The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers

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The majority of long-term services and supports are provided by family members. But the supply of family caregivers is unlikely to keep pace with future demand.

✓ **The following report defines a "caregiver support ratio" as the number of potential caregivers aged 45–64 for each person aged 80 and older. The report uses this support ratio to estimate the availability of family caregivers during the next few decades.**

✓ **In 2010, the caregiver support ratio was more than 7 potential caregivers for every person in the high-risk years of 80-plus.**

✓ **By 2030, the ratio is projected to decline sharply to 4 to 1; and it is expected to further fall to less than 3 to 1 in 2050, when all boomers will be in the high-risk years of late life.**

Understanding the effects of the relative size of the baby boom (those born between 1946 and 1964), compared to preceding and succeeding age cohorts, is essential to anticipating the demand for long-term services and supports (LTSS) for this cohort and the potential availability of family caregivers. Tracking the availability of potential caregivers provides a roadmap of the magnitude and timing of the challenges that we will face in the next few decades, as the caregiver gap widens.

People aged 80 years and older are the most likely to need LTSS. As the population in this age group increases during the next 20 years, the number of people in the primary caregiving years (ages 45–64) is projected to remain flat, due in part to changing family size and composition. As a result, the availability of potential family caregivers (mostly adult children) to arrange, coordinate, and provide LTSS is expected to decline dramatically and overall care burdens will likely intensify—especially as baby boomers move into late old age.

Family Caregivers: The Backbone of Long-Term Services and Supports

Family caregivers—including family members, partners, or close friends[1]—are a key factor in the ability to remain in one's home and in the community when disability strikes. More than two-thirds (68 percent) of Americans believe that they will be able to rely on their families to meet their LTSS needs when they require help,[2] but this belief may collide with the reality of dramatically shrinking availability of family caregivers.

If fewer family members are available to provide everyday assistance to the growing numbers of frail older people, more people are likely to need institutional care—at great personal cost—as well as costs to health care and LTSS programs. Greater reliance on fewer family caregivers to provide home- and community-based services could also add to costs borne by family members and close friends—in the form of increasing emotional and physical strain, competing demands of work and caregiving, and financial hardships.

In recent years, the role of family caregivers has greatly expanded from coordinating and providing personal care and household chores to include medical or nursing tasks (such as wound care and administering injections). These difficult nursing tasks were provided in hospitals and nursing homes and by home care providers, but increasingly, family members are called on to perform these tasks with little training or professional support.[3] As health care and LTSS shift from institutional to home-based care, the burdens on family caregivers will likely increase without adequate supportive services for caregiving families.

Measuring the Future Availability of Family Caregivers

One basic measure of the potential availability of caregivers is the ratio of the number of people in the most common caregiving age range divided by the number of older people most at risk of needing LTSS. To calculate this ratio, we used the ages of 45–64 as the most common age range for caregivers. The "average" family caregiver is a 49-year-old woman who works outside the home and spends about 20 hours per week providing unpaid care to her mother for nearly 5 years. Nearly two-thirds of family caregivers are female (65 percent).

More than 8 in 10 are caring for a relative or friend aged 50 or older.[4]

Cohort size also affects the availability of paid direct care workers, such as nurse aides, home health aides, and personal and home care aides. Paid caregivers often provide essential, hands-on help to family caregivers struggling to provide good care to loved ones. More than half (57 percent) of home health aides are aged 45 and older.[5] Direct care workers who are self-employed or working directly for private households are, on average, 48 years old.[6]

We used ages 80 and older as our measure of the risk of needing LTSS. Seven in 10 (70.5 percent) people aged 80 and older had some kind of disability in 2010, compared to one in five (19.7 percent) people aged 45–54.[7] More than half (55.8 percent) of people aged 80 and older have a severe disability, and nearly one in three (30.2 percent) need assistance from others with one or more activities of daily living (ADLs), such as bathing, dressing, or using the toilet, or instrumental activities of daily living (IADLs), such as using the telephone, preparing meals, or paying bills.[8]

This *Insight on the Issues* uses data from Regional Economic Models, Inc. (REMI) to calculate a national caregiver support ratio as well as caregiver support ratios for each state by dividing the population aged 45–64 by the population aged 80 and older. The REMI model uses historical data for 1990 through 2010, and the model's most current population projections are used to calculate the ratios from 2011 to 2050. A brief summary of the assumptions of the projections can be found in Appendix A. See Appendix B for national and state historical and projected caregiver support ratios.

