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Family Caregiving in an Aging America

Lower-income adults with an aging parent, spouse or partner are more likely to be caregivers than those in higher income tiers

BY *Kim Parker*

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About this research

This Pew Research Center report looks at the experiences of Americans who are providing care to a parent, spouse or partner age 65 or older.

Why did we do this?

Pew Research Center does research to help the public, the media and decision-makers understand important topics.

This research is part of our ongoing effort to study how the U.S. is changing socially and demographically and how the public is reacting to these changes. It also builds on previous work we've done on [older adults and aging](#) and [family and relationships](#).

How did we do this?

For this study, we surveyed 8,750 adults from Sept. 2 to 8, 2025. The survey included 1,193 adults who consider themselves a caregiver for a parent, spouse or partner age 65 or older. Everyone who took part is a member of the Center's [American Trends Panel](#). The survey represents the views of the full U.S. adult population.

Here are the [survey questions](#) used for this report, the [detailed responses](#) and the [survey methodology](#).

Family Caregiving in an Aging America

Lower-income adults with an aging parent, spouse or partner are more likely to be caregivers than those in higher income tiers

As the [U.S. population ages](#), the need for caregivers among older adults is on the rise. There's growing evidence that family members are [increasingly taking on these roles](#).

We surveyed 8,750 U.S. adults from Sept. 2-8, 2025, to learn about:

- The experiences of those who are **caring for an aging parent**
- The experiences of those who are **caring for an aging spouse or partner**

What we found is that the caregiving burden increases as aging family members get to be 75 and older. And, among Americans with an aging parent, spouse or partner, those with lower incomes are much more likely to be caregivers than those with middle and upper incomes.

In addition, providing regular care for an aging parent affects men and women differently, with women more likely to say it has a negative impact on their personal well-being.

This research is part of our ongoing effort to study how the U.S. is changing socially and demographically and how the public is reacting to these changes. It also builds on previous work we've done on [older adults and aging](#).

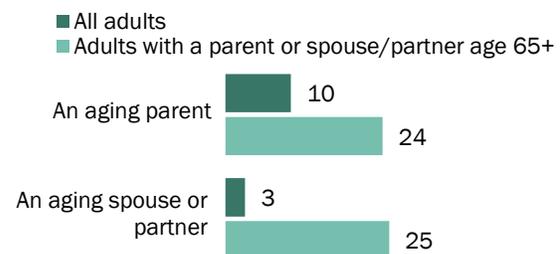
Key takeaways

How many Americans are caring for an aging family member?

- 10% of all U.S. adults say they are a caregiver for a parent age 65 or older. Another 3% are caregivers for a spouse or partner age 65 or older. A very small share (less than 1%) say they care for an aging parent *and* an aging spouse or partner.
- The shares of Americans who see themselves as caregivers rise to 24% among

1 in 10 U.S. adults say they are a caregiver for parent age 65 or older

% of each group ___ who consider themselves a caregiver for ...



Source: Survey of U.S. adults conducted Sept. 2-8, 2025. "Family Caregiving in an Aging America"

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those with a parent age 65 or older and 25% among those with an aging spouse or partner.

Who are the caregivers?

Among those with an aging parent, spouse or partner, some groups are more likely than others to be caregivers.

- **Women:** 28% of women who have an aging parent, spouse or partner consider themselves caregivers, compared with 23% of men.
- **Lower-income adults:** 39% of lower-income adults with an aging parent, spouse or partner are caregivers, compared with 23% of middle-income adults and 16% of upper-income adults.

In addition, adults with a parent **age 75 or older** are more likely than those with a parent age 65 to 74 to be caregivers (31% vs. 16%). Similarly, 32% of those with spouse or partner age 75 or older are caregivers, compared with 21% of those with a spouse or partner age 65 to 74.

