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LeaAnne DeRigne

Stephen Ferrante

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The Sandwich Generation: A Review of the Literature

LeaAnne DeRigne, MSW, PhD, Stephen Ferrante, MSW

ABSTRACT

Many Americans balance dual caregiving responsibilities for both children and aging family, dubbed the “sandwich generation.” Between 1 out of 8 and 1 out of 11 households with an adult aged 30 or older is comprised of dual-earner, sandwiched generation couples. There are psychological, physical, employment, and financial outcomes of balancing multiple caregiving duties. The literature shows positive benefits for caregivers too. A review of literature in the past 30 years, citing only U.S.-based studies is summarized in this paper. Policy, clinical, and research implications are included. It is possible that multi-generational caregiving responsibilities will continue to rise for the children of baby boomers as life expectancies continue to go up, people continue to have children later in life, and continue to support those children to older ages. Policy and clinical supports must be put into place to facilitate the highly necessary and valuable caregiving responsibilities of this population.

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Background

Many Americans are balancing dual caregiving responsibilities for both children and aging family members. Researchers have named this population the “sandwich generation” because they have both child rearing and aging family member caregiving responsibilities (Miller, 1981). The baby boom generation, between the ages of 45-55 years old, is often the focus of research on this population but it can impact any person of any generation as they balance multiple caregiving roles across generations. Sometimes the caregivers are referred to as the squeezed generation or stretched generation. The real sandwich occurs when people manage the demands of many different responsibilities and roles in their lives including those of parent, caregiver to an elder, and an employee (Keene & Prokos, 2007).

Several demographic trends are putting caregiving pressure on middle-aged adults. Americans are experiencing longer life expectancies reaching just over 78 years old on average (CIA World Fact Book, 2011). Due to advancements in medical science, technology, and healthcare we have the oldest aging society in the history of the world. Fertility is on a steady decline in industrialized societies, and women are delaying parenthood into their 30s and 40s (Kent, 2011; Dye, 2010). This means that families are smaller, and the age span between grandchildren and grandparents is larger than it had been before. Sixty percent of all women are in the paid workforce, which means they must balance traditional caregiving roles with paid employment (U.S. Department of Labor, 2010). The mobile nature of today’s societies means that family members are dispersed across the country, which adds to caregiving complications and stressors especially given the “age in place” desires by today’s seniors. Several characteristics of the U.S. healthcare systems have created undue pressure on

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family members including a lack of coverage for long-term care and shortages in employees in the health care workforce. Medicare pays for the first 100 days following a hospital stay. If someone needs long term care beyond that, they either must have the financial resources to pay for it out of pocket or qualify for Medicaid (must have low income and little assets). Finally, the shortage in healthcare workers leads to family members providing care to loved ones rather than hiring professionals, which is also often cost prohibitive. This paper summarizes the literature on the sandwich generation in order to explore what is known about this population in the scholarly arena.

Methods

Academic Search Premier was used as the search engine. Four combinations of terms were used: (1) sandwich + generation, (2) multigenerational + caregiving, (3) care + aging parent + children and (4) caregiving + burden + generation. The search strategy included finding articles for which the terms came up in the abstract, title, or key words. Letters, editorials, book reviews, and meta-analyses were excluded. Only peer-reviewed articles that utilized U.S. studies (to avoid comparing the U.S. to countries with more developed long term health care programs) were included. No date range was given because the coinage of the term only dates back to 1981.

A total of 833 articles were identified using this search method. Every article was scanned to determine its relevance to this review. Those that didn’t pertain to the topic were eliminated. Abstracts were read for the remaining 61 articles followed by full article readings to reach final inclusion decision. A set of criteria was established to determine whether an article was going to be included or not. Articles

95

that were not empirical, that analyzed populations outside the U.S. focused on only caregiving to one person at a time were excluded. A final list of 24

peer reviewed articles and one policy report from AARP are included in this article and summarized in Table 1.

