but a much smaller number, only 7 percent of 45- to 55-year-olds, lived in a household with both their elderly parents and childrenⁱ. This brief examined the multi-generational households in the National Household Travel Survey data series.

Nationwide, according to the US Census, the number of multi-generational households has increased recently as adult children moving back home after collegeⁱⁱ, families joining together in harsh economic times, and older parents who need assistance in their later years. To examine multi-generational households, the NHTS data set was coded to identify households with a parent aged 65 and older living with an adult child aged 18 and older. Of all the people aged 65 and older in the NHTS sample, 32 percent live alone, almost 60 percent live with a spouse, unmarried partner, or roommate, and just over 8 percent live in multi-generational households, including people living with parents over the age of 65 and those living with their parents who also have children at home.

The older person in these multi-generational households is called the 'elderly parent' and the adult child the 'caretaker', although when the age range skews toward the younger—for example, a 30 year old adult child living with a 65 year old parent—these terms may not reflect the status of the people in that particular household. And when the age range skews older—for example, an 80 year old adult child living with a 98 year old parent—the idea of caretaker also stretches the imagination.

CHARACTERISTICS OF ELDERLY PARENTS

Compared to all people 65 and older, the elderly parent in a multi-generational household is more likely to have a medical condition that makes it difficult to travel and is unlikely to be a driver (see Exhibit 1). Altogether, over one out of five people (21 percent) aged 65 and older does not drive, but that rate is three times higher for elderly parents living with their adult children—over 64 percent do not drive.

Overall, double the proportion of older parents living with their adult children report difficulty traveling outside the home compared to all people aged 65 and older (26.7 percent and 51.5 percent respectively in Exhibit 1). Interestingly, the percent of elderly parents in three-generation households that report a travel disability is 37.5 percent. And while fewer reported difficulty traveling, over half of the elderly parents in three-generation households stayed home on the reporting day.

Exhibit 1 –Characteristics of Elderly Parents in Multi-Generational Households

	All People 65+	Elderly Parent Living with Caretaker Adult Child	Elderly Parent in Sandwich Households (living with adult child and grandchild<21)
Mean Age	74.7	80.3	76.2
Does not drive	20.5	64.3	56.9
Did not travel on reporting day	25.7	51.4	51.4
Has a travel disability* and has:	26.7	51.5	37.5
Reduced Day-to-Day Travel	83.9	92.2	93.0
Asks Others for Rides	58.0	67.1	74.8
Uses Special Transit Services	13.6	12.4	6.9
Limits Driving to Daytime	42.1	27.1	24.4
Uses Bus or Subway Less Frequently	19.4	27.4	37.8
Uses Reduced Fare Taxis	5.9	3.3	4.2

*In the NHTS, this is asked as: "Do you have a medical condition that makes it difficult to travel (outside the home)?"

CHARACTERISTICS OF CARE-TAKERS

For the purposes of this analysis, adult children living with a parent aged 65 or older are termed “Caretakers”. A greater proportion of caretakers are women, as shown in Exhibit 2. About a third are aged 40-54, almost 20 percent are 55-64—both these proportions are higher than the overall sample. About 62 percent of caretakers are workers, and more report working multiple jobs. The home they live in with their elderly parent(s) is more likely to be owned than rented, but they report lower household incomes compared to people in the sample as a whole.

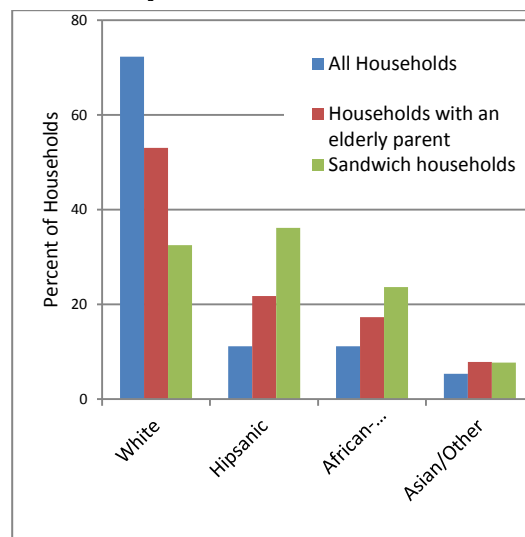
Exhibit 2 - Characteristics of Adult Children (Caretakers) Living with a Parent aged 65 or older

	Caretakers	All People in NHTS Sample
Percent Female	54.0%	51.4%
High School or Less	43.4%	38.4%
Percent Employed	61.7%	65.4%
Works Part Time	20.2%	21.1%
Lives in owned home	74.4%	71.1%
Mean Household Income	\$50,250	\$59,900
Aged 40-54	33.1%	30.4%
Aged 55-64	19.6%	16.8%
Aged 65 and older	12.6%	17.4%

Sandwich households (with three generations in residence), not surprisingly, are larger households—5.3 persons compared to 2.5 overall. These households have more workers (1.4 on average compared to 1.1 overall), more drivers (2.3 compared to 1.7 overall), and more vehicles (2.2 compared to 1.8 overall).

