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Fact Sheet: Cohort Differences in Parental Care Needs

GERONTOLOGY INSTITUTEMcCORMACK GRADUATE SCHOOL OF POLICY & GLOBAL STUDIES

Background

There has been considerable concern about the availability of informal and especially family care when the baby boom cohorts reach old age (Ryan and Smith et al., 2012). However, as care needs typically arise in late old age (age 70 or later), a more immediate issue is the care burden faced by the baby boomer cohorts themselves as their parents now reach late old age. To assess the potential care burden faced by baby boom adult children one first needs to assess their parents' care needs. Such assessment is also essential as research shows that parental care needs do not only affect the caregivers themselves but also the whole family network (Amirkhanyan and Wolf, 2003). Non-caregiving family members, such as siblings of caregiving adult children, can be adversely affected by the caregiving situation. In order to see if parental care needs have changed over time, we explored cohort differences in care needs among baby boomers' parents using nationally representative data from 1992 through 2010.

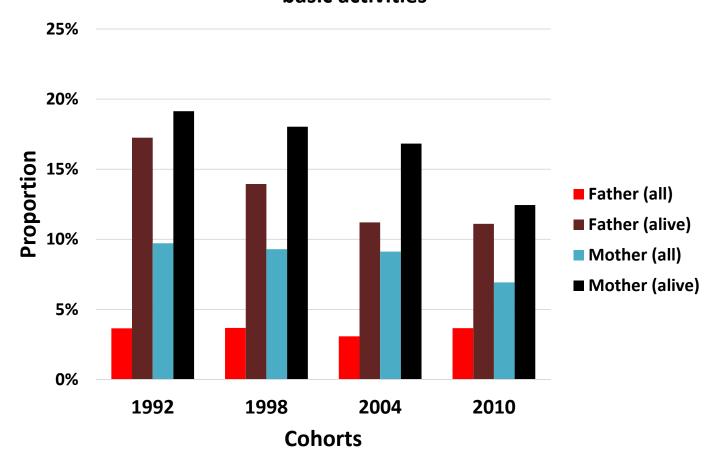
Data and Analyses

Our analyses rely on data from the Health and Retirement Study (HRS), a nationally representative survey of individuals aged 51 and over in 1992 and their spouses of any age. Interviews are conducted biennially, and new cohorts (aged 51-56) were added in 1998, 2004, and 2010. We refer to two questions about parental needs in the HRS, namely, whether parents can be left alone and whether mothers and fathers require help with basic personal needs like dressing, eating, or bathing. We first present the proportions of respondents whose parents cannot be left alone or require help with basic personal needs, both for all respondent adult children and for those with living parents. We then present estimates of total parental care needs (cannot be left alone and basic needs combined) derived from logistic regressions that adjust for respondents' gender, marital status, race, foreign origin, education, household income, own and spouse's work status, own and spouse's self-reported health, health conditions, and number of siblings. All analyses adjust for the complex survey design of the HRS and are weighted.

Findings

• The proportion of fathers and mothers who need help with basic needs declined somewhat for the younger cohorts, a trend which is most notable for the analyses referring exclusively to respondents whose mother or father is still alive. The proportions are lower for all respondents because many of their parents are deceased and thus require no help (Figure 1).

Figure 1: Proportion of parents who need help with basic activities



• The proportion of mothers and fathers who cannot be left alone also is somewhat lower for the younger cohorts. The differences are again more pronounced for living parents, partly because the results for all respondents reflect two opposing trends: On the hand, reduced need among living parents, and, on the other hand, increased survival of parents (Figure 2).

16% 14% 12% 10% **Proportion** ■ Father (all) 8% ■ Father (alive) 6% ■ Mother (all) ■ Mother (alive) 4% 2% 0% 1992 1998 2004 2010 **Cohorts**

Figure 2: Proportion of parents who cannot be left alone

• Estimates from the regressions confirm these results. They indicate that the probability of having parents with care needs is significantly lower among individuals aged 50-56 in 2010 than among earlier cohorts, especially those interviewed in 1992 and 1998 (Figure 3). They also suggest that the changes in parental needs cannot be attributed to shifts in the composition of the population in regard to the characteristics controlled in the regressions.

30% 25% 20% 15% 0% 1992 1998 2004 2010 all respondents respondents with living parent(s)

Figure 3: Parental care needs by cohort, respondents aged 50-56 at time of interview

Conclusion

These analyses update a profile of parental care needs and examined changes across four time periods from 1992 until 2010. Results indicate a slight decline in parental needs over time. This finding could be explained by the fact that parents have indeed fewer care needs either due to better health or because they can rely on equipment that reduces need for personal care, but it could also indicate that parents' care needs occur later in life when their children are older than the age group targeted in the analyses. If care needs are indeed declining, then future cohorts (e.g., when baby boomers reach old age) may require less care than anticipated by some policy makers. If care needs are just postponed into later life, then future caregiving children will be increasingly exposed to parental care needs at a later time in their own lives when they themselves may experience some health declines. This may reduce economic costs of care to employers and workers but increase the potential physical burden of care provision.

References

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