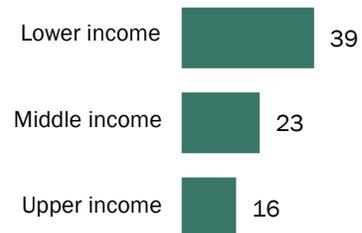
What do caregivers do for their aging family members?

Roughly two-thirds of adults who are caregivers for an aging parent (68%) and a similar share of those caring for an aging spouse or partner (66%) say they help that person with *at least one of the following* on a regular basis:

- Errands, housework or home repairs
- Managing their health care, such as medical appointments and medication
- Managing their finances, such as budgeting or paying bills on time
- Personal care, such as bathing or dressing

Experiences caring for aging family members differ widely by income

Among those with a parent, spouse or partner age 65 or older, % saying they consider themselves a caregiver for that person



Note: Family income tiers are based on adjusted 2024 earnings.
Source: Survey of U.S. adults conducted Sept. 2-8, 2025.
"Family Caregiving in an Aging America"

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What's the impact on caregivers?

The impact of caregiving differs depending on whether a person is providing support for an aging parent or for an aging spouse or partner.

Among those caring for an aging parent

Adults who are caring for an aging parent and regularly helping them with at least one of the tasks we asked about tend to report that this has had a *more positive than negative* impact on their **relationship with their parent**.

But, on balance, they say it's had a *more negative than positive* impact on:

- Their emotional well-being
- Their physical health
- Their job or career (among those who have one)
- Their financial situation
- Their social life

Among those caring for an aging spouse or partner

Like their peers with aging parents, adults who are caring for an aging spouse or partner and regularly helping them with daily tasks report that this has had a *more positive than negative* impact on their **relationship with their spouse or partner**.

But views of the impact on their emotional well-being, physical health, financial situation and social life are more mixed, rather than mostly negative.

How do caregiving experiences differ for men and women?

Men and women who are caring for an aging parent are about equally likely to say helping them with daily tasks has had a positive impact on their **relationship with their parent**.

But women are more likely than men to say this has had a negative impact on their **emotional well-being** (47% vs. 30%) and their **physical health** (38% vs. 26%).¹

Related: [*How Americans Are Thinking About Aging*](#)

¹ Due to sample size limitations, gender differences among those caring for an aging spouse or partner cannot be analyzed separately.

Caring for an aging parent

We asked adults who consider themselves a caregiver for an aging parent how often they help their parent with various tasks.

These caregivers most often help with **errands, housework or home repairs**. About half (52%) say they do this regularly.

Roughly four-in-ten say they regularly help their parent with:

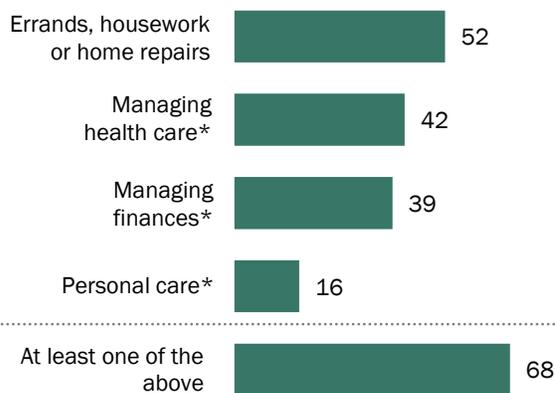
- **Managing their health care**, such as scheduling medical appointments or helping manage medication (42%).
- **Managing their finances**, such as budgeting or paying bills on time (39%).

Some 16% say they regularly help their parent with **personal care**, such as bathing or dressing. An additional 15% say they do this from time to time.

About two-thirds (68%) say they help their parent with at least one of these things regularly.

Most adults caring for an aging parent regularly help them with household or personal tasks

Among those who consider themselves a caregiver for a parent age 65 or older, % saying they **regularly** help their parent with each of the following



* Refer to topline for full question wording.
Source: Survey of U.S. adults conducted Sept. 2-8, 2025.
"Family Caregiving in an Aging America"

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How does this impact caregivers?

