



DEMOGRAPHIC RESEARCH

A peer-reviewed, open-access journal of population sciences

DEMOGRAPHIC RESEARCH

VOLUME 55, ARTICLE 10, PAGES 325–356

PUBLISHED 12 AUGUST 2026

<https://www.demographic-research.org/Volumes/Vol55/10/>

DOI: 10.4054/DemRes.2026.55.10

Research Article

Financial strain among Mexican American adult child caregivers of the oldest old

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Abstract

BACKGROUND

As more adults assume caregiving responsibilities for their aging parents, a key question emerges: Does coresidence increase financial strain for adult child caregivers?

OBJECTIVE

To examine whether coresiding with an oldest-old parent (aged 80+) is associated with higher financial strain among adult child caregivers.

METHODS

This study uses data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (2010–2011), a population-based survey of Mexican Americans in five southwestern US states (N = 659). Logistic regression and propensity score–matched logistic models are used to examine the association between coresidence and caregiver financial strain, accounting for selection into coresidence.

RESULTS

Coresiding caregivers had more than twice the odds of experiencing financial strain compared to non-coresiding caregivers (OR = 2.17 [95% CI: 1.22–3.82], p = 0.007). This

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relationship remained robust in the matched sample (OR = 2.02 [95% CI: 1.06–4.02], $p = 0.038$). Poor parental health independently increased the odds of caregiver financial strain in both the full (OR = 3.63 [95% CI: 1.38–12.5], $p = 0.019$) and the matched sample (OR = 2.20 [95% CI: 1.01–5.36], $p = 0.061$).

CONCLUSIONS

These findings suggest that coresidence often functions less as a financial buffer and more as a conduit for high-intensity care, thereby elevating caregiver financial strain. Policies aimed at promoting caregiver financial autonomy – including tax credits, paid family leave, and expanded home- and community-based services – should take into account the distinct vulnerabilities of coresiding caregivers.

CONTRIBUTION

This study provides evidence that coresiding with an oldest-old parent more than doubles the odds of financial strain among Mexican American adult child caregivers, challenging the assumption that intergenerational coresidence functions primarily as an economic buffer for low-income families. The findings inform policies designed to support the growing population of families navigating population aging, long-term care infrastructure, and housing affordability constraints.

1. The hidden costs of coresiding with an aging parent

The United States is entering a period of rapid population aging driven in part by the growth of the oldest old (80+), whose care needs are typically the most intensive. As the first baby boomers reach their 80s, this population is projected to double from 14.7 million today to nearly 30 million by 2045 (Frey 2026). Because the oldest old experience higher rates of disability, dementia, and widowhood than younger old adults, family caregiving for this group is often more demanding and financially consequential, with nearly 40% of adults aged 85 and older experiencing severe long-term care needs – a rate five times higher than that for adults aged 65–74 (Gurrentz and Mayol-Garcia 2021; Johnson 2019). In the absence of affordable long-term care, families are compelled to fill this gap, often through intergenerational coresidence, in which adult children share a household with aging parents and take on caregiving responsibilities.

While coresidence can facilitate hands-on support and help older adults age in place, it may also increase financial strain on adult child caregivers. On the one hand, shared living arrangements may allow both generations to pool resources and reduce housing costs, potentially easing some economic pressures (Reyes 2018). On the other hand, extending the household to accommodate an aging parent may constrain adult children's labor force participation and reduce earnings, particularly when care needs are substantial

(Bauer and Sousa-Poza 2015). Intensive caregiving can be physically and emotionally demanding, and the burden may be especially pronounced when caring for persons with dementia (Mather and Scommegna 2020). As a result, coresidence may function either as a financial buffer or as a source of financial risk for adult child caregivers, but its economic consequences remain insufficiently understood.

This question is especially salient for Mexican American families, among whom multigenerational living is common and caregiving often unfolds in the context of familism, socioeconomic vulnerability, and limited access to formal services (Crist et al. 2009; Mendez-Luck et al. 2016). Mexican Americans comprise the largest Hispanic group in the United States (62% in 2019), yet few studies have examined whether coresiding with an oldest-old parent is associated with financial strain among Mexican American adult child caregivers (Funk and Lopez 2022).

This study addresses that gap. Using data from wave 7 (2010–2011) of the Hispanic Established Population for the Epidemiologic Study of the Elderly (HEPESE) – one of the few population-based datasets with sufficient oldest-old Mexican Americans and matched caregiver–care recipient dyads – we find that coresiding caregivers face more than twice the odds of financial strain compared with non-coresiding caregivers, even after accounting for observable selection into coresidence through propensity score matching. The Hispanic oldest old are projected to increase sixfold by 2060 – from 509,000 to 3.4 million – making this research increasingly crucial (US Department of Health and Human Services 2020).

2. Distinct vulnerabilities of Mexican American caregivers

Mexican American families face unique caregiving pressures shaped by both demographic and structural factors. As the second-fastest-growing older adult group (after Asians), Hispanics live longer on average than non-Hispanic Whites⁶ yet experience higher rates of poverty, disability, and late-life morbidity – a pattern of “extended morbidity” that intensifies and prolongs care demands (Angel, Angel, and Hill 2015; Arias and Xu 2022). Cultural preferences for family-based care, reinforced by language barriers and limited service access, mean that Mexican Americans are more likely than other racial and ethnic groups to spend extended time in multigenerational households in later life, a pattern reflected in the fact that 51% of Hispanics provide care for their aging parents, exceeding rates among White (46%) and Black (45%) groups (US Bureau of Labor Statistics 2023; Thomeer, Mudrazija, and Angel 2015; Wang, Zhang, and Zang 2026). These caregivers are mostly women, often begin caregiving earlier and

⁶ The non-Hispanic White population is henceforth referred to as White throughout the study for brevity.

sustain it longer than other groups, and are less likely to have access to paid family leave or employer-sponsored benefits to buffer caregiving costs (Bartel et al. 2019).

The financial consequences are substantial. Hispanic family caregivers reported spending 47% of their income on older adult care in 2021, compared with 34% among Black, 22% among Asian, and 18% among White groups (Skufca and Rainville 2021). This disparity is amplified by the fact that Mexican American baby boomers entered late life with significantly lower retirement savings and higher poverty rates (18% vs. 8% for White baby boomers) and face additional economic precarity from poor insurance coverage and immigration-related policy uncertainty (Angel and Berlinger 2018; Mather, Jacobsen, and Pollard 2016; Van Hook and Sheftel 2025). Together, these patterns suggest that for Mexican American adult child caregivers, the costs of family caregiving often fall on households that are already disproportionately lower resourced.

2.1 Coresidence: Economic necessity or financial risk?

After a century-long decline, multigenerational coresidence in the United States reached a historic low around 1980 before reversing course, rising from 7% in 1971 to 18% in 2021, driven by economic pressures, population aging, and immigration patterns (Cohn et al. 2022; Ruggles 2007). This trend is especially pronounced among Hispanic and Asian households, which are disproportionately likely to include adult children – particularly at advanced ages – compared to White households (Lei and South 2016; Sarkisian, Gerena, and Gerstel 2006).

Correspondingly, coresidential caregiving grew from 41% to 45% between 2011 and 2022, with particularly sharp increases among dementia caregivers (Wolff, Cornman, and Freedman 2025). These trends occurred despite the fact that most older Americans prefer privacy and independence, suggesting that coresidence increasingly reflects economic necessity rather than voluntary family choice (Patterson and Reyes 2022).

While multigenerational households are often portrayed as support systems for older adults, a growing body of research shows that adult children increasingly rely on older parents for economic support, complicating traditional assumptions about dependency (Caputo 2019; Kahn, Goldscheider, and García-Manglano 2013). In many cases, living with parents can provide housing stability and reduce expenses during periods of unemployment or delayed transitions to independent adulthood. This is reflected in demographic trends: Coresidence has grown fastest among adults aged 25–34 (from 9% to 25% between 1971 and 2021) and has extended into midlife, with the share of adults aged 40+ living with aging parents rising from 5% to 8% between 1988 and 2018 (Eickmeyer and Brown 2019; Fry 2022). Steeply mounting housing unaffordability

further limits independent household formation, reinforcing coresidence as a structural constraint as much as a cultural preference (Hepburn and Stojanovic 2025).

Within this context, patterns of coresidence vary by socioeconomic status and family resources in ways that are particularly relevant for Mexican American families: Less socioeconomically established adult children tend to move into their parents' households, while better-off adult children are more likely to have their parents move in with them (Cantu and Angel 2017). In multigenerational households, Hispanic and Asian families often report more balanced contributions to household expenses than do other groups, reflecting cultural norms of reciprocity that shape economic roles (Reyes 2018). These patterns suggest that the financial implications of coresidence are not uniform. They may depend on who initiates the arrangement and what resources each party brings to it.

For caregivers of the oldest old, however, these dynamics take on a particular character. While coresidence can offer practical benefits – shared housing costs, increased care access, and proximity for hands-on support – it also introduces major economic trade-offs when care demands are intensive and household resources are limited (Reyes and Patterson 2025). Coresiding caregivers frequently provide higher-intensity care, and once caregiving begins, it tends to persist, creating strong path dependency that constrains caregivers' ability to exit demanding arrangements (Mentzakis, McNamee, and Ryan 2009).