Even with more workers and more drivers, sandwich households have slightly lower reported incomes (on average \$48K) than even two-generation households, and much lower than households in the overall sample. Households with three generations are more likely to be Hispanic—36 percent of sandwich households are Hispanic compared to 11 percent of households nationwide. African-Americans are also more likely to live in sandwich households or in a multi-generational household with an elderly parent (see Exhibit 3).

Exhibit 3 – Percent of Households by Race and Ethnicity



TRAVEL CHARACTERISTICS OF PEOPLE IN MULTI-GENERATIONAL HOUSEHOLDS

As noted previously, only 35 percent of elderly parents living in multi-generational households drive—this is the defining characteristic of the daily travel data collected for these households in the NHTS (Exhibit 4). As shown in Exhibit 4, on an average day over eight out of ten trips by older non-drivers living in multi-generational households are taken as passengers in a vehicle, 15 percent on foot and 2 percent are by public transportation.

Exhibit 4 – The Means of Daily Travel for all Purposes--Caretakers and Elderly Parents

Means of Travel	Caretaker	Older Parent who Drives	Older Parent who Does Not Drive
Driver	72%	71%	0%
Passenger	15%	19%	83%
Public Transportation*	2%	1%	2%
Walking	12%	9%	15%

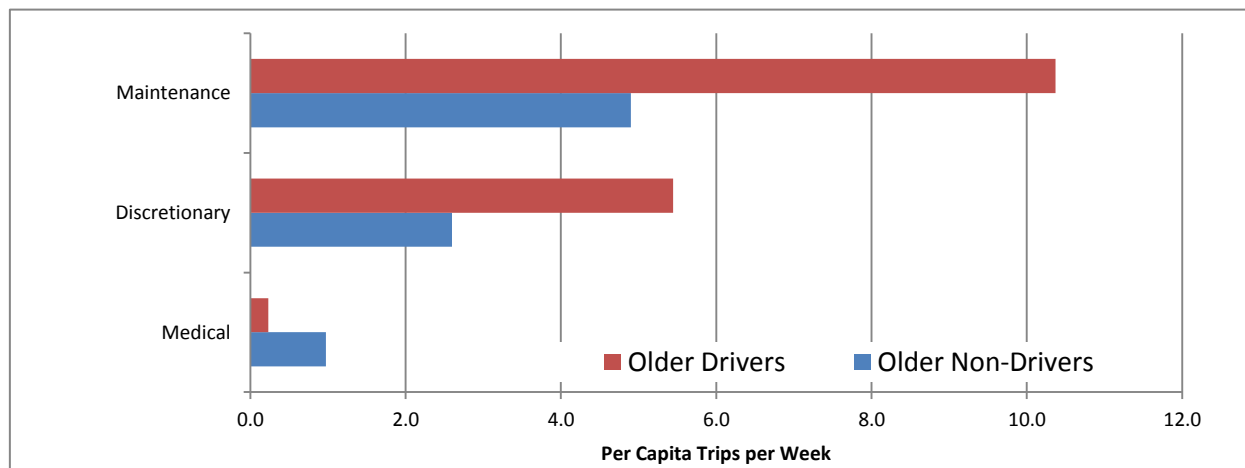
*Includes shuttle and ADA

Older parents living in multi-generational households who do not drive travel about half as much for all purposes compared to those who can still drive themselves (see Exhibit 5).

Elderly parents in multigenerational households who can drive make about 10 trips a week for shopping and errands, including personal business to hair appointments, the post office, and accounting and legal services (maintenance travel). Elderly parents who do not drive make about half as many--5 trips per week--for the same purposes. The same pattern is seen for discretionary travel, which includes visiting friends and family, going out to eat, movies, and other social and recreational travel. Elderly parents in multi-generational households who still drive make about five trips for discretionary purposes each week, while elderly parents who no longer drive make less than half as many.

One important exception to this pattern is travel for medical services. Non-driving elderly parents in multi-generational households report more than four times the number of medical trips as do those who drive—on average about one trip every week per capita--an indication of the need for transportation as part of the caretaking services required. Health issues often interfere with driving ability, and older people go in and out of convalescence and various states of mobility.

Exhibit 5 - The Amount of Travel by Purposeⁱⁱⁱ for Older Parents Living in Multi-Generational Households

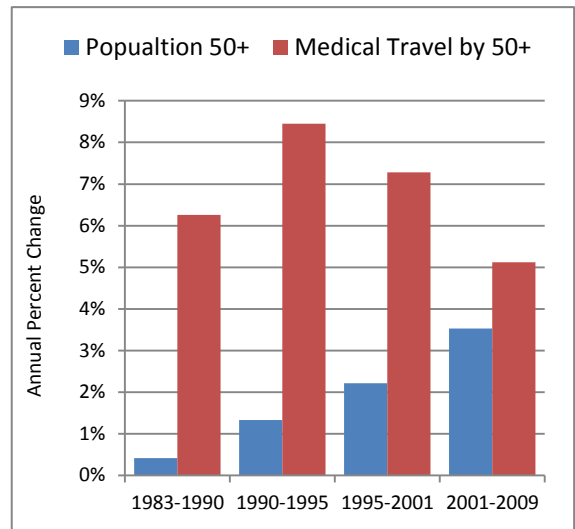


Providing transportation to doctor's appointments, recurring treatment, and special medical services, is a vital element of caretaking. Importantly, travel for medical services has become more burdensome over the last three or four decades as the amount of trips for this purpose has risen exponentially since the early 80s. The increase in the number of trips to access medical services has grown even more for the older population (people aged 50 and older).