We asked adults who consider themselves a caregiver for an aging parent how this has impacted various aspects of their life.

Among those who regularly help a parent with at least one of the tasks we asked about – errands or housework, personal care, managing finances, or managing health care – 56% say this has had a *positive* impact on their **relationship with their parent**. Some 16% say the impact has been negative, and 28% say it's been neither positive nor negative.

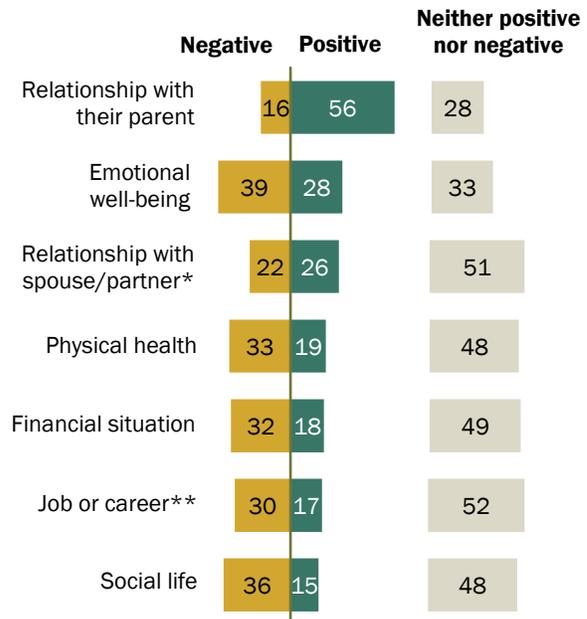
Caregivers say helping their parent with these daily tasks has had a *more negative than positive* impact on:

- Their **emotional well-being** (39% negative vs. 28% positive)
- Their **physical health** (33% vs. 19%)
- Their **financial situation** (32% vs. 18%)
- Their **job or career** (30% vs. 17%, among those who are employed)
- Their **social life** (36% vs. 15%)

Caregivers have mixed views of the impact that helping their aging parent has had on their relationship with their spouse or partner (22% negative vs. 26% positive, among those who have a spouse or partner).

A majority of adults who regularly help an aging parent say this positively impacts their relationship with them

Among those who consider themselves a caregiver for a parent age 65 or older and **regularly** provide help to them, % saying this has had a ___ impact on their ...



* Among those who are married or living with a partner.

** Among those who are employed.

Note: "Regularly provide help" includes those who help with at least one of the following on a regular basis: errands, housework or home repairs; personal care; managing finances; managing health care. Figures include "Very/Somewhat positive" and "Very/Somewhat negative." Shares of respondents who didn't offer an answer are not shown.

Source: Survey of U.S. adults conducted Sept. 2-8, 2025.

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Differences by gender

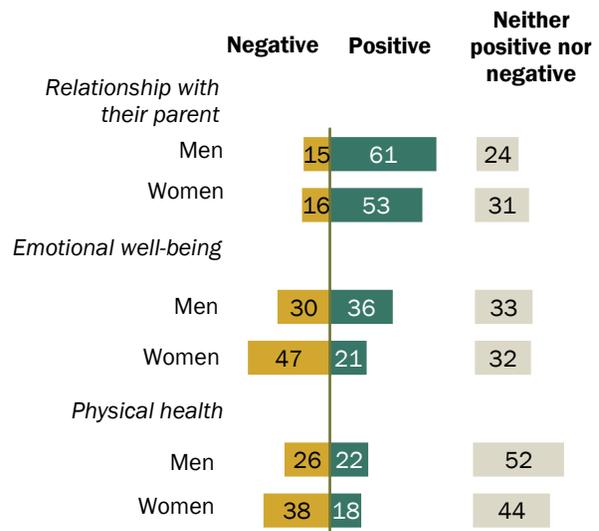
Among caregivers who regularly provide help to an aging parent, men and women are about equally likely to say this has had a positive impact on their **relationship with their parent**.