2.2 The central role of adult child caregivers

Millions of Americans aspire to age in place, and as Hendrix (2024) succinctly puts it, “Adult children pick up the responsibility of ‘aging in place’ parents.” While adult children have decreased slightly as a percentage of family caregivers for older adults since 2011 – from 49% to 41% – they remain the largest group (Wolff, Cornman, and Freedman 2025). Moreover, evolving family structure complicates caregiving roles. For example, “gray divorce” rates have risen, and Hispanics experience higher odds of divorce than Whites, potentially weakening spousal care networks just as caregiving needs intensify (Brown and Lin 2022). This trend means that Hispanic adult child caregivers – who are already younger on average than adult child caregivers of other racial/ethnic groups (43 years)⁷ – are increasingly called upon to provide prolonged care with limited economic resources to support formal alternatives (National Alliance for Caregiving and AARP 2020).

Additionally, the declining birth rate – driven by Mexican American women, whose birth rate declined by 37% between 2006 and 2015 (relative to 5% for White women and

⁷ It is important to note that this average age refers to caregivers overall; adult child caregivers of the oldest old are typically older than average.

11% for Black women) – means fewer siblings are available to share caregiving responsibilities (Alvira-Hammond 2019; National Center for Health Statistics 2023; Skoblow and Gilligan 2025). Furthermore, older adults with stepchildren are considerably less likely to receive family care than those with only biological children, pointing to what scholars have called a “step gap” in caregiving provision (Patterson et al. 2022). While our study focuses on Mexican American caregivers, these findings suggest that kin complexity and changes in family norms may mediate caregiving and financial strain in ways that are not yet fully understood. Collectively, these trends suggest that the caregiving responsibilities of adult children – already substantial – are likely to grow.

2.3 Research question

This study asks: Are adult children who coreside with an oldest-old parent (80+) more likely to report financial strain than those who do not, net of caregiver and care recipient characteristics? Consistent with our cross-sectional data, this question concerns current conditions rather than transitions into coresidence or changes in caregiving demands over time. We do not test whether caregiving needs caused coresidence; nor do we estimate a causal pathway from coresidence to financial strain. Rather we ask whether coresidence is associated with caregivers’ perceived financial strain after accounting for observed socioeconomic and caregiving characteristics using logistic regression and propensity score matching.

3. Theoretical frameworks on caregiver financial strain

3.1 Timing and linked lives

Life course theory provides the key framework for understanding how coresidence elevates financial strain. Central to this framework is the concept of linked lives – the idea that the trajectories of parents and children are interdependent, such that a parent’s declining health and need for care directly reshape an adult child’s economic life (Gilligan, Karraker, and Jasper 2018; Rodrigues et al. 2022). When caregiving occurs during prime earning years, it can disrupt labor force participation, interrupt career trajectories, and diminish retirement savings (Bauer and Sousa-Poza 2015). Coresidence intensifies these disruptions by embedding caregiving within the household itself – blurring the boundaries between work, family, and care in ways that can be difficult to compartmentalize. For Mexican Americans, whose cultural emphasis on familism

strengthens the expectation that care will be provided by family, these linked life dynamics are particularly pronounced.

3.2 Developmental schisms and competing roles

Fingerman's (1996) concept of developmental schisms extends this framework by focusing on the tensions that arise when family members at different life stages compete for resources (Birditt et al. 2009). Adult children managing career advancement, childrearing, and parental care simultaneously face overlapping financial demands that coresidence can intensify. For instance, as Bogan (2015) finds, households with an older adult dependent save less for children's education, suggesting that older adult care obligations may crowd out other financial priorities.

For Mexican American caregivers, these schisms are often deeper because caregiving responsibilities are more likely to occur in the absence of adequate economic buffers (Vásquez et al. 2025). Younger caregivers – who are disproportionately non-White – face increased risks of disrupted education and early career trajectories (Koumoutzis et al. 2021; Miller et al. 2024). Midlife caregivers – who in our sample average 54 years old, caring for parents averaging age 86 – are sandwiched between caring for dependent children and caring for aging parents, often with a limited capacity to absorb additional costs (Lei, Leggett, and Maust 2023; Petry, Lara, and Boucher 2024). When older generations have limited financial resources, they are less able to contribute to shared household expenses and more likely to require support, intensifying the burden on adult children and increasing the likelihood that financial hardship is shared across generations (Byambasuren 2023).

Together these frameworks suggest that for Mexican American families, coresidence elevates financial strain not through a single mechanism but through the convergence of several: It concentrates intensive care within the household, blurs the boundary between caregiving and employment, and places competing financial demands on adult children during life stages when economic resources are already stretched, with limited access to the buffering provided by intergenerational wealth.

3.3 Caregiving intensity and financial strain

Caregiving intensity is among the strongest predictors of financial strain among adult child caregivers, with role overload serving as a secondary amplifier (Kang 2021). For Mexican American caregivers, this burden is often magnified: Those caring for parents who qualify for both Medicare and Medicaid – a marker of high medical need and low

income – report greater financial strain than caregivers of those without dual eligibility, suggesting that those most likely to provide intensive home-based care are also often least equipped to absorb its costs (Antequera et al. 2024).

Coresidence also shapes caregiving intensity in ways that directly bear on financial strain. It is associated with longer hours and more hands-on tasks, particularly for those caring for parents with cognitive or physical impairments (Cohen et al. 2017). Among Mexican American caregivers specifically, the type and clustering of limitations on a parent's instrumental activities of daily living (IADL) – rather than overall care hours alone – may shape caregiver health outcomes in ways that aggregate intensity measures obscure (Kim et al. 2025). For these families, sharing a household can be a double-edged sword: While it may prevent outright poverty among adult children and facilitate hands-on care for the oldest old, the combined weight of increased household expenses and reduced labor market flexibility can deepen caregiver financial strain.

4. Methods

4.1 Data and study population

HEPESE⁸ is a cohort-based dataset that provides rich information on the health and well-being of Mexican American older adult care recipients and their caregivers in five southwestern states: Arizona, California, Colorado, New Mexico, and Texas. It is uniquely suited for analyzing family caregiving since it includes detailed data on demographics, living arrangements, caregiving, and health. It is also one of the few datasets with sufficient numbers of oldest-old Mexican American respondents, as this population has been systematically underrepresented in national surveys due to sample size limitations (Kelfve, Thorslund, and Lennartsson 2013; Mejia-Arango et al. 2020). We use wave 7, collected in 2010–2011, since it includes data on caregiver–care recipient dyads.

Oldest-old care recipients ($N = 1,081$) were asked to identify the person they were “closest to” or “depend on the most for help,” who in turn was asked to complete an informant caregiver survey ($N = 925$). We restrict our sample to caregivers aged 18 or older who are a child, stepchild, or child-in-law of a care recipient ($N = 659$).

We explored the possibility of constructing a longitudinal panel by linking two waves of HEPSE data (wave 7 [2010–2011] to wave 9 [2016]).⁹ However, because the care recipients were already a minimum of 80 years old in wave 7's adult–child dyads (N

⁸ The study began in 1993 with a representative sample of Mexican Americans over age 65. At wave 5 (2004), a refreshment sample of adults over age 75 was added to the study.

⁹ Caregivers were not surveyed in wave 8 (2012–2013).

= 659), mortality and attrition substantially reduced the number of linked caregiver–care recipient dyads available for longitudinal analysis ($N = 218$ interviewed in both waves). As a result, we focus on cross-sectional analyses using the larger sample from wave 7.

4.2 Measures

4.2.1 Dependent variable

The dependent variable is a binary indicator of caregiver financial strain, developed from an index of five measures of caregiver financial difficulty in meeting various expenses (reports difficulty on any item = 1; reports no difficulty = 0). The five measures are (1) helping my children; (2) housing; (3) travel or vacation; (4) other needs, such as food, home repairs, education, groceries, or personal expenses; (5) other but unspecified. This dichotomous approach reflects the low prevalence of reported strain (12%), which limits our ability to model gradations of severity reliably, and follows prior caregiving research that treats financial strain as a threshold condition rather than a graded outcome (Falk et al. 2025; Liu, Hughes, and Wang 2024; Mudrazija and Johnson 2020; Samuel et al. 2019).

4.2.2 Independent variable

The primary variable of interest is coresidence, which indicates whether the adult caregiver resides with their aging parent. In our analytic sample, 30% of caregivers coresided ($N = 191$).

4.2.3 Control variables

Regression models are used to examine the relationship between caregiver financial strain and demographic and socioeconomic characteristics. Models include caregiver demographic controls for gender (female = 1), marital status (married = 1; separated, divorced, widowed, or never married = 0), Medicaid status (yes = 1), age group (18–44, 45–54, 55–64, 65–75), annual household income (< \$10,000, \$10,000–\$19,000, \$20,000–\$29,000, \$30,000–\$49,000, \$50,000+), and education (less than high school, high school graduate, some college, bachelor’s degree or higher).¹⁰

¹⁰ Reference categories include male, unmarried, not receiving Medicaid, aged 65–75, household income between \$10,000 and \$19,999, and less than a high school education. The selected income and education reference categories represent the largest groups within our sample.

4.3 Missing data

To address missing data in HEPSE (e.g., 10% of caregiver household income and smaller amounts in other relevant variables), we used multiple imputation by chained equations. Continuous variables were imputed using predictive mean matching, binary variables using logistic regression, and unordered categorical variables with three or more levels using polytomous regression. We generated five imputed datasets, each with five iterations, and set a random seed (123) for reproducibility. Predictor selection was guided by the *quickpred()* R function with a minimum correlation threshold of 0.1, ensuring that only substantively relevant variables informed the imputation model (van Buuren and Groothuis-Oudshoorn 2011). Convergence was assessed through trace plots, which indicated stable chains across iterations. This approach yields complete datasets by replacing missing values with plausible values drawn from the distribution of observed data while appropriately accounting for uncertainty due to missingness. Variables with more than 10% missingness were excluded from all analyses due to concerns about data quality and the missing-at-random assumption.