Table 1. Summary of Articles Reviewed

Author	Year	Design and Analysis Type	Sample	Key Findings
AARP	2001	Descriptive Statistics	National sample of 2352 Americans between the ages of 45 and 55	Demographic description and outcomes-mostly positive as a result of caregiving. Found confidence amongst population that they were providing good care.
Buffardi, Smith, O'Brien & Erdwins	1999	Hierarchical multiple regression analyses	18,120 federal employees in dual-income households	Multiple generation caregivers show lower levels of satisfaction with leave and work-family balance those with just responsibility for school age children or elders.
Chapman, Ingersoll-Dayton & Neal	1994		9573 employees occupying multiple caregiving roles	Employees with multiple roles experienced more stress and absenteeism from work than those occupying only one caregiving role
Chassin et al	2010	Sequential logistic regression	Longitudinal sample of 4943 adults between the age of 30 and 60 surveyed from 1980-2005	Multigenerational caregivers' health behaviors were diminished. They were less likely to choose food based on health value, less likely to wear seat belts or to exercise regularly. It was also found that they smoked more.
Chisholm, J	1999	Literature review and clinical vignettes	N/A	Concludes that emotional reactions can be either positive or negative depending on quality of previous relationship with parent.
Couch, Daly & Wolf	1999	Tobit equations	1988 Panel Study of Income Dynamics, 4,328 households, 2,976 married couples and 1,352 unmarried	Family caregivers are more likely to leave the workforce or reduce work than other workers. Out of pocket cash transfers

			individuals	to aging parents is reduced when there are young children present in the household.
Cravey & Mitra,	2011	Descriptive statistics	Comparison of two studies (AARP & Fredriksen-Goldsen & Farwell) that are included individually in this lit review	See findings for each article individually
England & Tripp-Reimer	2003	Descriptive statistics.	92 adult children pre-selected for self-reports of crises in caregiving	Found that family of origin issues are likely to return during caregiving.
Fredrikson-Goldson & Farwell	2004	Chi-square statistics, one-way ANOVAs, hierarchical linear regression model	A sample of University of California at Berkeley employees, N=4,256 Weighted for gender and age	Found differences between ethnic minority groups among caregiving responsibilities, family size, and role strain.
Grundy & Henretta	2006	Logistic regression	2304 US women aged 55-69 and 352 British women aged 55-69	Findings support theory of family solidarity. If assistance is being provided to one generation it is more likely being provided to another generation too.
Hammer & Neal	2008	Means and Standard Deviations only	309 dual earner couples	Found that between 9-13% prevalence rate with women providing an average of 10 hours of care a week. Women were found to have higher rates of depression and absenteeism than male caregivers.
Ingersoll-Dayton, Neal & Hammer	2001	Qualitative and Quantitative analysis	63 individuals in focus groups who were part of dual earning sandwich generation couples 309 dual earner couples completed surveys	Found that aging parents were providing reciprocal care in the form of financial assistance, help with childcare and household tasks.
Keene & Prokos	2007	Multiple Regression	1992 and 2002 waves of the National Survey of the Changing Workforce	Found more negative work to family spillover effects for sandwiched caregivers.
Loomis & Booth	1995	Descriptive statis-	12 year longitu-	No effect on well-

		tics and multiple regression models	dinal study of Marital Instability Over the Life Course, 2033 married persons between the ages of 16-55 years old were interviewed in 1980, 1983, 1988, & 1992	being of caregiver unless they felt that the division of labor was unfair then well-being was diminished and strain was increased.
Miller	1981	Literature review on caregiver's stress	N/A	First to define and name the population as the "sandwich generation." Summarized the stresses of providing care to multiple generations.
Nichols & Junk	1997	Descriptive statistics, Chi-Squares, and logistic regression	1,466 pre-retirees between the ages of 40-65 years old	Found a 15% prevalence rate. Caregivers were employed full-time and if incomes were over \$45,000 year were more than 3 times as likely to provide care.
Pierret	2006	Descriptive statistics	The National Longitudinal Survey Young Women's Cohort- Women aged 45-56 in 1997	Found a 9% prevalence rate for women. Women were providing an average of 23 hours of personal and household assistance to parents and 26 to children. If there were college age children present than financial assistance was an average of \$10,000 a year.
Pyke & Bengtson	1996	Qualitative analysis	Interviews with 67 members of 20 three generation families	Found support for the theory of collectivism. Families use caregiving as way to build ties while families with individualistic philosophies rely on formal care more.
Seaward	1990	Literature review	N/A	Reviewed employer benefits that support sandwiched caregivers.
Spillman & Pezzin	2000	Descriptive statistics	1984 & 1994 National Long Term Care Surveys of chronically disabled individuals (3,643 in 1994 & 5,798 in 1984)	Found that 5.2% of all women with children under the age of 15 had a disabled elderly spouse or parent. Half of these women were