But there are significant gender gaps when it comes to the impact on each of the following:

- **Emotional well-being:** 47% of women vs. 30% of men say caring for their parent has had a negative impact on their emotional well-being. Inversely, men are more likely than women to say the impact has been positive (36% vs. 21%).
- **Physical health:** 38% of women vs. 26% of men say the impact on their physical health has been negative.

Men and women caring for an aging parent have different views on how this impacts their emotional well-being

Among those who consider themselves a caregiver for a parent age 65 or older and **regularly** provide help to them, % saying this has had a ___ impact on their ...



Note: "Regularly provide help" includes those who help with at least one of the following on a regular basis: errands, housework or home repairs; personal care; managing finances; managing health care. Figures include "Very/Somewhat positive" and "Very/Somewhat negative." Shares of respondents who didn't offer an answer are not shown.

Source: Survey of U.S. adults conducted Sept. 2-8, 2025. "Family Caregiving in an Aging America"

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Caring for an aging spouse or partner

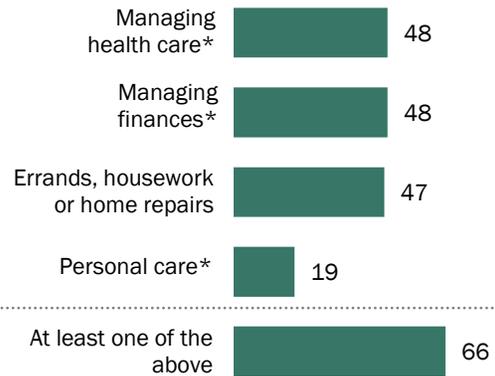
We asked adults who consider themselves a caregiver to an aging spouse or partner about the types of things they do to provide support.

- 48% regularly help their spouse or partner with **managing health care**.
- 48% help with **managing finances**.
- 47% help with **errands, housework or home repairs**.
- 19% help with **personal care**.

About two-thirds (66%) regularly help with at least one of these things.

About half of adults who are caring for an aging spouse or partner regularly help them manage health care, finances

Among those who consider themselves a caregiver for a spouse or partner age 65 or older, % saying they regularly help them with each of the following



* Refer to topline for full question wording.

Source: Survey of U.S. adults conducted Sept. 2-8, 2025.
"Family Caregiving in an Aging America"

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How does this impact caregivers?

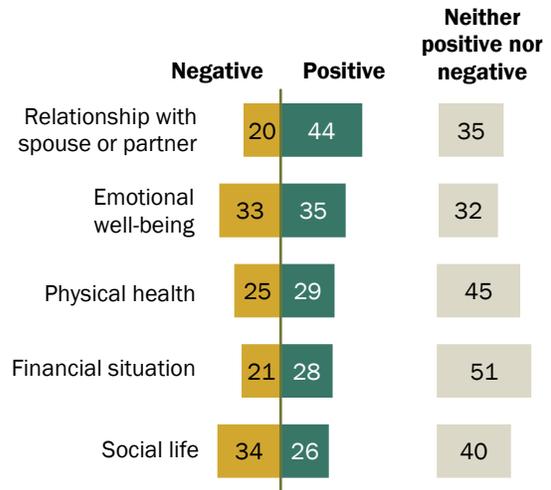
Among adults who are caring for an aging spouse or partner and regularly help with at least one of the tasks we asked about, 44% say this has had a positive impact on their **relationship with their spouse or partner**. Another 20% say the impact has been negative, and 35% say it's been neither positive nor negative.

These caregivers are divided on the impact they feel in other aspects of their lives. Similar shares report positive and negative effects on:

- Their **emotional well-being** (35% positive and 33% negative)
- Their **physical health** (29% and 25%)
- Their **financial situation** (28% and 21%)
- Their **social life** (26% and 34%)

Caregivers say helping an aging spouse or partner with daily tasks helps more than hurts their relationship with them

*Among those who consider themselves a caregiver for a spouse or partner age 65 or older and **regularly** provide help to them, % saying this has had a _____ impact on their ...*



Note: "Regularly provide help" includes those who help with at least one of the following on a regular basis: errands, housework or home repairs; personal care; managing finances; managing health care. Figures include "Very/Somewhat positive" and "Very/Somewhat negative." Shares of respondents who didn't offer an answer are not shown.