Caregiver Support Ratios Are Projected to Decline Dramatically as Boomers Transition from Caregivers to Care Recipients

The following discussion of findings is organized by 20-year periods, each of which is characterized by distinctive trends (see Figure 1). Each section looks at the implications of changes in the caregiver ratio and other drivers of change in LTSS demand, to anticipate the challenges we will face as a nation to meet that demand.

- *The period from 1990 to 2010* was marked by boomers aging into the prime caregiving years, with the result that the caregiver ratio was high and increasing.

- *The period from 2010 to 2030* will be a period of transition as boomers age into old age and the caregiver ratio declines—especially when the oldest boomers begin to reach age 80 in the 2020s.

- *The period from 2030 to 2050* will include all remaining boomers aging into the high-risk years of 80-plus, and the caregiver ratio is expected to continue to drift downward.

1990–2010

Despite large increases in the oldest population, the caregiver support ratio increased slightly as boomers boosted family caregiving.

Despite the attention given to the graying of the baby boomers and their potential future effect on health care and LTSS, little attention has been paid to the role that boomers have already played and are still playing as caregivers for their aging parents. From 1990 to 2010, the 80-plus population increased by 62 percent, but the number of potential caregivers aged 45–64 increased more rapidly—by 77 percent—as boomers aged into the peak caregiving years (see Figure 2).

As a result, the number of potential caregivers for every person aged 80-plus increased from 6.6 in 1990 to 7.2 in 2010, the year in which the caregiver ages of 45–64 corresponded to the ages of the baby boomers.

Research has demonstrated the critical importance of family support in maintaining independence and reducing nursing home use among older people with disabilities.[9] The increasing caregiver support ratio, declining rate of
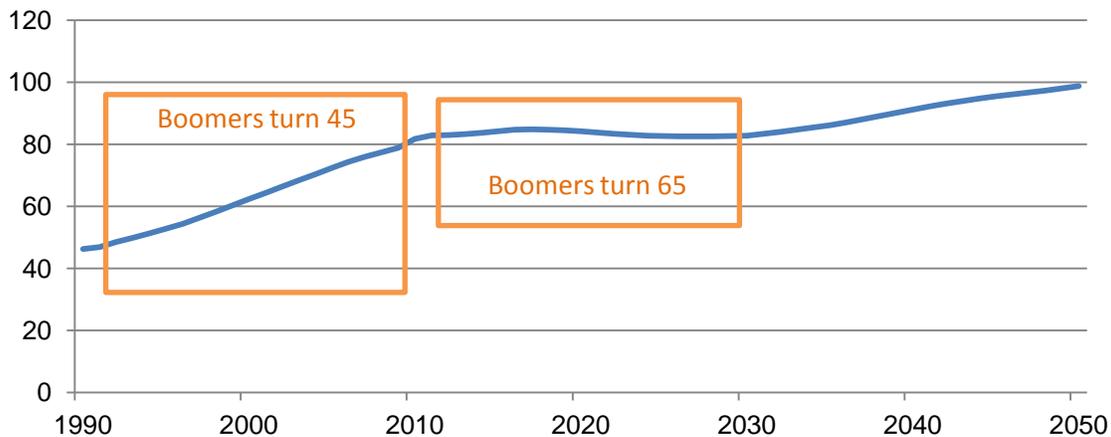
Figure 1
Caregiver Support Ratio, United States
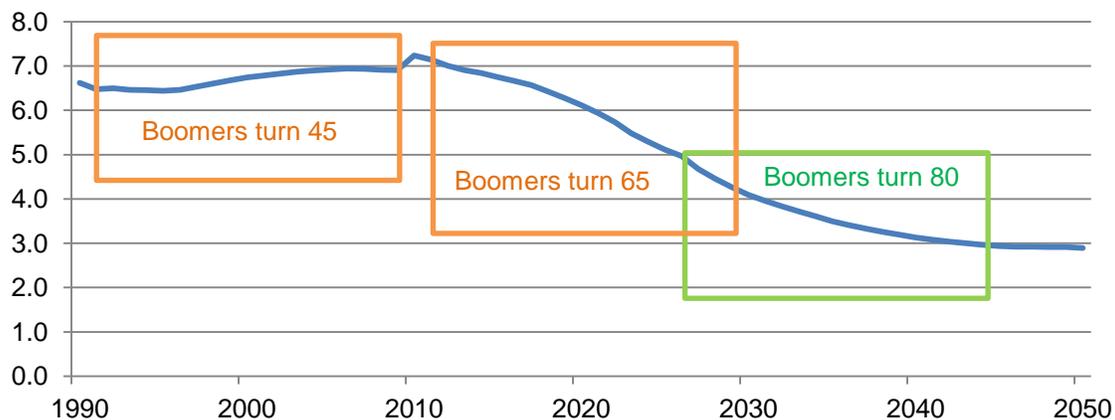
Source: AARP Public Policy Institute calculations based on REMI (Regional Economic Models, Inc.) 2013 baseline demographic projections.

