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# CHILDHOOD OBESITY, BABY BOOMERS AND THE ECHO BOOM

Elizabeth Conradson Cleary\*

"Twenty years ago, it was unusual to see a 300-pound person in my clinic, now we see it all the time. And it used to be we'd see obesity only in adults, but now we see it in children. *This may be the first generation of children who will die before their parents.*"<sup>1</sup>

The obesity epidemic is a growing concern in U.S. society. Today, two-thirds of American adults are obese or overweight.<sup>2</sup> By 2010, approximately forty percent of all adult Americans, sixty-eight million people, will be obese.<sup>3</sup> The Centers for Disease Control and Prevention (CDC) consider overweight and obesity as "labels for ranges of weight that are greater than what is generally considered healthy for a given height."<sup>4</sup> Specifically, overweight and obesity ranges are established by calculating the "body mass index" (BMI).<sup>5</sup> According to the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH), a BMI between 25-29.9 is considered overweight, while a

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1. Louise Witt, *Why We're Losing the War Against Obesity*. 25 AMERICAN DEMOGRAPHICS, Vol. 10 at 27 (Dec. 2003/Jan. 2004) (quoting John Foreyt, the Director of Behavioral Medicine Research Center at Baylor College of Medicine in Houston) (emphasis added).

2. Olshansky S.J., et al. *A potential decline in life expectancy in the United States in the 21<sup>st</sup> century*. 352 NEW ENG. J. MED. 1138, 1339 (2005).

3. See Witt, *supra* note 1, at 27.

4. Centers for Disease Control, *Overweight and Obesity: Defining Overweight and Obesity*, available at <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm> (last visited October 17, 2005) [hereinafter CDC Overweight].

5. See Olshansky et al., *supra* note 2, at 1339 (BMI is calculated as "the weight in kilograms divided by the square of the height in meters."). For most people, BMI is used to determine obese and overweight ranges because it correlates with their amount of body fat.

BMI of thirty or higher is considered obese.<sup>6</sup>

In particular, obesity has a significant impact on American women, as they are more likely to be obese than men.<sup>7</sup> This is particularly disconcerting in light of the influence of maternal BMI on the children of American mothers.<sup>8</sup> The American Obesity Association reports that, among women between the ages of twenty and seventy-four years, thirty-four percent are obese (BMI  $\geq$  30) and 6.3% are severely obese (BMI  $\geq$  40), compared with 28% and 3.1%, respectively, for men.<sup>9</sup>

Obesity shortens life and capacity. It has obvious implications for late-in-life disease and statistically shortened lifespans for older people. Obesity's substantially negative effect on longevity has been estimated as reducing the life span of severely obese people, both young and old, by five to twenty years.<sup>10</sup> However, obesity in the U.S. is now a fact for many children, with health implications of still more significant severity in terms of capability, longevity, and life activities. The impact of the health of the young on the well-being of the elders, to the extent that our nation's growing elderly population relies on younger generations to assist them with daily living activities, is the focus of this article.

In 1997, the Honorable Patricia Wald of the U. S. Court of Appeals for the District of Columbia predicted that "the extent of society's responsibilities toward a rapidly growing older population will be one of the dominant social dilemmas in the twenty-first century."<sup>11</sup>

This article will examine the trends associated with the aging Baby Boomer population and their need for informal caregivers. However, it will compare the current trends of the aging Baby Boomer population to the Baby Boomer's children—the Echo Boomers. In particular, this article will examine the

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6. NATIONAL HEART, LUNG, AND BLOOD INSTITUTE, OBESITY EDUCATION INITIATIVE, <http://www.nhlbisupport.com/bmi/> (last visited Oct. 31, 2005).

7. Phyllis W. Speiser et al., *Childhood Obesity*, 90 J. OF CLINICAL ENDOCRINOLOGY & METABOLISM 1871, 1876 (March 2005).

8. *Id.*

9. AMERICAN OBESITY ASSOCIATION, AOA FACT SHEETS: OBESITY IN THE U.S., available at [http://www.obesity.org/subs/fastfacts/obesity\\_US.shtml](http://www.obesity.org/subs/fastfacts/obesity_US.shtml) (last modified May 2, 2005).