				the primary caregivers to the aging adult. Men were less likely to be caregivers.
Starrels, Ingersoll-Dayton, Dowler, & Neal	1997	Path analysis and decomposition of variance	1,585 employees who care for a parent or parent-in-law aged 60 or older	Women are more likely to provide assistance with daily tasks such as household duties and personal hygiene while men are more likely to provide financial assistance.
Stephens, Franks & Townsend	1994	Descriptive statistics and hierarchical multiple regression analyses	95 married primary caregivers to an impaired parent or parent-in-law who also had a child under the age of 21 living with them	Caregivers experience rewards as well as stresses from performing multiple caregiving roles.
Voydanoff & Donnelly	1999	Ordinary least squares regression analysis	1992-1994 National Survey of Families & Households 1,342 mothers and 988 fathers	The number of hours spent providing care to aging parents is positively related to reports of psychological distress.
Walter, 1996 Washington Business Group on Health	1996	Estimates on cost of caregiving in loss of productivity	87,000 employees of a manufacturer	Found an estimated \$5.5 million loss in productivity in a year due to elder caregiving
Ward & Spitze	1998	Descriptive statistics, regression analyses	2,129 married persons aged 40-49 years old from the National Survey of Families & Households	When reports of relationships with aging parents and children are good then caregiving has a positive impact on marital happiness.

Prevalence

Statistics differ as to the number of people who fall into the sandwich generation. AARP conducted a national survey of 2,352 Americans between the ages of 45 and 55 in 2001 to examine just how many “sandwich generation” members there were and how they were handling dual demands of parenting and elder care (AARP, 2001). The survey found that 44% of this population has both aging parents or in-laws as well as children under the age of 21. They found that only 6% of this population lives in three-generation households, but that 22% report caregiving responsibilities for parents or older relatives.

Hammer and Neal (2008) found that between 9% and 13% of American households with an adult

aged 30 or older are composed of dual-earner, sandwiched generation couples (about 1 in 8 to 1 in 11). Women in these households were providing nearly 10 hours of care a week to aging parents and in-laws (compared to 7.5 for men). The average age of the youngest child was 10.8 years old. In another study, researchers found that 5.2% of all women with a child under the age of 15 also had a disabled spouse or parent (Spillman & Pezzin, 2000). Nearly half of these women were the primary caregivers of both children and the disabled family member.

In an analysis of women between the ages of 45-56 years old from the National Longitudinal Survey of Young Women it was estimated that 9% of these women are providing a significant amount of care to

both their children and their parents (Pierret, 2006). The study found that women who are “sandwiched” were less likely to be working in the paid labor market, had higher household incomes and were more likely to be married than non-sandwiched women. These women may have more time and resources to spend with aging parents and young children. These women tend to provide an average of 23 hours of personal and household care to aging parents and 26 hours of care to children.

A study of pre-retirees found that 15% of this population was providing assistance to both their own children and either their parents or their spouses’ or partners’ parents (Nichols & Junk, 1997). Caregiving support included any of the following: financial, assistance in paying bills and taxes, transportation, housecleaning, meal preparation, personal hygiene, and shopping. Women were significantly more likely to be helping parents with housecleaning and shopping than were men and were more likely to be helping aged female family members than male family members.

There were differences in prevalence between ethnic groups. Fifty-two percent of Asian Americans have both living parents and young children, 46% of Hispanics, and 38% of African Americans (AARP, 2001). This doesn’t necessarily mean they are providing care for both generations but does reflect the potential caregiving responsibilities. It was found that African-Americans have larger families and lower incomes and are more likely to care for extended family (Fredrickson-Goldsen & Farwell, 2004, AARP, 2001, Cravey & Mitra, 2011). Though Asian Americans had smaller families on average, they report the highest degree of responsibility for caring for parents (AARP, 2001). Hispanic Americans were the most likely to live with aging parents, have more than 4 children at home and are twice as likely to provide for adult children (AARP, 2001).

