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INTERGENERATIONAL MOBILITY IN MEASURES OF WELLBEING: CONSUMPTION, HEALTH AND LIFE SATISFACTION

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ABSTRACT

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Intergenerational mobility in measures of wellbeing: consumption, health and life satisfaction

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Studies of intergenerational mobility have begun to expand outside of the traditional outcomes such as income, education and occupation, into using alternative measures of wellbeing. In this chapter we survey the evidence on studies of these alternative measures with a focus on health, consumption and life satisfaction. We also incorporate lessons from the income mobility literature that may be relevant for how we think about these alternative measures both conceptually and empirically. We highlight a few approaches that researchers can consider to incorporate alternative measures and we conclude that a widening of our conception of intergenerational mobility to incorporate measures of wellbeing may identify shortfalls in some of our current approaches.

I. Introduction

Equality of opportunity is at the heart of many conceptions of a just society, and has motivated a large literature on intergenerational income mobility. However, opportunity is not just determined by or reflected in an individual's income, and an increasing number of studies are examining mobility in broader measures of wellbeing. In this chapter we survey this literature, with a particular focus on health, consumption, and life satisfaction. We draw out lessons from the income mobility literature, review the studies in each domain of wellbeing and end with some reflections on how to bring together the findings.

The broadening of the mobility literature reflects renewed policy interest and significant advances in data. To this day, choices in the intergenerational mobility

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literature are often influenced by data limitations (see, for example, the chapter in this handbook on indirect measures of mobility (Del Pizzo, Nybom and Stuhler, Forthcoming). Many researchers examine mobility in occupation or education to proxy for income and both are also interesting in their own right (see Song (Forthcoming) in this volume for a review of studies of occupational mobility). Income is arguably only a proxy for what we often think of as directly entering an individual's utility function (consumption) or determining their budget constraint (wealth). But with maturing panel surveys and the advent of administrative data, mobility studies have expanded into other aspects of people's lives.

Our focus on health in section III is motivated by an increasing understanding that it is an important component of wellbeing (Jones and Klenow, 2016). Health is also increasingly seen as an important determinant of later life outcomes (Currie and Almond, 2011). A key challenge in this literature is that health is a latent concept and difficult to measure. Furthermore, the quality of the measurement of health can vary over the life course. We survey some of the recent literature on intergenerational persistence in lifespan, anthropometric measures, health behaviors, mental health, and an emerging literature that attempts to construct broad-based measures of latent health. A key finding is that estimates of intergenerational persistence in health appear to be much lower than comparable estimates for income across a range of countries. We explore some preliminary explanations for this finding, including that there might be stronger safety nets in health than in the labor market or that there are more idiosyncratic shocks to health, but much more work is needed to better understand this issue.

From a theoretical perspective, intergenerational consumption mobility might be the most appealing approach to understanding mobility in wellbeing. Unfortunately, research in this area which we discuss in section IV has been severely hampered by a lack of data. It is extremely difficult to obtain the breadth of consumption data needed to study two generations of individuals in the same families. In the United States, there are a handful of studies, but they all use just one data source, the Panel Study of Income Dynamics (PSID). The estimates from these studies have evolved with the quality of consumption measures included in the PSID. A reasonable estimate of the intergenerational persistence in consumption in the US is around 0.4 which would roughly put it in line with estimates of income mobility. More recently, a few studies of consumption mobility outside of the US have emerged either using administrative data or household panel data, but it is still too early to draw meaningful lessons from these studies. Eventually, large private data sets on consumers and their transactions may be able to help fill this data void.

Finally, there are a growing number of studies that try to directly measure other aspects of individual wellbeing that are transmitted intergenerationally. In section V, we discuss studies that examine outcomes such as hours worked, job quality, exposure to crime, family relationships, attitudes towards risk and trust, personality traits, and socio-emotional skills. Of course, examining each

of these outcomes or characteristics in isolation will not provide a complete view of wellbeing. One path forward is to incorporate the monetary value of these outcomes along with income into studies of intergenerational mobility. Another promising approach may be to use survey questions that attempt to elicit overall perceptions of life satisfaction. In section VI, we present some new findings on intergenerational persistence in life satisfaction across a number of countries. A key point we highlight is that these measures capture an important dimension of wellbeing that is distinct from income and health.