10. Kevin R. Fontaine et al., *Years of Life Lost Due to Obesity*, 289 JAMA 187, (2003); see also Olshansky et al., *supra* note 2.

11. Patricia M. Wald, *Looking Forward to the Next Millennium: Social Previews to Legal Change*, 70 TEMP. L. REV. 1085, 1091 (1997).

Echo Boomers' projected trends of longevity, as compared to their children, who are currently impacted by the epidemic of childhood obesity, which symptomatically will have a shortening effect on their lifespans.

### BABY BOOM, BABY BUST AND ECHO GENERATIONS

Baby Boomers, born between 1946 and 1964, include the bumper crop of 76 million babies,<sup>12</sup> many born to returning servicemen and their spouses. They were followed by a generation born from approximately 1965 to 1976, commonly referred to as Generation X, or the Baby Bust.<sup>13</sup> During that time, the number of births per woman in childbearing years was considerably lower, in part due to the availability of birth control pills.<sup>14</sup> Currently, the Baby Bust includes forty-three million individuals, aged twenty-eight to thirty-seven.<sup>15</sup>

By the close of the Bust births, in 1976, the fertility rate reached its lowest point, lower than the pessimistic Depression years,<sup>16</sup> and continues at a rate less than replacement levels. Nevertheless, the total number of births began to rise because the large generation of Baby Boomers began their own families. Although Baby Boomer families were small compared to families in prior generations, the births resulted in the Echo Boom.<sup>17</sup>

The Echo Boom Generation, born between 1977 and 1996, includes seventy-three million individuals,<sup>18</sup> ranging in age from ten to twenty-eight, in 2005, with a median age of eighteen.<sup>19</sup> The Echo Boom is a resurgence of younger people in the population. In 2015, when the older Baby Boomers will begin to retire, Echo Boomers will comprise thirty-four percent of the

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12. Peggie R. Smith, *Elder Care, Gender, and Work: The Work-Family Issue of the 21<sup>st</sup> Century*, 25 BERKELEY J. EMP. & LAB. L. 351, 355 (2004).

13. Jones Lang LaSalle Corp., *Gen Y and the Future of Mall Retailing*, American Demographics, 24 (Dec 2002/ Jan 2003) available at [http://www.am.joneslanglasalle.com/retail/pdfs/Gen\\_y\\_white\\_paper.pdf](http://www.am.joneslanglasalle.com/retail/pdfs/Gen_y_white_paper.pdf) [hereinafter *Gen Y*].

14. *Id.*

15. *Id.*

16. David L. Morgan, *Facts and figures about the baby boom. (The Baby Boom at Midlife and Beyond)*, GENERATIONS, VOL. 22, No. 1 (Mar. 22, 1998).

17. *Id.*

18. See *Gen Y*, *supra* note 13.

19. *Id.*

adult population.<sup>20</sup> The Echo Boomers will eventually comprise the disproportionately large elderly population; thus, the Echo Boomers will likely require similarly increased service and care that we are facing today with the aging Baby Boomer generation.

### THE EPIDEMIC OF CHILDHOOD OBESITY

Obesity in today's children, who are younger Echo Boomers and post-Echo Boomer children, is increasing rapidly amongst children of all ages.<sup>21</sup> According to a report by the National Center for Health Statistics, "among children and teens ages 6-19, 16 percent (over 9 million) are overweight according to the 1999-2002 data," or triple the percentage of overweight teenagers in 1980.<sup>22</sup> The National Institute for Health Care Management [NIHCM] reports an alarming "increase in overweight among young children 2-5 years old, from 7% ten years ago to 10% today."<sup>23</sup>

