CHAPTER 3

Families in Later Life

A Consequence and Engine of Social Inequalities

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ABSTRACT

The implications of economic inequality for American families are profound, giving rise to widening race and socioeconomic disparities in key family transitions including marriage, divorce, cohabitation, childrearing, and family bereavement. However, little scholarly attention focuses on how these divergences in family structure shape the health and well-being of older adults, and especially older women. In this chapter, I propose that family relationships are an important although overlooked mechanism linking economic inequality to persistent race, socioeconomic, and gender disparities in late-life well-being. I provide a statistical snapshot of older adults' families, showing how rates of marriage, divorce, widowhood, and remarriage differ markedly on the basis of gender, socioeconomic status, and race, with these disparities widening against the backdrop of rising economic inequality in the late 20th and early 21th centuries. I then describe how these patterns perpetuate disparities in late-life economic well-being, due in part to the structure of Social Security benefits which advantage those whose family lives conformed to the mid-20th century White middle-class "ideal" of a lifelong marriage between a male breadwinner and female homemaker. I further show how three stressful aspects of family lives — family bereavement, custodial grandparenting, and caregiving — disproportionately befall women, and

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especially low-income and women of color. As such, these family-related stressors exacerbate race, class, and gender-based disparities in health and well-being. I conclude by highlighting social policies that may help to mitigate against these disparities, and provide resources so that Americans of all backgrounds have an opportunity to grow old with dignity.

INTRODUCTION

Levels of economic inequality in the United States have risen dramatically over the past five decades, and in the early 2000s reached their most extreme level since shortly before the Great Depression of the early 1930s (Congressional Budget Office, 2019; Piketty, 2014). Since the late 1960s, the income and wealth levels of the top 5% of earners in the United States have climbed steeply, whereas growth has been much more muted or even flat among those at lower rungs of the economic ladder (Congressional Budget Office, 2019). The implications of economic inequality for American families are profound, giving rise to widening race and socioeconomic disparities in whether and the age at which people make important family transitions including marriage, divorce, cohabitation, childrearing, and even family bereavement (e.g., Gibson-Davis & Percheski, 2018; Lundberg, Pollak & Stearns, 2016; Smock & Schwartz, 2020; Umberson et al., 2017). Researchers and policy makers have documented the powerful consequences of these divergent family structures for the economic, physical, emotional, and cognitive well-being of children born into those families (e.g., Gibson-Davis & Percheski, 2018; Lundberg et al., 2016; Pickett & Wilkinson, 2015). However, scholars have not paid comparable attention to how these divergences in family structure shape the health and well-being of older adults, with their effects intensifying over the life course, and exacting a particularly harsh toll on the well-being of older women.

I propose that family relationships are an important although overlooked mechanism linking economic inequality to persistent race, socioeconomic, and gender disparities in late-life well-being. Family relationships are critical to one's health, wealth, and happiness. Married persons enjoy greater economic stability, better mental health, and longer and healthier lives relative to their counterparts who have never married or whose marriages ended through divorce or spousal death (Carr & Springer, 2010; Carr & Utz, 2020). Yet the family structures conferring the greatest benefits are precisely those entered into and maintained by persons with the greatest social and economic advantages; as such, families are a critical engine driving processes of cumulative advantage and disadvantage over the life course.

This chapter opens with a statistical snapshot of older adults' families, showing how rates of marriage, divorce, widowhood, and remarriage differ markedly on the basis of gender, socioeconomic status, and race, with these disparities widening against the backdrop of rising economic inequality in the late 20th and early 21st centuries. I then describe how these patterns perpetuate disparities in late-life economic well-being, due in part to the structure of Social Security benefits which advantage those whose family lives conformed to the mid-20th century White middle-class "ideal" of a lifelong marriage between a male breadwinner and female homemaker. I further show how three stressful aspects of family life—family bereavement, custodial grandparenting, and caregiving—disproportionately befall women, and especially low-income women and women of color. As such, these family-related stressors exacerbate race, class, and gender-based disparities in health and well-being. I conclude by highlighting social policies that may help to mitigate against these disparities, and provide resources so that Americans of all backgrounds have an opportunity to grow old with dignity.

LATER-LIFE FAMILIES: A STATISTICAL SNAPSHOT

Marriage was a near universal institution in the United States in the mid-20th century, although in recent decades it has become recognized as an institution of racial, economic, and gender privilege (Cherlin, 2010). Whites and persons with higher levels of income and education are more likely than Blacks and financially vulnerable persons to marry and stay married, and are more likely to remarry following marital dissolution (Cohen & Pepin, 2018; Raley, Sweeney, & Wondra, 2015; Shafer & James, 2013). Men are more likely than women to remain married "until death do us part," whereas women are more likely to become widowed. Women also are less likely to remarry following divorce or widowhood (Brown, Lin, Hammersmith & Wright, 2016).

Older men are more likely than older women to be currently married, and this gender gap increases with age. Among adults ages 65 to 74, three quarters of men yet just 58% of women are currently married (U.S. Census, 2015). By ages 85 and older, 59% of men yet just 17% of women are still married. For current cohorts of older adults, this disparity largely reflects the widowhood gap. Wives tend to outlive their husbands, a reality exacerbated by the fact that men tend to marry women 2 to 3 years younger than themselves, on average (England & McClintock, 2009). Race gaps also are pronounced. Blacks are more likely than Whites to be unmarried, whether never married, divorced, or widowed, and the race gap in marriage has widened considerably over the past six decades (Raley et al., 2015). In 2015, 72% of White men ages 65+ were currently married

compared to just 54% of Black men. An even more pronounced race gap is evident among women; 44% of White women yet just 23% of Black women ages 65+ are married, a function of Blacks' higher rates of divorce, widowhood, and remaining single for life. While lifelong singlehood is rare among current cohorts of older adults, it is twice as common among Black men and women (8.7% and 9.4%) relative to White men and women (4.4% and 4.1%).

Gender and race gaps in marital status mean that older women and especially women of color are more likely than men to live alone, an established risk factor for many physical and mental health concerns including falls, loneliness, cognitive impairment, and mortality risk (e.g., Painter, Elliott, & Hudson, 2009; Smith & Victor, 2019). Men tend to spend their later years at home, with their wife by their side. Older women, especially women of color, do not have this luxury. Fully 43% of Black women ages 65+ live on their own, compared to just 20% of White men. Conversely, just 24% of older Black women live with a spouse, whereas roughly two thirds of men do. Given the centrality of marriage to older adults' well-being, race and gender gaps in family structure are a powerful mechanism contributing to and exacerbating later-life inequalities (Carr, 2019).

THE IMPACT OF FAMILY STRUCTURE ON LATE-LIFE ECONOMIC SECURITY

Marriage is a critical pathway to economic security, yet getting married and remaining married are benefits that are increasingly out of reach for women, Blacks, and persons of lower socioeconomic status. As such, marriage is a key engine perpetuating and widening economic disparities. Being married brings sustained financial benefits over the life course, whereas ending a marriage entails economic costs, with these decrements particularly severe for women, and especially women of color. Spouses enjoy economies of scale, such that their pooled income and savings go further in covering expenses for shared resources like food, secure housing, and heating bills (Smock, Manning, & Gupta, 1999). For older couples in which both partners are working for pay (or who did work for pay in their preretirement years), two incomes go further than one in covering daily expenses and provide a financial cushion in the event of a health crisis or other emergency (Carr, 2019).