For our descriptive statistics (Tables 1–3), we used the imputed full sample (N = 659) to maintain maximum statistical power and ensure comprehensive representation of all cases while appropriately accounting for missing data. Coresidence status was not imputed, however, since it is our key independent variable; it is therefore missing for 12 cases (1.8%) in Tables 2 and 3 (see table notes). This approach allows us to characterize the full analytic sample before any matching procedures.

4.4 Analytic strategy

Our analysis proceeds in four steps. First, we present descriptive statistics (Tables 1–3) comparing the socioeconomic, health, and caregiving characteristics of adult child caregivers and their parents, stratified by financial strain and coresidence. Second, we estimate binary logistic regression models to assess whether coresidence with an oldest-old parent increases the likelihood of financial strain. Third, our study employs a sensitivity analysis using propensity score matching to create a matched sample of caregivers comparable on observed characteristics but differing in coresidential status. We estimate our logistic regression models on both the full sample (N = 647) and the propensity score-matched sample (N = 368). Finally, as a robustness check of external validity, we compare our sample to nationally representative data from the American Community Survey (ACS), conducted by the US Census Bureau.

Beyond these primary analytical variables, we include supplementary characteristics in our descriptive tables (although not in the regression analyses) to provide additional

context for our study. Table 1 shows caregiver-level variables such as household head (yes vs. no), self-rated health (excellent/good vs. fair/poor), depressive symptoms (“felt sad” most days vs. rarely/some days), and diagnosed chronic conditions, including arthritis, diabetes, and cancer. Health care utilization is categorized as none (no doctor’s visits or hospital stays per year), moderate (at least one doctor’s visit but no hospital stays per year), and high (at least 12 doctor’s visits and at least one hospital stay per year).

To better understand caregiving intensity, we present hours per day providing care involving activities of daily living (ADL). These are basic self-care activities, including but not limited to bathing, dressing, eating, and toileting. We also present hours per day providing care involving IADL, including but not limited to meal preparation, managing finances, and transportation. Lastly, we include an indicator of parental dementia status, developed from three questions assessing cognitive health (answers yes on any item = 1; does not answer yes = 0). The three areas of assessment are (1) adult child reports providing care because care recipient has Alzheimer’s disease; (2) care recipient has a Mini-Mental State Examination score of less than 18; (3) care recipient uses a proxy to answer survey questions due to mental incapacity.

Table 2 focuses on the economic characteristics of the adult child caregivers. We show the sample distribution of the components of caregiver financial strain and whether caregivers receive financial help from parents (answers yes on any item = 1; does not answer yes = 0). The areas of assessment are (1) regularly, most support comes from the parent, (2) regularly, partial support comes from the parent, (3) infrequent or occasional support comes from the parent. We include an indicator for Medicaid participation and a categorical measure of annual household income.

Table 3 presents parent-level variables. The variable definitions are consistent with previous tables, and any deviations are described below. Apart from the key demographic controls, we include household size, self-reported nativity status of care recipients (US-born = 1; all else = 0),¹¹ ADL and IADL functional limitations (reports any difficulty = 1; reports no difficulty = 0), dementia status, self-rated health, and depressive symptoms. The diagnosed chronic health conditions indicator captures whether the care recipient has self-reported arthritis, cardiovascular disease (hospitalization from stroke and/or heart attack, heart disease, hypertension, or taking medications for hypertension), diabetes, or cancer.

¹¹ HEPSE data do not include a nativity variable for caregivers.

Table 1: Adult child caregivers: Demographic, health, and caregiving characteristics

Characteristic (% or mean)	Analytic sample N = 659	Financial strain N = 76	No financial strain N = 583	p-value
Caregiver demographics				
Age	54.79 (8.64)	53.27 (8.46)	54.99 (8.65)	0.101
Female	466 (70.7%)	55 (71.4%)	411 (70.6%)	0.989
Education				0.760
Bachelor's+	106 (16.1%)	10 (13.0%)	96 (16.5%)	
High school graduate	189 (28.7%)	22 (28.6%)	167 (28.7%)	
Less than high school	235 (35.7%)	27 (35.1%)	208 (35.7%)	
Some college	129 (19.6%)	18 (23.4%)	111 (19.1%)	
Married	355 (53.9%)	45 (58.4%)	310 (53.3%)	0.462
Household income (annual)				0.686
< \$10,000	108 (16.4%)	11 (14.3%)	97 (16.7%)	
\$10,000–\$19,999	183 (27.8%)	25 (32.5%)	158 (27.1%)	
\$20,000–\$29,999	102 (15.5%)	14 (18.2%)	88 (15.1%)	
\$30,000–\$49,999	153 (23.2%)	17 (22.1%)	136 (23.4%)	
\$50,000+	113 (17.1%)	10 (13.0%)	103 (17.7%)	
Caregiver living arrangements				
Coresides with parent	191 (29.5%)	30 (39.5%)	161 (28.2%)	0.059
Missing	12 (1.8%)	1 (1.3%)	11 (1.9%)	
Caregiver as head of household	288 (43.7%)	33 (42.9%)	255 (43.8%)	0.971
Household size	3.24 (1.72)	3.38 (1.85)	3.22 (1.70)	0.463
Caregiver health				
Self-rated health				0.081
Excellent/good	390 (59.2%)	38 (49.4%)	352 (60.5%)	
Fair/poor	269 (40.8%)	39 (50.6%)	230 (39.5%)	
Arthritis	198 (30.0%)	17 (22.1%)	181 (31.1%)	0.136
Diabetes	124 (18.8%)	11 (14.3%)	113 (19.4%)	0.354
Cancer	31 (4.7%)	1 (1.3%)	30 (5.2%)	0.224
Depressive symptoms ("felt sad")				< 0.001
Moderate/most days	25 (3.8%)	9 (11.7%)	16 (2.8%)	
Rarely/some days	632 (96.2%)	68 (88.3%)	564 (97.2%)	
Health care utilization				0.154
High	91 (13.8%)	12 (15.6%)	79 (13.6%)	
Moderate	414 (62.8%)	41 (53.2%)	373 (64.1%)	
None	154 (23.4%)	24 (31.2%)	130 (22.3%)	
Caregiving intensity				
ADL hours/day	5.28 (6.67)	6.84 (6.51)	5.02 (6.67)	0.038
Missing*	183 (27.8%)	9 (11.7%)	174 (29.9%)	
IADL hours/day	4.86 (5.51)	6.71 (5.44)	4.62 (5.47)	0.002
Years caregiving				0.222
1 year or less	88 (13.4%)	16 (20.8%)	72 (12.4%)	
1–2 years	164 (24.9%)	16 (20.8%)	148 (25.4%)	
3–5 years	211 (32.0%)	24 (31.2%)	187 (32.1%)	
6+ years	196 (29.7%)	21 (27.3%)	175 (30.1%)	
Care recipient has dementia	286 (43.4%)	51 (66.2%)	235 (40.4%)	< 0.001

Notes: Multiple imputation was used for relevant variables with 10% or less missing data, excluding the main outcome and key predictors. Any variables with more than 10% missing observations are not shown here; nor are they used in any analyses. P-values are based on ANOVA for continuous variables and chi-square tests for categorical variables.

*ADL hours per day was retained in this table, despite high missingness (27.8%), for purely descriptive purposes as a key component of caregiving intensity, but it is not used in any regressions.

We also include indicators of parental economic vulnerability, such as health insurance type (Medicare, Medicaid, dual eligibility [Medicare and Medicaid], private, other), home ownership, self-reported ability to meet expenses, and income sources (Social Security, Supplemental Security Income, pension). Since HEPSE reports household income only for caregivers, not care recipients, it is omitted from this table. Together, these descriptive variables help contextualize the differences in financial strain and coresidence patterns observed in the analytic models.

4.5 Sensitivity analyses using propensity score matching

We use propensity score matching to address the possibility that caregivers who coreside differ systematically from their non-coresiding counterparts in ways that also affect financial strain. While our approach does not eliminate concerns about reverse causality or unobserved confounding, it allows us to compare caregivers who are similar across a broad set of observed characteristics but differ in coresidence status. This increases confidence that observable selection into coresidence does not fully explain the observed association between coresidence and financial strain.

To create comparable treatment and control groups, the propensity score model incorporates both the caregiver-level controls used in the regression models and additional parent-level characteristics, such as age, health status, dementia status, functional limitations, marital status, and home ownership. This approach adjusts selection into coresidence based on characteristics of both caregivers and care recipients.

Using 1:1 nearest-neighbor matching with a 0.2 standard deviation caliper, we achieved excellent covariate balance with standardized mean differences below 0.1 for virtually all key variables. The matching procedure retained 96% of treated cases (184 of 191 coresiding caregivers), preserving statistical power while substantially improving balance on key confounders, such as marital status, household size, and parental health measures. Figure A-1 visualizes the standardized mean differences before and after matching, demonstrating the effectiveness of our balancing procedure. While Figure A-1 displays absolute differences to assess overall balance quality, Table A-1 reports the directional standardized differences, revealing not only whether balance was achieved but also the direction and magnitude of initial imbalances between groups.

We conducted primary analyses on both the full sample ($N = 647$) and the propensity score-matched sample ($N = 368$). The propensity score procedure resulted in a matched sample of 368 cases, consisting of 184 coresiding and 184 non-coresiding controls. Because this approach restricts us to caregivers with comparable probabilities of coresiding based on observed characteristics, observations without suitable matches are excluded from the matched sample. While this represents a reduction from the full sample

size, the matched sample provides the most rigorous test of the relationship between coresidence and financial strain.

