A Data Infrastructure for Measuring the Care Economy

Emily E. Wiemers, Syracuse University

Four Key Questions Data on Family Caregiving Should Help Answer

- Goal: Measure the size and value of the care economy

- What do we need to know:

  1. Who is at risk to provide care and who is in need of care?

  2. What kind of care potential recipients need?

  3. What care is provided?

  4. What are the short- and long-term consequences of care for economic well-being and health of care givers and recipients?

Examples of why we need this information

- Decide what help "counts" as part of the care economy

- Participation in the family/informal care economy

  - Caregivers

  - People who are "at risk" to provide care but are not caregivers

  - People who are not "at risk" to provide care

- To estimate costs and benefits of care giving and receiving we need the right counterfactual

Key Data Challenges – Who is at risk to provide care?

- Enumeration of potential care recipients outside of the household

    - HRS has a roster of parents, children, and siblings,

    - PSID includes family members in each wave and periodically rosters particular relationships,

    - AddHealth asks whether father and mother figures are alive and links to AHPS but not for all sample members,

    - NHATS rosters children and siblings,

    - NSFH is old but had rosters of parents, siblings, grandchildren

    - ATUS and SIPP do not have rosters

Key Data Challenges – What care do potential recipients need?

- Assessing care needs among *potential* recipients

  - HRS has excellent data if you consider the respondent as a care recipient, less good if you consider the parent as a recipient, and very not good if you consider the child as a recipient.

  - PSID has amazing information for the family members who are interviewed – so you can consider grandchildren, children, siblings, parents, grandparents, other family members -- but only occasionally rosters entire family members which means key folks are missing in each wave.

  - AddHealth and AHPS area great (similar to PSID) but only for those linked

  - NHATS is good for the respondent as care recipient and has a survey of caregivers for these respondents

  - ATUS and SIPP do not assess care needs of potential recipients

Key Data Challenges – What do care providers give?

- Ideally want to know about care in many forms (time, money, contact, emotional support, in-kind) and in both directions (to/from), reported by both caregiver and care recipient.

  - HRS has good info on care/errands given to parents, money given to and received from parents and children, care given to grandchildren, care received for health reasons (but screener is not amazing) but not good information on general time help to children or general help received from others.

  - PSID has supplements that do this for time and money, annually it asks about money received in the income sequence (underreported), care given in the time use sequence

  - AddHealth has emotional closeness, contact with parent figures plus transfers in AHPS

  - NHATS has information about what care recipients receive linked to a survey of caregivers.