Source: Survey of U.S. adults conducted Sept. 2-8, 2025
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1. What policies would Americans support to help family caregivers?

As part of a [survey about aging](#) and caregiving in the U.S., we asked Americans how they feel about certain measures that might help people who are **providing care for an aging family member**.

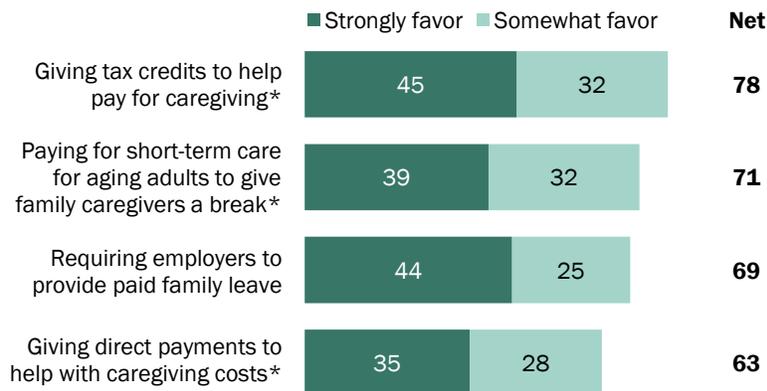
Most U.S. adults say they would favor the federal government:

- Giving tax credits to help pay for caregiving (78%)
- Paying for short-term care for aging adults to give family caregivers a break (71%)
- Requiring employers to provide paid family leave (69%)
- Giving direct payments to help with caregiving costs (63%)

Fewer than half say they would *strongly* favor each of these measures.

Americans broadly support policies that would help family caregivers for aging adults

% saying they would ___ the federal government doing each of the following for people who are providing care for an aging family member



* Refer to topline for full question wording.

Note: Figures may not add to subtotals due to rounding. Other response options included "Strongly oppose," "Somewhat oppose" and "Neither favor nor oppose."

Source: Survey of U.S. adults conducted Sept. 2-8, 2025.

"Family Caregiving in an Aging America"

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These findings are based on a survey conducted Sept. 2-8, 2025, among 8,750 U.S. adults. For more about the experiences of Americans caring for an aging parent or for an aging spouse or partner, [Read *key findings* from the full study.](#)

Views by party

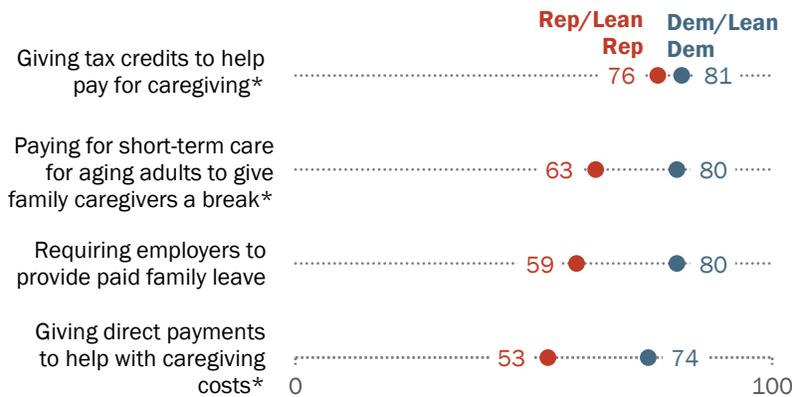
More than half of Democrats and Republicans favor each of these policy steps. But there are differences of at least 17 percentage points on:

- Paying for short-term care for aging adults to give family caregivers a break (80% of Democrats vs. 63% of Republicans)
- Requiring employers to provide paid family leave (80% vs. 59%)
- Giving direct payments to help with caregiving costs (74% vs. 53%)

These figures include independents who lean to either party.