Marriage also has been a main pathway through which current cohorts of older women received health insurance in their preretirement years; for women working in part-time jobs or those not working for pay, their husband's employer was the primary source of health insurance (Angel, Montez, & Angel, 2011). However, the economic benefits of marriage are consistently larger for Whites relative to Black and Latinx persons, a consequence of the higher earnings, better

quality jobs, and greater access to benefits like health insurance among Whites (Semyonov, Lewin-Epstein, & Bridges, 2011). These racial gaps in the economic benefits bestowed upon older married women have widened in recent decades, alongside rising levels of income inequality (Manduca, 2018).

Married persons also are spared the direct costs associated with marital dissolution such as legal fees in the case of divorce, and medical and funeral expenditures related to a spouse's death (Fan & Zick, 2006). The latter are especially daunting to Blacks, who are less likely than Whites to have life insurance to help defray costly funeral expenses (Harris & Yelowitz, 2018). Women are particularly vulnerable to dissolution-related declines in their standard of living (Bianchi, 1999) and household income (Leopold, 2018), and increased risks of poverty (Smock et al., 1999) and the loss of homeownership (Dewilde, 2008). Women experience a 25% to 40% drop in their standard of living whereas men experience anywhere from a 10% gain to a 10% drop, where the latter is limited to the small population of men whose wives were the family's primary breadwinner (Tach & Eads, 2015).

Remarriage is an effective pathway to economic stability following marital dissolution, with midlife and older remarried persons faring as well financially as those in first marriages, and both faring significantly better than divorced persons who remain unmarried (Lin, Brown, & Hammersmith, 2017). However, older women are less likely than men to remarry, due to a skewed sex ratio and shortage of potential partners (Wu & Schimmele, 2005), men's tendency to seek out partners younger than themselves (England & McClintock, 2009), and women's desire to maintain their independence and be spared of intensive spousal caregiving (Brown et al., 2016). Black women have particularly low chances of remarriage, given Black men's high rates of mortality. While men are more likely than women to remarry, remarriage—like marriage—is an institution of privilege. White, U.S.-born, and more highly educated men are more likely to remarry, relative to their Black, immigrant, and less educated counterparts (Livingston, Parker, & Ruhal, 2014). This disparity partly reflects the fact that men with more stable careers and higher income are considered more "marriageable" and desirable partners, whereas men with fewer economic advantages are less likely to attract and retain a romantic partner (Sawhill & Venator, 2015;Wilson, 1987).

The Importance of Social Security to Late-Life Financial Security

An important yet overlooked mechanism perpetuating economic disparities in later life is the structure of Social Security benefits, which privileges older adults who have lived what sociologists characterize as a White middle-class life; a long-term marriage between a breadwinner and homemaker. Social Security is a national income security program for older adults, established in the United

States in 1935 and expanded dramatically in the 1970s. The program was originally designed for an era in which most people (especially White middle-class people) married once, remained married for life, maintained a traditional male breadwinner/female homemaker arrangement, and the "breadwinner" had secure and long-term employment (Lin, Brown, & Hammersmith, 2017). When marriages ended, it was typically through widowhood rather than divorce.

Consistent with these early to mid-20th century notions of families, Social Security continues to provide more substantial benefits to married and widowed people, relative to their single and divorced counterparts (Meyer & Herd, 2007). The program design also privileges those who maintained breadwinner/homemaker (rather than dual-earner) arrangements during their preretirement years, and those who married and worked for life rather than for brief or sporadic spells. In practice, these program rules mean that lower-income persons and African Americans are disadvantaged, given their relatively low rates of long-term marriage and high rates of divorce (Raley et al., 2015). Blacks and persons with lower levels of education are further disadvantaged because they are more likely than Whites and highly educated persons to have been in dual-earner couples, requiring two incomes to support their families (Fullerton, 1999).

Social Security is one of the most successful social programs in U.S. history, providing income security to millions of older adults. Without Social Security, 40% of older adults rather than the current 10% would be living beneath the official poverty line (Romig & Sherman, 2016). The program is progressive, meaning that lower-wage earners receive a higher percentage benefit than higher-wage earners. Despite the undeniable success of Social Security, however, more than 4 million older adults in the United States live in poverty today, with women, unmarried persons, and ethnic minorities especially vulnerable because they are largely if not wholly dependent on Social Security for their financial security, and are less likely to have additional income from employer-provided pensions, interest income, or wages. In 2015, one in five Black and Latinx older households subsisted solely on their monthly Social Security checks, compared to just 13% of White households. Social Security accounted for nearly half of older unmarried women's income, compared to just 34% and 29% among unmarried men and older married couples, respectively (U.S. Census Bureau, 2015). Social Security benefits are a necessity for lower-income households. Social Security payments account for more than three quarters of the monthly incomes of lower-income households (at or below 200% of the poverty line), but just 52% and 21% of the household incomes of middle- (between 200% and 400% of the poverty line) and higher-income households (at or above 400% of the poverty line), respectively.

There are several reasons why historically disadvantaged subgroups are so highly dependent on Social Security. Employer-provided pensions, considered

the second most important source of retirement income after Social Security, often are out of reach to women, ethnic minorities, and persons with precarious employment. Data from the Current Population Survey show that 57% of wage and salary workers currently work for an employer that sponsors a retirement plan, and just 48% participate in the plan. Workers for larger firms, typically around 100 or more employees, and higher income workers are most likely to receive these benefits. Because Blacks, Latinx, and women are less likely to work for large firms or in higher-wage jobs, they are less likely to have their own employer-provided pension plan. An estimated 62% of Whites, but just 54% of Blacks and Asians, and 38% of Latinx persons have an employer-provided pension (Rhee, 2013). Married women may have access to private pensions through their spouse's job, a benefit that is less often available to women of color and low-income women, who are less likely to marry and stay married, and whose spouses may have poorer quality jobs with fewer benefits (Angel et al., 2011).

Yet even among those who are offered an employer pension, workers who are the most economically secure are best positioned to participate in the plan. Over the past four decades, defined-benefit (DB) pension plans have gradually been replaced by defined-contribution (DC) plans; the latter require that a worker have both the financial wherewithal to save for the future and the investment savvy to do so effectively (Stoltzfus, 2016). Traditional DB plans were funded exclusively by employers, and provided workers with lifetime annuities based on how long they were with their employer and their final salary. DC plans, by contrast, are tax-deferred savings accounts like 401K plans which provide tax and savings incentives to both employers and employees to set aside money for retirement. The payout is determined by the amount of money contributed to the plan and the rate of return on the money invested over time. The future value of DC accounts, like savings accounts, depends both on fluctuations of the market and the worker's savvy in investing their funds wisely. A poor or misguided investment decision can decimate a worker's future retirement income. Moreover, workers with pressing and immediate financial concerns—typically women, low-income, and ethnic minority workers—may not contribute as much or frequently as is required during their working years. Consequently, just 40% of low-income workers yet more than 80% of high-income workers with DCs actually take advantage of them (Zoeckler & Silverstein, 2016). For these reasons, the historical transition from DCs to DBs as the main type of employer-provided pension has given rise to widening inequalities in pension wealth, on the basis of race, socioeconomic status, and marital status (Morrissey, 2019).

Social Security Benefits Privilege Married Persons

Social Security is a complex program, but an examination of its rules reveals how it maintains and exacerbates financial disparities on the basis of marital status. Social Security has a dual eligibility structure, meaning that it offers two paths to benefits. People can qualify for benefits either as a retired worker, or as the spouse, former spouse, or widow(er) of a retired worker (Herd, Favreault, Meyer, & Smeeding, 2018). Yet each of these paths has specific conditions that disadvantage women, persons of color, those who were married to persons with precarious employment, and those whose own employment was sporadic.