II. Framework

This section provides some background framing for this chapter. We draw on the existing literature to highlight some important considerations when broadening our study of intergenerational mobility out from income to other factors that may matter for wellbeing. Along the way we use Australian survey data to provide some simple illustrations of the empirical patterns being discussed.[1]

A. The production function and realization of wellbeing

The literature on intergenerational income mobility has benefited from insights into how parents can influence their children's incomes and how these incomes evolve. Yet for broader measures of wellbeing both the 'production function' for child outcomes and the realization of those outcomes may differ. This section illustrates some of these differences and discusses how they might influence mobility.

Parents make large investments of time and resources in their young children (Figure 1). They provide housing, invest in their education, and spend time raising them. Early models of intergenerational mobility focused solely on the investment in human capital (Becker and Tomes, 1979), but theory has expanded since to consider multiple periods of childhood and adulthood, multiple skills and different types of parent investments (Mogstad, 2017). These investments during childhood may be most relevant when considering education and labour market outcomes, to the extent that the trajectory of these outcomes is largely in the hands of the offspring and market luck from adulthood. However, when thinking about broader wellbeing it pays to revisit this and instead think about parental support for their children over a longer time horizon.

Later in life, parental support for children is less universal but is still potentially consequential for those who receive it. In any given year around 1.6% of Australian adults receive inheritances, 4.3% receive transfers from their parents, 5.9% receive child care from their parents and 9.8% live with their parents. Parents will differ in their ability to provide such support, and also in any support they need from their children, with financial or care needs in retirement and as

[1]We use the Household Income and Labour Dynamics in Australia (HILDA) panel survey data. In particular, we draw on release 22, with waves in each year from 2001 to 2022 inclusive.

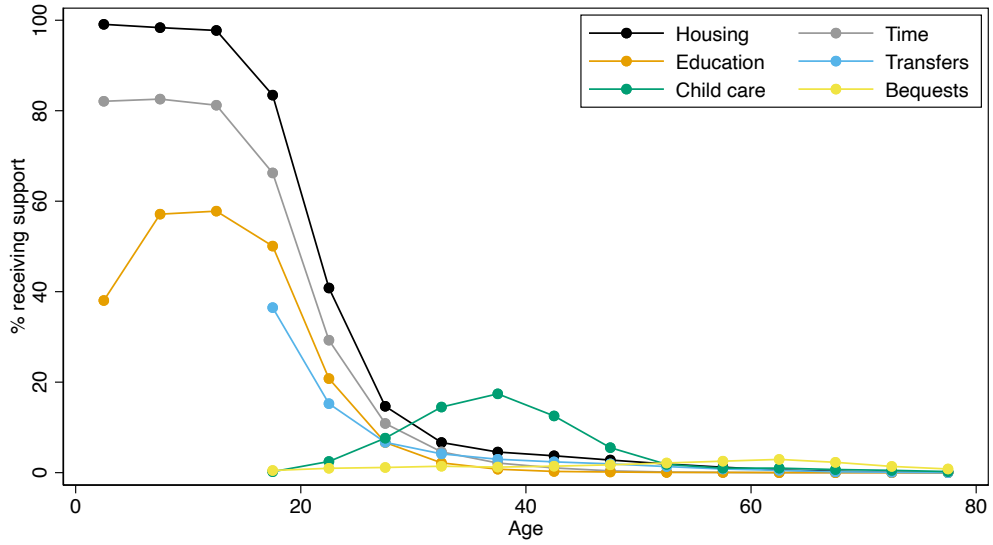

FIGURE 1. PARENTAL INVESTMENTS IN CHILDREN OVER THE LIFE COURSE

Note: Based on the HILDA panel survey data. This figure shows the average annual incidence of parental support in five-year age bands from 0-4 years, 5-9 years and so on. Support is defined as follows. Housing: in the same household as either their biological mother or father (and not known to be caring for them). Time: biological mother or father reports spending time with their own children (noting this will include siblings). Education: biological mother or father reports household expenditure on education fees. Transfers: reported receiving transfers from parents (children aged 15 and over only). Bequests: reported receiving inheritances/bequests (assumed to be from parents unless a spouse/child is reported as having died in the given year).

they age. Such patterns may act to further 'smooth' consumption and wellbeing across generations.[2]

The role of parents as a form of insurance for their children is receiving growing attention in the literature. Parents have been found to accumulate savings to insure their children against income risks (Boar, 2021), and make large transfers in response to transitory income shocks, job loss and divorce (McGarry, 2016). The option of moving back into the family home has also been explored as a form of insurance for children, but also one they might anticipate and that might allow for the pursuit of higher-risk careers (Kaplan, 2012). While anticipatory effects like these might mean that parental insurance does provide early benefits, including for income, in other cases benefits may only be realised later in life and may be isolated to measures beyond traditional earnings and income.