Caregivers are predominantly women though men are getting increasingly involved with care (Chisholm, 1999, Spillman & Pezzin, 2000). There are gender differences in the type of care provided. Men tend to provide financial assistance while women are more likely to provide support emotionally and in daily tasks such as household chores, shopping, and basic hygiene (Chisholm, 1999, Starrels et al., 1997).

The majority of caregivers are employed full-time which means they must balance work and caregiving responsibilities (Nicholas & Junk, 1997). Families with incomes over \$45,000 are more than three times as likely to provide care than families with incomes under that level (Nicholas & Junk, 1997).

In November 2006, AARP estimated that there were between 30 and 38 million adult caregivers providing care to an adult family member with an

activity limitation in the U.S. (Gibson & Houser, 2007). The economic value of the family caregiving has been estimated between \$149 billion (calculating care being paid for at minimum wage) and as high as \$483 billion a year based on an hourly wage of \$14.68 (Arno, 2006). Researchers for AARP estimate the economic value at \$354 billion assuming 34 million caregivers and an average cost of \$9.63 per hour (Gibson & Houser, 2007). Caregivers provided an average of 21 hours of care per week (Gibson & Houser, 2007). The states with the highest numbers of caregivers were California, Texas, New York, and Florida (National Family Caregivers Association & Family Caregiver Alliance, 2006).

Review of Literature on Impact on the Sandwich Generation

So what is the impact on people who are providing care to multiple generations of family at the same time? The earliest coinage of the term was found in a 1981 article by a social worker named Dorothy Miller. The researcher wrote that the sandwich generation was in a unique position of giving of resources and services that outweigh receiving or exchanging them. Miller went on to describe the stresses that this generation feels as they face their own mortality and possible empty nest syndrome. These stressors include; “too many crises involving several members of the family from one or more generations occurring at the same time, decisions about institutionalizing an elderly parent, leisure time of parents is pressed, and already stretched financial resources are acutely strained” (p. 420). At the same time “they are ready for relaxation and self-indulgence yet find that their grown children are not quite independent and their parents have moved from autonomy to a degree of dependence” (Miller, 1981, p. 419).

Psychological Impact

Studies have found higher levels of depression among the sandwich generation (Hammer & Neal, 2008) than the general population with women having higher levels of depression than men. It has also been found that the number of hours spent caring for parents are positively related to psychological distress for mothers, but not for fathers (Voydanoff & Donnelly, 1999). However, when women report being satisfied with their jobs, happy in their marriages, and have a sense of family closeness their reports of psychological distress are lower. So it seems that being satisfied in other areas of one’s life can buffer the stressors of providing care to aging parents. If women report high levels of marital disagreement, their psychological distress is increased. Caregivers are reporting distress caused by crises in caregiving that involved life and death situations, family relational strain, unresolved early childhood issues from

family of origin, bereavement concerns, and dysfunctional coping strategies such as alcohol and elder abuse (England & Tripp-Reimer, 2003).

Physical Health Impacts

One study of 4943 mid-western Americans found that multi-generational caregivers had a variety of unhealthy behaviors as compared to other caregivers and noncaregivers (Chassin, Macy, Seo, Presson, & Sherman, 2010). The multigenerational caregivers were less likely to check food labels or choose foods based on health values, less likely to use seat belts, they smoked more cigarettes than other groups, and were less likely to exercise regularly. The researchers discussed the possibility that members of the sandwich generation have reduced available time for exercise and for cooking healthy food. This does not explain the failure to use a seat belt, which does not take significant time to do. They also suggested that when people are focused on other's health they are less focused on their own individual health and well being. Sleep deprivation is common in caregivers and can lead to increased incidence of illness (NFCA, 1998). It can also impact employment as concentration ability is diminished with a lack of sleep. In some studies, sleep deprivation has been linked to higher mortality rates and earlier death (NFCA, 2006).