First, older adults may qualify for retired worker benefits, or Old Age, Survivors and Disability Insurance (OASDI), if they have a minimum level of earnings over 40 quarters (i.e., 40 three-month periods) or a total of 10 years of earnings. The benefits a retiree receives is based on the highest 35 years of earnings during one's working life. Second, spouse or survivor benefits are granted to those who had been married to a qualified worker for at least 10 years. When a married person reaches full retirement age, they are eligible for spousal benefits equal to one half the value of their partner's benefits. When a widow(er) reaches full retirement age, they receive benefits equal to 100% of their late spouse's benefit. However, divorced persons receive only half of their former spouse's benefit, and that benefit holds only when the marriage lasted for 10 or more years. Those who had a short-lived marriage, lasting less than 10 years, are not eligible for spouse benefits and must rely on retired worker benefits based on their earnings alone.

Older adults who qualify for both worker and spouse/survivor benefits receive just one set of benefits, whichever is higher (Iams & Tamborini, 2012). Women who have never worked for pay or who worked only sporadically, dedicating their time to childrearing rather than paid employment, might not have accrued 10 years of earnings and would have no choice but to take the spouse or survivor benefit.

Never married persons, by definition, uniformly take the worker benefit, which indirectly contributes to a considerable gap between the income levels of ever- and never-married persons. Never-married older women tended to earn considerably less than men during their working lives, a function of both discrimination and occupational sex segregation in the mid to late 20th century, where women typically were clustered in lower-paying jobs such as nurses and teachers (England, 1982). Never-married men also are disadvantaged relative to their married counterparts; current cohorts of never-married older men have lower levels of education and earnings relative to their married counterparts, due in large

part to social selection. Poor physical or mental health earlier in life may have rendered them less likely to marry (Goldman, 1993; Robards, Evandrou, Falkingham, & Vlachantoni, 2012). Due in part to the well-documented earnings differential between married and never-married persons, Social Security benefits vary starkly as well. One analysis of Health and Retirement Study (HRS) data showed that the average Social Security benefit of never married men and women in 2010 was just under $12,000, whereas the mean benefit for their married counterparts slightly exceeded $22,000 (Lin et al., 2017).

Women who were in dual-earner couples may receive sparser benefits after their spouse dies, relative to those widows who had relied on the single income of a breadwinner husband. For current cohorts of older adults, women of color and low-income women are more likely than their White and higher socioeconomic status (SES) counterparts to have worked for pay throughout the childbearing years (e.g., Amott & Matthei, 1996; Fullerton, 1999). As such, they face the Social Security penalty imposed on women in dual-earner couples relative to their husband breadwinner-wife homemaker counterparts.

The math behind benefit levels is complicated, but Herd and colleagues (2018) provide a clear example to illustrate how the dual-earner couple penalty emerges. Imagine two married couples, each of whom has an annual household income of $60,000. One couple is a dual-earner family, where each spouse earns $30,000 per year. The other is a sole-breadwinner household where the husband earns $60,000 a year. When those marriages end, the wife in the sole-breadwinner household would receive a $1200 widow benefit, whereas the wife in the dual-earner household would receive just $800. As a widow, her survivor benefit would equal $800, and as a worker, her retired worker benefit would receive $800. However dual-eligibles (those eligible for benefits based on their own income as workers, or one based on their former spouse's work record) must choose just one of the two, whichever is larger. While Social Security provides a critical source of income security for nearly all older adults, the program is most beneficial for married older adults, who already enjoy a position of privilege relative to their unmarried peers.

THE IMPACT OF FAMILY STRUCTURE AND TRANSITIONS ON PHYSICAL AND EMOTIONAL WELL-BEING

Families are a critical source of comfort, companionship, and health-enhancing emotional and practical support for older adults. At the same time, family roles and responsibilities are a major source of stress in later life, with these stressors especially likely to befall older adults who have experienced social and economic

disadvantages over the life course, and who lack the financial resources that may help them alter or cope with the stress-inducing situation (Pearlin, Schieman, Fazio, & Meersman, 2005). Stress is socially patterned such that less advantaged people tend to experience both a greater number of and more severe stressors. Sociologist Leonard Pearlin has described this process as stress proliferation, whereby "people exposed to a serious adversity [are] at risk for later exposure to additional adversities" while also possessing fewer material and social resources to alter the stress-inducing situation (Pearlin, Aneshensel, & Leblanc, 1997). I focus on three specific family life stressors that are especially common among those whose lives have been marked by disadvantage: bereavement, custodial grandparenthood, and caregiving.

Stress models propose that *acute events* such as the death of a spouse or child, and *chronic strains*, such as caring for a coresidential grandchild or coping with the problems that rendered one's child incapable of parenting, can threaten well-being (Pearlin et al., 2005). These experiences may be critical pathways that amplify the harmful effects of earlier adversities on health and well-being in later life. A single stressor can precede, occur alongside, or emanate from other stressors, amplifying its physical and emotional consequences. A discrete life event may give rise to chronic strains; for example, the sudden death of a spouse may trigger financial strains if that spouse had been the family's primary breadwinner (Umberson, 1992) or if the survivor is struggling to pay costly medical or funeral bills (McGarry & Schoeni, 2005). Likewise, chronic strains may precede a stressful life event; for example, an adult child's struggle with drug addiction may trigger their untimely and sudden death (Feigelman, Feigelman, & Range, 2018) and may require a bereaved older adult to serve as primary caregiver to the bereaved grandchild (Generations United, 2016). These processes of stress proliferation are especially likely to befall older adults who have experienced social and economic disadvantages over the life course, and who lack the financial resources that may help them alter or cope with the stress-inducing situation (Pearlin et al., 2005).

Family Bereavement

Socioeconomic and race disparities in mortality have widened over the past five decades, alongside rising levels of income and wealth inequality in United States (Bosworth, 2018). The gap in life expectancy between persons with higher versus lower levels of education, income, and wealth has widened since the 1980s. African Americans and persons with fewer years of education, lower levels of income, and who reside in lower-income neighborhoods consistently evidence higher rates of mortality and earlier onset of most major health conditions (including cancer, lung disease, heart disease, and diabetes) relative to Whites and their financially advantaged counterparts (Bosworth, 2018; Williams

& Sternthal, 2010). While widening mortality disparities are a critical social problem in their own right, they also mean that lower-income persons and African Americans are especially likely to experience family bereavement and its harmful consequences for health and well-being.

Family bereavement, or the death of blood, legal, or fictive kin, is considered among the most stressful of all life events, with negative consequences for one's physical and mental health (Holmes & Rahe, 1967). Familial loss, especially premature or multiple bereavements, is more common among those with limited economic resources, ethnic minorities, and women. Given women's greater life expectancy than men and their tendency to marry men slightly older than themselves, women are more likely than men to lose a spouse due to death (Federal Interagency Forum on Aging-Related Statistics, 2016).

A pathbreaking study by Umberson and colleagues (2017) concludes that elevated rates of bereavement among Blacks are an underexamined mechanism through which race and socioeconomic disparities in well-being are perpetuated. Analyzing data from the National Longitudinal Survey of Youth 1979 (NLSY79) and HRS, they find that Blacks are more likely than Whites to have survived the deaths of a mother, father, and sibling from early life through midlife. They also are more likely to have experienced child and spouse death, between midlife and old age. By age 50, Blacks are nearly twice as likely as Whites to have lost a spouse or child in the 20 years prior.