  - ATUS has data on time use including caregiving activities

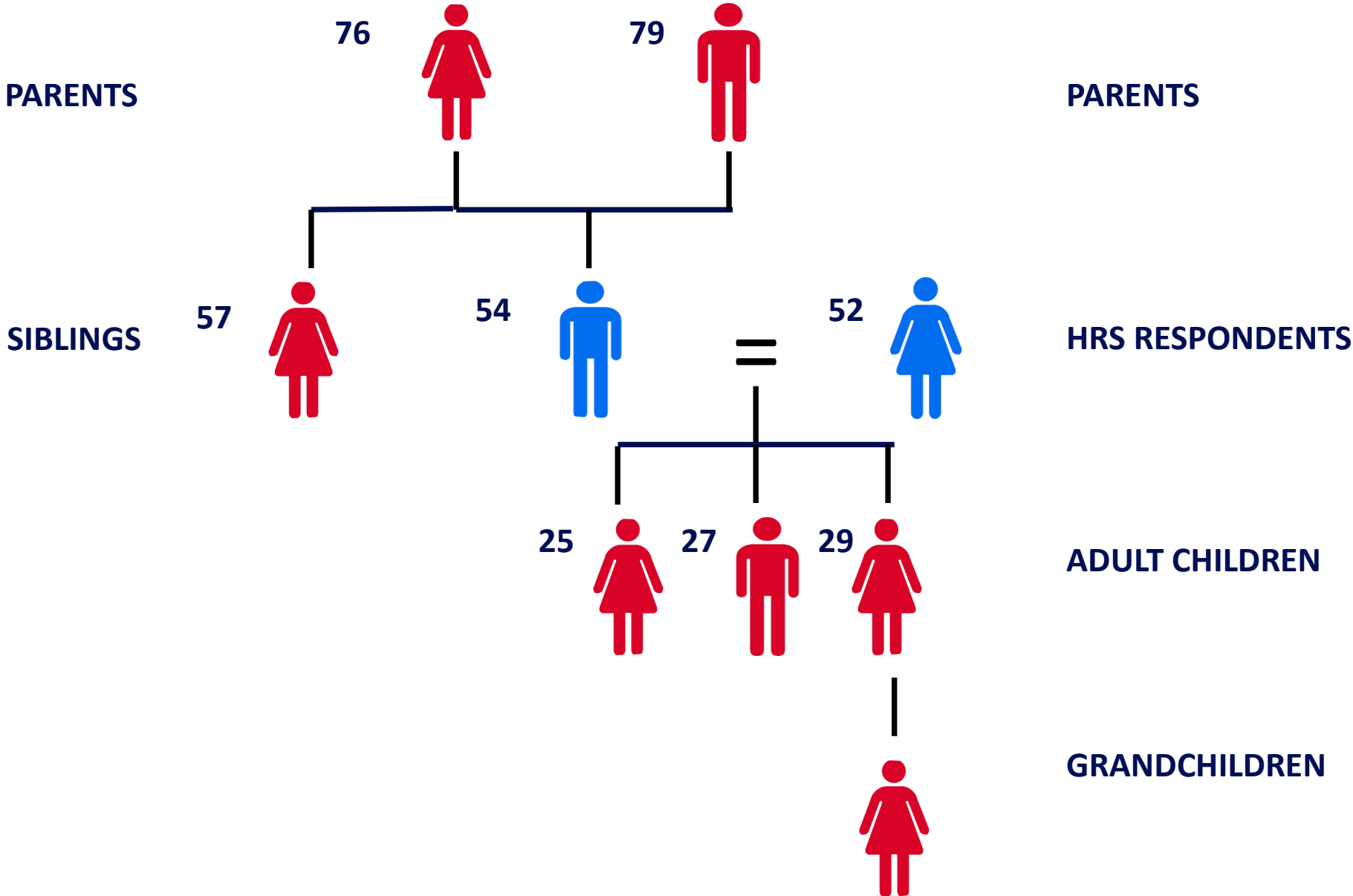 - SIPP has data on emotional support, financial help, and time help

Key Data Challenges – Consequences of caregiving/receiving?

- Short- and long-run health and economic consequences of giving and receiving care

  - Longitudinal data collection (HRS, PSID, NHATS, AddHealth)

  - Administrative health and earnings/benefits data linkages

    - HRS is linked to earnings/benefits for some sample members

    - SIPP caregiving module linked to SSA earnings/benefits

    - ATUS linkages to SSA earnings and benefits?

    - HRS, NHATS, PSID linkages to Medicare data

Summary

- Enumerating potential recipients and evaluating care needs for individuals living outside of the household

  - Especially a concern in federal data on caregiving like ATUS and SIPP

  - Information is included in a somewhat piecemeal way in surveys of families like HRS, PSID, and AddHealth

  - Rosters are an important data collection mechanism

  - Evaluating needs of potential recipients is crucial to deciding what counts as "care"

- Evaluating short- and long-term consequences of giving and receiving care

  - Data for assessing long-term consequences

  - Identifying the correct counterfactual (separating non-caregivers into those not providing care and those not at risk)

HRS as a four generation study

PARENTS   76   79   PARENTS

SIBLINGS   57   54   52   HRS RESPONDENTS

ADULT CHILDREN   25   27   29

GRANDCHILDREN

2013 PSID Roster and Transfers Module

In-laws in 2013 Roster

Stepchildren in 2013 Roster

PSID-gened person
Original PSID coverage
= Married or cohabiting