Democrats are more likely than Republicans to favor certain measures to help family caregivers

*% saying they would **strongly/somewhat favor** the federal government doing each of the following for people who are providing care for an aging family member*



* Refer to topline for full question wording.

Note: Other response options included “Strongly oppose,” “Somewhat oppose” and “Neither favor nor oppose.”

Source: Survey of U.S. adults conducted Sept. 2-8, 2025.

“Family Caregiving in an Aging America”

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Acknowledgments

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Methodology

The American Trends Panel survey methodology

Overview

Data in this report comes from Wave 178 of the American Trends Panel (ATP), Pew Research Center’s nationally representative panel of randomly selected U.S. adults. The survey was conducted Sept. 2-8, 2025. A total of 8,750 panelists responded out of 9,928 who were sampled, for a survey-level response rate of 88%.

The cumulative response rate accounting for nonresponse to the recruitment surveys and attrition is 3%. The break-off rate among panelists who logged on to the survey and completed at least one item is 1%. The margin of sampling error for the full sample of 8,750 respondents is plus or minus 1.4 percentage points.

The survey includes an [oversample](#) of non-Hispanic Asian adults in order to provide more precise estimates of the opinions and experiences of this smaller demographic subgroup. These oversampled groups are weighted back to reflect their correct proportions in the population.

SSRS conducted the survey for Pew Research Center via online (n=8,452) and live telephone (n=298) interviewing. Interviews were conducted in both English and Spanish.

To learn more about the ATP, read “[About the American Trends Panel](#).”

Panel recruitment

Since 2018, the ATP has used address-based sampling (ABS) for recruitment. A study cover letter and a pre-incentive are mailed to a stratified, random sample of households selected from the U.S. Postal Service’s Computerized Delivery Sequence File. This Postal Service file has been estimated to cover 90% to 98% of the population.² Within each sampled household, the adult with the next birthday is selected to participate. Other details of the ABS recruitment protocol have changed over time but are available upon request.³ Prior to 2018, the ATP was recruited using landline and cellphone random-digit-dial surveys administered in English and Spanish.

A national sample of U.S. adults has been recruited to the ATP approximately once per year since 2014. In some years, the recruitment has included additional efforts (known as an “oversample”)

² AAPOR Task Force on Address-based Sampling. 2016. “[AAPOR Report: Address-based Sampling](#).”

³ Email pewsurveys@pewresearch.org.

to improve the accuracy of data for underrepresented groups. For example, Hispanic adults, Black adults and Asian adults were oversampled in 2019, 2022 and 2023, respectively.

Sample design

The overall target population for this survey was noninstitutionalized persons ages 18 and older living in the United States. It featured a stratified random sample from the ATP in which non-Hispanic Asian adults were selected with certainty. The remaining panelists were sampled at rates designed to ensure that the share of respondents in each stratum is proportional to its share of the U.S. adult population to the greatest extent possible. Respondent weights are adjusted to account for differential probabilities of selection as described in the Weighting section below.

Questionnaire development and testing

The questionnaire was developed by Pew Research Center in consultation with SSRS. The web program used for online respondents was rigorously tested on both PC and mobile devices by the SSRS project team and Pew Research Center researchers. The SSRS project team also populated test data that was analyzed in SPSS to ensure the logic and randomizations were working as intended before launching the survey.

Incentives

All respondents were offered a post-paid incentive for their participation. Respondents could choose to receive the post-paid incentive in the form of a check or gift code to Amazon.com, Target.com or Walmart.com. Incentive amounts ranged from \$5 to \$20 depending on whether the respondent belongs to a part of the population that is harder or easier to reach. Differential incentive amounts were designed to increase panel survey participation among groups that traditionally have low survey response propensities.

Data collection protocol

The data collection field period for this survey was Sept. 2-8, 2025. Surveys were conducted via self-administered web survey or by live telephone interviewing.