Racial disparities in mortality exist for nearly all causes, but the differential is most pronounced for violent deaths, particularly homicide. Homicide rates in the United States are among the highest of wealthy Western nations, with 4.43 violent gun deaths per 100,000 residents in the United States (compared to just.06 in the United Kingdom). Although these rates translate into small numbers in absolute terms, African Americans are especially vulnerable. Black men are 2.5 times as likely as White men to be killed by a police officer, and 1.5 times as likely to be murdered overall (Edwards, Esposito, & Lee, 2020). These violent deaths may take a profound emotional toll on the victims' aged grandparents or parents, and may deprive them of a potential source of financial support or caregiving. Homicides, in particular, are considered unjust deaths and may render older adults vulnerable to anger, an especially harmful emotional reaction as it may elevate one's risk of cardiovascular conditions (Chida & Steptoe, 2009) and "push away" those significant others who would otherwise be a source of emotional support (Keltner, Ellsworth, & Edwards, 1993).

Premature deaths, especially from stigmatized causes, also are especially likely to befall lower SES Whites relative to their higher SES counterparts. "Deaths of despair"—or deaths attributed to drug overdose (especially heroin and opioids), alcohol abuse, and suicide—increased dramatically in the late 2010s,

disproportionately afflicting middle-aged high school dropouts and persons with a high school diploma only. Between 1999 and 2016, persons ages 45 to 64 of all racial and ethnic backgrounds witnessed increases in mortality rates (Woolf et al., 2018). During the same period, deaths from suicide increased by 33% (Hedegaard, Curtin, & Warner, 2020). These statistics mean that aged parents with midlife children, and retirement-age adults with slightly younger spouses or siblings, among others, are increasingly vulnerable to family bereavement due to stigmatized conditions, which may undermine the support they receive, and may intensify their feelings of guilt that they couldn't "do more" to save their loved one (Feigelman et al., 2020). Deaths related to substance use also may come at the end of a long period of family strife and financial strain, especially for costly addiction treatment programs that may deplete older adults' retirement savings (Feigelman et al., 2020). Premature deaths from homicide, suicide, and addiction exemplify the concept of stress proliferation, and are linked with prolonged symptoms of grief, depression, and symptoms similar to post-traumatic stress disorder (Kaltman & Bonanno, 2003).

Grieving a violent or untimely loss is particularly difficult, but more common losses—including the late-life loss of a spouse, parent, sibling, friend, or adult child due to chronic illness—also exact an emotional toll, although symptoms tend to return to preloss levels within 12 to 18 months post-loss (Carr & Mooney, 2021). For instance, studies generally concur that 20% to 40% of older bereaved spouses report symptoms of depression, anxiety, or grief during the first 6 months following loss before returning to preloss levels of mental health. Severe and prolonged reactions are rare, yet as many as 15% of bereaved spouses experience complicated or chronic grief; this encompasses symptoms like extreme longing for the deceased, intense emotional pain, anger, and disengagement from activities or relationships for at least 12 months following the loss (Prigerson, Vanderwerker, & Maciejewski, 2008; Shear et al., 2011). While spousal loss is linked with elevated mortality risk among widowers (Martikainen & Valkonen, 1996; Moon, Kondo, Glymour, & Subramanian, 2011), men and women do not differ dramatically with respect to most mental health symptoms (Sasson & Umberson, 2014).

Bereaved persons also tend to experience elevated symptoms of depression following the loss of an elderly parent (Scharlach & Fredriksen, 1993; Umberson, 2003), sibling (Cicirelli, 2009) or friend (d'Epinay, Cavalli, & Guillet, 2010) although these patterns do not differ dramatically on the basis of race, sex, or socioeconomic status. Child death, by contrast, is associated with more intense and long-lasting psychological symptoms among women, a function of their close ties with their children and the importance of parenting to their identities (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). Bereavement is

particularly difficult for those with the sparsest social networks and few sources of support other than the decedent. For instance, the loss of a sibling is particularly consequential for unmarried and childless older adults, who often rely on siblings to serve as their caregivers (Freedman, 1996) and their main source of social support (Steptoe, Shankar, Demakakos, & Wardle, 2013). In sum, widening economic inequalities throughout the late 20th and early 21st centuries mean that familial bereavements are especially likely to befall persons of lower SES, African Americans, and women. Moreover, the types of deaths that disadvantaged older adults are disproportionately surviving are those associated with profound symptoms of grief, including premature, violent, and stigmatized deaths, and most recently deaths from COVID-19 (Carr, Boerner, & Moorman, 2020). As such, familial bereavement is a key mechanism through which widening economic inequalities contribute to the compromised health and well-being of disadvantaged older adults.

Custodial Grandparenthood

Custodial grandparenting, or caring for grandchildren on a full-time coresidential basis, has grown increasingly common in the United States over the past five decades (Baker, Silverstein, & Putney, 2008). The share of U.S. children living in a grandparent's household has more than doubled over the past four decades, from 3% in 1970 to 7% in 2010 (Ellis & Simmons, 2012). Custodial grandparenthood is especially common among older African American women and those from economically disadvantaged backgrounds. An estimated 2.9 million older adults are currently raising their grandchildren, with African Americans and Hispanics more likely to do so, relative to Whites (Ellis & Simmons, 2012). While many custodial grandparents report that it brings them a sense of meaning, purpose, new skills, and competencies as a result of their unexpected return to the parenting role (Hayslip et al., 2019), the experience also exacts a physical, emotional, and financial toll on older adults who are already vulnerable (Choi, Sprang, & Eslinger, 2016).

The main reason that older adults are raising their grandchildren is that the middle generation, the child's parent, is not able or available to provide adequate care. Households which include a grandparent and grandchild(ren) without the middle generation are referred to as skip-generation families. The total proportion of Americans living in skip-generation households is small, although the rate is more than twice as high among Blacks (2.2%) versus other racial groups (less than 1%) (Ellis & Simmons, 2012). They also have poorer physical and economic well-being; 21% of custodial grandparents live beneath the poverty line, 25% have a disability, and 40% have provided this care for more than 5 years—rendering it a chronic strain (Ellis & Simmons, 2012).

The rising number of and racial disparities in skip-generation families and custodial grandparenting are largely a consequence of pervasive social problems that have disproportionately struck economically disadvantaged and Black families over the last four decades: the War on Drugs, mass incarceration, the HIV/AIDS epidemic, and the lingering effects of the Great Recession. Since the 1970s crackdown on illegal drugs, incarceration rates in the United States have risen dramatically, and are now among the highest in the world. Law enforcement policies like the "three strikes rule" implemented in the 1990s effectively removed large numbers of African American men and, to a lesser degree, women from their communities and into prison (Hayslip, Fruhauf, & Dolbin-MacNab, 2019).

Since the 1990s, the crack and HIV/AIDS epidemics, and extended military deployments also have disproportionately affected young men and women of color. These conditions have contributed to the premature death, incapacitation, and imprisonment of young people who might otherwise be caring for their children. In the early 2000s, many young parents—especially those with limited education and job skills—struggled to find gainful employment after losing jobs in the Great Recession (Qian, 2012). Some victims of layoffs couldn't afford their own homes or were evicted from their apartments, forcing them to place their children in a safe environment with their grandparent(s) (Turney, 2014). In the 2010s, the heroin and opioid crises have left a growing number of children (especially poorer and rural White children) either orphaned or abandoned, forcing their grandparents to step in as primary caretaker (Seelye, 2016). The psychological stress older adults experience when taking on the responsibility of custodial grandparenting is amplified by the coexisting stressors of a child's health, substance use, financial, family, or legal problems (Choi et al., 2016, Generations United, 2016).