Childhood obesity greatly increases the risk of co-morbid diseases, such as hypertension, diabetes, heart disease, and some types of cancer.<sup>24</sup> Incidence of liver disease rises amongst overweight children,<sup>25</sup> and many overweight children are at risk for heart disease, stroke, high blood pressure, and cholesterol levels.<sup>26</sup> Type 2 diabetes, formerly considered a disease of adult onset, is increasingly common in children. As NIHCM reports:

the incidence of type 2 diabetes—the 7<sup>th</sup> leading cause of death in the U.S.—has increased from 4% in 1990 to approximately 20% in 2000 in children and adolescents. That figure varies from 8% to 45%, depending on the

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20. *Id.*

21. NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT FOUNDATION, OBESITY IN YOUNG CHILDREN: IMPACT AND INTERVENTION 1 (Aug. 2004) available at <http://www.nihcm.org/OYCbrie.pdf> [hereinafter NIHCM FOUNDATION].

22. NATIONAL CENTER FOR HEALTH STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, OBESITY STILL A MAJOR PROBLEM: NEW DATA SHOW (Oct. 6, 2004) available at <http://www.cdc.gov/nchs/pressroom/04facts/obesity.htm> [hereinafter NCHS press release].

23. NIHCM FOUNDATION, *supra* note 21 at 1.

24. *Id.* at 6; Marshall L. Wilde, *Bioethical and Legal Implications Of Pediatric Gastric Bypass*, 40 WILLAMETTE L. REV. 575, 576 (Summer 2004).

25. *Id.*

26. *Id.*

age and racial/ethnic mix of the group studied.<sup>27</sup>

The CDC estimates that one in three Americans born in 2000 will develop diabetes.<sup>28</sup>

The diseases and limitations of childhood obesity are likely to persist over a lifetime, because an overweight child is likely to be overweight as an adult:

[A]bout one-third of overweight preschool children and about half of overweight school-age children become overweight adults. This will have enormous implications on the health status of our nation. Obese individuals with similar social demographic characteristics to normal-weight individuals suffer from an increase in chronic conditions of about 67% . . . . These conditions are only exacerbated when children remain overweight into adulthood.<sup>29</sup>

Historically, the elderly and obese adults were the primary victims of these types of ailments; however, childhood obesity has changed this trend.<sup>30</sup> Pediatric healthcare providers overwhelmingly agree that the obesity epidemic increases the number of children with chronic disease and diminishes their quality of life.<sup>31</sup> Obese children with such complications also experience a shortened life span.<sup>32</sup>

The obesity plight amongst the Echo Boomers is unlikely to reverse itself, given the current profile of younger Echo Boomers and post-Echo children and U.S. lifestyle factors that contribute to individuals becoming overweight. Inactivity is to blame; it is the result of labor-saving devices, from automobiles to email,

27. See NIHCM FOUNDATION, *supra* note 21, at 6.

28. CENTERS FOR DISEASE CONTROL AND PREVENTION, THE BURDEN OF CHRONIC DISEASES AND THEIR RISK FACTORS, NATIONAL AND STATE PERSPECTIVES, 29 (Feb. 2004), available at

[http://www.cdc.gov/nccdphp/burdenbook2004/pdf/burden\\_book2004.pdf](http://www.cdc.gov/nccdphp/burdenbook2004/pdf/burden_book2004.pdf) (last visited Oct. 17, 2005); see also K.M. Narayan et al., *Lifetime risk for diabetes mellitus in the United States*, 290 JAMA 1884, 1887 (2003).

29. NIHCM FOUNDATION, *supra* note 19.

30. Marshall L. Wilde, *supra* note 24, at 576. Although the amount of information available about the effects of comorbidities on youth is less than that about adults, scientists have clearly found that children experience many detrimental effects of overweight similar to adults. S.R. Daniels et al., *Overweight in Children and Adolescents: Pathophysiology, Consequences, Prevention, and Treatment*, 111 CIRCULATION 1999 (2002).

31. *Id.* The NIHCM refers to impaired "quality of life" to be "similar to that of a very sick child with cancer." *Id.* at 11.

