Time and Money Transfer to Elderly Parents: Family Assistance and Labor Market Behavior *

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This paper examines the extent to which baby-boom generation assists their aging parents through time and money help to their needs and how the helping behavior affects their labor market activities. We also compare behavior of the baby boomers to that of their predecessors. Patterns of assistance are similar, with one exception – the gender difference has narrowed. Sizable fractions of these individuals provided assistance to their elderly parents. Time help was much more common than money help and health-related help tended to constitute a small part of the help to parents. Evidence indicates that baby-boomers are assisting their elderly parents without changing the amount of time they spend working in the labor market. The findings suggest it is the challenge of juggling these activities collectively, rather than possible lost time at work, that merits the concerted attention of researchers, employers, and policy makers.

As the U.S. population begins to age at a rapid pace, implications for all generations become a growing concern. Will the elderly receive the care they need? Will their children be able to help meet those needs? Looming large in these concerns is the potential for conflict between adult children's labor market work and elder care.

Literature has shown adult children to be a major source of the time and private financial transfers received by parents, especially in old age (see, for example, Soldo and Hill 1993; Hill, Morgan and Herzog 1993; Spitze and Logan 1992; Eggebeen and Hogan 1990; Morgan, Schuster, and Butler 1991; Rossi and Rossi 1990; Special Committee on Aging 1988) but this literature is focused on predecessors of the current cohort of middle-age workers. Will assistance patterns be similar for the in-coming cohort – the "baby-boom" generation -- and how will they manage labor market work and care of their elderly parents?

Will baby-boomers continue shouldering labor market commitments while providing parental assistance, or will employers see changes in the work force? Will workers *reduce* labor market work time to provide help directly to ailing parents? Will they, instead, *increase* labor market work time to pay for assistance to frail parents? Or will workers shoulder both parental care and labor market work loads and *become increasingly overwhelmed and worn out* by heavy burdens? What reactions predominate? Will baby-boomers juggle family and labor market responsibilities in a way similar to, or different from, preceding cohorts? This clearly has implications for the individuals involved, and the answers to these questions can have sweeping implications for the nation as a whole, particularly as a cohort of adult children as big as the baby-boom cohort enters the life stage when parents are living longer and beginning to need substantial assistance.

The focus on baby-boomers is an important one. With the sheer size of their cohort, even small changes in behavior can translate to notable implications for the U.S. as a whole, especially

labor markets and markets for health care services. If baby-boomers do differ substantially from earlier cohorts, policies for the health care system, public support, and labor markets may require redesign. In addition, although the existing literature on intergenerational assistance to elderly parents has investigated cohorts *prior* to baby-boomers, there is no appreciable literature specifically examining flows between baby-boomer children and their frail elderly parents. This gap in research is, in large part, due to the recentness with which sizable numbers of baby-boomers have entered the parent-care stage.

Demographic and social trends point toward expectations that baby-boomers, relative to their predecessors, will: (1) on an individual basis, provide less help to elderly parents, especially health-related or money help, (2) exhibit a narrowing of the gender gap in helping behavior, and (3) have greater conflict between labor market commitments and assistance to elderly parents. These expectations grow out of many trends in recent decades. It is likely that the level of demand by the elderly for help from children has fallen because: (a) health status has been improving for the elderly (Himes 2001) and (b) economic well-being has been improving for the elderly, with poverty rates for seniors declining and public provision of health care services expanding (Bianchi and Capser 2000). At the same time, it is likely that the supply of help, per adult child, has also fallen because: (a) geographic distance among family members has been increasing, making help to elderly parents more challenging and expensive, and (b) sibship size is larger for the baby-boomers than for prior cohorts, offering greater possibilities for dividing up help to parents. The gender gap in providing care to elderly parents while juggling labor market work is likely to be narrowing and the conflict between labor market work and elder care rising because: (a) female labor force participation has increased, with greater attachment of women to the labor market (Bianchi and Casper 2000) and (b) society-wide there

has been a shift toward egalitarian attitudes and expectations both within and across generations (see, for example, Thornton and Young-DeMarco 2001).

With these expectations in mind, this paper focuses on the magnitude of time and money help to elderly parents[1] and the accompanying adjustments to time spent working in the labor market.[2] The investigation centers on baby-boom children and how their adaptations compare with those of earlier cohorts. Adaptations involving changes in labor market time allocation are of prime interest. Consideration is given to adult children's reports about whether assisting their elderly parents meant changing work hours. Other ways of assessing adaptations, though, provide the bulk of evidence. Attention is given to time allocation across various categories of labor market hours (actual hours worked, sick time to care for others, vacation time, and time out of the labor force). Attention is also given to longitudinal as well as cross-sectional perspectives.

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[1] Coresidence between adult children and elderly parents is an additional form of help to parents but is not addressed in this paper. The PSID data indicate whether or not parents and the adult children were sharing housing; however, they do not indicate whether it is the parents or the children who is providing the assistance with housing. An assumption that in all coresidence situations it is the adult child providing housing assistance to an elderly parent is not always valid (see Soldo and Hill, 1995).

[2] Although the quality of day-to-day endeavors can certainly undergo important changes when children find themselves in the role reversal of helping parents meet basic needs, the focus of this paper is on quantity, not quality, of time. The possible anguish and potential adverse effects on concentration and energy associated with the concomitant conditions are not reflected in any of our estimates, though this may be an important part of the full story about the relationship between care for elderly parents and labor force activity.

The investigation centers on a national sample of three broad birth cohorts with elderly parents -- preboomers (the birth cohort preceding boomers and born 1935-44) and baby-boomers, both leadboomers (born 1945-54) and lateboomer (born 1955-64). Emphasis is placed on comparing baby-boomers, especially leadboomers, with preboomers. Data for the analysis are compiled from several Panel Study of Income Dynamics (PSID) files. The PSID's combination of data on adults of all ages, babyboomers as well as earlier cohorts, its span of historical data, and its detailed accounting of labor market hours make it a dataset singularly suited to this exploratory analysis. The unique contributions of this research include: (1) concentration on comparisons between baby-boomers and the preceding birth cohort, (2) investigation of changes in the allocation of time to various types of labor market hours, and (3) use of panel data to investigate the interrelationship between time help, money help, and market work time.

After assessing relevant literature and describing the dataset and samples, the paper turns first to patterns of assistance to elderly parents then to the relationship between labor market work and parental assistance. Serious estimation challenges are involved in gauging this relationship despite the availability of longitudinal measures. Flaws in the insurmountable endogenity concerns in longitudinal simultaneous equation modeling push the analysis in other directions. Cross-sectional and longitudinal correlation estimates are explored, and these are supplemented with several approaches to assessing the multivariate relationship in a longitudinal context. The final section ties together the findings and discusses their implications for policy-makers and for further research.

BACKGROUND

Recent decades have seen the development of a sizeable body of literature concerning factors associated with family caregiving for frail elderly relatives (see Henretta et al. 1997, for a

review). This is largely a focus on time help. The literature reports a number of characteristics of the children relevant to this form of assistance. Strong differentials are evident with regard to gender and marital-status: daughters provide more care than sons (see, for example, Couch, Daly and Wolf 1999; Silverstein, Parrott, and Bengtson 1995; Rossi and Rossi 1990) and unmarried adult children are more likely than married ones to provide parent care (Dwyer and Coward 1991; Wolf and Soldo 1990).

Intergenerational transfers in the form of financial assistance to ailing elderly parents are a more recent focus of research. This type of assistance can take the form of money transferred either directly to the ailing parents or by adult children paying bills for their parents' caregiving services. Research has begun to recognize the need for a more comprehensive picture of both types of intergenerational transfers to elderly parents and possibilities of substitution between them (see Soldo and Hill 1993, for discussion). Analysis focusing on the potential for substitution indicates that the form of response to needs of parents is strongly influenced by economic considerations, particularly the price of time as measured by market wage rates (Couch, Daly and Wolf 1999; McGarry and Schoeni 1995). High-wage households tend to rely more on money transfers than do low-wage households. This research also shows that the different forms of assistance to parents are not always substitutes: some families provide both types of help (Couch, Daly and Wolf 1999; Hill, Morgan and Herzog 1993).

A switch to considering money as well as time transfers has also focused concern on the implications of transfers for the behavior of the donors (adult children) (see Couch, Daly and Wolf 1999; Soldo and Hill 1995; O'Rand and Agree 1993; Soldo and Hill 1993; O'Rand, Henretta, and Krecker 1992; Danziger, Haveman, and Plotnick 1991, for discussions). Research has begun to recognize that adult children's choice of time or money as the medium of the transfer dovetails with their labor market behavior. The argument goes as follows (see Couch,

Daly, and Wolf 1999, and Soldo and Hill 1995, for discussion): providing caregiving directly can necessitate low and flexible labor market commitments, engendering a reduction in work hours, days of missed work, taking leave from work, interrupting a career, or switching occupations to better accommodate the schedule and location of the caregiving. Taking financial responsibility for the elderly parents' caregiving can avoid these disruptions to labor market activity but, if the financial burden is large, may necessitate increased market work hours, with longer work days or a second job to help pay expenses. The end result is that children's labor market participation and the type and amount of intergenerational transfers from adult children to frail elderly parents are thought to be jointly determined.

Linkages between transfers and donors' labor market participation have recently attracted research attention. Indeed, this has been a focus in recent data collections, including the supplement questions in the Panel Study of Income Dynamics addressed in this paper and sections of the Health and Retirement Study (HRS). Early analysis of the HRS indicated small correlations between labor market work hours and help to elderly parents among adult children aged 51-61 in 1992 (Soldo and Hill 1999). Among four gender/marital status subgroups of adults children (single males, single females, married males and married females) correlations between labor market work hours and time help to parents tended to be negative but no larger in absolute value than .12, and correlations between labor market work hours and money help to parents tended to be positive but not larger in absolute value than .09. Not all correlations for all subgroups fit this pattern, however; some were in the opposite direction to that of most subgroups.

An issue that the simple correlations cannot not address, and that looms large in the literature, is the possibility of transfers and labor market activity influencing one another, raising major endogeneity concerns for estimating the relationship between the two. Studies exploring

the issue in the context of adult children's responses to elderly parents' needs yield mixed results, with varying ways of approaching the endogeneity issue.