The strains of caring for a grandchild(ren), especially against the backdrop of other family and financial stressors, may threaten older adults' well-being and are a critical mechanism contributing to health disparities. Custodial grandparents report more physical and mental health problems, poorer quality sleep, lower levels of satisfaction with the grandparenting role, poorer health behaviors, and isolation from other friends and family (Choi et al., 2016; Generations United, 2016). An analysis of HRS data found that the negative health consequences of custodial grandparenting are larger for Black grandparents, relative to their White and Hispanic counterparts (Chen et al., 2014). These harmful effects persist even when the grandparents' other risk factors, such as low income or education, are controlled (Scomeggna, 2012), although social and economic support somewhat mitigate against these effects (Chen et al., 2015).

The experience of custodial grandparenting also threatens the financial security of older adults who are already vulnerable. They must bear the costs of expenses such as clothing, furniture, extra food, school supplies, and medical bills for their grandchild(ren) (Scomeggna, 2012). Those who are of working age may experience income loss because they reduce their work hours, take a more flexible job, or quit work all together in order to manage their new role as caretaker. Reentering the labor force when their grandchild no longer requires round-the-clock care can be difficult if not impossible, given pervasive ageism in the workplace (Generations United, 2016; Meyer, 2014). These work-family strains may compound the financial and physical challenges that these vulnerable older adults faced even prior to becoming custodial caregivers.

Family Caregiving

Caregiving is a normal and expected role in later life, as older adults care for their age-peers such as a spouse, siblings, or friends, as well as the relations above (parents) or below (children or grandchildren). An estimated 40 million Americans today are providing care to a family member or friend (National Academies of Sciences, Engineering, and Medicine, 2016). However, rates of caregiving, its time intensity, perceived stressfulness, and rates of using support services vary widely on the basis of race, gender, and socioeconomic status, such that women, lower-income persons, Blacks, and Latinx persons shoulder a heavier burden than their counterparts who are male, higher-income, and White, respectively. While caregivers report benefits including a sense of meaning, purpose, the mastery of new skills, and the opportunity to "give back" to a loved one, caregivers also evidence elevated symptoms of anxiety and depression, as well as physical health decrements including an elevated risk of mortality (National Academies of Sciences, Engineering, and Medicine, 2016).

At every stage of the life course, women (even those with full-time jobs) are more likely than men to be caregivers (Sayer, 2005). These gendered patterns persist post-retirement, and converge only in very late life, at ages 85+. Women dedicate more hours per week to the care recipient, and provide care for longer time periods. According to national estimates, women spend an average of 6.1 years—nearly 10% of their adult lives—caregiving, whereas men spend just 4.1 years, or 7% of their adult life providing care to others (National Academies of Sciences, Engineering, and Medicine, 2016). Women also carry out particularly time-intensive and physically and emotionally draining tasks. Researchers classify caregiving tasks into assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The former includes helping with

the most basic activities that need to be accomplished each day, like dressing, toileting, and eating. The latter includes more complex activities that enable the patient to lead a full and independent life, such as cooking, driving, and managing daily medication regimes (Miller & Carfasso, 1992). Women are more likely than men to provide help with both sets of tasks, although the gender gap is a bit narrower for IADLs.

These intense time demands are a common reason why midlife and older women are more likely than men to drop out of the paid work force when they're providing care; tasks like feeding and bathing must be done every day and cannot be neglected, whereas tasks like paying bills are less frequent and urgent. Caregiving in later life, like providing childcare in young adulthood, is a key reason why women earn less during their working lives, taking a toll on their Social Security benefits, pension wealth, and risk of late-life poverty, especially after being widowed (Meyer & Herd, 2007). Labor market exits also make it more difficult to return to work, given the loss of skills during these gap times (Gonzales, Lee, & Brown, 2017).

Research on race and ethnic differences in caregiving is more limited, yet data generally show that older Blacks and Latinx invest more time in caregiving than Whites. A meta-analysis of 116 studies of racial differences in caregiving found that Blacks are more likely than Whites to help with ADLs, although no differences were detected for IADLs (Pinquart & Sorensen, 2005). Part of the reason is that Blacks, on average, suffer more numerous, frequent, and earlier onset health problems than their White counterparts. As a result, their family members and friends often are enlisted to give care at younger ages, offering assistance with basic daily tasks for long stretches of time. Older Black women are more likely than their White counterparts to provide parent care, which is particularly demanding given the parent's advanced age (Laditka and Laditka, 2001). Blacks' greater tendency to provide parent care is due in part to their lower rates of marriage, meaning that they are less likely than Whites to have a spouse available to provide time-intensive coresidential care.

Socioeconomic status differences in caregiving have garnered surprisingly little research, yet emerging evidence suggests that older adults with less education, less income, and poorer quality jobs are more likely to provide all types of care, do so for longer hours, and carry out these tasks for longer periods of time. Older adults with limited financial resources cannot pay for home health aides or the high costs of nursing home and assisted living facility supports (National Alliance of Caregivers and AARP Public Policy Institute, 2015). For older adults who are still in the workforce, juggling low-wage work and caregiving is difficult if not impossible. Workers earning an hourly wage lose pay when they take time off to provide family care. They also are unlikely to have flexible sched-

ules, sick leave, family leave, paid vacation days, or other benefits that might help lessen the load of caregiving. For many of these older workers, the main way to manage paid work and caregiving is quitting work or reducing work hours, and spending more time on unpaid family care, which further undermines one's financial security in both the immediate and longer term (Bianchi et al., 2012).

Given these disparities in the frequency and intensity of caregiving activities, stressful caregiving may be an important mechanism that contributes to race, sex, and socioeconomic disparities in later-life well-being. Older caregivers are more likely than noncaregivers to report depression and anxiety, poorer self-rated health, sleep problems and fatigue, appetite loss, weight loss, and greater risk of cardiovascular disease, and death (Roth et al., 2013; Wolff et al., 2016). Caregiving takes an especially profound toll when one perceives their experience to be stressful; older caregivers who report high levels of psychological strain have mortality rates 50% higher than their counterparts who do not describe their caregiving as distressing (Perkins et al., 2013).

Most studies show caregiving is more harmful to physical health than emotional health, especially for older women. Caregiving duties reduce the time that one can dedicate to exercise, preparing healthy meals, sleeping 8 hours a night, complying with recommended medication schedules, and seeking care for one's own health concerns (Collins & Swartz, 2011). One study of dementia caregivers found that nearly one third neglected to take their own medications, and half did not keep their own doctors' appointments (Wang, Robinson, & Hardin, 2015). Providing physical care also can be strenuous, increasing one's risk of musculoskeletal injuries, backaches, muscle strain, scrapes, and bruises. This risk is especially dangerous for older adults who are already experiencing physical conditions like arthritis, which is more prevalent among women than men and lower SES persons relative to higher SES persons. Although Blacks and Whites have similar rates of arthritis, Blacks report higher rates of arthritis-attributed functional limitations (e.g., Barbour, Helmick, Boring, & Brady, 2017). The physical strains of intensive caregiving are amplified for those who live in subpar housing. Homes or apartments that have clutter, uneven floors and stairs, and tubs and toilets without grab bars put caregivers at risk of falls or other dangerous mishaps, especially for older caregivers with an impaired sense of balance, limited motion, and weakness due to declining muscle mass (National Academies of Sciences, Engineering, and Medicine, 2016; National Research Council, 2011). Thus, caregiving may further undermine the well-being of those older adults who already are most compromised.