A further complication when considering broader measures of wellbeing is that children can influence their parents' outcomes. This influence could be relevant

[2]For example, Australian research has suggested that around one third of intergenerational persistence in wealth among those whose parents have died is explained by inheritances (Productivity Commission, 2021).

when considering correlations in measures where social interaction or transfers can go in both directions, such as mental health and socio-emotional skills, or consumption and time use. This source of correlation between parent and child may be of interest, but in some cases researchers may like to exclude these influences, for example, by measuring parent outcomes before any influences from their children are likely to become apparent.

B. Lifecycle patterns in wellbeing

A final lesson from the intergenerational income mobility literature is the importance of paying careful attention to how outcomes are realised over the lifecycle. Early estimates of income mobility in the United States portrayed fairly high levels of mobility that were subsequently revised down as successive studies highlighted the effects of attenuation and lifecycle bias (Solon, 1992; Mazumder, 2005; Haider and Solon, 2006; Mazumder, 2016). In short, if it is lifetime earnings or income that is of interest, averages over more years and closer to mid-career are necessary to minimize bias.[3]

Different measures of wellbeing have different lifecycle profiles, meaning renewed care is needed in thinking about when and how outcomes are measured for intergenerational comparisons. As an illustration, Figure 2 shows lifecycle profiles of income, consumption, health and subjective wellbeing for Australian adults. Income and consumption peak in the middle of life, although the peak in consumption is less pronounced, reflecting at least partial smoothing across the lifecycle. Health exhibits an accelerating decline. Meanwhile, subjective wellbeing displays a modest U-shape, at least in this Australian data.[4]

Broader wellbeing measures pose their own distinct challenges as well. Consumption can be challenging to measure in survey data, and some important forms of consumption, like durable good consumption and government services, are frequently unobserved. There are a variety of different ways to measure health, from self-reported health status, healthy life years to incidence of conditions or health utilisation. Throughout the chapter we touch on how the realization and measurement challenges of particular outcomes have been addressed in the literature as well.

[3]More recently the drawbacks of simple rules of thumbs around when have been highlighted in Nybom and Stuhler (2016), which proposed more sophisticated estimators based on the observed heterogenous lifecycle profiles of income.

[4]The U-shaped happiness-age curve has been the subject of some debate. See, for example, Blanchflower (2021) and Frijters and Beatton (2012) for differing views on the relationship. One challenge in self-reported measures is whether people change how they respond to the scales over time, and hence whether measures are truly comparable. This can speak to the value in also examining related objective measures where available.