Among the cross-sectional analytical approaches taking account of possible endogeneity between parental transfers and labor market participation, some find evidence of parent care (time help) associated with lower labor market work time and others find no evidence of an association. Analysis of the 1987-88 National Survey of Families and Households yields different results depending on the group represented and the definitions of work hours. Defining work hours as 'usual' hours worked on the job held the week preceding the interview and restricting the analysis to married women indicates that caring for an elderly parent is not associated with either employment or work hours given employment (Wolf and Soldo 1994). Defining work hours as hours actually worked the week preceding the interview and widening the sample to all women and to men yields a negative association between elder parent care and work hours that is especially large for women but applies to men as well (Ettner 1996). These studies, however, encounter problems with measures of parent care: whether the respondent took care of a parent (or parent-in-law) was ascertained by the NSFH if the parent lived outside but not inside the household and amount of care time was not measured in a comprehensive manner. In both sets of research, parent care is presumed to occur when a parent (or parent-in-law) with disabilities was co-resident or if the respondent reported caring for a non-co-resident parent (in-law) with disabilities, but no direct measure of quantity of time involved in care was available.

A pooled cross-sectional analysis of 1986-1988 Survey of Income and Program Participation panels restricted to women and defining work hours as hours actually worked in the preceding four months finds some evidence of a negative effect of parent care on work time, though this evidence also involves the presumption that coresidence with a parent entails parent care, with no quantification of the number of hours of care (Ettner 1995). The studies addressing

possible endogeneity between labor market work and elder care attest to large challenges in the statistical approach.

To address the problem of possible endogeneity in a less direct way and still using cross-sectional data, Couch, Daly and Wolf (1999) estimate reduced-form equations for time and money assistance to parents as well as labor market and housework time. A major focus of this work is on the role of characteristics of parents and children, especially children's wage rates, on the amounts and type of giving to parents. Though their reduce-form cross-sectional approach cannot directly test effects of help to parents on labor market activity, the results are suggestive of little adjustment of labor market time in response to providing time help to parents. Factors strongly and positively related to time help to parents did not appear to induce reductions in labor market time; likewise, factors strongly associated with labor market time bore little relationship to time help to parents. An important factor in levels of money help was children's wage levels; as noted earlier, high-wage children were more likely to make money transfers to parents.

Longitudinal data offer the possibility of pinning down possible endogeneous linkages more explicitly through assumptions that the timing of events reflects causal ordering. This approach has been used to examine parent caregiving by daughters. Pezzin and Schone (1999) examine the issues in an analysis of 424 parent-daughter pairs in Massachusetts, with data collected from both generations 1986-87, with 1982/83 data on parents' formal care use, along with parents' attitudes about living arrangements and decision-making, serving as instrumental variables. They bring in the added complication of co-residence as a means of parental assistance. Equations for labor market participation (full or part-time, versus less than part-time), informal care (help to parents with basic activities of daily living), and co-residence are estimated as part of a simultaneous, multiequation, endogenous switching model derived from an underlying Nash bargaining framework. While much of the focus is on estimates associated with

various characteristics of parents and daughters, Pezzin and Schone also present estimates of the correlations between the equations. These estimates show low and statistically insignificant correlations between all of the equations. The correlation between informal care and labor force participation, when parents and daughters live apart, is negative but small (-.13), "suggesting only modest tradeoffs between labor supply and parental caregiving decisions." The correlation between coresidence and labor supply (-.25) suggest the possibility of greater responsiveness of labor market activity to competing demands of parental care when parents and daughters coreside. According to Pezzin and Schone "The fact that the estimated correlations are statistically insignificant does not necessarily imply that endogeneity concerns are not warranted; rather, our estimates may be imprecise because of our relatively small sample size.

In an analysis of National Longitudinal Survey (NLS) of Mature Women data covering a three-year period, Pavalko and Artis (1997) estimate the linkages between market work and caregiving more directly and in both directions. Among women who were not caregivers in 1984 they estimate effects of employment and work hours in 1984 on chances of starting caregiving for an ill or disabled family member or friend by 1987. Among all women, and separately among those employed in 1984, they estimate effects of starting and stopping caregiving (1987 relative to 1984) on hours worked per week in 1987. They find that employment did not affect chances of women starting caregiving, but that women who did start caregiving were more likely to reduce work hours or stop work entirely. Hence, their work is evidence for the causal relationship between labor market work hours and caregiving in late midlife being largely unidirectional, with women reducing labor market hours to meet caregiving demands. A weakness in their approach, however, is being able to clearly delineate starts and stops to caregiving. The onset, especially, may not be so clearcut.

While Albert, Moss and Lawton's (1993) finding of severe impairment preceding the start of elder caregiving suggests that caregiving has a definitive beginning at the onset of critical illness or impairment, other evidence suggests more diversity in the processes and pathways to caregiving. Dwyer, Henretta, Coward, and Barton (1992) find that a period of sporadic assistance preceded entry into the self-defined career of caregiving, suggesting that caregiving begins in spurts rather than with a definitive start. Walker and Pratt (1991) argue that caregiving is an intensification of a pre-existing pattern of aid-giving. Merrill (1997), in a qualitative study of caregiving, makes the point poignantly that each of these patterns is relevant. In her 50 in-depth interviews with U.S. working and middle class caregivers, she finds that it was about equally common for the process of becoming a caregiver either to evolve over time for someone already engaged in helping, the level of assistance gradually intensifying, or to result from a family meeting responding to a medical crisis or onset of a change in care (e.g., the parent becoming forgetful). Evidence supporting a gradual slippage into the role of caregiving by a sizeable segment of caregivers means that analysis based on measures demarcating clear beginnings for all caregivers involve considerable measurement error in a key variable.

These analyses shed a great deal of light on the many challenges inherent in studying the relationship between assistance to frail, elderly parents and labor market work. The results, though, are not definitive, and much of the work is limited to women or households and particular types of time help, with relatively little research on men or financial assistance. Although numerous studies show that women are more likely than men to be parental caregivers, men are still part of the parental assistance picture. In addition, time help to parents is not the only form of assistance, and time help itself can include important services other than help with basic activities of daily life.

Quantitative research has also tended to focus on a limited range of possibilities for adjusting labor market work to accommodate parental assistance. The measures have been restricted to dummy variable indicators of labor force participation and number of hours or weeks worked. Qualitative research suggests that other aspects of labor market work are relevant. Merrill (1997), in her 50 in-depth interviews of caregivers, finds that many were not working and that some had reduced work from full-time to part-time, with the change from full-time to part-time often necessitating a change in jobs. Many also reported that caregiving affected the quality of their work (unable to concentrate at work, leaving work frequently to help their parent, cutting back on hours at work). Some thought it affected their ability to progress in their careers. Few reported quitting their job, though that response was more likely among middle class caregivers than among working class caregivers. Merrill found that work affected caregiving as well, but mainly in terms of preventing the individuals from being full-time caregivers due to the need to find substitute care while they worked.

Research with a qualitative flavor also indicates that adjustments to labor market work to accommodate parental care can come about in a variety of ways. Simple global measures of quantity of hours worked as well as a direct question about whether work hours were increased or decreased to accommodate parental transfers may well fail to capture many important aspects of work patterns subject to change. In a study exploring the range of possible burdens of elder care (MetLife, 1999), caregivers who had made some type of work adjustment (either formal or informal) reported a wide variety of adjustments. Decreased work hours were common, though use of sick days or vacation time was even more widespread. Other formal adjustments to work schedule due to caregiving included leave of absence, switching from full-time to part-time, quitting a job, or retiring early. A small few started working either because they needed the income to help with care expenses or they wanted to get out of the house for a few hours during

the day. Though not noted in the MetLife report, to the extent that elder care is similar to child care, the formal adjustments could also include switching to a job with more flexible timing of work hours and spouses working different shifts to share care responsibilities when someone needs to be present at all times.

The MetLife report does note a number of informal adjustments to work schedule as well. These included making phone calls at work, arriving late/leaving early, taking time off during the day, and making up work in the evenings or on weekends. Productivity as well as earnings was influenced. A notable portion reported that their productivity at work was affected; many asked someone at work, usually informally, for support or help at work to be able to fulfill their caregiving responsibilities. Opportunities for enhancing skills were foregone; this included passing up training assignments or not keeping up with changes in necessary job skills. Adjustments were also made to activities that affected the caregivers' ability to advance in the job; these included, in addition to foregone skill building, passing up a job promotion, foregoing a job transfer or relocation, turning down special projects, and steering clear of work-related travel.

Loss in earnings was reported by a sizable proportion, as was loss in retirement savings and pension wealth. Direct costs were also incurred, both financially and health-wise. Almost all reported helping with out-of-pocket expenses, and some reported reductions in their own savings, investments, and/or home improvements due to the costs of caregiving. The stress and strain of caregiving were evident in reports of heightened health problems. Hence, there are a variety of ways that parental assistance can impact the lives of the children providing assistance; only a few will show in research focused only on number of hours worked in the labor market.

As to the issue of possible cohort differences in the relationship between market work and caregiving, only historical investigations have been reported. Moen, Robison, and Fields

(1994) and Robison, Moen, and Dempster-McClain (1995) compare several cohorts of women, ranging from those born 1905-1917 to those born 1927-34. Though these cohorts supercede the cohorts investigated in this paper, the findings bear on the main issues. This historical research finds that, while women with more traditional life styles were more likely to become caregivers, competing roles, such as employment, did not seem to decrease, but rather increased, the likelihood of caregiving (Robison, Moen, and Dempster-McClain). Caregiving became an increasingly likely role for women as they aged and across cohorts. One-quarter of women became caregivers between the ages of 35 and 44, and about one-third became caregivers between ages 55 and 64. The percentage of women who were ever caregivers to aging or infirm relatives increased from 45 percent of the oldest cohort (born 1905-1917) to 64 percent for the most recent cohort examined (born 1927-1934). Given that labor force participation increased considerably for the more recent cohort, this evidence further suggests that labor market work did not alter caregiving responsibilities.

Overall, existing research tends to focus on women, with men excluded from the assessments, and the type of parental assistance examined tends to be limited to time help, with little investigation of money help and no known research on cohort differences for more recent cohorts in the stage of life when their parents have become frail and elderly.

DATA AND METHODS

The data source for the current paper is the Panel Study of Income Dynamics (PSID). This dataset is unique in being the only national dataset to provide the mixture of: a broad enough age range span to facilitate comparisons of baby-boomers to earlier cohorts, a history of information leading up to 1993 measures of behaviors concerning parental assistance, past and current allocations across various aspects of labor market time allocations, and direct reports of whether transfers entailed changes in work hours.