CONCLUSION

I have argued that socioeconomic, race, and gender disparities in family structure have widened over the past five decades, alongside rising levels of economic inequality. Persons whose lives are marked by greater advantage enjoy more protective family roles, further widening disparities in the economic, physical, and emotional well-being of older adults. I described how the structure of Social Security benefits effectively privilege those who already possess the advantages of having had a long and stable marriage, exacerbating the economic disadvantages of women and especially women of color. I then identified three family life stressors that disproportionately befall women, persons of color, and persons with fewer socioeconomic resources—family bereavement, custodial grandparenting, and caregiving—and further perpetuate race, gender, and socioeconomic disparities in health and well-being.

The patterns and disparities in family structures described here are projected to increase in the next three decades, as members of the large Baby Boom and smaller Generation X cohorts reach old age. The extent to which marriage is an institution for the privileged has intensified for recent cohorts. According to data from the American Community Survey, 56% of upper- or middle-class adults ages 18 to 55 are currently married, compared to just 39% of working-class and 26% of poor people (Wilcox & Wang, 2017). Marriages also are increasingly homogamous on the basis of socioeconomic status. That means that college graduates are marrying fellow college graduates, and high school drop-outs are marrying other high school drop-outs, widening the gap between families who are more or less advantaged (Schwartz, 2013). The number of Americans in dual-earner families also is increasing. More than 60% of married couples with dependent children today are dual-earner families, compared to just 25% in 1960 (Pew, 2015). Given these demographic shifts, it is critical to the financial stability of older adults for Social Security to alter its rules, such as reducing the 10-year marriage rule to a shorter duration, adjusting the entitlement levels for widow(er)s and divorcees who also are retired workers, or providing an increment to never married persons. These relatively modest adjustments will help to boost the relative financial well-being of the rising numbers of older adults whose family lives do not conform to the mid-20th century middle-class model of marriage for life between a homemaker and breadwinner. To date, however, policy makers have not made efforts to restructure spouse and survivor benefits to better reflect the contemporary realities of family life, especially for African Americans, women, and lower-income persons.

Carefully designed policies also may mitigate against the family-related strains that are a source of psychosocial and physical burden to vulnerable older

adults. The most straightforward policies provide practical and economic support for family caregivers, who suffer not only the physical and emotional strains of caregiving but the loss of income, wealth, and pension accumulation due to reductions in their paid employment. These practices would enhance employed older adults' capacity to give care, and would also provide supports to their family members who are a source of caregiving. The Family and Medical Leave Act (FMLA), enacted in 1993, could be expanded to better meet the needs of caregivers, especially low-income caregivers. FMLA offers up to 12 weeks of unpaid leave to workers who need to care for a family member, whether a grandchild or an ailing spouse. However, only half of all workers are covered by FMLA; those who work for smaller businesses (less than 50 employees) or have not been on the job long enough to qualify are not eligible for leave. More importantly, unpaid leave threatens the economic security of the poorest Americans and those with precarious employment; they often cannot afford to forsake their paycheck. While roughly half of U.S. workers are eligible for FMLA, rates of uptake range from just 28% among Latinx to 40% among Whites. Paid leave programs would be tremendously valuable for those forced to choose between caring for a loved one and working for pay.

Several innovative policies currently under discussion by Congress have the potential to provide some security and flexibility to caregivers. The Family and Medical Insurance Leave (FAMILY) Act would create a shared fund that makes paid leave affordable for employers of all sizes and for workers and their families. The Social Security Caregiver Credit Act would offset lost contributions during those spells when workers take their unpaid family care leave. Workers would receive a credit so that caregiving hours are included in the final calculation of their Social Security benefits. Similarly, the bipartisan proposed bill Credit for Caring Act would provide a nonrefundable federal tax credit of up to $3,000 for eligible family caregivers who work and use their own money to help care for a loved one. Although the future of this proposed legislation is uncertain, policy makers from both sides of the aisle agree that some forms of public support for caregivers is critical (Carr, 2019). Older adults will account for an unprecedented 21% of the U.S. population by the year 2030, with their ranks projected to top 74 million. The needs of these older adults and the family members that care for or are cared for by then must be addressed, and strategic federal policies are a critical first step toward ensuring that all older adults—including those who have faced cumulative disadvantages—have the opportunity to live with dignity and comfort.

REFERENCES

Amott, T., & Matthaei, J. (1996). *Race, gender, and work: A multicultural economic history of women in the U.S*. Boston, MA: South End Press.

Angel, J. L., Montez, J. K., & Angel, R. J. (2011). A window of vulnerability: Health insurance coverage among women 55 to 64 years of age. *Women's Health Issues*, *21*(1), 6–11.

Baker, L. A., Silverstein, M., & Putney, N. M. (2008). Grandparents raising grandchildren in the United States: Changing family forms, stagnant social policies. *Journal of Societal & Social Policy*, *7*, 53–69.

Barbour, K. E., Helmick, C. G., Boring, M. A., & Brady, T. J. (2017). Vital signs: Prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation—United States, 2013–2015. *Morbidity and Mortality Weekly Reports*, *66*, 246–253.

Bianchi, S. M. (1999). Feminization and juvenilization of poverty: Trends, relative risks, causes, and consequences. *Annual Review of Sociology*, *25*(1), 307–333.

Bianchi, S. M., Sayer, L. C., Milkie, M. A., & Robinson, J. P. (2012). Housework: Who did, does or will do it, and how much does it matter? *Social Forces*, *91*(1), 55–63.

Bosworth, B. (2018). Increasing disparities in mortality by socioeconomic status. *Annual Review of Public Health*, *39*, 237–251.

Brown, S. L., Lin, I. F., Hammersmith, A. M., & Wright, M. R. (2016). Later life marital dissolution and repartnership status: A national portrait. *The Journals of Gerontology: Series B*, *73*(6), 1032–1042.

Carr, D. (2019). *Golden years? Social inequality in later life*. New York, NY: Russell Sage Foundation.

Carr, D., Boerner, K., & Moorman, S. (2020). Bereavement in the time of Coronavirus: Unprecedented challenges demand novel interventions. *Journal of Aging & Social Policy*, 1–7. doi:10.1080/08959420.2020.1764320

Carr, D., & Mooney, H. (2021). Bereavement in later life. Chapter 15 in K. Ferraro & D. Carr (Eds.), *Handbook of aging and the social sciences* (9th ed.). New York, NY: Academic Press.

Carr, D., & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and Family*, *72*(3), 743–761.

Carr, D., & Utz, R. L. (2020). Families in later life: A decade in review. *Journal of Marriage and Family*, *82*(1), 346–363.

Chen, F., Mair, C. A., Bao, L., & Yang, Y. C. (2015). Race/ethnic differentials in the health consequences of caring for grandchildren for grandparents. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *70*(5), 793–803.

Cherlin, A. J. (2010). *The marriage-go-round: The state of marriage and the family in America today*. New York, NY: Vintage.

Chida, Y., & Steptoe, A. (2009). The association of anger and hostility with future coronary heart disease: A meta-analytic review of prospective evidence. *Journal of the American College of Cardiology*, *53*(11), 936–946.

Choi, M., Sprang, G., & Eslinger, J. G. (2016). Grandparents raising grandchildren. *Family & Community Health*, *39*(2), 120–128.

Cicirelli, V. G. (2009). Sibling death and death fear in relation to depressive symptomatology in older adults. *Journals of Gerontology Series B: Psychological and Social Sciences*, *64*(1), 24–32.

Cohen, P. N., & Pepin, J. R. (2018). Unequal marriage markets: Sex ratios and first marriage among Black and White women. *Socius*, *4*. https://doi.org/10.1177/2378023118791084

Collins, L. G., & Swartz, K. (2011). Caregiver care. *American Family Physician*, *83*(11), 1309–1307.