4.6 Assessing HEPESI external validity

To assess the representativeness of the HEPESI data, we compare the demographic profiles of caregivers with those identified in the ACS for 2010–2011 in the same five southwestern states. Because the ACS does not directly identify caregivers, we approximate the caregiving population using adult children aged 18+ coresiding with parents aged 80+ ($N = 2,696$), which captures the population most likely to be engaged in intensive intergenerational support. Table A-2 compares the HEPESI and ACS samples alongside a reference White group from the ACS. The HEPESI sample, while broadly comparable with the Mexican Americans drawn from the ACS, is more female, more economically precarious, and less educated. In sum, this exercise sheds light on demographic differences that undergird caregiving needs and coresidence.

4.7 Summary sample statistics

Table 1 presents caregiver demographics, health, and caregiving characteristics stratified by financial strain. Caregivers experiencing financial strain are similar to those without financial strain in many respects: They are predominantly women (around 71%) and have comparable age profiles (around 54–55 years) and marriage rates (58% for those reporting financial strain and 53% for those without), with differences across these characteristics not rising to a meaningful level. However, living arrangements reveal an important contrast: 40% of caregivers with financial strain coreside with an aging parent, 12 percentage points higher than those without financial strain (28%) ($p = 0.059$).

Some notable differences emerge in caregiver health and caregiving intensity. Among caregivers experiencing financial strain, 51% report fair/poor self-rated health, compared to 40% of those without financial strain ($p = 0.081$). Caregivers with financial strain show substantially higher rates of depressive symptoms (12% vs. 3%, $p < 0.001$). They also spend more hours per day providing care involving IADL compared to caregivers without financial strain (6.71 vs. 4.62 hours, $p = 0.002$). Caring for parents with dementia is also more common among caregivers with financial strain (66% vs. 40%, $p < 0.001$).

Table 2 provides an in-depth examination of the economic characteristics of adult child caregivers, stratified by coresidence status. Overall, coresident caregivers appear to face greater financial challenges. They report higher rates of financial strain (16% vs.

10%, $p = 0.059$) and are about twice as likely to be enrolled in Medicaid (16% vs. 9%, $p = 0.023$). Household income distribution also differs between groups: Only 13% of coresiding caregivers earn \$50,000+ annually vs. 19% of non-coresident caregivers ($p = 0.078$).

Table 2: Adult child caregivers: Economic characteristics

Characteristic (% or mean)	Analytic sample N = 659	Coresident N = 191	Non-coresident N = 456	p-value
Financial strain	76 (11.7%)	30 (15.7%)	46 (10.1%)	0.059
Supporting children	33 (5.1%)	11 (5.8%)	22 (4.8%)	0.766
Housing	50 (7.7%)	18 (9.4%)	32 (7.0%)	0.377
Travel/vacation	48 (7.4%)	18 (9.4%)	30 (6.6%)	0.273
Other/unspecified	14 (2.2%)	8 (4.2%)	6 (1.3%)	0.046
Financial help from parents	88 (13.6%)	29 (15.2%)	59 (12.9%)	0.526
Household income (annual)				0.078
< \$10,000	106 (16.4%)	42 (22.0%)	64 (14.0%)	
\$10,000–\$19,999	179 (27.7%)	49 (25.7%)	130 (28.5%)	
\$20,000–\$29,999	99 (15.3%)	31 (16.2%)	68 (14.9%)	
\$30,000–\$49,999	152 (23.5%)	44 (23.0%)	108 (23.7%)	
\$50,000+	111 (17.2%)	25 (13.1%)	86 (18.9%)	
Medicaid	74 (11.4%)	32 (16.8%)	42 (9.2%)	0.023

Notes: Coresident and non-coresident Ns do not add up to 659 since there are 12 missing values (not imputed because coresidence is a key predictor). P-values are based on Pearson's chi-square tests for categorical variables.

Lastly, Table 3 compares parents' characteristics, stratified by coresidence with their adult child caregivers. Overall, the patterns suggest that coresident parents tend to be more vulnerable in terms of health status and financial resources, which may partially explain their living arrangements. Demographically, coresident parents are slightly older than non-coresident parents (86.7 vs. 85.9 years, $p = 0.046$). They are notably less likely to be married (20.4% vs. 33.6%, $p = 0.001$), and they live in larger households (3.6 vs. 2.3 members, $p < 0.001$) than non-coresident parents.

Several health differences emerge. A higher percentage of coresident parents have functional impairments: 59% report difficulties with ADL compared to 49% of non-coresident parents ($p = 0.027$), and 92% report limitations with IADL compared to 85% of non-coresident parents ($p = 0.017$). Diagnosed chronic conditions (arthritis, cardiovascular disease, diabetes, and cancer) are similarly distributed between groups, with no meaningful differences. Regarding health care access, while Medicare coverage is nearly universal in both groups (above 94%), a higher percentage of coresidential parents receive Medicaid (64% vs. 56%, $p = 0.083$) and are dually eligible for Medicare and Medicaid (61% vs. 54%, $p = 0.162$), although neither difference reached conventional levels of statistical significance.

Table 3: Parents (80+): Demographic, health, and economic characteristics

Characteristic (% or mean)	Analytic sample N = 659	Coresident N = 191	Non-coresident N = 456	p-value
Parental demographics				
Age	86.15	86.65	85.94	0.046
Female	437 (67.5%)	136 (71.2%)	301 (66.0%)	0.232
Married	192 (29.7%)	39 (20.4%)	153 (33.6%)	0.001
Household size	2.66	3.61	2.26	<0.001
US-born	346 (53.5%)	106 (55.5%)	240 (52.6%)	0.562
Parental health				
ADL	336 (52.3%)	112 (59.3%)	224 (49.3%)	0.027
IADL	563 (87.0%)	176 (92.1%)	387 (84.9%)	0.017
Dementia	276 (42.7%)	87 (45.5%)	189 (41.4%)	0.381
Self-rated health				0.251
Excellent/good	201 (31.2%)	66 (34.6%)	135 (29.8%)	
Fair/poor	446 (68.9%)	125 (65.4%)	321 (70.4%)	
Depressive symptoms ("felt sad")				0.908
Moderate/most days	105 (16.2%)	30 (15.7%)	75 (16.4%)	
Rarely/some days	542 (83.8%)	161 (84.3%)	381 (83.6%)	
Any chronic condition diagnosis	605 (93.5%)	178 (93.2%)	427 (93.6%)	0.972
Arthritis	435 (67.2%)	128 (67.0%)	307 (67.3%)	0.979
Cardiovascular disease	518 (80.1%)	151 (79.1%)	367 (80.5%)	0.760
Diabetes	252 (38.9%)	77 (40.3%)	175 (38.4%)	0.710
Cancer	79 (12.2%)	23 (12.0%)	56 (12.3%)	0.999
Health Insurance				
Medicare	613 (94.7%)	180 (94.2%)	433 (95.0%)	0.858
Medicaid	378 (58.4%)	122 (63.9%)	256 (56.1%)	0.083
Medicare + Medicaid ("duals")	364 (56.3%)	116 (60.7%)	248 (54.4%)	0.162
Private	96 (14.8%)	22 (11.5%)	74 (16.2%)	0.157
Other	61 (9.4%)	20 (10.5%)	41 (9.0%)	0.660
Parental economic resources				
Owens home	403 (62.3%)	105 (55.0%)	298 (65.4%)	0.017
Income adequate to cover expenses	519 (80.2%)	148 (77.5%)	371 (81.4%)	0.308
Income sources				
Social Security	592 (91.5%)	175 (91.6%)	417 (91.4%)	0.945
Supplemental Security Income	144 (22.3%)	50 (26.2%)	94 (20.6%)	0.148
Pension	92 (14.2%)	28 (14.7%)	64 (14.0%)	0.933

Notes: Coresident and non-coresident Ns do not add up to 659 since there are 12 missing values (not imputed because coresidence is a key predictor). P-values are based on ANOVA for continuous variables and chi-square tests for categorical variables.

Regarding economic resources, coresident parents are less likely to own their home than are non-coresident parents (55% vs. 65%, $p = 0.017$). However, the self-reported ability to cover expenses and sources of income (e.g., Social Security, Supplemental Security Income, and pensions) are generally similar across groups, with differences consistent with chance variation.

5. Regression results

Logistic regression models (Table 4) show that coresiding caregivers have more than twice the odds of experiencing financial strain compared to non-coresiding caregivers (M1: OR = 2.17 [95% CI: 1.22–3.82], $p = 0.007$). This association remains robust in the propensity score-matched sample (Table 5), which accounts for observed differences

between coresidents and non-coresidents (M2: OR = 2.02 [95% CI: 1.06–4.02], $p = 0.038$).

Table 4: Logistic regression results (full sample)

Characteristic	Baseline model			Interaction model		
	M1: Coreside on financial strain			M1a: Coreside x parental health		
	OR	95% CI	p-value	OR	95% CI	p-value
Coresidence with parent	2.17	1.22, 3.82	0.007	4.13	1.10, 17.2	0.037
Age group						
65–75 (ref)	—	—	—	—	—	—
18–44	6.82	1.67, 46.3	0.017	6.69	1.63, 45.5	0.019
45–54	3.23	0.87, 21.0	0.128	3.27	0.88, 21.3	0.125
55–64	5.04	1.44, 32.0	0.032	5.04	1.43, 32.1	0.032
Female (ref = male)	1.34	0.74, 2.55	0.344	1.37	0.75, 2.61	0.320
Married (ref = not married)	1.85	1.04, 3.39	0.040	1.69	0.94, 3.13	0.085
Education						
Less than high school (ref)	—	—	—	—	—	—
High school graduate	1.00	0.50, 1.97	0.993	0.99	0.49, 1.97	0.976
Some college	1.24	0.57, 2.67	0.578	1.28	0.58, 2.75	0.529
Bachelor's+	0.87	0.33, 2.14	0.773	0.93	0.35, 2.29	0.875
Household income (annual)						
\$10,000–\$19,999 (ref)	—	—	—	—	—	—
< \$10,000	0.67	0.27, 1.54	0.363	0.62	0.25, 1.43	0.274
\$20,000–\$29,999	0.96	0.42, 2.10	0.914	0.96	0.42, 2.11	0.913
\$30,000–\$49,999	0.66	0.31, 1.39	0.275	0.65	0.30, 1.38	0.270
\$50,000+	0.42	0.15, 1.06	0.079	0.43	0.15, 1.08	0.083
Health of parent						
Excellent/good (ref)				—	—	—
Fair/poor				3.63	1.38, 12.5	0.019
Coresidence x fair/poor parental health				0.47	0.10, 2.01	0.311
Sample size	647			647		

Notes: OR = odds ratio; CI = confidence interval. N = 647 (12 cases missing co-residence status excluded; see Section 4.3).