Note: The caregiver support ratio is the ratio of the population aged 45–64 to the population aged 80-plus.

Figure 2
Projected Age 45–64 Population, U.S.
(millions)

Source: AARP Public Policy Institute calculations based on REMI (Regional Economic Models, Inc.) 2013 baseline demographic projections.

widowhood (due, in large part, to the narrowing longevity gap between men and women), along with socioeconomic improvements and declines in disability,[10] have been major factors in favorable trends in the use of LTSS during the 1990s and 2000s. Between 1984 and 2004, institutional use declined by 37 percent among the older population, as the number of older people living in the community with two or more needs for assistance with ADLs rose by two-thirds.[11]

These trends have had major implications for public programs that provide LTSS assistance. Medicaid costs for institutional care would have been an estimated $24 billion higher in 2004 had utilization rates remained unchanged after 1984.[12] By 2010, the number of older people who received Medicaid assistance for nursing home services had declined by 26 percent from its peak in 1995, which translates into savings of tens of billions of dollars per year.[13]

While it is impossible to document the exact portion of these savings that is due to family caregiving, the high rates of family support among the growing number of older people with high levels

of disabilities who live in the community suggest that such support has been a critical factor in the dramatic decline of institutionalization and Medicaid use during the past couple of decades.[14]

Trends varied somewhat from state to state, but generally exhibited favorably high caregiver support ratios. The ratio increased or stayed the same in 39 states and the District of Columbia, and increased by 1.0 or more potential caregivers per person aged 80-plus in 21 states. The caregiver ratio decreased in the other 11 states, but only 3 states with high ratios to start with (Alaska, Hawaii, and Nevada) saw declines of more than 0.5 caregivers for each person aged 80-plus (see Appendix B).

The increase in the caregiver support ratio reflects fertility patterns among the cohorts who aged into the 80-plus range between 1990 and 2010. The cohort who turned 80 years old in 1990 came into adulthood as the Great Depression of the 1930s struck. Because it was not a favorable time for family formation or childbearing, nearly one in four (24.2 percent) women aged 80–84 in 1990 never had any children. By 2010, the percentage of women aged 80–84

who were childless had dropped by more than half to 11.6 percent, as women who had come into adulthood in the post–World War II years gave birth to the baby boom. The average number of children borne by women aged 80–84 increased from 2.3 in 1990 to 3.1 in 2010.[15]

The most important predictor of having someone to count on when an individual needs help in LTSS is being married, because spouses and adult children most often arrange, coordinate, and provide care and social support. Spousal support has increased as the rates of widowhood declined dramatically during the 1990s and 2000s. In 1990, 8 out of 10 women (81 percent) aged 85-plus were widowed—a rate that declined to 73 percent among women aged 85-plus in 2010. Among women aged 75–84, the decline was even sharper—from 65 percent to 46 percent.