For panelists who take surveys online:⁴ Postcard notifications were mailed to a subset on Sept. 2.⁵ Survey invitations were sent out in two separate launches: soft launch and full launch. Sixty panelists were included in the soft launch, which began with an initial invitation sent on

⁴ The ATP does not use routers or chains in any part of its online data collection protocol, nor are they used to direct respondents to additional surveys.

⁵ Postcard notifications for web panelists are sent to 1) panelists who were recruited within the last two years and 2) panelists recruited prior to the last two years who opt to continue receiving postcard notifications.

Sept. 2. All remaining English- and Spanish-speaking sampled online panelists were included in the full launch and were sent an invitation on Sept. 3.

**Invitation and reminder dates for web respondents,
ATP Wave 178**

	Soft launch	Full launch
Initial invitation	Sept. 2, 2025	Sept. 3, 2025
First reminder	Sept. 5, 2025	Sept. 5, 2025
Final reminder	Sept. 6, 2025	Sept. 6, 2025

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Panelists participating online were sent an email invitation and up to two email reminders if they did not respond to the survey. ATP panelists who consented to SMS messages were sent an SMS invitation with a link to the survey and up to two SMS reminders.

For panelists who take surveys over the phone with a live interviewer: Prenotification postcards were mailed on Aug. 29. Soft launch took place on Sept. 2 and involved dialing until a total of 18 interviews had been completed. All remaining English- and Spanish-speaking sampled phone panelists' numbers were dialed throughout the remaining field period. Panelists who take surveys via phone can receive up to six calls from trained SSRS interviewers.

Data quality checks

To ensure high-quality data, Center researchers performed data quality checks to identify any respondents showing patterns of satisficing. This includes checking for whether respondents left questions blank at very high rates or always selected the first or last answer presented. As a result of this checking, two ATP respondents were removed from the survey dataset prior to weighting and analysis.

Weighting

The ATP data is weighted in a process that accounts for multiple stages of sampling and nonresponse that occur at different points in the panel survey process. First, each panelist begins with a base weight that reflects their probability of recruitment into the panel. These weights are then calibrated to align with the population benchmarks in the accompanying table to correct for nonresponse to recruitment surveys and panel attrition. If only a subsample of panelists was invited to participate in the wave, this weight is adjusted to account for any differential probabilities of selection.

Among the panelists who completed the survey, this weight is then calibrated again to align with the population benchmarks identified in the accompanying table and trimmed at the 1st and 99th percentiles to reduce the loss in precision stemming from variance in the weights. Sampling errors and tests of statistical significance take into account the effect of weighting.

American Trends Panel weighting dimensions

Variable	Benchmark source
Age (detailed)	2023 American Community Survey (ACS)
Age x Gender	
Education x Gender	
Education x Age	
Race/Ethnicity x Education	
Race/Ethnicity x Gender	
Race/Ethnicity x Age	
Born inside vs. outside the U.S. among Hispanics and Asian Americans	
Years lived in the U.S.	
Census region x Metropolitan status	
Volunteerism	2023 CPS Volunteering & Civic Life Supplement
Frequency of internet use	2025 National Public Opinion Reference Survey (NPORS)
Religious affiliation	
Party affiliation x Race/Ethnicity	
Party affiliation x Age	
Validated 2024 presidential election turnout and vote choice	Candidate vote share is based on official results from the Federal Election Commission. Turnout is based on estimates from the Election Lab at the University of Florida. The size of the voting-eligible population is based on the 2023 ACS.

Note: Estimates from the ACS are based on noninstitutionalized adults. For weighting to the 2024 presidential election results, panelists are considered validated voters if their self-report of having voted was confirmed after matching to a national voter registry.

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The following table shows the unweighted sample sizes and the error attributable to sampling that would be expected at the 95% level of confidence for different groups in the survey.