Ongoing since 1968, the PSID is a longitudinal study of a representative sample of U.S. individuals and the family units in which they reside, approximately 5,000 families in number initially (for details see Hill, 1992 and the study website http://psidonline.isr.umich.edu/). Annual interviews have been conducted with not only the original sample adults but also their children once the children leave the parents' homes and establish their own households. With this addition of subsequent generations plus low attrition rates and successful re-contact efforts, the sample size has grown substantially over time, encompassing almost 50,000 individuals of all ages by the mid-1990s. The PSID has traditionally focused on the economic and demographic well-being of U.S. families, but its content has expanded over the years to include other sociological, psychological and health measures as well as occasional detailed measures of transfers with friends and relatives. From the start the study has collected comprehensive information about the labor market participation of family-unit members.

A substantial expansion in the PSID's health and transfer measures occurred with a three-wave NIA-funded supplement known as the "Health-Care Burden Supplement" (for details see Yeung, Hill, and Stafford 1997). This supplement, conducted in 1993, gathered detailed health-related information about parents and the burden health-related events and expenditures imposed upon them and their adult children. The heath-related measures collected at the time of interview in 1993 from adult children included:

- parental health-care utilization and expenditures -- including home-based health care, nursing home care, and other forms of major health care – over the prior calendar year (1992)
- time and money assistance provided during calendar year 1992 by the interviewed adult children, with health-related assistance differentiated from other types of assistance

This information was gathered about living parents as well as parents who died during the preceding year. The 1993 data also included:

- adult children's perceptions about whether giving help to parents meant they or their spouse/partner had to increase or decrease work hours.

This unique set of data was collected from PSID family heads (or by proxy from their spouse/partner) for parents or parents-in-law aged 65+ still living or recently deceased. Those parents still living could have been part of the family unit or living in another household or in a nursing home. This provided comprehensive coverage of health-related services received or purchased by elderly parents during the previous calendar year as well as any financial assistance or services, health-related or not, given by the interviewed adult child and his or her spouse/partner if one was present in the household.

The data and documentation from the 1993 Health Care Burden Supplement are publicly available on the PSID website. However, this supplemental file contains only the personal identification and details collected in the supplement alone. The file is designed to be matched to the 1968-1999 main PSID files, which contain substantial socioeconomic and demographic circumstances for PSID individuals, for many dating back to as far as 1968 when the PSID began. The Health Care Burden file (HCB) is structured as one record for each age-eligible parent for whom information was collected in the supplement. Most variables included in the HCB file are individual-level variables; a few are at the family-level.

For this paper the 1993 PSID-HCB data has been combined with information from the core PSID data, predominately the 1993 and 1988 waves. The 1988 data includes information collected about parents and time and money assistance given by adult children. The 1988 questions differed somewhat from those in the 1993 HCB, the major difference being that health-related assistance was not differentiated from other types of assistance. The 1988 data form the basis for measures that concern the adult children's and parents' situations five years prior to 1993.

The sample is restricted to adult children with at least one parent or parent-in-law aged 65 or older in 1993 or recently (since January 1, 1992) deceased in that age range. This restriction results in a non-trivial proportion of boomers, especially lateboomers, being excluded from the analysis (e.g., none of the youngest of the lateboomers with parents under age 36 at the time of their birth had parents aged 65 or older in 1993). Resulting sample sizes are: 937 preboomers (479 males, 458 females) who were born between 1935 and 1944, 2,344 leadboomers (1127 males, 1217 females) who were born between 1945 and 1954, and 1,780 lateboomers (787 males, 993 females) who were born between 1955 and 1964.

The older cohorts (preboomers and leadboomers) were quite similar in terms of having parents (own or spouse/partner's) aged 65 or older in 1993, the stage when parents are likely to need assistance. Lateboomers, though, were less likely to have parents aged 65 or older in 1993. About 8 in 10 preboomers (78.9%) and leadboomers (83.3%) had at least one parent or parent-in-law (or partner's parent) aged 65 or older (or recently deceased and falling in that age bracket if still living). Only about half (49.4%) of lateboomers were at that stage in 1993. Much of the paper's discussion will focus on preboomers and leadboomers since these two cohorts are in the most similar position with respect to parental needs; however, the paper will take a look at the all three cohort's patterns of assistance to elderly parents.

To examine the extent to which the help they give to helping elderly parent affect their own labor market behavior, we first related these data on assistance patterns to their employment behavior between 1988 and 1993 and then with their labor market behavior between 1994 to 1997. Given that gender and marital status of children figure prominently in the parent-care literature, these are additional factors, along with cohort status, used in defining subgroups for the current analysis. Where sample sizes permit estimates are made separately for males and females, at times further

disaggregated by marital status.[3] Assessments of the relationship between help to parents and labor market work focus on preboomers and leadboomers since lateboomers are not yet as fully into the stage of substantial parental needs. These assessments are for the most part longitudinal in nature; hence, the sample for the assessments is restricted to individuals present in the PSID 1988-1993, the two end years being the only waves of the PSID when both time and money help to parents were measured. The analyses that subdivide the sample by sex and marital status have the added requirement of stable marital status (either with no spouse or partner 1988-1993 or with the same spouse or partner during that time). Subgroup sizes remain in the 100s when disaggregated this finely except in the case of single males and females, both preboomer and leadboomer. Estimates involving those subgroups should be viewed with caution given the small sample sizes.

RESULTS

Cross-Sectional Patterns of Assistance

Of the individuals with elderly parents, most, but not all, in all three cohorts had at least one parent receiving some form of assistance in 1993 (or more accurately, during the prior calendar year, 1992). The assistance could take the form of formal care, other health-related goods or services, informal care, or private financial assistance.[4] All three cohorts are similar in

[3] Samples of men and women in couples are not independent since they are members of the same PSID couples. To compensate for this, we have been conservative in the statistical tests, using a threshold of .05 or less.

[4] The assistance could have been health-related formal care (paid nurse or health-care worker coming to the home or nursing home care), other health-related goods or services with costs totally $200 or more (prescription medication, doctor visits, special equipment or health-related changes to the house), informal care (someone not a paid helper coming to the home to help with health-related or personal needs such as dressing, eating, or bathing; or someone

this regard: about three-quarters (76.7%) of the preboomers with elderly parents were in this situation, compared to 72.0% of leadboomers and 71.8% of lateboomers. Thus, although having parents who are elderly does not necessarily mean having parents who require (or at least receive) some form of assistance, it often does.

Figures 1-7 address more specifically help provided by the adult children in our sample with parents aged 65 or older. (Table 1 provides the estimates that form the basis of the graphs, along with additional details, including means excluding zeroes.) The figures display results separately for the three cohorts, further differentiated by gender and with health-related help as well as total help separately distinguished. Health-related help was singled out as a distinct form of help since: (1) as time help is it a form of help potentially with little flexibility in when it can be provided, and (2) as money help the quantity may be quite substantial when it is given. The data reveal interesting similarities, as well as notable differences.

Both similarities and differences appear in Figure 1, which shows the proportion of individuals in a household giving help to elderly parents at some time during 1992. About 4 in 10 individuals were in households assisting elderly parents, with the percentage dropping slightly as we move from preboomers to lateboomers. Gender differences are attributable to differential behavior on the part of unmarried males and females, with unmarried females somewhat more likely to assist elderly parents. The gender difference, though, narrows to zero as we move from the earliest cohort to the latest, with the lateboomer males with elderly parents as likely as their females counterparts to be in households assisting elderly parents. Change across the cohorts is

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spending time helping in ways not related to health or person needs), or private financial assistance (someone helping cover the costs of health-care services or the interviewed children's household giving money, property, or financial assistance totaling $200 or more, not counting health-related help, shared food, or shared housing).

more pronounced among females than males. Gender equality by the lateboomer cohort is achieved by the small drop in percentage across the cohorts being larger among females than among males.

The pattern of a drop in percentages across the cohorts is mirrored, in an accentuated form, in money help to elderly parents, both total money help (Figure 2) and health-related money help (Table 1). Percentages of individuals in a household providing money help of any type to elderly parents range from about 15% for preboomers, to about 8% for leadboomers, and about 6% for lateboomers. The corresponding percentages for health-related money help vary from about 5% for preboomers, to about 3% for leadboomers, and about 2% for lateboomers. A consistent pattern across the cohorts is for money help, most especially health-related money help, to be a relatively rare occurrence.

Time help is considerably more common (Figure 3). The percentages of individuals in households providing time help (services) to elderly parents are almost as high as the percentages providing any type of help, suggesting that most, but not all, households that provide help to elderly parents include time help in their package of assistance. Not that many, however, include health-related time help in the package (Table 1). Percentages of individuals in households providing health-related help are about twice as high for time help as for money help, but still range as low as about 10% for preboomers, to about 7% for leadboomers, to about 4% for lateboomers (Table 1). This pattern of a small drop in percentages moving from older cohorts to younger ones is present in overall time help as well, though there it is particularly muted among men. Men in all three cohorts are about equally likely to be in a household providing time help to an elderly parent, with somewhat more than 1/3 of them in such households. The percentage of women in a household providing time help is somewhat higher on average, though lateboomer

men are as likely as lateboomer women to be in a household providing time help to an elderly parent.

For help that is directly health-related, mean amounts, averaged over all individuals whether or not they provided that type of help, are small (Table 1). This largely reflects the small percentages providing such help at all, as just reported. Means are, however, considerably higher for preboomers than for the other cohorts, with the general pattern being a continuous drop from older to younger cohorts. The drop is more pronounced for health-related money help than for health-related time help.

For health-related money help, there is a sizable drop in mean level among those in households giving such help. Among males, mean dollars of health-related help by those giving health-related money help fall from $1,726 for preboomers (though the sample size is quite small) to $985 for leadboomers and $314 for lateboomers (see Table 1). Comparable figures for females are $3,153 (again, the sample size is quite small), $548, and $524, respectively. Hence, preboomers whose housheolds gave health-related money help to elderly parents appear to have given quite substantial amounts, much higher than that given by the households of younger cohorts.