The annual percentage increase in the number of trips to access medical services for people aged 50 and older is much higher than the percent increase in the number of people in that age group, as shown in Exhibit 6. It is

Exhibit 6 - Annual Percent Increase in Population 50 and Older and Their Travel for Medical Services

important to note that the average distance for each medical trip has hovered around ten miles one way for the last 30 years. The noted increase is truly a matter of more individual trips.



The phenomenon of increasing travel to access medical services (labs, x-ray, physical therapy, specialists) seems to have risen sharply in the early 1990s, while from 1995 through 2009 the rate of growth, while still increasing faster than the population is aging, looks to have slowed. This could be a product of the development of larger, more integrated delivery institutions, such as care centers, and/or the combination of medical services with other services, such as flu shots at the drugstore or blood pressure check-ups at the warehouse store.

This research finds that the increase in overall travel for medical services, although impacted by the aging of the population, is much more a product of the growth in the number of trips people are required to take to access medical services.

Elderly parents living with adult children in ‘Sandwich’ and multi-generational households often depend on their adult children for rides to access medical services. Especially older parents who don’t drive are highly dependent on others for rides to access medical services—63 percent of the trips to access medical services are made as passengers in a vehicle. However, it is important to note that other options play an important role. For example, non-drivers also take taxis and shuttles for one out of six of their medical trips (16 percent), and public transit is used for one out of ten medical trips by older non-drivers in multi-generational households.

Exhibit 7 – Means of Travel to Access Medical Services by Elderly Parent who Drives and Those who do Not

Means of Travel for Medical:	Older Driver	Older Non-Driver
Drove Self	79.5%	--
Passenger	12.9%	63.0%
Taxi, Shuttle or Special Transit	0.7%	16.1%
Public Transportation	3.6%	9.5%
Walk	2.6%	5.0%
Other Means	0.6%	6.5%

CONCLUSIONS

As the population continues to live longer, our expectations of care-giving will change. For some people it will mean having both young children and older parents to care for at the same time, for others it will mean taking care of elderly parents well into what would have been considered their own retirement years. According to the NHTS, 13 percent of people living with an aging parent are 65 or older themselves.

A study conducted by the National Alliance for Caregiving and AARP (2004) suggests that more than one in four families provide care for an older adult. Nearly 12 to 18 hours a week may be invested in providing for the needs of an older adult, daily errands such as shopping, and more intensive care ranging from health to nutrition. This analysis provided evidence that transportation for shopping/errands and especially medical services is one of the primary needs of older parents in multi-generational households.

More than half of elderly parents in multi-generational households have a transportation disability, and 64 percent do not drive. This is coupled with a marked increase in the amount of travel required to access medical services—an older person today makes four times the number of trips for medical services in an average year as a comparable person did in the 1980s.

For older individuals who do not drive and their caregivers, the requirement to travel to many medical services is burdensome—they must rely on others to drive them, on taxis and shuttles, and on public transit. It could be beneficial to include the transit accessibility as part of the location-decision models for medical facilities. But more information on the patients and how they individually access care could also be informative.

For example, it would be helpful to encourage physicians and medical care providers to inquire how an elderly patient will travel for follow-up care—can they drive themselves or is there someone to drive them? Can they access reduced fare taxis or special transit services (do they know how, have they done it before, is the destination within the service range)? Identifying the barriers to traveling to a specialist or physical therapy might allow physician's offices to identify why patients don't take full advantage of such services. Travel to medical services should rightly be seen as part of the provision of those services.

Further research would be interesting to assess the impact of providing medical transportation on elderly patients and their caretaking family members. How much time is spent in providing travel assistance, what times of day or days of week? Does the requirement to help an elderly parent travel impact the ability to work, or to work fulltime? Does it impact the types of vehicles they own? The American Time Use Survey (ATUS) could be used in conjunction with the NHTS at the national level, for instance, for further research.

Importantly, national surveys should consider collecting more detail on activities related to caring for an older relative to obtain more comprehensive data on this phenomenon and to track trends. For example, as new travel options emerge—such as Uber and Lyft—it is critical to track their impact on this important aspect of mobility.

ⁱ “In the Middle: A Report on Multicultural Boomers Coping with Family and Aging Issues,” *AARP*, Washington, DC, July 2001.

ⁱⁱ “Census Finds More Young Adults Living At Home With Parents” *Huffington Post* at: 011/11/05/adults-living-with-parents_n_1077067.html

ⁱⁱⁱ These general purposes divide the dozens of detailed trip purposes into approximately thirds: for instance, work and school are mandatory travel; shopping, eating out, and personal business are maintenance travel; and social and recreational trips are classified as discretionary.

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