Among men aged 85-plus, the widowhood rate declined from 40.5 percent to 36 percent; the rate declined from 21 percent to 14 percent among those aged 75–84.[16]

2010–2030

The caregiver support ratio is expected to plummet as boomers transition from caregivers into old age.

The decades of the 2010s and 2020s will be a period of transition, as boomers age out of the peak caregiving years and the oldest boomers age into the 80-plus high-risk years.

The departure of the boomers from the peak caregiving years will mean that the population aged 45–64 is projected to increase by only 1 percent between 2010 and 2030. During the same period, the 80-plus population is projected to increase by a whopping 79 percent.

The number of potential caregivers per person aged 80-plus is expected to decline fairly slowly during the 2010s—from 7.2 to 6.1 by 2020—as the declining numbers of boomers in the prime caregiver ages will be offset somewhat by the relatively small cohorts turning 80-plus who were born during the birth dearth of the Great Depression. But the pace of the decline is expected to accelerate during the 2020s—from 6.1 to 4.1 in 2030—especially when the oldest boomers start turning 80 years old in 2026 (see Figure 3).

Figure 3
Projected Age 80+ Population, U.S.
(millions)
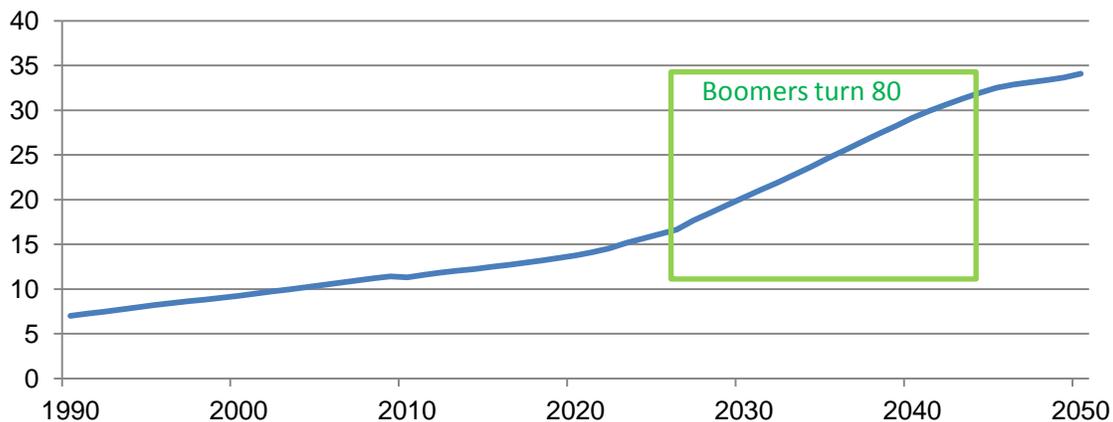
Boomers turn 80

Source: AARP Public Policy Institute calculations based on REMI (Regional Economic Models, Inc.) 2013 baseline demographic projections.

In *all* states, the projected ratio of potential caregivers to people aged 80 and older will decline between 2010 and 2030 (see Appendix B). Sixteen states are projected to experience declines of 50 percent or more in the caregiver ratio by 2030.

The declining caregiver ratio once again reflects changes in the fertility rates of successive cohorts. Only 11.6 percent of the women who were 80–84 years old in 2010 were childless, but that will increase to 16.0 percent for those who are 80–84 years old in 2030.[17] The average number of children has declined from 3.1 among women aged 80–84 in 2010 to 2.0 among women who will be in that age group in 2030.