A somewhat different story holds for health-related time help: the drop in mean going from older to younger cohorts is attenuated by there being a less pronounced drop in mean level among those in households giving such help. Means for those providing health-related time help vary among males from 293 annual hours for preboomers to 223 for leadboomers and 170 hours for lateboomers (see Table 1). Comparable figures for females are 280, 260, and 209, respectively. Here we see that preboomers whose households gave health-related time help to elderly parents, like those giving health-related money help, gave sizable amounts. What is

different is that the contributions of leadboomers' and lateboomers' households who gave health-related time help were also sizable, though a little smaller than those of preboomers' households.

To gauge the overall relative size of time and money contributions, we turn to overall mean values (Figures 4 and 5). Here, we find in overall patterns of money help similar differentials as in the component health-related money help: preboomers average considerably higher levels of household money contributions to elderly parents than do the other cohorts, with the mean dropping off with each switch to a younger cohort. Overall time help also follows a similar pattern to that of its component health-related time help, with the drop in mean value for each successively younger cohort less pronounced than with money help. In calendar year 1992, preboomers' households averaged about $360 (about $350 for males and $375 for females) and almost 80 hours of help (72 for males and about 85 for females). The averages for leadboomers' households were about $200 for males and $120 for females (note that males have the higher average) and about 60 hours for males and 75 hours for females; for lateboomers the averages were about $70 for males and $90 for females and about 45 hours for males and 50 hours for females. The differences between males' and females' households hint at a narrowing of gender differentials.

A look at individual help, rather than household help, allows clearer investigation of this issue. Because it is virtually impossible to identify which spouse/partner in a couple would be considered the donor of money help, we focus on time help. Figures 6 and 7 present information about the proportion of individuals themselves providing time help to elderly parents as well as the overall mean levels of time help provided. These figures do, indeed, show a narrowing, with successively younger cohort, of the gender differential in time help to parents. This appears to be due to two simultaneous changes. With each successively younger cohort there is a slightly larger proportion of men and a smaller proportion of women providing time help to elderly

parents. Similarly, overall mean time help rises slightly for men while overall mean time help falls for women. The end result is that lateboomer men and women look very similar in terms of overall time help to elderly parents. Whether or not this pattern will hold when larger fractions of the lateboomer cohort have parents 65 or older, though, is yet to be seen.

Figures 6 and 7 also tell us that during 1993, over the course of a year's time, a sizable portion of adult children in these cohorts were spending time helping their elderly parents, and that the total time was of a non-trivial magnitude. About 25 to 40 percent, the actual percentage varying by cohort and gender, spent at least some time assisting an elderly parent, and overall the time averaged from about 30 hours during the year to about 60, again the actual value varying by cohort and gender. The magnitude comes to life a little more when averages over only those providing some help are considered: across the cohort/gender subgroups the averages for those with non-zero amounts vary from about 94 hours to about 165.

As we found with household time help, health-related time help is a fairly small component of total time help to parents (Table 1). Indeed, health-related time help is an increasingly smaller component of total time help with each successively younger cohort. This may well reflect generally better health status of the parents of the younger cohorts because the parents themselves are younger. This raises a flag of caution in treating the behavior of younger cohorts reflected in these estimates as harbingers of the assistance patterns to be exhibited in the future by these cohorts.

Another point to remember is that these averages, of course, mast some very large amounts for some individuals. In terms of individual time help given, the top 5% of single adult children spent 500 hours or more in 1992 helping elderly parents. The top 1% spent 1,280 hours or more. Comparable figures for married adult children were 200 hours or more and 700 hours

or more, respectively. In terms of household money help given, the top 1% of individuals were in households that spent $4,000 or more to help elderly parents.[5]

Persistence Across Time in Help to Elderly Parents

One issue that has not been considered much in the literature in connection with concern about elder care's impact on adult children's labor market behavior is the extent to which care persists across time. Yet this is an important issue. If accommodation of labor market activity for parental care is a temporary endeavor, and adult children view it as such, the types of accommodation can be quite different from what they would be if it were a more long-lasting feature of their lives. Table 2 sheds some light on the extent to which parental care is long-lasting versus more temporary. This table shows 5-year across-time correlations for help to parents, with 5-year across-time correlations for various forms of labor market time provided for comparison. From these correlations we see that levels of help to parents in one year are not all that strongly correlated with levels of help five years earlier except in the case of money help to parents by preboomers. Actual hours worked, on the other hand, are quite similar through time for all gender/marital status/cohort subgroups. Time out of the labor force also shows large across-time correlations. Time out from work due to illness of others, however, tends to show little correlation across time. Hence, the amount of time taken off from work to care for others during one year is not a good predictors of the amount of time taken off from work to care for others five years later. Hence, both help to elderly parents and leave taken from work to help

[5] These estimates are based on a more restricted sample, the one used later in the paper that limits the individuals to those with either no spouse/partner or the same spouse/partner 1988-1993. The estimates are unlikely to change drastically when recomputed for the more complete sample.

care for them tend to be less permanent features of adult children's lives than their labor market commitments.

Relationship between Help to Parents and Labor Market Work

Keeping in mind that the current findings do not necessarily etch in stone the patterns that will ultimately evolve for the younger cohorts, we nonetheless do an exploratory examination of the relationship between help to elderly parents and labor market work. Serious estimation challenges are involved in gauging this relationship. It is quite possible that decisions to care for parents are made simultaneously with decisions to alter work patterns to accommodate the care. If this is true, then ideally the relationship between care of parents and work hours would be modeled as part of an entire system of simultaneous equations, with work hours and time help to parents distinguished separately for husbands and wives in married couples and with time and money help as possible substitutes. However, identifying such a system of equations is practically impossible.[6]

With major endogeneity issues precluding a simultaneous system approach, we have turned to several other ways of assessing the relationship between help to parents and labor market work. First we look at responses to a set of questions asking respondents about their

[6] We attempted a three-stage multiple regression system including time and money help to elderly parents and various forms of labor market hours and found it was highly unstable. The system included both own and spouse/partner's (where relevant) time and money help and labor market work hours, with past values (1988 values) of the dependent variables included as predictors to assist in identification of the system, along with several independent variables. Small changes in the set of predictors produced substantial changes in the estimates of effects of help to parents on labor market hours, or the reverse.

perceptions of adjusting their labor market work hours in response to providing help to elderly parents. While this circumvents statistical modeling of the relationship and problems of empirical estimation of the model, there are reasons to suspect the observed pattern of results, as reported below. Hence, we also attempt additional ways of assessing the relationship.

First, we estimate simple correlations between help to parents and labor market work, from both cross-sectional and longitudinal perspectives. Next, we attempt an indirect assessment which involves estimating the multivariate relationship between parental health problems and labor market work hours, rather than the relationship between help to parents and labor market work hours. Parental health problems are independent of labor market work hours, and any association between parental health problems and labor market work is due to the influence of help to parents. Parental health problems would not themselves cause alterations in labor market work but spending time helping parents deal with their health problems could lead to less market work, whereas paying for goods and services to help parents deal with their health problems could lead to more market work. Hence, estimating the multivariate relationship between parental health problems and labor market work hours, an estimate with no endogeneity issues, can reveal whether there is a statistically significant association between help to parents and labor market work as well as the direction of that association.

Labor market hours more clearly defined. Like much of the research in the literature, the PSID direct-assessment questions leave considerable ambiguity in what is counted as hours worked. The MetLife (1999) study exploring the range of possible burdens of elder care found that caregivers who had made some type of work adjustment (either formal or informal) reported a wide variety of types of adjustments. While decreased work hours were common form of adjustment, use of sick days or vacation time was even more likely.

The PSID data offer the possibility of exploring some of these adjustments since they distinguish various forms of work time, separating actual hours worked from sick time (for own illness and for illness of others), vacation time, and unemployment time, as well as actual time out of the labor force. The remainder of our analyses relies on this disaggregation of various forms of labor market work time.

Cross-sectional correlations. We start by examining cross-sectional correlations between help to parents and the various forms of labor market work. Table 3 presents these estimates for preboomers and leadboomers, separately for four gender/couple status subgroups – 'married' females (with spouse or partner), 'married' males (with spouse or partner), 'single' females (no spouse or partner), and 'single" males (no spouse or partner). A variety of distinctions are made concerning type of labor market time (annual hours worked, time out of labor force, leave time for illness of others, vacation time) and concerning type of assistance to elderly parents (own time help, spouse/partner's time help, total household time help, total household money help, health-related own time help, health-related spouse/partner's time help, and household health-related money help). Correlations, for preboomers in bold type and for leadboomers in regular type, are restricted to ones statistically significant at the .05 level or less.

The most striking aspect of these tables is the overall lack of statistically significant correlation. Across the gender/cohort subgroups there are scattered correlations significantly

different from zero, but with no clear pattern discernable. Actual hours worked ("annual work hours" in the tables) show no correlations with any type of help to parents for either cohort of married women or single men. A few non-zero correlations between actual hours worked and help to parents do appear in the tables for married men and single women, though the pattern differs. The most notable of these correlations involves health-related time help to parents. Preboomer married men and leadboomer single women register negative correlations between health-related time help to parents and actual hours worked, correlations in the expected direction. Leadboomer married men, though, show a small positive correlation between health-related time help to parents and work hours. Hence, like the findings of Soldo and Hill (1999) with a different dataset, simple correlations between work hours and time help to parents are not always in the expected direction, and like the findings of both Soldo and Hill (1999) and Pezzin and Schone (1999) the correlations are at best modest in size.

Non-zero or sizable correlations between help to elderly parents and other forms of labor market work time are also rare. There are some notable correlations for time off from work due to illness of others among women, most notably single women. Here, again, the pattern differs across the subgroups but the correlations are in the expected direction. Among single women there are positive correlations between time out for illness of others and both time help and health-related time help to elderly parents, correlations in the expected direction. Interestingly, the magnitude of the correlations differs for preboomers and leadboomers. The correlation between overall time help to parents and time off from work for illness of others is larger for the younger cohort. Married women and married men register scattered positive correlations between help to elderly parents and time off from work for illness of others. For married women, oddly enough, the correlation is strongest for money help to parents. Among married men, leadboomers show more of a tendency than preboomers for time help to elderly parents to

go hand in hand with time off from work for illness of others, especially if it is health-related help being provided to parents. For single men, correlations between help to elderly parents and time off from work due to illness of others are effectively zero.