Poor parental health is independently associated with financial strain, more than tripling the odds in the full sample (M1a: OR = 3.63 [95% CI: 1.38–12.5], $p = 0.019$), while the interaction between poor parental health and coresidence was not supported by the data. In the propensity score-matched sample, poor parental health also increased financial strain (M3: OR = 2.20 [95% CI: 1.01–5.36], $p = 0.061$), though the association is marginal. Overall, these results suggest that coresidence is associated with financial strain independent of observable selection factors.

Additional factors associated with increased odds of financial strain in the full sample included caregiver age and marital status. Caregivers aged 18–44 had 6.82 times higher odds of financial strain (M1: OR = 6.82 [95% CI: 1.67–46.3], $p = 0.017$), and those aged 55–64 had 5.0 times higher odds (M1: OR = 5.04 [95% CI: 1.44–32.0], $p = 0.032$) relative to the reference group (65–75 years). Being married was also associated

with higher financial strain (M1: OR = 1.85 [95% CI: 1.04–3.39], $p = 0.040$). Higher household income (\$50,000+) showed a marginally protective association (M1: OR = 0.42 [95% CI: 0.15–1.06], $p = 0.079$).

Table 5: Logistic regression results (propensity score–matched sample)

Characteristics	Treatment only			With covariates		
	M2: Coreside on financial strain			M3: Coresidence on financial strain		
	OR	95% CI	p-value	OR	95% CI	p-value
Coresidence with parent	2.02	1.06, 4.02	0.038	2.09	1.08, 4.22	0.033
Fair/poor parental health (ref = excellent/good)	---	---	---	2.20	1.01, 5.36	0.061
Age group	---	---	---			
65–75 (ref)	---	---	---			
18–44	---	---	---	3.29	0.63, 24.7	0.180
45–54	---	---	---	2.63	0.66, 17.7	0.227
55–64	---	---	---	3.77	1.02, 24.5	0.085
Female (ref = male)	---	---	---	0.85	0.43, 1.73	0.636
Married (ref = not married)	---	---	---	1.48	0.73, 2.98	0.271
Education	---	---	---			
Less than high school (ref)	---	---	---			
High school graduate	---	---	---	1.29	0.57, 2.94	0.546
Some college	---	---	---	1.48	0.53, 3.97	0.439
Bachelor's+	---	---	---	0.79	0.22, 2.48	0.692
Household income (annual)	---	---	---			
\$10,000–\$19,999 (ref)	---	---	---			
< \$10,000	---	---	---	0.91	0.34, 2.35	0.849
\$20,000–\$29,999	---	---	---	0.77	0.25, 2.15	0.626
\$30,000–\$49,999	---	---	---	0.69	0.25, 1.86	0.474
\$50,000+	---	---	---	1.22	0.40, 3.56	0.718
Sample size	368			368		

Notes: OR = odds ratio; CI = confidence interval.

In contrast to the full-sample models, the matched-sample models showed that caregiver age, marital status, and household income were not associated with financial strain. While younger and middle-aged caregivers were more financially strained in the full sample, this pattern disappeared once comparisons were restricted to caregivers with similar sociodemographic and caregiving characteristics. This suggests that selection into coresidential arrangements based on observed characteristics may account for the age gradient and marital status association observed in the full sample. A doubly robust model that included post-matching covariate adjustment (not shown) yielded substantively similar results, confirming the robustness of the main findings.

Overall, the propensity score–matched analysis confirmed that coresidence remained associated with financial strain, even after accounting for potential selection effects. The persistence of the coresidence association strengthens our analyses and

suggests that coresidence is associated with increased financial strain beyond observable selection factors.

It is important to note that as a sensitivity exercise, we estimated an additional regression model (not shown) that includes caregiving intensity as a covariate, categorized as high (5+ hours per day), moderate (1–4 hours per day), or low (< 1 hour per day), based on caregivers' reported intensity of either ADL or IADL care (Wagle et al. 2024). Even after controlling for caregiving intensity, the association between coresidence and financial strain remained evident, suggesting that this relationship is not explained by differences in caregiving intensity. While high-intensity caregiving was an independent predictor of financial strain in this additional model (OR = 3.29, $p = 0.002$), the interaction between coresidence and intensity was not supported by the data, indicating that the association between coresidence and financial strain does not vary by caregiving intensity.

6. Discussion

Our central finding is that coresiding with an oldest-old parent more than doubles the odds of financial strain among Mexican American adult child caregivers. That relationship persists after accounting for observable selection into coresidence through propensity score matching. This result challenges the assumption that intergenerational coresidence primarily functions as an economic buffer for low-income families. We instead find that for caregivers of the oldest old (80+), shared living arrangements more often magnify high-intensity care demands within households that can least afford to bear them. Poor parental health is independently associated with financial strain across both the full and propensity score–matched samples, indicating that living arrangements and parental health needs represent cumulative sources of financial strain.

These findings reflect life course mechanisms outlined in our theoretical framework. Coresidence with a parent requiring intensive care frequently blurs the boundaries between caregiving and employment, constrains labor market participation, and generates household expenses – utilities, food, medical supplies, home modifications, and transportation – that can accumulate in combination with rather than replace the costs of independent living. The persistence of the coresidence association even after controlling for caregiving intensity suggests that financial strain is not only a function of hours spent providing care but also reflects the structural costs of shared living itself. That poor parental health independently predicts financial strain further supports the developmental schisms framework: When a parent's care needs are severe, the competing demands on an adult child's time and resources are most acute.

This study makes several key contributions. First, it addresses a critical gap in the literature, which has largely focused on younger cohorts of older adults or non-Hispanic populations. This gap is particularly salient in light of projections that the older Hispanic population will increase sixfold by 2050, giving rise to surging caregiving demands (Hummer and Hayward 2015).

Second, these findings extend prior HEPSE-based research on family caregiving among Mexican American families by directly linking living arrangements to caregiver financial strain (Angel et al. 2014; Cantu et al. 2022; Cantu and Angel 2017; Razzak, Bokun, and Cantu 2025; Rojas-Álvarez and Bokun 2025; Rote et al. 2019, 2025; Rote, Angel, and Markides 2015). Prior studies have documented culturally patterned expectations and constraints of family care. These results reveal the hidden economic burden that these expectations may create, especially in contexts of limited economic resources. In our study, higher Medicaid participation among coresident adult child caregivers (17% vs. 9%) as well as among coresident parents (64% vs. 56%) reflects the economic vulnerability of oldest-old parents and the financial strain experienced by their children.

Third, our analyses contribute to the broader literature on multigenerational households. Unlike studies of the psychological and economic benefits of coresidence for some families, these results suggest that for Mexican American families caring for the oldest old, coresidence is more likely to strain than stabilize caregiver finances (Caputo and Cagney 2023; Cohn et al. 2022; Muennig, Jiao, and Singer 2017). This distinction matters because Mexican American caregivers have low rates of access to formal services despite substantial need (Crist et al. 2009). As a result, the financial burdens identified here are unlikely to be offset by external support (Angel et al. 2014).

Fourth, these findings highlight the importance of caregiver-centered policies that account for living arrangements. Policies such as tax credits, paid family leave, and expanded home- and community-based services may help offset the financial and time costs associated with coresidential caregiving. Such needs are especially pressing given the persistent barriers to benefits and economic resources faced by Hispanic families (Sueiro, Mather, and Srygley 2025). Effective implementation will require culturally responsive approaches that address language, access, and family structure to better support caregivers (Angel et al. 2014).

7. Limitations

Our study has several limitations. First, while propensity score matching strengthens our ability to address selection bias by comparing caregivers with similar observed characteristics, it cannot account for unobserved factors that may influence both

coresidence decisions and financial strain. Although our propensity score–matched results suggest that the relationship between coresidence and financial strain persists even after adjusting for observable selection, longitudinal data would be needed to establish causality and track how financial strain evolves over the caregiving trajectory.

Second, our financial strain measure combines reported difficulties with five types of expenses, ranging from essential items (e.g., food and housing) to discretionary items (e.g., personal care and travel). While this measure consists of different sources of strain, we use a binary indicator due to the limited number of caregivers reporting financial strain (12%), which limits our ability to disaggregate outcomes. The fact that almost all caregivers who reported difficulty affording travel or vacations also reported difficulty in at least one other core domain suggests that findings would differ little if we disaggregated outcomes. Still, future research with larger samples could differentiate among types of financial strain to better assess severity and sources.