Congressional Budget Office. (2019). The *distribution of household income, 2016.* Washington, DC: Author. Retrieved from https://www.cbo.gov/system/files/2019-07/55413-CBO-distribution-of-household-income-2016.pdf

Hedegaard, H., Curtin, S. C., & Warner, M. (2020). Increase in suicide mortality in the United States, 1999–2018. NCHS Data Brief, No. 362, DHHS Publication, No. 2020–1209. Washington, DC: NCHS.

d'Epinay, C. J. L., Cavalli, S., & Guillet, L. A. (2010). Bereavement in very old age: Impact on health and relationships of the loss of a spouse, a child, a sibling, or a close friend. *OMEGA Journal of Death and Dying*, *60*(4), 301–325.

Dewilde, C. (2008). Divorce and the housing movements of owner-occupiers: A European comparison. *Housing Studies*, *23*(6), 809–832.

Edwards, F., Esposito, M. H., & Lee, H. (2018). Risk of police-involved death by race/ethnicity and place, United States, 2012–2018. *American Journal of Public Health*, *108*(9), 1241–1248.

Ellis, R. R., & Simmons, T. (2012). *Coresident grandparents and their grandchildren. Current Population Reports* (P20-576). Washington, DC: U.S. Census Bureau.

England, P. (1982). The failure of human capital theory to explain occupational sex segregation. *Journal of Human Resources*, *17*, 358–370.

England, P., & McClintock, E. A. (2009). The gendered double standard of aging in US marriage markets. *Population and Development Review*, *35*(4), 797–816.

Fan, J. X., & Zick, C. D. (2006). Expenditure flows near widowhood. *Journal of Family and Economic Issues*, *27*(2), 335–353.

Federal Interagency Forum on Aging-Related Statistics. (2016). *Older Americans 2016: Key indicators of well-being*. Washington, DC: U.S. Government Printing Office.

Feigelman, W., Feigelman, B., & Range, L. M. (2020). Grief and healing trajectories of drug–death–bereaved parents. *OMEGA—Journal of Death and Dying*, *80*(4), 629–647. doi:10.1177/0030222818754669

Freedman, V. (1996). Family structure and the risk of nursing home admission. *Journals of Gerontology Series B: Psychological and Social Sciences*, *51*(2), S61–69.

Fullerton, H. N., Jr. (1999). Labor force participation: 75 years of change, 1950–98 and 1998–2025. *Monthly Labor Review*, *122*, 3–12.

Generations United. (2016). *State of grandfamilies 2016. Raising the children of the opioid epidemic: Solutions and support for grandfamilies*. Washington, DC: Author. Retrieved fromhttps://dl2.pushbulletusercontent.com/qdCNUO2JMMZKzKRjyIlwbgjMtf39xkKa/16-Report-SOGF-Final.pdf

Gibson-Davis, C. M., & Percheski, C. (2018). Children and the elderly: Wealth inequality among America's dependents. *Demography*, *55*, 1009–1032.

Goldman, N. (1993). Marriage selection and mortality patterns: Inferences and fallacies. *Demography*, *30*, 189–208.

Gonzales, E., Lee, Y., & Brown, C. (2017). Back to work? Not everyone. Examining the longitudinal relationships between informal caregiving and paid work after formal retirement. *The Journals of Gerontology: Series B*, *72*(3), 532–539.

Harris, T. F., & Yelowitz, A. (2018). Racial disparities in life insurance coverage. *Applied Economics*, *50*(1), 94–107.

Hayslip, B., Jr., Fruhauf, C. A., & Dolbin-MacNab, M. L. (2019). Grandparents raising grandchildren: What have we learned over the past decade? *The Gerontologist*, *59*(3), e152–e163.

Hayslip, B., Jr., Glover, R. J., Harris, B. E., Miltenberger, P. B., Baird, A., & Kaminski, P. L. (2009). Perceptions of custodial grandparents among young adults. *Journal of Intergenerational Relationships*, *7*(2–3), 209–224.

Herd, P., Favreault, M., Meyer, M. H., & Smeeding, T. M. (2018). A targeted minimum benefit plan: A new proposal to reduce poverty among older social security recipients. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, *4*(2), 74–90.

Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, *11*, 213–218.

Iams, H. M., & Tamborini, C. R. (2012). The implications of marital history change on women's eligibility for social security wife and widow benefits, 1990–2009. *Social Security Bulletin*, *72*, 23–38.

Kaltman, S., & Bonanno, G. A. (2003). Trauma and bereavement: Examining the impact of sudden and violent deaths. *Journal of Anxiety Disorders*, *17*(2), 131–147.

Keltner, D., Ellsworth, P. C., & Edwards, K. (1993). Beyond simple pessimism: Effects of sadness and anger on social perception. *Journal of Personality and Social Psychology*, *64*, 740–752.

Laditka, J. N., & Laditka, S. B. (2001). Adult children helping older parents: Variations in likelihood and hours by gender, race, and family role. *Research on Aging*, *23*(4), 429–456.

Leopold, T. (2018). Gender differences in the consequences of divorce: A study of multiple outcomes. *Demography*, *55*(3), 769–797.

Lin, I. F., Brown, S. L., & Hammersmith, A. M. (2017). Marital biography, social security receipt, and poverty. *Research on Aging*, *39*(1), 86–110.

Livingston, G., Parker, K., & Ruhal, M. (2014). *The demographics of remarriage. Four-in-ten couples are saying "I Do," again*. Washington, DC: Pew. Retrieved from https://www.pewresearch.org/wp-content/uploads/sites/3/2014/11/2014-11-14_remarriage-final.pdf

Lundberg, S., Pollak, R. A., & Stearns, J. (2016). Family inequality: Diverging patterns in marriage, cohabitation, and childbearing. *The Journal of Economic Perspectives*, *30*(2), 79–101.

Manduca, R. (2018). Income inequality and the persistence of racial economic disparities. *Sociological Science*, *5*, 182–205.

Martikainen, P., & Valkonen, T. (1996). Mortality after the death of a spouse: Rates and causes of death in a large Finnish cohort. *American Journal of Public Health*, *86*(8), 1087–1093.

McGarry, K., & Schoeni, R. F. (2005). Widow(er) poverty and out-of-pocket medical expenditures near the end of life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *60*(3), S160–S168.

Meyer, M. H. (2014). *Grandmothers at work: Juggling families and jobs*. New York, NY: New York University Press.

Meyer, M. H., & Herd, P. (2007). *Market friendly or family friendly? The state and gender inequality in old age*. New York, NY: Russell Sage Foundation.

Miller, B., & Cafasso, L. (1992). Gender differences in caregiving: Fact or artifact? *The Gerontologist*, *32*(4), 498–507.

Moon, J. R., Kondo, N., Glymour, M. M., & Subramanian, S. V. (2011). Widowhood and mortality: A meta-analysis. *PloS One*, *6*(8), e23465.

Morrissey, M. (2019, December). *The state of American retirement savings*. Washington, DC: Economic Policy Institute. Retrieved from https://www.epi.org/publication/the-state-of-american-retirement-savings/

National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: The National Academies Press.

National Alliance of Caregivers and AARP Public Policy Institute. (2015). *Caregiving in the U.S.* Washington, DC: Author.

National Research Council. (2011). *Health care comes home: The human factors*. Washington, DC: National Academies Press.

Painter, J. A., Elliott, S. J., & Hudson, S. (2009). Falls in community-dwelling adults aged 50 years and older prevalence and contributing factors. *Journal of Allied Health*, *38*(4), 201–207.