The only other notable pattern in the relations between labor market work time and help to elderly parents concerns out-of-labor-force time. Among married preboomer men, there are small positive correlations between time help to parents and time out of the labor force. Coupled with the results for married leadboomer men regarding time off from work for illness of others, this hints at a change in the way married men accommodate help to elderly parents, with the more recent cohort tending to remain in the labor force but take time off from work. These correlations, however, are mostly small in size, and correlations cannot inform us about the direction of causality.

There are some notable patterns of findings not directly reflecting the linkage between labor market work and help to elderly parents but clearly important to keep in mind regarding family decision making about help to parents. There is a strong positive correlation between spouse/partners' time help to elderly parents (.764 for preboomers vs. .444 for leadboomers in the case of total time help, and .691 for preboomers vs. .517 for leadboomers in the case of health-related time help). This suggests that there is a tendency among married/partnered households either for both individuals in the couple to participate in activities to help elderly parents or for both to spend no time providing help to elderly parents. There is a hint in the smaller magnitude of the correlations for leadboomers relative to preboomers, though, for this tendency to be a little weaker among the more recent cohort.

Longitudinal correlations. Although the PSID data do not permit estimates of change over time in individual-specific time spent helping parents, it is possible to investigate change in 1988 vs. 1993 reports of household-wide time and money help to parents who became elderly by

1993 (with some error introduced by differences in question wording and the way the information was collected). Differences between level of household time and money help in 1988 and 1993 can be calculated, as can differences in level of various types of labor market time in 1988 and 1993. The longitudinal relationship between help to parents and labor market time can then be examined, with variables measured as five-year differences. Table 4 provides estimates pertinent to the longitudinal, five-year relationship. These are the estimated correlations between change in time or money help to parents and change in the various types of labor market time.

What is striking about this table is, again, the lack of correlations statistically different from zero. These figures suggest that change in household help to parents, both time and money, is largely unrelated to change in labor market time, be it actual work hours, time out of the labor force, time off from work due to illness of others, or vacation time. There are a few correlations statistically different from zero. Most of these are modest in size, and some of them register signs opposite to expectations. One is sizable, in the expected direction, and consistent with the cross-sectional findings -- the correlation between change in household time help to parents and change in illness of others hours for leadboomer single females. This suggests that both longitudinal and cross-sectional perspectives indicate that spending time helping elderly parents and taking time off from work due to illness of others go hand in hand for leadboomer single females and that this connection is stronger for them than for their preboomer counterparts. Beyond that, the major consistency between the longitudinal perspective on ties between help to elderly parents and labor market time and the cross sectional view is that those ties are, for the most part, weak ones.

Endogeneity-free assessment of multivariate relationship. To obtain an endogeneity-free assessment of the extent to which help to parents alters labor market work we approach

estimating effects of help to parents on labor market work hours indirectly rather than directly. For this indirect assessment, we will rely on the relationship between labor market work hours and indicators of parental health problems, as well as using theory to disentangle and isolate portions of the sample where predicted directions of influence are most expected. Theory suggests:

(1) Parental Health Problems $\xrightarrow{+/0}$ Time Help to Parents $\xrightarrow{-/0}$ Labor Market Work

(2) Parental Health Problems $\xrightarrow{+/0}$ $ Help to Parents $\xrightarrow{+/0}$ Labor Market Work

There is no reason to expect parental health problems themselves to affect labor market work, so any observed effect of parental health problems on labor market work should be operating through help to parents.

So, among those who tend to respond to parental health problems with time help, IF the relationship between time help and labor market work is NEGATIVE, we would observe:

(3) Parental Health Problems $\xrightarrow{-}$ Labor Market Work

And among those who tend to respond to parental health problems with money help, IF the relationship between money help and labor market work is POSITIVE, we would observe:

(4) Parental Health Problems $\xrightarrow{+}$ Labor Market Work

The observed effects are ones that operate through time or money help, and in so doing this allows us to see the sign of the unobserved relationship between help to parents and labor market work.

To estimate the relationships between parental health problems and labor market work, we define two separate subgroups, one with a high propensity to provide help in the form of time help and one with a high propensity to provide help in the form of money help (so subgroups where we expect a negative relationship are isolated from ones where expect a positive relationship). We also estimate the effects of parental health problems on time and money help, with expectations of positive coefficients.

For this estimation, labor market work is measured as average annual work hours 1998-1993, parental health problems are measured by two distinct variables, number of parents (own as well as spouse's) needing extra care in 1988 and number of parents in fair to poor health in 1988. Timing of measurement is used to assist in inference that causal ordering reflect effects of parental health problems (hence help to parents) on labor market work, rather than the reverse. Labor market work is measured after parental health problems and over a long enough time frame to allow long-term as well as short-term adjustments. Interaction terms for the parental health problem measures and whether leadboomer are included to help gauge cohort differences. The two subgroups for the estimation include both leadboomers and preboomers, men as well as women, and regardless of marital status. What distinguishes them is the likely propensity to provide time help to parents as opposed to money help to parents. The subgroup likely to provide time help is defined as individuals with at least one parent residing within 10 miles of them, and

the subgroup likely to provide money help is defined as individuals with at least one parent with a relatively low level of wealth.[7]

Table 5 provides the results of the multivariate estimates of the relationship between parental health problem measures and labor market work hours. The two measures of parental health problems are entered in separate regressions, and the dependent variables each represent a different form of labor market work hours entered in separate regressions. Factors such as gender, race, age, labor force attachment, family size, wealth, health, and long-run marital status are statistically controlled. Regressions are also estimated to observe the relationship between parental health problems and help to parents, with expectations of a positive and statistically significant relationship.

The direction of the relationship between help to parents, hence parental health problems, and labor market work hours is expected to be opposite for those who tend to provide time help vs. those who tend to provide money help. The former would be likely to decrease labor market work in order to help parents, whereas the latter would be likely to increase labor market work in order to help parents. Since an amalgamation of these two subgroups would tend to wash out any observed relationship between parental health problems and labor market work, the relationship was estimated separately for two subgroups – those with a high propensity to provide time help to parents (those living close to parents) and those with a high propensity to provide money help to parents (those with at least one parent who was poor).

As the many blank cells in Table 5 for the labor market hours regressions indicate, for both subgroups there is little evidence of a statistically significant relationship between parental

[7] Specifically, these were individuals with at least one parent with assets less than $100,000. The alternative for identifying low parental asset levels with the PSID data was a cutoff at $25,000; however, this yielded too small a subgroup for the analysis.

health problems and labor market work hours. The coefficients on the parental health problems variables for the labor market hours regressions are statistically insignificant, in the opposite direction as expected, or exceedingly modest. The coefficients on the parental health problems in the time help to parents regressions are statistically significant in the expected direction, though smaller for leadboomers than for preboomers. Thus lending support to the idea that any relationship between parental health problems and labor market work hours is plausibly due to parental health problems triggering help to parents. The money help to parents regressions, however, do not register as consistently the anticipated positive relationship between parental health problems and money help to parents. This may signal a problem in properly identifying the subgroup with a high propensity to provide money help to parents. Hence, the applying results to the relationship between money help to parents and labor market work hours is somewhat more precarious than applying the results to the relationship between time help to parents and labor market work hours.[8] With this caveat in mind, the results tend to lend further support to the idea that baby-boomers, like their predecessors, are NOT altering their labor market participation to help care for elderly parents.

Next, we attempt several individual fixed-effect models bearing in mind the potential endogeneity problem. Table 6 presents summary of the effect of the change (difference) in helping behavior between 1988 and 1993 and the change in labor market behavior during the

[8] Alternative definitions of the subgroup with a high propensity to provide money help to parents were tried. These included adding the stipulation that the individual was wealthy (with house value greater than $150,000) or substituting a requirement that all parents live at least 100 miles away. These other definitions did not perform any better in terms of representing a high likelihood of providing money help to parents, and the estimated relationships in the labor market regressions proved statistically insignificant.

same period of time, including annual average work hours, annual hours out of labor force, hours of vacation, overtime, unemployment, and time out from work due to own illness or illness of others. The models also include change in individual's own and spouse's health status and interaction terms between the birth cohort index and the helping behavior measures. The estimates show that money help does not have an impact on any of the labor market behavior, and that time help have no significant association with one's labor market behavior except with the total work hours for married females when their annual hours of help exceed 250 hours and that time help to parents is positively associated with the number of hours out from work for both married and single females. Given the discussion on the potential endogeneity problem, these results should be interpreted with great caution, with the causal direction of the relationship remain unclear. The interaction terms between cohort and helping behavior are not statistically significant.

Finally, we relate the helping behavior in 1992 to labor market behaviors during 1994 and 1997. Results from these sets of models again show no significant association, for both males and females in all three cohorts, between one's time and money help and most of the measures of his or her labor market behavior (data not shown). The only exception in this set of results is a positive association between time help and hours away from work due to illness of others for married females. Although this set of models enjoys the advantage of having the appropriate temporal order for the predictors and dependent variables (in comparison to the previous set of individual fixed effect models), this type of model still suffers from potential omitted variable problem. However, the fact that several different approaches yield similar results strengthens our confidence in the lack of causal relationship between one's helping behavior to elderly parents and his/her labor market behavior.

CONCLUSIONS

This paper has focused on the patterns and cohort differences in help to elderly parents and possible changes in the adult children's labor market activity to accommodate that help. The analysis concentrated on those individuals with elderly parents (parents or parents of the spouse/partner who were aged 65 or older). These individuals comprise the bulk of preboomer and leadboomer cohorts but only about half of lateboomers. For the individuals with elderly parents, similarities across the cohorts tended to outweigh differences, though there are some notable cohort differences.

Sizable fractions of all three cohorts provided assistance to their elderly parents at some time during 1992 (35-45% were in households providing help and 25-40% themselves provided at least some time help). The fractions were, however, somewhat smaller for the more recent cohorts, with time and money help from the baby-boomers a little less common and a little smaller in magnitude than time and money help from preboomers. Among all three cohorts, though, time help was much more common than money help and health-related help tended to constitute a small part of the help to parents (though those providing health-related help often provided substantial amounts of help).

Some notable differences between the cohorts do exist in terms of their patterns of help to elderly parents. Health-related help tended to be a larger component of the help provided by preboomers than of the parental help provided by baby-boomers, especially lateboomers. Preboomers were also more likely to be in households providing money help to elderly parents. One of the most striking cohort differences, one that is persistently hinted at but difficult to pin down at this point in the lifetimes of the baby-boomers, is what appears to be a narrowing of gender differentials, in part from younger cohorts of men showing somewhat higher levels of

assistance to elderly parents and in part from younger cohorts of women showing somewhat lower levels of assistance. These patterns are in general agreement with our expectations.