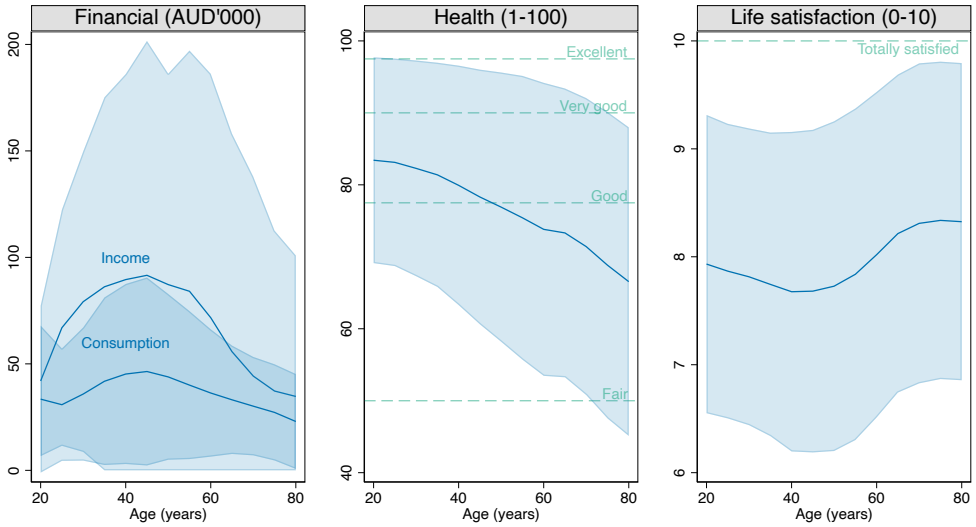

FIGURE 2. LIFECYCLE PROFILE OF MEASURES OF WELLBEING

Note: Based on the HILDA panel survey data. For each five-year age group from 20-24 through 80-84 this shows the mean and one standard deviation either side for: income and consumption (real 2023 dollars), health and subjective wellbeing. Income is real total income. Consumption is proxied for by household expenditure which will be partial only but includes groceries, clothing, health and education, insurance, housing and motor vehicle running costs. Health is self-reported on a reversed 1-5 scale and mapped to points on a 1-100 health utility-based scale (as in Halliday, Mazumder and Wong (2021)). Subjective wellbeing is self-reported life satisfaction on a 1-5 scale. We show the levels of text descriptions provided to respondents in the horizontal dashed lines.

III. Health

A. Why Study Intergenerational Health Mobility?

There are several reasons why studies of intergenerational mobility should incorporate health. First, in the spirit of this chapter, health is well understood as an important component of overall welfare or wellbeing. In a seminal study comparing the relative wellbeing of countries, Jones and Klenow (2016) show that the results differ quite a bit if one uses a measure that incorporates consumption, leisure, mortality, and inequality compared to simply using income per capita. They further highlight that the most important factor explaining this divergence is the role of health measured by mortality rates.

Second, health is also a critical input in determining overall lifetime success. This is particularly the case when it comes to early life health conditions, which can have profound consequences on human capital development (Currie and Almond, 2011; Almond, Currie and Duque, 2018). Third, health plays an important role in economic decision making with respect to choices around consumption,

leisure, savings and retirement (e.g., Rust and Phelan, 1997; Palumbo, 1999; French and Jones, 2017; Salvati, 2022). Third, health spending accounts for a large part of the budgets of many nations, so better understanding the intergenerational dynamics of health can be of great value to policy makers.

We begin by reviewing the literature on recent estimates on intergenerational transmission of various measures of health. Since the literature is voluminous, we focus on relatively recent studies in economics that tend to use nationally representative samples using modern statistical methods. As a result our review is admittedly selective and ignores many studies particularly in the medical literature. We break down the literature into several sub-topics and show the corresponding estimates in Table 1. Most estimates are coefficients from regressions of the outcome of children, usually measured in adolescence or early adulthood, against the same measure of parents when they tend to be a bit older. An issue that becomes immediately apparent is whether this mismatch in age of measurement can be consequential especially given the steady decline in health during adulthood apparent in Figure 2. Given that many chronic illnesses such as heart disease and diabetes do not emerge until later in life, measures of children's health taken earlier in the lifecycle could arguably attenuate estimates.

In a few cases, we also document estimates of the sibling correlation. The sibling correlation can be thought of as a broader "omnibus" measure of the overall importance of family background in determining an outcome. One advantage of the sibling correlation is that it captures a variety of factors shared by siblings (e.g. parenting behaviors, neighborhoods, schools) in addition to just the health of the parent. It is also easier to measure at the same age in shorter panels.[5]

[5]See Deutscher and Mazumder (2023) for a more detailed description of the sibling correlation and its advantages and disadvantages.