32. *Id.*

which limit the need to expend physical energy.<sup>33</sup> Central heating and air conditioning make it much more comfortable to stay inside rather than to go outside and play.<sup>34</sup> In cities, dangerous neighborhoods, or the perception thereof, discourage children from being active outside.<sup>35</sup> Suburban neighborhoods are generally structured for the automobile and offer few child-friendly features such as parks, sidewalks, and destinations within walking distances.<sup>36</sup>

Other factors contributing to childhood obesity include large blocks of time children spend in front of media devices. According to the NIH, American children age eight to eighteen watch television for more than three hours a day and spend another three to four hours with "other media."<sup>37</sup> Schools may offer only more sedentary activity. Shrinking tax support for many public school systems and competing academic priorities cause many schools to "relegate physical education to the category of 'frill.'"<sup>38</sup>

Children are the target audience for advertising, much of which encourages their consumerism, both figuratively and literally. Annual spending on child-directed television advertising is estimated at one billion dollars.<sup>39</sup> Over the course of one year, a child will watch, on average, 40,000 commercials.<sup>40</sup> One expert considers that "the fast food industry is an important force in the obesity epidemic . . . but the television and video industries play a key role by directly advertising foods to children and by encouraging sedentary behavior. The best single predictor of obesity is television viewing."<sup>41</sup>

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33. NIHCM FOUNDATION, *supra* note 21.

34. *Id.*

35. *Id.*

36. *Id.*

37. *Id.*

38. NIHCM FOUNDATION, *supra* note 21.

39. Valere Byrd Fulwider, *Future Benefits? Tax Policy, Advertising, and the Epidemic of Obesity in Children*, 20 J. CONTEMP. HEALTH L. & POL'Y 217, 223 (Winter, 2003).

40. *Id.*

41. *Id.* (quoting Steven Gortmaker, HARVARD PUBLIC HEALTH NOW, ENERGETIC PANEL OF SPEAKERS DEBATES WHY AMERICANS ARE GETTING FAT, <http://www.hsph.harvard.edu/now/> (Nov. 1, 2002)).

## THE NEED FOR CAREGIVERS FOR THE BABY BOOMERS AND BEYOND

Baby Boomers, the largest generation in U.S. history, will begin to reach the traditional retirement age of sixty-five in 2011.<sup>42</sup> While their need for assistance is likely to be minimal at first, it almost inevitably will grow. Many will live past age eighty-five in 2031 and beyond. These so-called "old-old" have increased faster than any other part of the population in recent decades, and they are likely to triple in numbers by 2040.<sup>43</sup>

Despite the fact that the elderly generally live healthier lives than their parents, longevity results in increased numbers of individuals who have "chronic illnesses, multiple medical problems, functional limitations and disabilities."<sup>44</sup> Of all the elderly, the old-old need the most care; approximately fifty percent of individuals over 85 years currently require assistance with activities of daily life.<sup>45</sup>

Assistance with activities of daily living (ADLs) is likely to be provided by a healthier person who has either a family or is otherwise connected with the elder, or who has limited education and works for low wages.<sup>46</sup> Generally, elders first need assistance with yardwork and household maintenance.<sup>47</sup> Next, or perhaps during recuperation from acute illness, an elder may need help with transportation and shopping, household chores, and food preparation.<sup>48</sup> Finally, someone may be needed to help with dressing and grooming.<sup>49</sup>

Younger, physically more capable people are likely to be in relatively short supply in the U.S. population. As Fernando Torres-Gils, Director of the Center for Policy Research on Aging at UCLA, points out:

42. Peggie R. Smith, *Elder Care, Gender, And Work: The Work-Family Issue of The 21st Century*, 25 BERKELEY J. EMP. & LAB. L. 351, 356 (2004).

43. *Id.*

44. *Id.* at 356-57 (citing FRANK B. HOBBS, U.S. CENSUS BUREAU, THE ELDERLY POPULATION, (2001) available at <http://www.census.gov/population/www/pop-profile/elderpop.html>).

45. *Id.* at 357-58.

46. See FROLIK & BARNES, ELDER LAW CASES AND MATERIALS 20 (LexisNexis 3 ed. 2003).

47. *Id.* at 17.