We investigate the various avenues that changes in labor market hours could take – through time actually working, out of labor force time, time off from work to due to illness of others, and vacation time. In preliminary work, we attempted to estimate a simultaneous equation system linking the various types of work to the different types of help to elderly parents (both time and money help). Instability in resulting estimates prompted a focus instead on simple correlations between the different forms of labor market time and the different types of help to elderly parents and on an indirect multivariate assessment of these relationships.

Both cross-sectional and longitudinal (five-year) correlations were investigated. The correlations across all of these measures showed little evidence of consistently strong relationships between any form of labor market time and any type of help to elderly parents, particularly actual hours worked. Relatively few correlations were significantly different from zero, and most non-zero ones were small in magnitude. The one consistent sizable relationship, both longitudinally and cross-sectionally, was between time help to parents and time off from work due to illness of others among single females. The results suggest that spending time helping elderly parents and taking time off from work due to illness of others go hand in hand for leadboomer single females and that this connection is stronger for them than for their preboomer counterparts.

A final set of analyses involved several different approaches of multivariate assessments of the relationship between labor market participation time and help to parents. Controlling for a number of demographic and socio-economic factors, regressions estimated the relationship between long-run labor market participation time and the degree of parental health problems. This indirect method of assessment circumvented potential problems of endogeneity and allowed

assessment of the direction and existence of any statistically significant effect of help to parents on any of the various forms of labor market time. The coefficients on variables of the health problems of parents in the labor market time regressions were statistically insignificant or of exceedingly modest size. We also estimated directly the relationship between the helping behavior and one's labor market behavior in individual fixed-effect models. These results, like those of the direct reports and the correlation estimates, lend no support to the idea that adults, baby-boomers or their predecessors, are altering their labor market participation to help care for elderly parents.

The lack of strong correlation between actual hours worked and help to parents is consistent with much of the research on this issue. The other results are unique to this study. That it is feasible for adult children to keep their labor market commitments is, no doubt, in part a testament to the high level of institutional support for seniors in the U.S., with government funded support for such things as hospitalization, rehabilitation, and in-home nursing care to assist with critical care.

One thing that is clear from this analysis is that men are a part of the picture when it comes to assistance to elderly parents and the issue of juggling labor market work with help to parents. There are hints throughout the analysis that gender differences in the amounts of help to elderly parents and the relationship between labor market activity and assistance to parents are dwindling. Thus, both further research and policies for facilitating combining labor market work and parental assistance should consider men as well as women, both single and those in couples.

The evidence presented here, though clearly not definitive, weighs in as showing that workers continue their labor market work commitments despite assistance to elderly parents. The correlation results suggest that there are short-term increases in the quantity of time off from work to care for ill relatives but with little impact on actual hours worked. Both the level of

assistance to elderly parents and the quantity of time off for illness of others show little across-time correlation over a five-year period, suggesting that high levels do not persist into extended periods as long as five years.

Overall, the evidence calls for redirection of attention, with less attention to fear of middle-age workers leaving the labor force to assist their elderly parents and more attention to creative policies to help facilitate juggling labor market work and assistance to parents in some combination. For some, the time spent caring for elderly parents is substantial. Where does the time come from? An investigation of respondents' volunteered comments in the 1988 PSID questions about help to parents suggests that help tends to be given in small amounts on a regular basis, such as several hours per day for frail parents living close by or numerous hours every weekend for frail parents living at more of a distance. This is consistent with the literature reporting qualitative analysis illustrating the complexities of juggling labor market work with parental care and the high degree of diversity in the ways that people accomplish this. The burden of help to elderly parents seems to be born largely by adding that activity to whatever labor market commitment is already in place and then carrying both loads. This implies added strain for workers with elderly parents, in some cases substantial added strain. This, as well as consideration of both men and women as parental helpers and recognition that much of parental care is of a relatively short-run nature, should be taken into account by employers and public agencies in formulating policies to help workers and employers in the struggle to meet family obligations while continuing with labor market work commitments as well.

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Table 1: Help Given to Elderly Parents, by Birth Cohort and Sex

(Family Heads/Wives/"Wives" Born 1935-1964 with At Least One Parent or Parent-in-law Aged 65+)

	Preboom (1935-44)			*Leadboom (1945-54)*			*Lateboom (1955-1964)*		
	All	Males	Females	All	Males	Females	All	Males	Females
N	937	479	458	2344	1127	1217	1780	787	993
N(%) Parent/in-law Received Health-related Help	585(68.3%)	306(69.3%)	279 (67.4%)	1382 (62.4%)	657 (61.9%)	725 (63.1%)	1019 (60.9%)	452 (60.9%)	567 (60.8%)
N (%) Parent/in-law Received Help	677 (76.7%)	346 (76.6%)	331 (76.9%)	1626 (72.0%)	781 (71.9%)	845 (72.1%)	1235 (71.8%)	548 (71.9%)	687 (71.7%)
N (%) Who Helped Parent/in-law	380 (42.3%)	183 (39.2%)	197 (45.3%)	875 (38.6%)	414 (37.3%)	461 (39.8%)	635 (35.5%)	277 (35.2%)	358 (35.2%)
Household Money Help Given with Health Care									
$ Help with Home-based Care									
N (%) Who Helped	11 (1.6%)	3 (1.0%)	8 (2.2%)	14 (0.4%)	7 (0.4%)	7 (0.4%)	12 (0.3%)	6 (.8%)	6 (.3%)
Mean $ Amount of Help	$60.96	$43.59	$78.57	$5.69	$9.47	$2.37	$0.67	$0.33	$0.96
Mean $ Amount of Help (excl. 0)	$3,866.85	$4,314.90	$3,653.40	$1,325.56	$2,178.28	$558.09	$226.75	$134.07	$285.34
$ Help with Nursing Home Care									
N (%) Who Helped	6 (.7%)	2 (0.3%)	4 (1.1%)	7 (.2%)	3 (0.3%)	4 (0.2%)	0 (0%)	0	0
Mean $ Amount of Help	$25.74	$1.27	$50.54	$0.64	$0.70	$0.59	$0.00	$0.00	$0.00
Mean $ Amount of Help (exc. 0)	$3,671.78	$401.06	$4,634.62	$265.09	$264.67	$265.53	$0.00	$0.00	$0.00
$ Help with Other Health Care									
N (%) Who Helped	37 (4.7%)	19 (4.7%)	18 (4.8%)	78 (2.6%)	39 (2.3%)	39 (2.8%)	62 (2.1%)	23 (1.7%)	39 (2.5%)
Mean $ Amount of Help	$46.78	$41.22	$52.40	$15.62	$17.36	$14.09	$7.40	$5.03	$9.41
Mean $ Amount of Help (excl. 0)	$992.22	$882.42	$1,101.55	$600.11	$746.06	$495.21	$358.83	$298.70	$394.8
$ Help with All Forms of Health Care									
N (%) Who Helped	44 (5.4%)	21 (5.0%)	23 (5.8%)	90 (3.0%)	46 (2.8%)	45 (3.1%)	64 (2.2%)	24 (1.7%)	39 (2.5%)
Mean $ Amount of Help	$133.47	$86.09	$181.51	$21.96	$27.54	$17.05	$8.07	$5.36	$10.37
Mean $ Amount of Help (excl. 0)	$2,485.69	$1,725.85	$3,153.35	$741.28	$985.01	$548.39	$449.54	$314.39	$523.50
Household Money Help Given Not Related to Health Care									
N (%) Who Helped	116 (14.0%)	53(13.0%)	63(14.9%)	194(6.1%)	101(6.4%)	93(5.9%)	132(4.7%)	54(4.5%)	78(4.9%)
Mean $ Amount of Help	$227.72	$262.1	$192.1	$139.6	$168.6	$104.6	$74.6	$65.1	$82.59
Mean $ Amount of Help (exc. 0)	$1,624.2	$1,996.7	$1,292.2	$2,221.5	$2,678.7	$1,784.6	$1,582.1	$1,436.6	$1,696.87

Household Money Help Given of All Types									
N (%) Who Helped	132(15.7%)	62(14.9%)	70(16.5%)	243(7.7%)	124(7.9%)	115(7.5%)	164(6.0%)	68(5.7%)	96(6.3%)
Mean $ Amount of Help	$361.19	$348.1	$374.4	$157.5	$198.3	$121.7	$82.7	$70.5	$92.95
Mean $ Amount of Help (exc. 0)	$2,300.5	$2,341.6	$2,263.1	$2,046.0	$2,499.8	$1,623.9	$1,373.6	$1,233.3	$1,481.9
Household Time Help Given with Health Care									
N (%) Who Helped	97 (10.0%)	47 (8.6%)	50 (11.4%)	153 (6.7%)	65 (6.1%)	88 (7.2%)	86 (4.0%)	35 (3.5%)	50 (4.4%)
Mean Hours of Help	28.53	25.26	31.9	16.5	13.7	18.94	7.8	6.10	9.28
Mean Hours of Help (excl. 0)	285.83	293.41	280	244.25	222.69	260.23	193.43	170.89	208.75
Household Time Help Given Not Related to Health Care									
N (%) Who Helped	293 (33.2%)	142 (30.8%)	153 (35.9%)	780 (34.9%)	369 (33.6%)	411 (36.1%)	563 (32.4%)	247 (33.2%)	316 (31.7%)
Mean Hours of Help	50.32	46.76	53.9	50.5	44.08	56.16	39.9	39.2	40.5
Mean Hours of Help (excl. 0)	151.33	152.24	150.53	144.17	130.55	155.36	122.7	117.85	126.98
Household Time Help Given of All Types									
N (%) Who Helped	357(39.5%)	174(36.6%)	185(42.7%)	852(37.9%)	409(36.5%)	454(39.1%)	611(34.5%)	267(35.2%)	344(34.6%)
Mean Hours of Help	78.86	72.0	85.8	67.0	57.8	75.1	47.7	45.3	49.8
Mean Hours of Help (excl. 0)	199.10	196.6	202	176.7	157.5	192.5	138.3	128.7	146.8
Individual Time Help Given with Health Care									
N (%) Who Helped	73 (7.4%)	26 (4.1%)	47 (10.9%)	123 (5.6%)	43 (4.2%)	80 (6.8%)	68 (3.2%)	25 (2.5%)	43 (3.7%)
Mean Hours of Help	15.57	9.25	22.0	11.9	7.02	16.27	4.7	3.69	5.63
Mean Hours of Help (excl. 0)	208.79	226.39	202.09	213.28	165.90	239.19	149.35	144.84	151.99
Individual Time Help Given Not Related to Health Care									
N (%) Who Helped	252 (28.7%)	112 (25.3%)	140 (32.1%)	663 (29.5%)	314 (28.6%)	349 (30.4%)	470 (26.9%)	221 (30.2%)	249 (24.1%)
Mean Hours of Help	30.07	19.60	40.69	31.3	23	38.46	26.6	26.3	26.87
Mean Hours of Help (excl. 0)	104.87	77.39	126.88	105.87	80.03	126.36	98.48	87.16	110.35
Individual Time Help Given of All Types									
N (%) Who Helped	297 (33.1%)	128(27.9%)	169(38.4%)	725 (32.3%)	338(30.9%)	387(33.4%)	515(28.8%)	237(31.8)	274(26.2%)
Mean Hours of Help	45.7	28.8	62.7	43.3	30.2	54.7	31.3	30	32.5
Mean Hours of Help (excl. 0)	137.9	103.4	163.4	134.1	97.7	163.7	109.0	94.4	124

NOTE: Percentages are weighted by 1993 family weight.