Employment

Many studies have documented that employees with multiple caregiving roles (to both children and elders) experience more stress and absenteeism from work than employees with none or only one caregiving role (Buffardi, Smith, O'Brien, & Erdwins, 1999, Hammer & Neal, 2008, Seaward, 1999, Starrells, et al., 1997). Caregivers of multiple generations report lower levels of satisfaction with leave benefits and work-family balance (Buffardi, et al., 1999, Keene & Prokos, 2007). Absenteeism is higher for women with multiple caregiving roles than for men (Hammer & Neal, 2008, Starrells, et al., 1997). Family caregivers are the most likely to leave the workforce compared to other workers or to decrease their labor market time (Couch, Daly & Wolf, 1999). Sixteen percent of caregivers leave the workforce all together because of caregiving responsibilities and a fifth reduce work hours (NFCA, 2008; AARP, 2001). When caregivers leave the workforce they not only lose income but also health insurance benefits and Social Security credits. Overall lifetime financial impact can equal \$650,000 (NFCA, 2008).

Employers experience the consequences of caregiving too. The Washington Business Group on Health found that a single employer could document a loss of \$5.5 million in productivity in a single year due to employees providing elder care including costs associated with worker replacements, absentee-

ism, partial absenteeism, workday interruptions, crisis handling, supervising caregivers, increased physician care and increased use of mental health and EAP services (as cited in Walter, 1996).

Out-of-pocket Costs to Caregivers

Family caregivers have 2.5 times higher out-of-pocket medical costs than non caregivers (NFCA, 2006). When children are present in households cash transfers to parents are decreased though it does not reduce the time spent caring for aging parents (Couch, Daly, & Wolf, 1999). This may reflect the high costs associated with having young children in a household. There are reports of financial assistance being provided to caregivers from aging parents perhaps as compensation for care or contribution to household costs if in a co-residence situation (Ingersoll, Neal & Hammer, 2001).

Benefits for Caregivers

It is possible that there are positive outcomes of providing care to multiple generations at one time. Researchers have found that when relationships with aging parents and young children are good it can translate into reports of marital happiness (Ward & Spitze, 1998). Another study found that there were rewards received from caregiving and positive reports of role satisfaction, which suggest that caregiving, doesn't have to always be stressful (Stephens, Franks, & Townsend, 1994). It has also been found that aging parents give care as well as receive it (Ingersoll-Dayton, Neal & Hammer, 2001). There is a kind of reciprocity of care, emotional support, financial support, and help with child care and household tasks that is being provided by aging parents (Ingersoll-Dayton, Neal & Hammer, 2001). Although not all these types of help were associated with positive feelings in particular receipt of financial help can be problematic. Chisholm (1999) concludes that the emotional reactions to providing care to aging parents, depends on the quality of the relationship with the aging parent prior to onset of caregiving responsibilities. If a relationship is strained, then stress is increased for caregivers.

No Effect on Caregivers' Well-being

Other researchers have found that there is no effect on caregivers' well-being (Loomis & Booth, 1995) except that those who took on multigenerational caregiving responsibilities felt the division of labor in their household was unfair. It did not significantly affect marital quality, psychological well-being, financial resources, or satisfaction with leisure time even when controlling for number of hours of employment. The researchers hypothesized that only those adults in happier marriages take on caring for elderly family members.

Theories

Researchers have hypothesized that the needs of children compete with the needs of aging parents (Grundy & Henretta, 2006). However, it has also been hypothesized that there is a family solidarity philosophy among some families that there is a responsibility to provide intergenerational exchange of assistance in both directions (Grundy & Henretta, 2006). A comparison of U.S. and U.K. women aged 55-69 years old with at least one adult child and at least one living parent or parent-in-law found that among both married and unmarried women in the U.S., those who helped one generation were more likely to assist the other generation too than those who did not to help either" (Grundy & Henretta, p. 714). This research supports the theory of family solidarity rather than one of competition for assistance. American women who were helping a child or a parent were almost twice as likely (than those who were not helping) to be assisting the other generation as well. A similar qualitative study found that individualistic families minimize caregiving and rely upon formal supports while collectivist families use caregiving as a means to constructing family ties (Pyke & Bengtson, 1996).