Further declines in widowhood are likely to be offset by increases in divorce for future cohorts of older women and men. As a result, the percentage of women who are projected to spend 10 years or more unmarried after age 65 will decrease only slightly, from 64 percent (among the cohort of women who will be 80–89 years old in 2010) to 60 percent (among women who are that age in 2030). This percentage will remain fairly constant among succeeding cohorts. Among men in these age cohorts, the percentage who are projected to spend 10 years or more unmarried will increase substantially, from 29 to 36 percent.[18]

The impact of these demographic changes will be further complicated by recent data that indicate the declines in disability rates may have stalled and even reversed among the young old and pre-retirees, largely because of increases in obesity.[19] The implications of these trends can be observed in projections of future demand for LTSS. The number of "frail older people" (those aged 65-plus with any disability) is projected to increase from 11 million in 2010 to 18 million in 2030.[20] The percentage of frail older people who are childless is projected to rise from 14 to 18 percent during this period, and the percentage of frail older people who have only one or two adult children is projected to increase from 38 to 49 percent.[21]

These numbers suggest that the increasing frail older population will have fewer potential family caregivers on whom they can rely.

2030–2050

The caregiver ratio is expected to decline further as boomers complete the transition to the high-risk years of 80 and older.

Meeting the LTSS needs of the baby boom has been called "the 2030 problem,"[22] because of the large number of boomers who are entering late old age at that time. The steep decline in the caregiver support ratio that accelerated in the 2020s will continue through the 2030s, as boomers cascade over the 80-year-old threshold. The 80-plus population is projected to increase by 44 percent between 2030 and 2040, while the number of caregivers aged 45–64 is projected to increase only 10 percent. In the 2040s, the ratio is expected to begin to bottom out, as the population aged 80-plus is projected to increase 17 percent and the aged 45–64 population increases 8 percent.

The caregiver ratio is projected to decrease from 4.1 to 2.9 between 2030 and 2050, when all boomers will enter the high-risk years of late old age. Once again, all 50 states and the District of Columbia are expected to experience further declines in the caregiver support ratio (see Appendix B).

The percentage of women who remain childless is projected to increase from 16.0 percent, among those aged 80–84 in 2030, to 18.8 percent of those of the same age in 2050, and the average number of children will decrease slightly, from 2.0 to 1.9.[23] Projecting

marital status that far into the future is difficult, but the increased rates of divorce after age 50 suggest less marital stability in old age among boomers. The divorce rates of people aged 50 and older doubled between 1990 and 2010, especially among boomer cohorts.[24]

One in three baby boomers are currently unmarried, an increase of 50 percent since 1980.[25] Boomers are a substantial part of the 1.2 million people aged 65 or older who will live alone and will have no living children or siblings in 2020, up from 682,000 in 1990.[26] Childlessness among the older population with disabilities is projected to increase to 21 percent in 2040, and another 49 percent will have only one or two children.[27]

Conclusion

Demography is not destiny[28]—the policy decisions we make during the next decade will make a big difference in our ability to meet the challenges associated with the aging of the baby boom. But demographic trends certainly define the challenges we will face and establish the magnitude of the solutions that will be needed. The year 2010 was a watershed, as the caregiver support ratio climaxed and began a long, steep decline that will define the demand for LTSS for older people for decades to come.

The supply of family caregivers is unlikely to keep pace with demand to assist the growing number of frail older people in the future. In just 13 years, as the baby boomers age into their 80s, the decline in the caregiver support ratio will shift from a slow decline to a free fall.

From 7 potential caregivers per frail older person today, the caregiver ratio is projected to shrink to just 4 in 2030. The care gap is expected to widen even more as the ratio continues declining to 2.9 by 2050, when we have three times as many people aged 80 and older as there are today. These national trends will be reflected in major declines in the caregiver support ratio in all 50 states and the District of Columbia.

Rising demand and shrinking families to provide support suggest that the United States needs a comprehensive person- and family-centered LTSS policy that would better serve the needs of older persons with disabilities, support family and friends in their caregiving roles, and promote greater efficiencies in public spending. The challenges that face us are real, but they are not insurmountable—if we begin now to lay the foundation for a better system of LTSS and family support for the future.