Additionally, we operationalize caregiver financial strain using a subjective measure of perceived financial difficulty. This approach is well established in population-based caregiving research, where subjective financial strain is understood as capturing the lived experience of economic stress associated with caregiving, including the adequacy of resources, competing household obligations, and financial uncertainty (Pearlin et al. 1990). Prior work shows that subjective financial strain and objective economic indicators (e.g., income, poverty status, or out-of-pocket expenditures) represent related but distinct dimensions of financial hardship, with subjective measures more strongly associated with caregiver stress and health outcomes net of objective socioeconomic status (Zhu et al. 2025). Future research might use objective economic indicators to complement this study’s findings.

Third, our data (collected in 2010–2011) predates major changes in the caregiving landscape catalyzed by the COVID-19 pandemic’s shifts toward home-based caregiving, uneven Medicaid expansion under the Affordable Care Act starting in 2014, escalating long-term care costs, and persistent inflation. As a result, the financial strain we document is likely an underestimate of current caregiver burdens.

Fourth, we were unable to account for financial transfers to and from other household members, which could either buffer or exacerbate the financial strain associated with caregiving. Our approach may overestimate financial strain if familial resources substantially offset adult children’s expenses or underestimate it if hidden costs of supporting aging parents go unmeasured. Future research using data that capture detailed intergenerational resource flows would provide a more complete picture of the costs of coresidential caregiving.

8. Conclusion

As the oldest-old population (80+) grows and formal long-term care remains unaffordable for many families, adult children are absorbing increasing caregiving costs with limited institutional support. This study shows that coresiding with an oldest-old parent more than doubles the odds of financial strain among Mexican American adult child caregivers, even after accounting for observable differences between coresiding and non-coresiding caregivers using propensity score matching. Poor parental health adds to these pressures, suggesting that coresidence and parental caregiving needs represent cumulative sources of financial strain. These findings suggest that coresidence is associated with structural costs beyond caregiving intensity, likely including increased household expenses and reduced labor market flexibility.

These findings extend beyond Mexican American families. As the baby boomer generation ages into its 80s and the oldest-old population doubles over the next two decades, the associations documented here – coresidence as a risk factor rather than a buffer for caregiver financial strain – are likely to become more prevalent across racial and ethnic groups. Policies that treat coresiding caregivers as a distinct and economically vulnerable population, rather than assuming that shared living reduces financial burden, will be better positioned to support families navigating population aging, long-term care infrastructure, and housing affordability constraints.

9. Acknowledgments

Special thanks to *Demographic Research* editors and reviewers as well as participants at the 2025 Population Association of America annual meeting and the 2024 International Conference on Aging in the Americas annual meeting, whose comments greatly improved the manuscript.

Support for this project was provided by the University of Texas at Austin Training Program in Population Studies (T32HD007081), NICHD and NIH/NIA (P30AG059301) Texas RCMAR, and the Cantu Career Development Award (K01AG086589).

References

- Alvira-Hammond, M. (2019). Hispanic women are helping drive the recent decline in the U.S. fertility rate. Rockville, MD: Child Trends. doi:[10.59377/818k1700r](https://doi.org/10.59377/818k1700r).
- Angel, J.L. and Berlinger, N. (2018). The Trump administration's assault on health and social programs: potential consequences for older Hispanics. *Journal of Aging and Social Policy* 30(3–4): 300–315. doi:[10.1080/08959420.2018.1462678](https://doi.org/10.1080/08959420.2018.1462678).
- Angel, J.L., Rote, S.M., Brown, D.C., Angel, R.J., and Markides, K.S. (2014). Nativity status and sources of care assistance among elderly Mexican-origin adults. *Journal of Cross-Cultural Gerontology* 29(3): 243–258. doi:[10.1007/s10823-014-9234-9](https://doi.org/10.1007/s10823-014-9234-9).
- Angel, R.J., Angel, J.L., and Hill, T.D. (2015). Longer lives, sicker lives? Increased longevity and extended disability among Mexican-origin elders. *The Journals of Gerontology: Series B* 70(4): 639–649. doi:[10.1093/geronb/gbu158](https://doi.org/10.1093/geronb/gbu158).
- Antequera, F., Rote, S., Cantu, P., and Angel, J. (2024). Paying the price: The cost of caregiving for older Latinos enrolled in Medicare and Medicaid. *Public Policy and Aging Report* 34(1): 18–21. doi:[10.1093/ppar/prad032](https://doi.org/10.1093/ppar/prad032).
- Arias, E. and Xu, J. (2022). United States life tables, 2019. Hyattsville, MD: U.S. National Center for Health Statistics. (National Vital Statistics Reports 19). doi:[10.15620/cdc:113251](https://doi.org/10.15620/cdc:113251).
- Bartel, A.P., Kim, S., Nam, J., Rossin-Slater, M., Ruhm, C.J., and Waldfogel, J. (2019). Racial and ethnic disparities in access to and use of paid family and medical leave: Evidence from four nationally representative datasets. Washington, DC: U.S. Bureau of Labor Statistics. (Monthly Labor Review). doi:[10.21916/mlr.2019.2](https://doi.org/10.21916/mlr.2019.2).
- Bauer, J.M. and Sousa-Poza, A. (2015). Impacts of informal caregiving on caregiver employment, health, and family. *Journal of Population Ageing* 8(3): 113–145. doi:[10.1007/s12062-015-9116-0](https://doi.org/10.1007/s12062-015-9116-0).
- Birditt, K.S., Miller, L.M., Fingerman, K.L., and Lefkowitz, E.S. (2009). Tensions in the parent and adult child relationship: Links to solidarity and ambivalence. *Psychology and Aging* 24(2): 287–295. doi:[10.1037/a0015196](https://doi.org/10.1037/a0015196).
- Bogan, V.L. (2015). Household asset allocation, offspring education, and the sandwich generation. *American Economic Review* 105(5): 611–615. doi:[10.1257/aer.p20151115](https://doi.org/10.1257/aer.p20151115).

- Brown, S.L. and Lin, I.-F. (2022). The graying of divorce: a half century of change. *The Journals of Gerontology: Series B* 77(9): 1710–1720. doi:10.1093/geronb/gbac057.
- Byambasuren, B. (2023). Family caregiving at older ages: Implications for adult children by race and ethnicity. Madison, WI: University of Wisconsin-Madison | American University, Center for Financial Security. https://rdrc.wisc.edu/files/working-papers/WI-JSIT22-05_Report_Byambasuren_8.23.pdf.
- Cantu, P.A. and Angel, J.L. (2017). Demography of living arrangements among oldest-old Mexican Americans: Evidence from the Hispanic Epidemiologic Study of the Elderly. *Journal of Aging and Health* 29(6): 1015–1038. doi:10.1177/0898264317727790.
- Cantu, P.A., Kim, J., López-Ortega, M., Rote, S., Mejia-Arango, S., and Angel, J.L. (2022). Living arrangements and dementia among the oldest old: a comparison of Mexicans and Mexican Americans. *Innovation in Aging* 6(3): igac014. doi:10.1093/geroni/igac014.
- Caputo, J. (2019). Crowded nests: Parent–adult child coresidence transitions and parental mental health following the great recession. *Journal of Health and Social Behavior* 60(2): 204–221. doi:10.1177/0022146519849113.
- Caputo, J. and Cagney, K.A. (2023). Under different roofs? Coresidence with adult children and parents’ mental health across race and ethnicity over two decades. *Demography* 60(2): 461–492. doi:10.1215/00703370-10571923.
- Cohen, S.A., Cook, S.K., Sando, T.A., Brown, M.J., and Longo, D.R. (2017). Socioeconomic and demographic disparities in caregiving intensity and quality of life in informal caregivers: A first look at the National Study of Caregiving. *Journal of Gerontological Nursing* 43(6): 17–24. doi:10.3928/00989134-20170224-01.
- Cohn, D., Horowitz, J., Minkin, R., Fry, R., and Hurst, K. (2022). The demographics of multigenerational households. Washington, DC: Pew Research Center. <https://www.pewresearch.org/social-trends/2022/03/24/the-demographics-of-multigenerational-households/>.
- Crist, J.D., McEwen, M.M., Herrera, A.P., Kim, S.-S., Pasvogel, A., and Hepworth, J.T. (2009). Caregiving burden, acculturation, familism, and Mexican American elders’ use of home care services. *Research and Theory for Nursing Practice* 23(3): 165–180. doi:10.1891/1541-6577.23.3.165.

- Eickmeyer, K.J. and Brown, S.L. (2019). Coresidence among older adults and their adult children. Bowling Green, OH: Bowling Green State University. National Center for Family and Marriage Research (NCFMR). doi:10.25035/ncfmr/fp-19-19.
- Falk, D., Vásquez, E., Bokun, A., Vazquez, C., and Rote, S. (2025). Caregiver stress and social determinants of health: Comparing Alzheimer’s disease caregivers to other caregivers. *Innovation in Aging* 9(Supplement_2): igaf122.602. doi:10.1093/geroni/igaf122.602.
- Fingerman, K.L. (1996). Sources of tension in the aging mother and adult daughter relationship. *Psychology and Aging* 11(4): 591–606. doi:10.1037/0882-7974.11.4.591.
- Frey, W.H. (2026). Baby boomers are turning 80. Washington, DC: Brookings. <https://www.brookings.edu/articles/baby-boomers-are-turning-80/>.
- Fry, R. (2022). Young adults in U.S are much more likely than 50 years ago to be living in a multigenerational household. Washington, DC: Pew Research Center. <https://www.pewresearch.org/short-reads/2022/07/20/young-adults-in-u-s-are-much-more-likely-than-50-years-ago-to-be-living-in-a-multigenerational-household/>.
- Funk, C. and Lopez, M.H. (2022). A brief statistical portrait of U.S. Hispanics. Washington, DC: Pew Research Center. <https://www.pewresearch.org/science/2022/06/14/a-brief-statistical-portrait-of-u-s-hispanics/>.
- Gilligan, M., Karraker, A., and Jasper, A. (2018). Linked lives and cumulative inequality: A multigenerational family life course framework. *Journal of Family Theory and Review* 10(1): 111–125. doi:10.1111/jftr.12244.
- Gurrentz, B. and Mayol-Garcia, Y. (2021). Marriage, divorce, widowhood remain prevalent among older populations. Washington, D.C.: U.S. Census Bureau. <https://www.census.gov/library/stories/2021/04/love-and-loss-among-older-adults.html>.
- Hendrix, C.C. (2024). Adult children pick up the responsibility of “aging in place” parents. Durham, NC: Duke University School of Nursing. <https://nursing.duke.edu/news/adult-children-pick-responsibility-%E2%80%9Caging-place%E2%80%9Dparents>.
- Hepburn, P. and Stojanovic, L. (2025). Changes in average household size and headship rates as indicators of housing shortfalls. *Housing Policy Debate* 0(0): 1–15. doi:10.1080/10511482.2025.2570727.