Pearlin, L. I., Aneshensel, C. S., & LeBlanc, A. J. (1997). The forms and mechanisms of stress proliferation: The case of AIDS caregivers. *Journal of Health and Social Behavior*, *38*(3), 223.

Pearlin, L. I., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior*, *46*(2), 205–219.

Perkins, M., Howard, V. J., Wadley, V. G., Crowe, M., Safford, M. M., Haley, W. E., ... Roth, D. L. (2013). Caregiving strain and all-cause mortality: Evidence from the REGARDS study. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *68*(4), 504–512.

Pew Research Center. (2015, December 17). *Parenting in America.* Washington, DC: Author.

Pickett, K. E., & Wilkinson, R. G. (2015). Income inequality and health: A causal review. *Social Science & Medicine*, *128,* 316–326.

Piketty, T. (2014). *Capital in the 21st century*. Cambridge, MA: Harvard University Press.

Pinquart, M., & Sörensen, S. (2005). Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta-analysis. *The Gerontologist*, *45*(1), 90–106.

Prigerson, H. G., Vanderwerker, L. C., & Maciejewski, P. K. (2008). A case for inclusion of prolonged grief disorder in DSM-V. In M. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: 21st century perspectives* (pp. 165–186). Washington, DC: American Psychological Association (APA) Press.

Qian, Z. (2012). *During the Great Recession, more young adults lived with parents*. Census Brief prepared for Project US2010, Washington, DC. Retrieved from http://www.russellsage.org/sites/all/files/US2010/US2010_Qian_20120801.pdf

Raley, R. K., Sweeney, M. M., & Wondra, D. (2015). The growing racial and ethnic divide in US marriage patterns. *The Future of Children/Center for the Future of Children, the David and Lucile Packard Foundation*. 25(2), 89.

Rhee, N. (2013). *Race and retirement insecurity in the United States*. Washington, DC: National Institute on Retirement Security.

Robards, J., Evandrou, M., Falkingham, J., & Vlachantoni, A. (2012). Marital status, health and mortality. *Maturitas*, *73*(4), 295–299.

Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenberg, J., & Hong, J. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology*, *22*(2), 203–211.

Romig, K., & Sherman, A. (2016). *Social Security keeps 22 million Americans out of poverty: A state-by-state analysis*. Washington, DC: Center on Budget and Policy Priorities.

Roth, D. L., Haley, W. E., Hovater, M., Perkins, M., Wadley, V. G., & Judd, S. (2013). Family caregiving and all-cause mortality: Findings from a population-based propensity-matched analysis. *American Journal of Epidemiology*, *178*(10), 1571–1578.

Sasson, I., & Umberson, D. J. (2014). Widowhood and depression: New light on gender differences, selection, and psychological adjustment. *Journals of Gerontology Series B: Psychological and Social Sciences*, *69*(1), 135–145.

Sawhill, I., & Venator, J. (2015). *Is there a shortage of marriageable men? Center on children and families*. Washington, DC: Brookings. Retrieved from https://pdfs.semanticscholar.org/a051/eb28b75a12253034006a1b7120dbb22e0cb0.pdf

Sayer, L. C. (2005). Gender, time and inequality: Trends in women's and men's paid work, unpaid work and free time. *Social Forces*, *84*(1), 285–303.

Scharlach, A. E., & Fredriksen, K. I. (1993). Reactions to the death of a parent during midlife. *OMEGA*, *27*, 307–319.

Schwartz, C. R. (2013). Trends and variation in assortative mating: Causes and consequences. *Annual Review of Sociology*, *39*, 451–470.

Scommegna, P. (2012, March). *More US children raised by grandparents*. Washington, DC: Population Reference Bureau.

Seelye, K. Q. (2016, May). Children of heroin crisis find refuge in grandparents' arms. *The New York Times*. Retrieved from http://www.nytimes.com/interactive/2016/05/05/us/grandparents-heroin-impact-kids.html

Semyonov, M., Lewin-Epstein, N., & Bridges, W. P. (2011). Explaining racial disparities in access to employment benefits. *Ethnic and Racial Studies*, *34*(12), 2069–2095.

Shafer, K., & James, S. L. (2013). Gender and socioeconomic status differences in first and second marriage formation. *Journal of Marriage and Family*, *75*(3), 544–564.

Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., . . . Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety*, *28*(2), 103–117.

Smith, K. J., & Victor, C. (2019). Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health. *Ageing & Society*, *39*(8), 1709–1730.

Smock, P. J., Manning, W. D., & Gupta, S. (1999). The effect of marriage and divorce on women's economic well-being. *American Sociological Review*, *64*, 794–812.

Smock, P. J., & Schwartz, C. R. (2020). The demography of families: A review of patterns and change. *Journal of Marriage and Family*, *82*(1), 9–34.

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, *110*(15), 5797–5801.

Stoltzfus, E. R. (2016). Defined contribution retirement plans: Who has them and what do they cost? *Beyond the Numbers, 5*(17). Washington, DC: Bureau of Labor Statistics.

Tach, L. M., & Eads, A. (2015). Trends in the economic consequences of marital and cohabitation dissolution in the United States. *Demography*, *52*(2), 401–432.

Turney, K. (2014). Incarceration and social inequality: Challenges and directions for future research. *The Annals of the American Academy of Political and Social Science*, *651*(1), 97–101.

Umberson, D. (1992). Gender, marital status and the social control of health behavior. *Social Science & Medicine*, *34*(8), 907–917.

Umberson, D. (2003). *Death of a parent: Transition to a new adult identity*. New York, NY: Cambridge University Press.

Umberson, D., Olson, J. S., Crosnoe, R., Liu, H., Pudrovska, T., & Donnelly, R. (2017). Death of family members as an overlooked source of racial disadvantage in the United States. *Proceedings of the National Academy of Sciences*, *114*(5), 915–920.

U.S. Bureau of the Census. (2015). *Current population survey, 2015 annual social and economic supplement*. Washington, DC: U.S. Government Printing Office. Retrieved from ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf

Wang, X., Robinson, K. M., & Hardin, H. K. (2015). The impact of caregiving on caregivers' medication adherence and appointment keeping. *Western Journal of Nursing Research*, *37*(12), 1548–1562.

Wilcox, W. B., & Wang, W. (2017). *The marriage divide: How and why working class-families are more fragile today*. Washington, DC: AEI/Brookings Institute. Retrieved from http://www.aei.org/wp-content/uploads/2017/09/The-Marriage-Divide.pdf

Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: Sociological contributions. *Journal of Health and Social Behavior*, *51*, S15–S27.

Wilson, W. J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago, IL: University of Chicago.

Wolff, J. L., Spillman, B. C., Freedman, V. A., & Kasper, J. D. (2016). A national profile of family and unpaid caregivers who assist older adults with health care activities. *JAMA Internal Medicine*, *176*(3), 372–379.

Woolf, S. H., Chapman, D. A., Buchanich, J. M., Bobby, K. J., Zimmerman, E. B., & Blackburn, S. M. (2018). Changes in midlife death rates across racial and ethnic groups in the United States: Systematic analysis of vital statistics. *BMJ*, *362*, k3096.

Wu, Z., & Schimmele, C. M. (2005). Repartnering after first union disruption. *Journal of Marriage and Family*, *67*(1), 27–36.

Zoeckler, J. M., & Silverstein, M. (2016). Work and retirement. In M. H. Meyer & E. A. Daniele (Eds.), *Gerontology: Changes, challenges, and solutions: Changes, challenges, and solutions* (pp. pp. 161–190). Santa Barbara, CA: Praeger Publishers.