Appendix A. Methodology

We used data from Regional Economic Models, Inc. (REMI) PI+ v1.4 model to calculate a national caregiver support ratio as well as caregiver support ratios for each state (see Appendix B), by dividing the population aged 45–64 by the population aged 80 and older. The REMI model uses historical data for 1990 through 2010, and projects demographic and economic conditions from 2011 to 2060.

The demographic projection component of the REMI model incorporates birth and survival rates by sex, race, age, and state. It also includes international and interstate migration by sex, race, age, and state.

Birth and survival rates are calculated by taking the *changes* in birth and survival rates from the Census Population Projection Assumptions file (national data only). These changes are applied to the last historical year birth and survival rates by sex, race, age, and state to form the forecasted state-level rates.

The international migration projections by race for the country (also from the census assumptions file) are divided among the states in the same proportion as the last historical year. Interstate migration is a calculation of the model and is responsive to macroeconomic conditions and historical interstate migration data. Additional detail on the methodology is available at http://www.remi.com.

The table in Appendix B below gives historical (1990 and 2010) and projected (2030 and 2050) caregiver support ratios for each state and the nation as a whole. One may observe that the state-to-state variation is much higher in the historical years than in the projected years. This is to be expected, as the projections represent a "middle case" based on assumptions that are uniform across states. The moderating influence of many years of such projections reduces interstate variance in the projected ratio. In actuality, states are likely to deviate from the baseline projection in unpredictable ways; because of this, it is not recommended to draw comparative inferences for the small differences in caregiver support ratios among states in 2030 or 2050.

Appendix B. Caregiver Support Ratios by State, 1990–2050

State	Support Ratio, by Year			
	1990	2010	2030	2050
United States	6.6	7.2	4.1	2.9
Alabama	6.8	7.8	3.9	3.2
Alaska	26.2	18.3	5.3	3.1
Arizona	6.8	7.0	2.6	1.8
Arkansas	5.6	7.0	3.9	3.2
California	7.6	7.7	4.4	2.7
Colorado	8.0	9.3	4.5	2.7
Connecticut	6.4	6.3	3.9	2.8
Delaware	7.9	7.4	3.5	2.8
District of Columbia	6.6	7.0	6.4	4.0
Florida	4.9	5.5	2.9	2.3
Georgia	8.5	10.1	4.8	3.1
Hawaii	8.7	6.1	2.9	2.1
Idaho	6.5	7.6	4.0	3.0
Illinois	6.5	7.1	4.9	3.3
Indiana	6.6	7.2	4.3	3.2
Iowa	4.6	5.6	3.3	2.3
Kansas	4.9	6.3	3.8	2.7
Kentucky	6.7	8.0	4.1	3.1
Louisiana	7.4	8.3	4.4	3.4
Maine	5.9	6.9	3.4	3.0
Maryland	8.6	8.1	4.2	2.8
Massachusetts	5.6	6.4	4.4	3.2
Michigan	7.3	7.0	4.1	3.3
Minnesota	5.4	6.9	4.3	2.7
Mississippi	6.2	8.0	4.1	3.3
Missouri	5.4	6.9	3.8	2.9
Montana	6.2	7.1	3.5	2.9
Nebraska	4.6	6.1	4.1	2.8
Nevada	12.4	10.0	3.4	2.0
New Hampshire	6.8	8.1	3.8	2.9
New Jersey	7.1	6.8	4.3	2.9
New Mexico	8.0	8.0	3.2	2.5
New York	6.5	6.6	4.8	3.5
North Carolina	7.7	8.0	3.9	2.7
North Dakota	4.5	5.5	4.2	3.0
Ohio	6.8	6.7	4.0	3.3
Oklahoma	5.8	7.4	3.8	3.1