48. *See id.*

49. *Id.*

In 1990, there were eleven potential caregivers (those ages fifty to sixty-four) compared with every person likely to need care giving (those eighty-five years and older). By 2050, that ratio will decline to four to one, raising questions about who fills the gaps.<sup>50</sup>

Sometimes referred to as the "dependency ratio," this figure is calculated as the ratio in the population of workers (age eighteen to sixty-four) to those age sixty-five and older.<sup>51</sup> In 2000, for example, there were 4.9 working people per elderly person. In 2030, the ratio is expected to decline to 2.8.<sup>52</sup> While the validity of a dependency ratio has been questioned,<sup>53</sup> it nonetheless serves as an illustrative tool to show the trends of a changing population profile.

The elderly usually first turn to family members for help with every day tasks.<sup>54</sup> Amongst family members, a spouse is most likely to provide care; absent a capable spouse, adult children provide most caregiving for their aging parents.<sup>55</sup> Family caregivers provide about eighty percent of the United States' long-term care.<sup>56</sup> In fact, care giving by family members is so prevalent that it has its own commercial magazines, *Sandwich Generation* and *Answers*.<sup>57</sup>

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50. Fernando M. Torres-Gil, *The New Aging: Individual and Societal Responses*, 10 *Elder L.J.* 91, 108 (2002).

51. FROLIK & BARNES, *supra* note 46, at 10.

52. David M. Walker, U.S. General Accounting Office, Before the Special Committee on Aging, U.S. Senate, *Long-Term Care: Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budgets*, 9, available at <http://www.gao.gov/new.items/d02544t.pdf> (Factors contributing to this decline are both the increase in boomer retirees and the falling fertility rates).

53. FROLIK & BARNES, *supra* note 46, at 10 (Inherent in the equation is the assumption that everyone over sixty-five or under age nineteen is a dependent, or that people within the presumed working age do not all work. Due to each assumption being false, the usefulness of the ratio has been significantly undermined).

54. PEGGIE R. SMITH, *supra* note 42, at 359.

55. *Id.* at 360. In a national sample of caregivers living with their care recipients, spouses account for about sixty-two percent of the primary caregivers and adult children comprise twenty-six percent. (William S. Bailey, *Flawed Justice: Limitation of Parental Remedies for the Loss of Consortium of Adult Children*, 27 *SEATTLE U. L. REV.* 941, 966 (Spring, 2004). However, secondary (characterized as a family or friend network that assists another who is the "primary" caregiver for an impaired elderly person) caregivers tend to be adult children (forty-six percent) rather than spouses (sixteen percent). See Rhonda Montgomery et al., *Change, Continuity and Diversity Among Caregivers*, <http://www.egyptianaaa.org/Research-Caregivers.htm> (last visited October 31, 2005).

56. *Id.*

57. Marshall B. Kapp, *Family Caregiving For Older Persons In The Home*, 16 *J. LEGAL MED.* 1 (1995).

Elders who live at home and who lack family or other informal caregivers can meet their needs for assistance in a number of ways through the marketplace. A network of formal support can be provided by institutions, agencies, and their representatives,<sup>58</sup> however, as opposed to most informal caregiving arrangements, formal caregiving can be quite costly over time.<sup>59</sup>

## PAYING THE COSTS OF CARE

A large fear in growing old is the prospect of impoverishment. The American Geriatrics Society asserts that the greatest threat to financial well-being is the absence of coverage for many types of long-term care.<sup>60</sup> Medicare covers some services only at the two extremes of the long-term care continuum, home care and nursing homes; Medicare does not cover assisted living or other intermediate alternatives.<sup>61</sup> However, Medicare coverage has significant restrictions intended to limit payments to recuperative, acute care services.<sup>62</sup> Medicaid provides a significant source of financing for nursing home care, but it covers only people with little income and few assets.<sup>63</sup> Most elderly individuals must pay out-of-pocket for home and community-based services<sup>64</sup> or depend on the good will of

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58. FROLIK & BARNES, *supra* note 46, at 18 (state or county Area Agencies on Aging offer resources for formal caregiving networks).