Policy Implications

Employers are beginning to provide more support for employees with multiple caregiving responsibilities. Resource and referral services are a good place to start when offering assistance (Seaward, 1999). A survey by the U.S. Department of Labor found that 79% of employers offered this benefit (Seaward, 1999). Other elder care benefits include flexible scheduling, paid leave, paid leave of absences, reimbursement accounts, long-term care insurance policies, employer-sponsored adult day care centers and employer subsidized day care for the elderly. The federal Family and Medical Leave Act of 1993 allows for job protection while taking unpaid leave. Many employers require that you first exhaust any paid leave you have access to before taking unpaid FMLA leave.

There are many changes in policy that could positively benefit the sandwich generation. The Family and Medical Leave Act could be amended to expand the definition of family member to include domestic partners, aunts, uncles, grandchildren, nieces and nephews. Caregivers would benefit greatly from paid leave too. The federal government should guarantee American workers paid family leave and sick time. Secondly, caregivers who give up participation in the paid labor market to provide care should be able to have their Social Security credited for at least half of the average national salary. This way their retirement income will not be devastated by their choice to provide needed care to family members.

Clinical Implications

One of the biggest barriers related to caregivers receiving the services and supports they require is knowing what is available for them. Many caregivers are unaware of and uneducated about existing programs. Expansion of community awareness related to both caregiver issues and caregiver services is, therefore, an important element in addressing caregiver needs. State and local units on aging as well as service providers could collaboratively conduct marketing, outreach, and education aimed at caregivers and the broader community. Furthermore, efforts to enhance existing community awareness could be coupled with streamlining service entry as negotiation of service systems may currently offer its own set of challenges.

As a number of caregivers are not fully prepared to assume the dual role of simultaneously caring for children and an aging family member, caregiver education and training programs serve an essential function. Such programs would be well suited to not only focus on the female caregiver, but on other household members, including the adult males. Just as programs exist to ready young males for fatherhood, the same model could be applied to train adult males and additional household members in fulfilling caregiver responsibilities. Initiatives that work with the entire family unit and household can assist families in increasing caregiver participation and distributing the caregiver workload.

Intergenerational programming may provide creative opportunities for the sandwich generation caregiver. Intergenerational activities can bring together household generations as well as improve their sense of value, respect, relationship, and obligation. Recently, some service providers have established day care programs that include both child and older adult components. These centers can function as a needed resource and respite for caregivers.

Because caregivers experience the emotional impact of their caregiving role in the form of stress, depression, and anger, caregiver supports, particularly evidence-based initiatives, targeting stress, depression, and anger as well as behavior and relationship management are vital interventions. In the workplace setting, employee assistance programs can offer or coordinate these services as well as other required resources for staff attempting to balance their work and caregiving.

Long-term care planning is a task often implemented at the point of required intervention or at a time of crisis. Long-term care planning could, however, begin as families develop into multi-generational units. This proactive approach can afford families the opportunity to review required resources and supports prior to the point at which they are required. These activities can assist in ensuring both adequate and manageable caregiving.

Research Implications

It is clear that more research is needed on the sandwich generation. Many of the studies reviewed in this article were very dated. They were utilizing data collected in the 1980s and 1990s. Research needs to be done on more recent data that may garner a current view of this population and its' assets and needs. It is also clear that there is not any research on the outcomes for the young children being raised by 'sandwiched' parents. Are they missing out on attention from their parents or are they benefiting from models of intergenerational care?

Conclusions

It is possible that multi-generational caregiving responsibilities will continue to rise for the children of baby boomers as life expectancies increase, people continue to have children later in life, and continue to support those children to older ages (Rogerson & Kim, 2005). Policy and clinical supports must be put into place to facilitate the highly necessary and valuable caregiving responsibilities of the "sandwich generation."

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LeAnne DeRigne (lderigne@fau.edu) is Assistant Professor and Stephen Ferrante (ferrante@fau.edu) is Coordinator of the Aging Academy, School of Social Work, Florida Atlantic University, Boca Raton, FL. This paper was submitted to the *FPHR* on February 13, 2012, and accepted for publication on April 7, 2012. Copyright 2012 by the *Florida Public Health Review*.