- Hummer, R.A. and Hayward, M.D. (2015). Hispanic older adult health and longevity in the United States: Current patterns and concerns for the future. *Daedalus* 144(2): 20–30. doi:10.1162/DAED_a_00327.
- Johnson, R.W. (2019). What is the lifetime risk of needing and receiving long-term services and supports?. Washington, D.C.: U.S. Department of Health and Human Services. <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0>.
- Kahn, J., Goldscheider, F., and García-Manglano, J. (2013). Growing parental economic power in parent-adult child households: coresidence and financial dependency in the United States, 1960–2010. *Demography* 50(4): 1449–1475. doi:10.1007/s13524-013-0196-2.
- Kang, S.-Y. (2021). Financial strain among unpaid family caregivers of frail elders in community. *Journal of Human Behavior in the Social Environment* 31(5): 582–598. doi:10.1080/10911359.2020.1799900.
- Kelfve, S., Thorslund, M., and Lennartsson, C. (2013). Sampling and non-response bias on health-outcomes in surveys of the oldest old. *European Journal of Ageing* 10(3): 237–245. doi:10.1007/s10433-013-0275-7.
- Kim, S., Angel, J.L., Rote, S., Andrade, F.C.D., and Cantu, P. (2025). A latent class analysis of instrumental activities of daily living for Mexican American caregiver health. *The Gerontologist* 65(9): doi:10.1093/geront/gnaf164.
- Koumoutzis, A., Cichy, K.E., Dellmann-Jenkins, M., and Blankemeyer, M. (2021). Age differences and similarities in associated stressors and outcomes among young, midlife, and older adult family caregivers. *The International Journal of Aging and Human Development* 92(4): 431–449. doi:10.1177/0091415020905265.
- Lei, L., Leggett, A.N., and Maust, D.T. (2023). A national profile of sandwich generation caregivers providing care to both older adults and children. *Journal of the American Geriatrics Society* 71(3): 799–809. doi:10.1111/jgs.18138.
- Lei, L. and South, S. (2016). Racial and ethnic differences in leaving and returning to the parental home: The role of life course transitions, socioeconomic resources, and family connectivity. *Demographic Research* 34(4): 109–142. doi:10.4054/DemRes.2016.34.4.
- Liu, Y., Hughes, M.C., and Wang, H. (2024). Financial strain, health behaviors, and psychological well-being of family caregivers of older adults during the Covid-19 pandemic. *PEC Innovation* 4: 100290. doi:10.1016/j.pecinn.2024.100290.

- Mather, M., Jacobsen, L.A., and Pollard, K. (2016). Aging baby boomers to face caregiving, obesity, inequality challenges. Washington, DC: Population Reference Bureau. <https://www.prb.org/resources/aging-baby-boomers-to-face-caregiving-obesity-inequality-challenges/>.
- Mather, M. and Scommegna, P. (2020). The demography of dementia and dementia caregiving. Washington, DC: Population Reference Bureau. Program and Policy Implications. <https://www.prb.org/resources/the-demography-of-dementia-and-dementia-caregiving/>.
- Mejia-Arango, S., Aguila, E., López-Ortega, M., Gutiérrez-Robledo, L.M., Vega, W.A., Andrade, F.C.D., Rote, S.M., Grasso, S.M., Markides, K.S., and Angel, J.L. (2020). Health and social correlates of dementia in oldest-old Mexican-origin populations. *Alzheimer's and Dementia: Translational Research and Clinical Interventions* 6(1): e12105. doi:10.1002/trc2.12105.
- Mendez-Luck, C.A., Applewhite, S.R., Lara, V.E., and Toyokawa, N. (2016). The concept of familism in the lived experiences of Mexican-origin caregivers. *Journal of Marriage and the Family* 78(3): 813–829. doi:10.1111/jomf.12300.
- Mentzakis, E., McNamee, P., and Ryan, M. (2009). Who cares and how much: exploring the determinants of co-residential informal care. *Review of Economics of the Household* 7(3): 283–303. doi:10.1007/s11150-008-9047-0.
- Miller, K.E.M., Hart, J.L., Useche Rosania, M., and Coe, N.B. (2024). Youth caregivers of adults in the United States: Prevalence and the association between caregiving and education. *Demography* 61(3): 829–847. doi:10.1215/00703370-11383976.
- Mudrazija, S. and Johnson, R.W. (2020). Economic impacts of programs to support caregivers. Washington, D.C.: U.S. Department of Health and Human Services. <https://aspe.hhs.gov/reports/economic-impacts-programs-support-caregivers-final-report>.
- Muennig, P., Jiao, B., and Singer, E. (2017). Living with parents or grandparents increases social capital and survival: 2014 General Social Survey-National Death Index. *SSM - Population Health* 4: 71–75. doi:10.1016/j.ssmph.2017.11.001.
- National Alliance for Caregiving and AARP (2020). The “typical” Hispanic caregiver. Washington, DC: National Alliance for Caregiving and AARP. https://www.caregiving.org/wp-content/uploads/2020/05/AARP1316_CGProfile_Hispanic_May7v8.pdf.
- National Center for Health Statistics (2023). Births. Washington, DC: National Center for Health Statistics. <https://www.cdc.gov/nchs/hus/topics/births.htm#:~:text=>

[Birth%20rates%20decreased%20for%20both,among%20non%2DHispanic%20White%20women.](#)

- Patterson, S.E. and Reyes, A.M. (2022). Co-residence beliefs 1973–2018: Older adults feel differently than younger adults. *Journal of Marriage and Family* 84(2): 673–684. doi:[10.1111/jomf.12819](#).
- Patterson, S.E., Schoeni, R.F., Freedman, V.A., and Seltzer, J.A. (2022). Care received and unmet care needs among older parents in biological and step families. *The Journals of Gerontology: Series B* 77(Supplement_1): S51–S62. doi:[10.1093/geronb/gbab178](#).
- Pearlin, L.I., Mullan, J.T., Semple, S.J., and Skaff, M.M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist* 30(5): 583–594. doi:[10.1093/geront/30.5.583](#).
- Petry, S.E., Lara, L., and Boucher, N.A. (2024). Older caregivers: Who they are and how to support them. *Journal of Aging and Social Policy* 36(4): 589–602. doi:[10.1080/08959420.2022.2051683](#).
- Razzak, A., Bokun, A., and Cantu, P. (2025). The role of sources of informal care on depressive symptoms in older Mexican Americans. *Sage Open Aging* 11. doi:[10.1177/30495334251395355](#).
- Reyes, A.M. (2018). The economic organization of extended family households by race or ethnicity and socioeconomic status. *Journal of Marriage and Family* 80(1): 119–133. doi:[10.1111/jomf.12445](#).
- Reyes, A.M. and Patterson, S.E. (2025). Dynamics of family exchanges: How life course transfers influence support from adult children. *Research on Aging* 47(7–8): 346–360. doi:[10.1177/01640275251321485](#).
- Rodrigues, R., Filipovič Hrast, M., Kadi, S., Hurtado Monarres, M., and Hlebec, V. (2022). Life course pathways into intergenerational caregiving. *The Journals of Gerontology: Series B* 77(7): 1305–1314. doi:[10.1093/geronb/gbac024](#).
- Rojas-Álvarez, A. and Bokun, A. (2025). Do older Mexican Americans with dementia benefit from living closer to the border? Evidence from the HEPSE. *Hispanic Journal of Behavioral Sciences* 47(1). doi:[10.1177/07399863241308928](#).
- Rote, S., Angel, J.L., and Markides, K. (2015). Health of elderly Mexican American adults and family caregiver distress. *Research on Aging* 37(3): 306–331. doi:[10.1177/0164027514531028](#).