Table 2: Across-Time Correlations with Same Variable Measured 5 Years Earlier
(**Preboomers** and Leadboomers with No 5-Year Change in Couple Status)

Variables Measured in 1993 Interview	**Married Females** (N=**300**/770)	**Married Males** (N=**355** / 786)	**Single Females** (N=**105**/157)	**Single Males** (N=**28**/72)
HH Time Help	**0.186**	**0.153**	**0.26**	**-0.057**
Hours	0.18	0.118	0.179	
HH $ Help	**0.404**		**0.855**	**0.977**
	0.071			
Annual Work	**0.649**	**0.472**	**0.59**	**0.798**
Hours	0.564	0.489	0.639	0.647
Out of Labor Force	**0.585**	**0.347**	**0.697**	**0.536**
Hours	0.431	0.278	0.692	0.789
Illness of Others			**0.561**	
Hours	0.097			
Vacation Weeks	**0.497**	**0.18**	**0.725**	**0.776**
	0.369	0.456	0.496	0.535

Note: Estimates for **Preboomers** are in **bold** and those for Leadboomers are in regular type.
Note: Empty cells indicate that the correlation was not statistically significant at .05 level or less.

Table 3: Correlations Between 1993 Help to Elderly Parents and 1993 Labor Market Time
(**Preboomers** and Leadboomers with No 5-Year Change in Couple Status)

		Variables Measured in 1993 Interview			
Variables Measured		HH	HH	Health	HH Health
in 1993 Interview	Time Help	Time Help	$ Help	Time Help	$ Help
Married Females (N=**355**/ 786)**:**					
Annual Work Hours					
Out of Labor Force Hours					
Illness of Others Hours		0.08	**0.288** 0.091	**0.14**	**0.271**
Vacation Weeks					
Spouse Time Help Hours	**0.764** 0.444	**0.933** 0.808	**0.287**	**0.669** 0.22	**0.335**
Married Males (N=**300**/ 770)**:**					
Annual Work Hours		0.075	0.086	**-0.126** 0.138	
Out of Labor Force Hours	**0.112**	**0.127**		**0.135**	
Illness of Others Hours	0.213	0.169		0.353	
Vacation Weeks					
Spouse Time Help Hours	**0.585** 0.502	**0.927** 0.894	0.086	**0.469** 0.306	0.106
Single Females (N=**105**/ 157)**:**					
Annual Work Hours	-0.157	-0.157		-0.246	
Out of Labor Force Hours					
Illness of Others Hours	**0.273** 0.603	**0.273** 0.603		**0.659** 0.522	
Vacation Weeks	**0.199**	**0.199**			

Single Males (N=**28** /72)**:**
Annual Work Hours

Out of Labor Force
Hours

Illness of Others
Hours

Vacation Weeks

Note: Estimates for **Preboomers** are in **bold** and those for Leadboomers are in regular type.
Note: Empty cells indicate that the correlation was not statistically significant at .05 level or less.

Table 4: Correlations Between Change in Help to Elderly Parents and Change in Labor Market Time
(**Preboomers** and Leadboomers with No 5-Year Change in Couple Status)

Variables Measured **1993-1988**	**Married Females** (N=**300**/770)	**Married Males** (N=**355 /** 786)	**Single Females** (N=**105**/157)	**Single Males** (N=**28**/72)
	Correlations with 1993-1988 Change in Household Time Help			
Change in Annual Work Hours	**-0.166**			
Change in Out of Labor Force Hours	**0.148**			
Change in Illness of Others Hours	**-0.198**			
		0.08	0.428	
Change in Vacation Weeks				
			-0.32	
	Correlations with 1993-1988 Change in Household Money Help			
Change in Annual Work Hours				
Change in Out of Labor Force Hours				
Change in Illness of Others Hours	**0.54**			
Change in Vacation Weeks	**0.218**			
			0.163	

Note: Estimates for **Preboomers** are in **bold** and those for Leadboomers are in regular type.
Note: Empty cells indicate that the correlation was not statistically significant at .05 level or less.

Table 5: Coefficients (Standard Errors) in Labor Market Time OLS Regressions and in Help to Parents Tobit Regressions
(Preboomers and Leadboomers Present 1988-1993)

	Dependent Variable*								
Predictor Variable	Avg. Work Hours	Avg. Hours Out of Labor Force	Avg. Hours Illness of Others	Avg. Weeks Vacation	Avg. Hours of Overtime	Average Hours of Unemployment	Avg. Hours of Own Illness	Avg. Time Help to Parents	Avg. $ Help to Parents
Those with High Propensity toward Time Help (N=1477):									
Regression Set # 1A:									
# Parents Needing Extra Care 1988								162.6	
								(24.4)	
# Parents Needing Extra Care 1988 x If Leadboomer							31.9 (13.0)	-70.6 (29.3)	
Regression Set # 2A:									
# Parents in Poor Health 1988		-75.6						71.3	
		(25.0)						(18.3)	
# Parents in Poor Health 1988 x If Leadboomer		61.8 (30.2)						-56.0 (21.0)	
Those with High Propensity toward Money Help (N=2042):									
Regression Set # 1B:									
# Parents Needing Extra Care 1988									727.3
									(212.4)
# Parents Needing Extra Care 1988 x If Leadboomer									
Regression Set # 2B:									
# Parents in Poor Health 1988					-4.9				
					(2.4)				
# Parents in Poor Health 1988 x If Leadboomer						-21.2 (10.5)			

* Labor market time, reported in 1988-1997 interviews, and Help to parents, reported in 1988 and 1993 interviews, are measured as average annual amounts.

Note: Other predictors in each set of regressions include: If Leadboomer, If Female, If Nonwhite, Education,
Age Indexed to Cohort, Proportion of Time Worked Full Time Since Age 18, 1988 House value, # Dependents 1988,
Children in Household 1988, If Individual has Poor Health 1988, If Individual Has Poor Health 1993, If Continuously Single 1988-1993,
and If Continuously Married 1988-1993.
Note: Empty cells indicate that the coefficient was not statistically significant at the .of level or less.

Table 6: Summary of Estimates of Effects of Change in Help to Parents on Change in labor market behavior

	Time Help				**Money Help**			
	Married		**Single**		**Married**		**Single**	
	Male	Female	Male	Female	Male	Female	Male	Female
Avg work hrs								
increase 250+ hrs		-366.52*						
increase 40-249 hrs								
decrease 40-249 hrs								
decrease 250+ hrs								
Avg hrs out of LF								
Avg Hrs Illness Others		.08***		.07**				
		(0.01)		(.02)				
Avg weeks Vacation								
Avg Hrs Overtime								
Avg. hrs. Unemployment								
Avg. hrs. Own Illness								

Note: empty cells denote that the coefficients are not statistically significant at .05 level