59. *See infra* note 64.

60. Marshall B. Kapp, *Options for Long-Term Care Financing: A Look To the Future*, 42 *Hastings L.J.* 719, 719 (Mar. 1991) (quoting SCHECHTER, *Health Insurance*, in *MERCK MANUAL OF GERIATRICS* 1208 (1990)).

61. Richard L. Kaplan, Symposium, *Cracking the Conundrum: Toward a Rational Refinancing of Long-Term Care*, 2004 *U. Ill. L. Rev.* 47, 59 (2004).

62. *Id.* at 7, 9. Some examples of these restrictions are eligibility, (e.g. enrollees requiring assistance from other people, or enrollees needing to leave their homes with wheelchairs, walkers, or canes) and duration of nursing care (e.g. services include 'part-time or intermittent' nursing care, which is defined as "care of less than eight hours a day and no more than twenty-eight hours per week;" thus, "Medicare does not cover around-the-clock, or even all-day, in-home care.").

63. *Id.* at 10; John Migliaccio & Neal E. Cutler, *Caring Today, Planning for Tomorrow* 14 (1999), [www.caregiving.org/data/archives/nacguide.pdf](http://www.caregiving.org/data/archives/nacguide.pdf).

64. The Senate Special Committee on Aging examined the effects of the escalating problem of health care and the aging population and presented some rather frightening projections in a recent report. K. Nicole Harms, *Caring For Mom and Dad: The Importance Of Family-Provided Eldercare and the Positive Implications of California's Paid Family Leave Law*, 10 *WM. & MARY J. WOMEN & L.* 69, 82 (Fall, 2003). They stated that:

Government projections developed by the Lewin Group for the U.S. Department

informal caregivers.

### RECOGNIZING THE VALUE OF ADULT CHILDREN CAREGIVERS

Courts have recognized the value of children as caregivers. In *Green v. Bittner*,<sup>65</sup> the New Jersey Supreme Court provided an insightful, progressive holding in regards to the loss to parents because of wrongful death claim for a teenage daughter. The court was faced with a jury verdict of no damages—the jury determined that the young woman's survivors (her parents and siblings) had not suffered any pecuniary loss.<sup>66</sup> However, the court recognized the economic value that children have to parents and held that, in addition to claiming damages of the

well-known elements of pecuniary loss such as the loss of the value of the child's anticipated help with household chores, or the loss of anticipated direct financial contributions by the child after he or she becomes a wage earner . . . the jury should be allowed, under appropriate circumstances, to award damages for the parents' loss of their child's companionship as they grow older, when it may be most needed and valuable, as well as the advice and guidance that often accompanies it.<sup>67</sup>

*Green* is remarkable in that it was one of the first case to raise the question of deciding "the loss of future care giving potential to infirm aging parents."<sup>68</sup> At the time the case was heard, no research existed to provide an answer, unlike the current situation.<sup>69</sup> The court arrived at its holding by examining the modern social realities of the parent-child relationship.<sup>70</sup> Upon exploring the parent-child relationship, the court reasoned:

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of Health & Human Services find that annual expenditures for long-term care will reach \$207 billion in 2020 and \$346 billion in 2040, and could nearly quadruple in constant dollars to \$379 billion by 2050 . . . annually.

Senate Special Committee on Aging, 107th Cong., Long-Term Care Report 14 (Comm. Print 2002) available at <http://www.access.gpo.gov/congress/senate/senate22cp107.html> (last visited Sept. 19, 2005)).

65. *Green v. Bittner*, 424 A.2d 210 (N.J. 1980).

66. *Green*, 424 A.2d at 211-13.

67. *Id.* at 211.