- Rote, S., Cantu, P., Angel, J., Moon, H., Antequera, F., and Markides, K. (2025). Financial strain, mental health, and sleep disruption among racially and ethnically diverse family caregivers during the COVID-19 pandemic. *Journal of Cross-Cultural Gerontology* 40(3): 289–305. doi:10.1007/s10823-025-09543-y.
- Rote, S.M., Angel, J.L., Moon, H., and Markides, K. (2019). Caregiving across diverse populations: New evidence from the national study of caregiving and Hispanic-EPESE. *Innovation in Aging* 3(2): igz033. doi:10.1093/geroni/igz033.
- Ruggles, S. (2007). The decline of intergenerational coresidence in the United States, 1850 to 2000. *American Sociological Review* 72(6): 964–989. doi:10.1177/000312240707200606.
- Samuel, L.J., Szanton, S.L., Seplaki, C.L., Cudjoe, T.K.M., Thorpe, R.J., and Agree, E.M. (2019). Longitudinal and reciprocal associations between financial strain, home characteristics and mobility in the National Health and Aging Trends Study. *BMC Geriatrics* 19(1): 338. doi:10.1186/s12877-019-1340-7.
- Sarkisian, N., Gerena, M., and Gerstel, N. (2006). Extended family ties among Mexicans, Puerto Ricans, and Whites: Superintegration or disintegration? *Family Relations* 55: 331–344. doi:10.1111/j.1741-3729.2006.00408.x.
- Skoblow, H.F. and Gilligan, M. (2025). Stressors and resources among adult child caregivers in the presence or absence of siblings. *The Gerontologist* 65(3): gnaf006. doi:10.1093/geront/gnaf006.
- Skufca, L. and Rainville, C. (2021). Caregiving out-of-pocket costs study. Washington, DC: AARP Research. doi:10.26419/res.00473.001.
- Sueiro, S., Mather, M., and Srygley, S. (2025). Latino working class: America's economic engine. Washington, DC: Population Reference Bureau | Unidos U.S. https://unidosus.org/wp-content/uploads/2025/12/latinoworkingclass_onepager_unidosus.pdf.
- Thomeer, M.B., Mudrazija, S., and Angel, J.L. (2015). How do race and hispanic ethnicity affect nursing home admission? Evidence from the Health and Retirement Study. *The Journals of Gerontology: Series B* 70(4): 628–638. doi:10.1093/geronb/gbu114.
- U.S. Bureau of Labor Statistics (2023). Unpaid eldercare in the United States – 2021–2022: Data from the American Time Use Survey. Washington, DC: U.S. Bureau of Labor Statistics. https://www.bls.gov/news.release/archives/elcare_09212023.pdf.

- U.S. Department of Health and Human Services (2020). 2020 profile of Hispanic Americans age 65 and older. Washington, DC: U.S. Department of Health and Human Services. <https://acl.gov/sites/default/files/Profile%20of%20OA/HispanicProfileReport2021.pdf>.
- van Buuren, S. and Groothuis-Oudshoorn, K. (2011). mice: multivariate imputation by chained equations in R. *Journal of Statistical Software* 45(3). doi:10.18637/jss.v045.i03.
- Van Hook, J. and Sheftel, M.G. (2025). The growth and diversity of older undocumented immigrants in the United States. *Demography* 62(5): 1741–1759. doi:10.1215/00703370-12253766.
- Vásquez, C.E., Rote, S., Antequera, F., Cabrera, A., Cantu, P., and Angel, J.L. (2025). Cohort and gender differences in stability over five years among Mexican-origin caregivers to older adults living with cognitive impairment. *Research on Aging* 47(5–6): 255–265. doi:10.1177/01640275241310518.
- Wagle, S., Yang, S., Osei, E.A., Katare, B., and Lalani, N. (2024). Caregiving intensity, duration, and subjective financial well-being among rural informal caregivers of older adults with chronic illnesses or disabilities. *Healthcare* 12(22): 2260. doi:10.3390/healthcare12222260.
- Wang, X., Zhang, X., and Zang, E. (2026). Beyond lifelong marriage and spousal coresidence: A research note on racial and ethnic differences in late-life family and living arrangements. *Demography* 63(1): 29–43. doi:10.1215/00703370-12458349.
- Wolff, J.L., Cornman, J.C., and Freedman, V.A. (2025). The number of family caregivers helping older U.S adults increased from 18 million to 24 million, 2011–22. *Health Affairs* 44(2): 187–195. doi:10.1377/hlthaff.2024.00978.
- Zhu, Y., Falzarano, F., Mage, S., Benton, D., Wilber, K., and Enguidanos, S. (2025). Subjective financial strain and objective financial impact among caregivers in the United States. *Innovation in Aging* 9(Supplement_2): igaf122.939. doi:10.1093/geroni/igaf122.939.

Appendix

Figure A-1: Covariate balance before and after matching

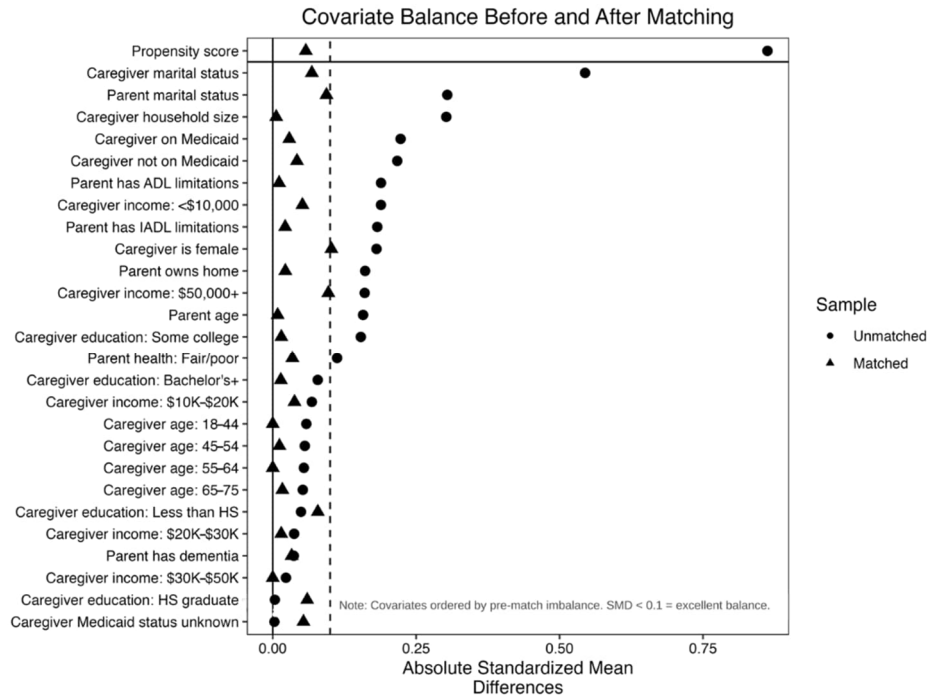


Table A-1: Covariate balance table: standardized mean differences (SMD) before and after matching

Covariate	SMD before matching	SMD after matching
Propensity score	0.8623930377	0.057625378
Caregiver age: 18–44	–0.0178890079	0.000000000
Caregiver age: 65–75	0.0170079408	–0.005434783
Caregiver age: 55–64	0.0270008030	0.000000000
Caregiver age: 45–54	–0.0261197359	0.005434783
Caregiver is female	–0.0865007138	–0.048913043
Caregiver marital status	–0.2603943612	–0.032608696
Caregiver education: bachelor's+	0.0302574054	–0.005434783
Caregiver education: high school graduate	0.0016617595	–0.027173913
Caregiver education: Less than high school	0.0238222698	0.038043478
Caregiver education: Some college	–0.0557414347	–0.005434783
Caregiver income: < \$10,000	0.0792737330	0.021739130
Caregiver income: \$10,000–\$19,000	–0.0292982691	0.016304348
Caregiver income: \$20,000–\$29,000	0.0137067273	–0.005434783
Caregiver income: \$30,000–\$49,000	–0.0097363490	0.000000000
Caregiver income: \$50,000+	–0.0539458423	–0.032608696
Caregiver not on Medicaid	–0.0837905960	–0.016304348
Caregiver on Medicaid	0.0840805675	0.010869565
Caregiver Medicaid status unknown	–0.0002899714	0.005434783
Caregiver household size	0.3024987361	0.005990894
Parent health: Fair/poor	–0.0534551213	0.016304348
Parent age	0.1574524274	0.008541656
Parent has ADL limitations	0.0926793362	–0.005434783
Parent has IADL limitations	0.0457820307	–0.005434783
Parent has dementia	0.0180897573	–0.016304348
Parent owns home	–0.0798982869	0.010869565
Parent marital status	–0.1235724483	0.038043478

Table A-2: HEPese vs. ACS demographics comparison: Adult child caregivers coresiding with aging parents in Arizona, California, Colorado, New Mexico, and Texas (2010–2011)

Characteristics (mean or %)	Mexican American (HEPese, N = 191)	Mexican American (ACS, N = 2,696)	Non-Hispanic White (ACS, N = 6,038)
Age	54.79	51.83 [51.4, 52.3]	55.64 [55.4, 55.9]
Female	70.7%	49.6% [47.2%, 52.1%]	49.4% [47.9%, 51.0%]
Education			
Less than high school	35.7%	29.9% [27.7%, 32.2%]	5.9% [5.1%, 6.8%]
High school+	64.3%	70.1% [67.8%, 72.3%]	94.1% [93.2%, 94.9%]
Married	53.8%	29.7% [27.5%, 32.0%]	27.3% [25.9%, 28.7%]
Household income (annual)			
< \$20,000	45.5%	12.7% [11.1%, 14.5%]	7.1% [6.3%, 7.9%]
≥ \$20,000	54.5%	87.3% [85.5%, 88.9%]	92.9% [92.1%, 93.7%]
Household size	3.24	4.18 [4.0, 4.3]	3.05 [2.9, 3.1]
Spanish language*	58.4%	81.6% [79.5%, 83.4%]	1.6% [1.3%, 2.0%]

Notes: ACS sample sizes are unweighted; means and percentages are weighted; 95% confidence intervals are in brackets. Because the ACS does not directly identify caregivers, we approximate the caregiving population using adult children aged 18+ coresiding with their parents aged 80+. For the ACS sample, Mexican ethnicity is defined by the US Census Bureau by ancestry, lineage, heritage, nationality group, or country of birth.

*For the HEPese sample, Spanish language refers to the language of interview. For the ACS sample, it refers to the language spoken at home.