Sample sizes and margins of error, ATP Wave 178

Group	Unweighted sample size	Plus or minus ...
Total sample	8,750	1.4 percentage points
Adults ages 18-64	6,156	1.6 percentage points
Adults ages 65+	2,582	2.4 percentage points

Note: This survey includes oversamples of non-Hispanic Asian respondents. Unweighted sample sizes do not account for the sample design or weighting and do not describe a group's contribution to weighted estimates. See the Sample design and Weighting sections above for details.

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Sample sizes and sampling errors for other subgroups are available upon request. In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.

Dispositions and response rates

Final dispositions, ATP Wave 178

	AAPOR code	Total
Completed interview	1.1	8,750
Logged in (web) / Contacted (CATI), but did not complete any items	2.11	228
Started survey; broke off before completion	2.12	59
Never logged on (web) / Never reached on phone (CATI)	2.20	889
Survey completed after close of the field period	2.27	0
Other noninterview	2.30	0
Completed interview but was removed for data quality	2.90	2
Total panelists sampled for the survey		9,928
Completed interviews	I	8,750
Partial interviews	P	0
Refusals	R	287
Noncontact	NC	889
Other	O	2
Unknown household	UH	0
Unknown other	UO	0
Not eligible	NE	0
Total		9,928
AAPOR RR1 = $I / (I+P+R+NC+O+UH+UO)$		88%

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Cumulative response rate, ATP Wave 178

	Total
Weighted response rate to recruitment surveys	12%
% of recruitment survey respondents who agreed to join the panel, among those invited	74%
% of those agreeing to join who were active panelists at start of Wave 178	40%
Response rate to Wave W178 survey	88%
Cumulative response rate	3%

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How family income tiers are calculated

Family income data reported in this study is adjusted for household size and cost-of-living differences by geography. Panelists then are assigned to income tiers that are based on the median adjusted family income of all American Trends Panel members. The process uses the following steps:

1. First, panelists are assigned to the midpoint of the income range they selected in a family income question that was measured on either the most recent annual profile survey or, for newly recruited panelists, their recruitment survey. This provides an approximate income value that can be used in calculations for the adjustment.
2. Next, these income values are adjusted for the cost of living in the geographic area where the panelist lives. This is calculated using price indexes published by the U.S. Bureau of Economic Analysis. These indexes, known as [Regional Price Parities \(RPP\)](#), compare the prices of goods and services across all U.S. metropolitan statistical areas as well as non-metro areas with the national average prices for the same goods and services. The most recent available data at the time of the annual profile survey is from 2023. Those who fall outside of metropolitan statistical areas are assigned the overall RPP for their state's non-metropolitan area.
3. Family incomes are further adjusted for the number of people in a household using the methodology from Pew Research Center's previous work on [the American middle class](#). This is done because a four-person household with an income of say, \$50,000, faces a tighter budget constraint than a two-person household with the same income.
4. Panelists are then assigned an income tier. "Middle-income" adults are in families with adjusted family incomes that are between two-thirds and double the median adjusted family income for the full ATP at the time of the most recent annual profile survey. The median adjusted family income for the panel is roughly \$77,800. Using this median income, the middle-income range is about \$51,900 to \$155,600. Lower-income families have adjusted incomes less than \$51,900 and upper-income families have adjusted incomes greater than \$155,600 (all figures expressed in 2024 dollars and scaled to a household size of three). A panelist is assigned "no answer" in the income tier variable if they did not provide all three pieces of information needed to calculate their tier (family income, household size and residential address).

Two examples of how a given area's cost-of-living adjustment was calculated are as follows: the Pine Bluff metropolitan area in Arkansas is a relatively inexpensive area, with a price level that is 19.7% less than the national average. The San Francisco-Oakland-Berkeley metropolitan area in

California is one of the most expensive areas, with a price level that is 18.2% higher than the national average. Income in the sample is adjusted to make up for this difference. As a result, a family with an income of \$40,200 in the Pine Bluff area is as well off financially as a family of the same size with an income of \$59,100 in San Francisco.

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