68. Bailey, *supra* note 55, at 964.

69. *Id.*

70. *Id.*

Parents live longer today; the proportion of people age 65 and over in our population continues to grow. And their children retire earlier, become independent sooner, and free of the obligation to support the grandchildren sooner. We suspect that there are many more children aged 45 to 55 who are faced with their parents' need for care and guidance than there were in the past, and who are able to render such care and guidance along with whatever help they may from time to time give to their emancipated children. Nursing homes are not the only vehicle for this assistance. The parents' need is real, and when a middle-aged son or daughter is not there because of a wrongful death, a prospective pecuniary advantage of the aged or infirm parent has been lost.<sup>71</sup>

Indeed, the cost of the care that an adult child provides his or her parents is invaluable. The monetary burden the adult child undertakes should not be overlooked. A survey, conducted by MetLife Insurance Company, estimated that over a lifetime, an adult child who takes care of his or her elderly parent(s) sacrifices an average of \$659,139 in the form of lost wages, Social Security, and pension benefits.<sup>72</sup> In addition, care giving responsibilities impact the health and productivity of the caregiver.<sup>73</sup> Caregivers experience a higher rate of "employee absenteeism, turnover, and early retirement than the general population."<sup>74</sup>

In addition to monetary resources, the adult child caregiver will sacrifice his or her time.<sup>75</sup>

Caregivers spend an average of 17.9 hours per week attending to recipients. This figure increases to twenty hours per week among those providing care for individuals aged sixty-five or over. 4.1 million of individuals caring for family or friends spend over forty hours per week doing this, with some providing constant care. The majority of such caregivers provide unpaid assistance for one to four years. Twenty percent

71. *Green*, 424 A.2d at 219.

72. Katie Wise, *Caring for Our Parents in an Aging World: Sharing Private and Public Responsibility for the Elderly*, 5 LEGIS. & PUB. POL'Y 563, 579 (May, 2002).

73. *Id.*

74. *Id.*

75. Bailey, *supra* note 55, at 966.

of this group provided care for five years or longer.<sup>76</sup>

Assessing the projected replacement costs of informal caregivers provides another perspective of their invaluable contributions. The projected cost of replacing these unpaid, informal caregivers with paid, professional caregivers is close to \$200 billion dollars annually.<sup>77</sup>

## WOMEN AS INFORMAL CAREGIVERS

Important characteristics to note about adult children caregivers involve their gender and societal roles. According to the 1997 National Family Caregiver Survey, "[t]he typical caregiver is a married woman in her mid-forties, provides an average of eighteen hours/week of care giving, works full-time, lives near the care recipient, and has an annual household income of approximately \$35,000."<sup>78</sup> Additionally, thirty-one percent of caregivers care for two or more people.<sup>79</sup> It is expected that women can spend up to eighteen years caring for elderly relatives, in addition to the average seventeen years of their lives spent caring for any children they may have.<sup>80</sup>

Absent a spouse to provide care for the elderly, adult daughters provide most of the care for parent(s).<sup>81</sup> Studies of families with both adult sons and daughters revealed that the daughters are twice as likely to meet the primary care giving responsibility for an elderly parent.<sup>82</sup> Additional studies show

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76. *Id.*

77. Senate Special Committee on Aging, 107th Cong., Long-Term Care Report 14 (Comm. Print 2002) available at

<http://www.access.gpo.gov/congress/senate/senate22cp107.html> (last visited Sept. 19, 2005). Currently, twenty-three percent (or 22.4 million households) are involved in providing caregiving to persons aged fifty or over. In addition, 25.8 million family caregivers provide assistance for adults with a disability of chronic illness. It is projected that, by the year 2007, the number of caregiving households for persons aged fifty-five and over could reach thirty-nine million (William S. Bailey, *Flawed Justice: Limitation of Parental Remedies for the Loss of Consortium of Adult Children*, 27 Seattle U. L. Rev. 941, 966 (Spring, 2004)).

78. See Sheel M. Pandya & Barbara Coleman, AARP, *Caregiving and Long-Term Care* (Dec. 2000), <http://www.aarp.org/research/housing-mobility/caregiving/aresearch-import-685-FS82.html>.

79. *Id.*

80. Smith, *supra* note 12, at 353 (citing 139 Cong. Rec. H366 (daily ed. Feb. 3, 1993) (statement of Representative Lynn Schenk)).