Figure 1: Proportion in a Household Giving Help to Elderly Parents in 1992

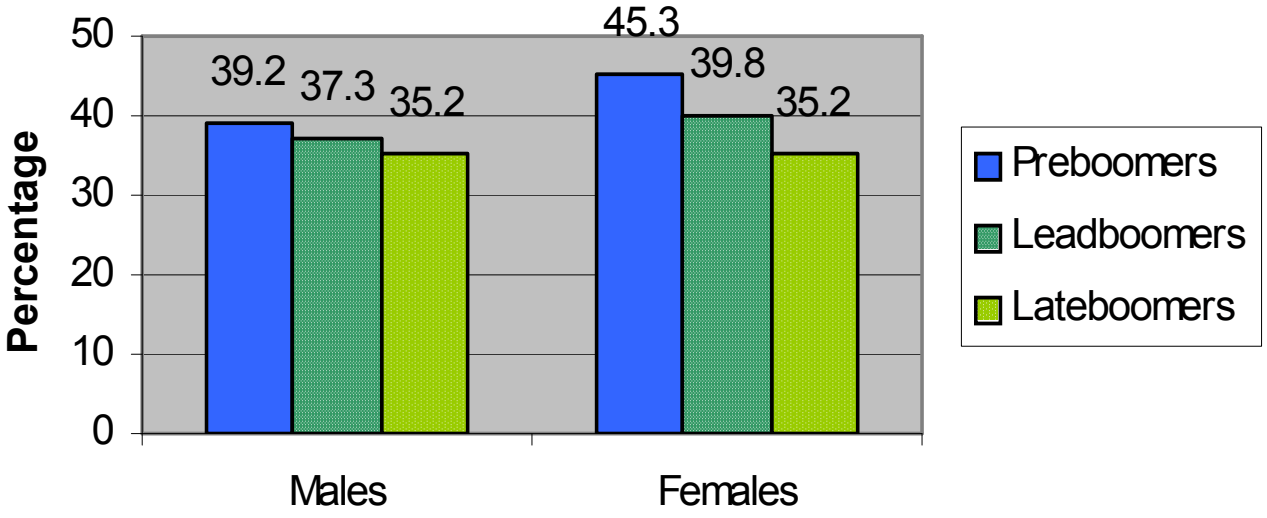

Figure 2: Proportion in a Household Giving $ Help to Elderly Parents in 1992

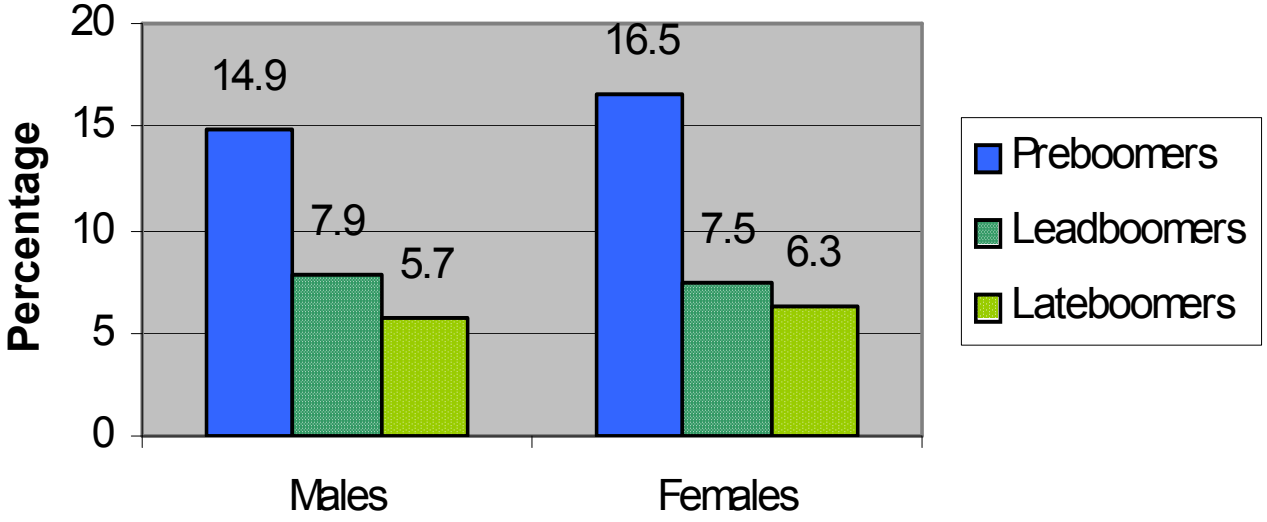

Figure 3: Proportion in a Household Giving Time Help to Elderly Parents in 1992

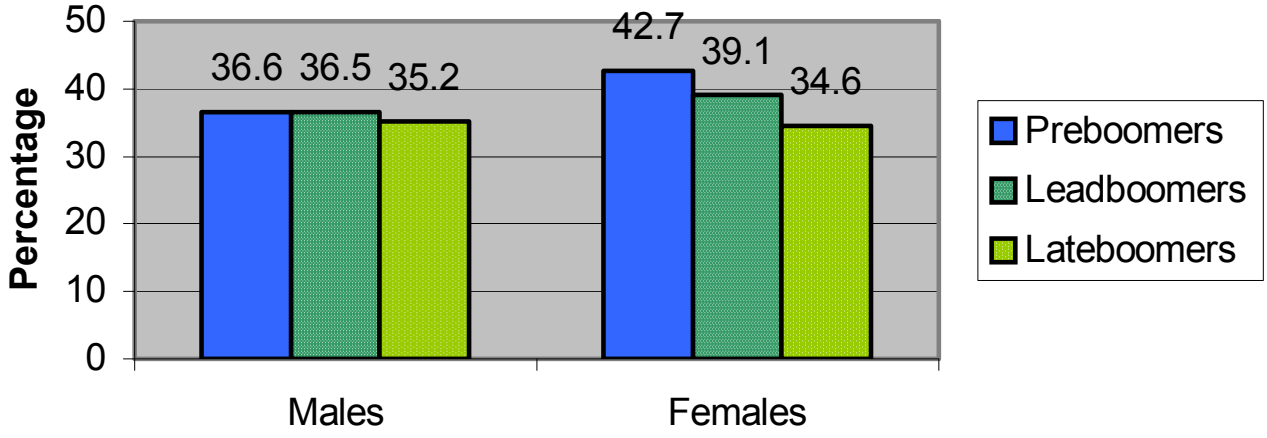

Figure 4: Mean Total Household $ Help to Elderly Parents in 1992

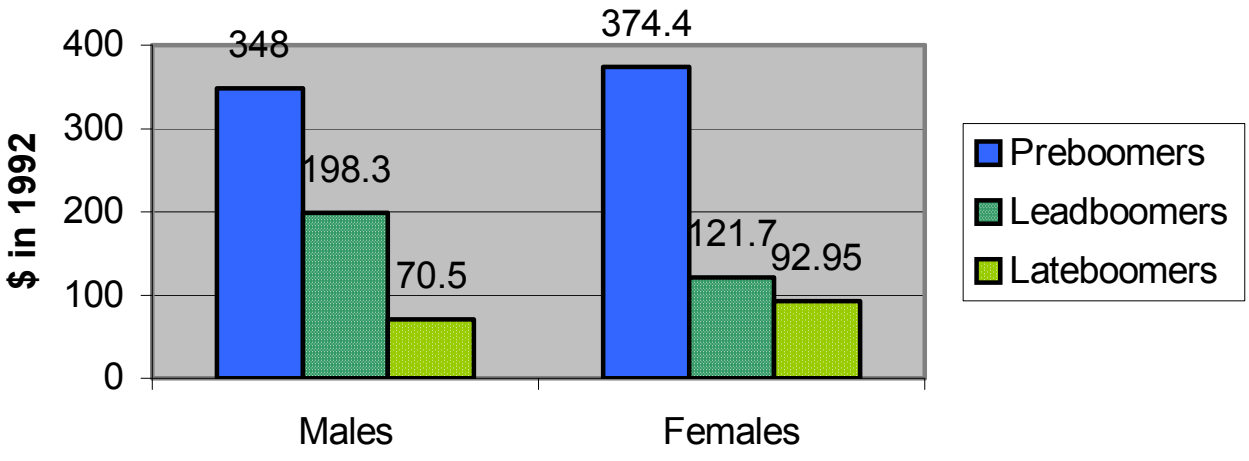

Figure 5: Mean Total Household Time Help to Elderly Parents in 1992

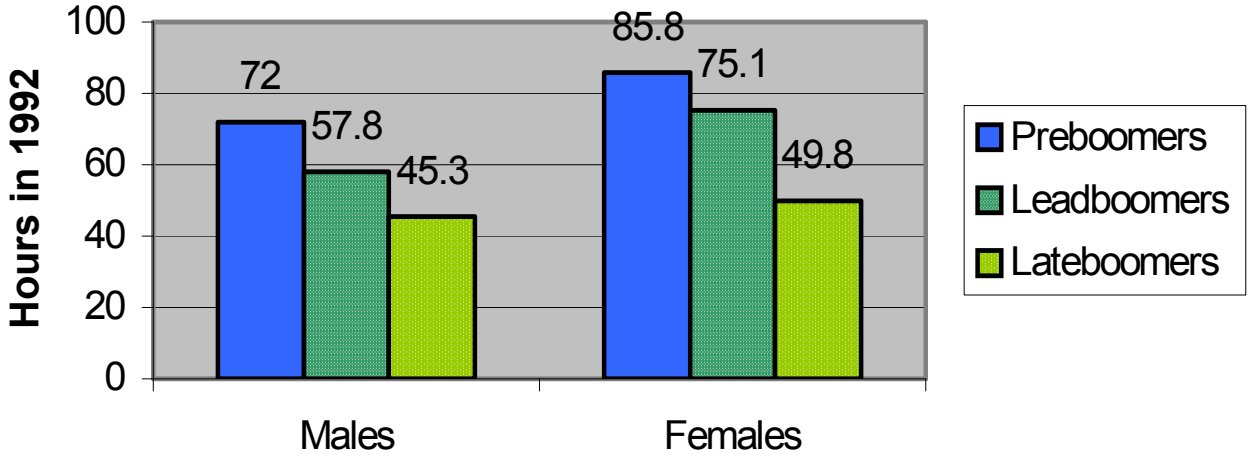

Figure 6: Proportion Themselves Giving Time Help to Elderly Parents in 1992

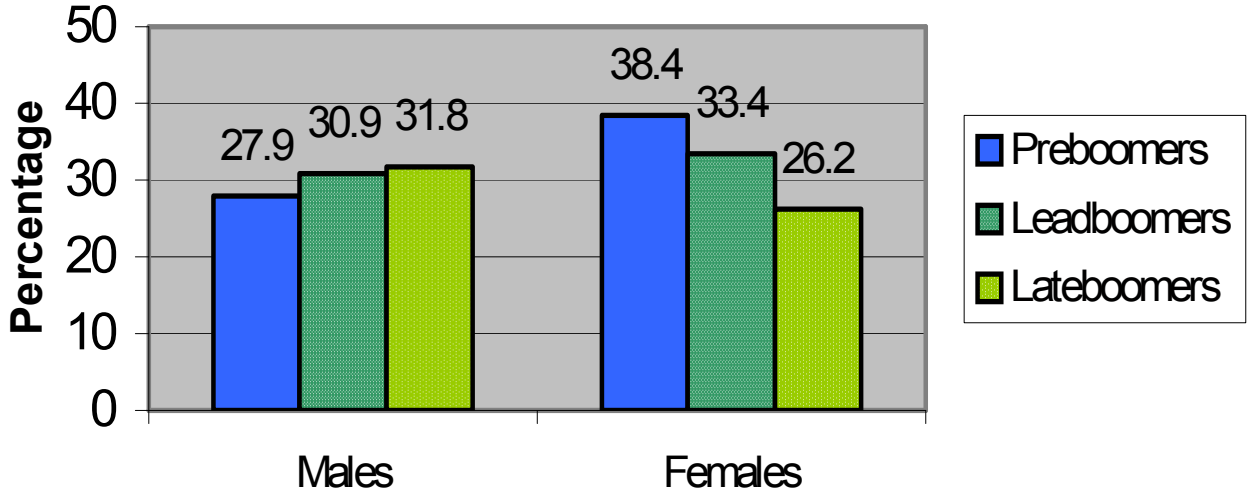

Figure 7: Mean Total Individual Time Help to Elderly Parents in 1992