State	Support Ratio, by Year			
	1990	**2010**	**2030**	**2050**
Oregon	6.0	6.9	3.9	2.8
Pennsylvania	6.0	5.8	3.9	3.3
Rhode Island	5.3	5.7	3.9	3.0
South Carolina	8.6	8.3	3.6	2.9
South Dakota	4.4	5.8	3.9	2.9
Tennessee	6.9	8.1	4.1	3.2
Texas	7.6	9.2	4.8	3.0
Utah	7.6	8.3	5.8	3.4
Vermont	6.3	7.5	3.4	2.9
Virginia	8.4	8.5	4.2	2.8
Washington	6.9	7.9	4.4	2.8
West Virginia	6.2	6.8	3.4	3.1
Wisconsin	5.5	6.7	4.0	2.9
Wyoming	7.8	8.7	3.9	2.6

Source: AARP Public Policy Institute calculations based on REMI (Regional Economic Models, Inc.) 2013 baseline demographic projections.

Note: Data for 1990 and 2010 are historical; data for 2030 and 2050 are projected. Because of the uncertainty inherent in any model-based long-term population projections, we do not recommend comparing states for 2030 or 2050.

Endnotes

[1] The term *family caregiver* is broadly defined and refers to any relative, partner, friend, or neighbor who has a significant relationship with, and who provides a broad range of assistance for, an older person or an adult with chronic or disabling conditions.

[2] T. Thompson et al., *Long-Term Care: Perceptions, Experiences, and Attitudes among Americans Age 40 or Older* (Chicago, IL: The Associated Press-NORC Center for Public Affairs Research, 2013). Accessed at http://www.apnorc.org/PDFs/Long%20Term%20Care/AP_NORC_Long%20Term%20Care%20Perception_FINAL%20REPORT.pdf.

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[4] National Alliance for Caregiving (NAC) and AARP, *Caregiving in the U.S. 2009* (Bethesda, MD: NAC [National Alliance for Caregiving]; Washington, DC: AARP, November 2009). Funded by the MetLife Foundation.

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[9] C. Noel-Miller, "Spousal Loss, Children, and the Risk of Nursing Home Admission," *Journal of Gerontology 65B*(3) (2010) pp. 270–280. See also D. Lakdawalla and T. Philipson, "Aging and the Growth of Long-Term Care," Working Paper No. 6980 (Washington, DC: National Bureau for Economic Research, 1999).

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[11] *Ibid.*

[12] *Ibid.*

[13] D. L. Redfoot, *The Good News about Medicaid Costs and an Aging Population* (June 28, 2013). AARP Public Policy Institute blog: http://blog.aarp.org/2013/06/28/the-good-news-about-medicaid-costs-and-an-aging-population/.

[14] A. Houser, M. J. Gibson, and D. L. Redfoot, *Trends in Family Caregiving and Paid Home Care for Older Persons with Disabilities in the Community: Data from the National Long-Term Care Survey*, AARP Public Policy Institute Report No. 2010-09 (Washington, DC: AARP, September 2010).

[15] D. L. Redfoot and S. M. Pandya, *Before the Boom: Trends in Long-Term Supportive Services for Older Americans with Disabilities*, AARP Public Policy Institute Report No. 2002-15 (Washington, DC: AARP, 2002). On cohort fertility rate comparisons, see also S. E. Kirmeyer and B. E. Hamilton, "Childbearing Differences among Three Generations of U.S. Women," NHCS Brief No. 68 (Washington, DC: National Center for Health Statistics, August 2011).

[16] *Ibid.* Updated with data from the U.S. Census Population data for 2010.

[17] Redfoot and Pandya, op cit.

[18] R. Johnson, "Private Resources and the Financing of Long-Term Care," presentation to the Institute of Medicine Forum on Aging, Disability, and Independence, June 12, 2013.

[19] See Freeman et al., op cit. See also D. Lakdawalla, D. Goldman, J. Bhattacharya, M. Hurd, G. Joyce, and C. Panis, "Forecasting the Nursing Home Population," *Medical Care 41*(1) (2003), pp. 8–20.

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