81. *Id.* at 261.

82. *Id.*

that daughters-in-law often provide the majority of hands-on care for the parents of their husbands.<sup>83</sup> Overall, women are the primary informal caregivers for the elderly.<sup>84</sup>

A complex combination of cultural and economic factors contributes to why women often serve as the primary caregivers.<sup>85</sup> Care giving falls within the domestic realm, "which traditionally has been thought of as work more appropriate for women."<sup>86</sup> Also, because women in the workforce typically earn less than men, care giving may be less of an economic burden to women than to men.<sup>87</sup>

The fact that women take on additional caregiver roles for senior family members while simultaneously caring for their own children has resulted in the phenomenon of the "sandwich generation."<sup>88</sup> A contributing factor to this trend is the age at which women have their children. For example, woman A has her children in her twenties. By the time woman A is in her eighties, her adult children will be aged fifty to sixty, which will increase the likelihood that woman A's adult children will be past most of their child rearing responsibilities at the time woman A's (and potentially her spouse's) fragility increases. However, woman B has her children in her thirties, similar to many Baby Boomers. By the time woman B is in her eighties, her adult children will be aged forty to fifty, which will increase the likelihood that woman B's adult children will still have child-rearing responsibilities at that same time. Delay in fertility creates the potential for sandwich generations, which have dual responsibilities of both parent care and child care. As more women in society trend towards becoming sandwich generation, stresses associated with this type of care giving will have affect all generations within the family.

### MAKING SENSE OF IT ALL

Given the demographics and healthcare trends explored in this article, a few things become clearer. We know that our aging

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83. *Id.*

84. *Id.*

85. FROLIK & BARNES, *supra* note 46, at 20.

86. *Id.*

87. *Id.*

88. Forrest, *supra* note 20, at 383 (citing Alison Barnes, *The Policy and Politics of Community-Based Long-Term Care*, 19 NOVA L. REV. 487, 500 (Winter 1995)).

population will be growing significantly, as will the resulting need for informal caregivers for this population. In particular, we know that women are the predominant informal caregivers of the elderly. Following the aging Baby Boomers in approximately sixty years will be the future elderly Echo Boom generation, a population that could rival the size of the Baby Boomers. Significant need for long-term care for this large generation of Echo Boomers will be yet another challenge for our country's health care system. As the Echo Boomers experience increased longevity, the growing epidemic of childhood obesity will be concurrently plaguing the health of their children, ultimately having an inverse effect on their life span. As the Echo Boomers grow old, their children and their grandchildren (those currently effected by the childhood obesity epidemic) will more likely be impacted with chronic and co-morbid health problems, resulting in shortened lifespans of Echo Boomer children. Given what we know, females are most likely to be affected by obesity, yet we will depend on them as the future care giving labor force that society has relied upon in the past.

#### *SUGGESTED APPROACHES TO ADDRESSING THE SITUATION*

Despite the fact that the obesity impact on health has been recognized for nearly half of a century, its rapid incidences among adults and children show no sign of changing for the better.<sup>89</sup> Therefore, public policy and planning are necessary.

Policy recommendations from the U.S. Department of Health and Human Services offered to reduce the prevalence of obesity have included the following changes or improvements: education, food labeling and advertising, food assistance programs, health care and training, and policy development.<sup>90</sup> Because of its long-term effects, childhood obesity is seen as one of the most serious public health concerns threatening our children directly<sup>91</sup> and our future elderly indirectly. Understanding the larger picture of how this epidemic will ultimately affect our generational care-giving relationships can only help us become more prepared to take preventative

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89. 2000 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; PUBLIC HEALTH REP 2000; 115: 12-24 (Jan. 2000/Feb. 2000).

90. *Id.*

91. S. R. Daniels et al., *Overweight in Children and Adolescents: Pathophysiology, Consequences, Prevention, and Treatment*, 111 CIRCULATION 1999, 2002 (April 19, 2005).

measures in addressing future health care concerns.

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