Table 1—Estimates of Intergenerational Persistence in Health

Study	Sample source	Variable	Estimates
A. Lifespan			
Black, Duzet, Lleras-Muney, Pope and Price (2024)	1900, 1910, and 1920 US Census linked to Family Search genealogical database	Lifespan of individuals surviving to age 25	Abs. Mobility (% w/ lifespan¿than parents): 57% for women, 47% for men Persistence: 0.06 to 0.15 Sibling Correlation: 0.04 to 0.13
B. Anthropometric Measures			
Akbulut-Yuksel and Kugler (2016)	US NLSY and Children of the NLSY (CNLSY)	Height, weight, and BMI	Persistence estimates for non-immigrants Height 0.42, Weight 0.46, BMI 0.39 Persistence estimates for immigrants Height 0.47, Weight 0.58: BMI 0.47
Classen (2010)	NLSY and CNLSY	BMI	Persistence b/w daughters and parents: 0.35 Persistence b/w daughters and mothers: 0.38 Persistence b/w daughter and fathers: 0.32
Currie and Moretti (2007)	California Birth Records, births: 1989-2001 linked to mothers born from 1970-1974	Birth weight	Mother-daughter persistence No controls: 0.2 Pre-determined controls: 0.18
Black, Devereux and Salvanes (2007)	Norway Birth Registry, All births from 1967 to 1997	Birth weight	Persistence b/w parents and first-born children: 0.25
Giuntella, La Mattina, and Quintana-Domeque (2019)	Florida Birth Records, births: 1989-2014 linked to mothers born from 1970-88	Birth weight	Persistence estimates (no controls) Mother-Child: 0.24 Father-child: 0.15
C. Risky Behaviors			
Loureiro, Sanz-de-Galdeano, and Vuri (2010)	British Household Panel Survey (BHPS), 1994-2002	Indicator for smoking	Probit coefficients Mother-son: 0.29, Father-son: 0.29 Mother-daughter: 0.31, Mother-son: 0.18
Alexeev (2024)	Household, Income, and Labour Dynamics in Australia (HILDA), 2001-22	Annual consumption of standard drinks (10gms of alcohol)	Intergenerational elasticities from PPML Father-son: 0.09, Father-daughter: 0.02 Mother-son: 0.03, Mother-daughter: 0.10

Table 1—Estimates of Intergenerational Persistence in Health - Continued

Study	Sample source	Variable	Estimates
D. Mental Health			
Mazumder (2011)	PSID	Mental Health, young adults	Sibling Correlation All siblings: 0.43 Brothers: 0.22 Sisters: 0.63
Johnston, Schurer, and Shields (2013)	1970 British Cohort Study using followup waves to 2004	Standardized Mental Health Score	Intergenerational correlation, parent-child: 0.19
Bencsik, Halliday, and Mazumder (2023)	UK Household Longitudinal Survey (UKHLS)	Mental Health Index from SF-12	Intergenerational persistence, parent-child: 0.21 Rank-rank, parent-child: 0.17
Bütkofer, Ginja, Karbownik, and Landaud (2024)	Norway Administrative health and social security data	Medically diagnosed mental health conditions based on ICPC-2 classification (code P)	Intergenerational Correlation, Parent-child mental health: 0.05 Extensive margin: 10 pp increase in P(diagnosed) if parent diagnosed
Vera-Toscano and Brown (2021)	HILDA, 2001-19	Mental Health Index from SF-36	Intergenerational persistence, parent-child: 0.21
E. Latent Health Measures			
Halliday, Mazumder, and Wong (2020)	PSID	Latent health model using Self Reported Health Status	Intergenerational Persistence, parent-child: 0.29 Rank-rank slope: 0.29
Halliday, Mazumder, and Wong (2021)	PSID	Convert SRHS to continuous Quality Adjusted Life Year (QALY)	Intergenerational Persistence, parent-child: 0.23 Rank-rank slope: 0.26
Vera-Toscano and Brown (2021)	HILDA 2001-19	Convert SRHS to QALY	Intergenerational persistence, parent-child: 0.20
Bencsik, Halliday, and Mazumder (2023)	UKHLS	Convert SF12 to QALY/HRQoL	Intergenerational Persistence, parent-child: 0.19 Rank-rank slope: 0.17
Graeber (2023)	Germany SOEP	Uses IRT to combine 5 measures of health	Rank-rank slope: 0.23
Anderson (2021)	Denmark Register and Hospitalization data, parents born: 1930-40 children born: 1960-63	First principal component of 18 health measures	Intergenerational Persistence, parent-child: 0.11-0.14 Rank-rank slope: 0.11-0.15 Sibling Correlations: 0.14-0.20 Twin Correlations: 0.34-0.38
Chang, Halliday, Lin, and Mazumder (2024)	Taiwan Register and Health Insurance Claims Data (inpatient and outpatient), parents between the ages of 42 and 82, children born between 1979 and 1981 between the ages of 30 and 41	First principal component of 18 health measures	Intergenerational Persistence, parent-child: 0.28 Rank-rank slope: 0.22

Notes: Selected studies, presented in [order of reference in text/chronological order by year of publication]. Readers are referred to the studies themselves for details.

B. Studies of Intergenerational Transmission of Longevity

One of the fundamental markers of health that is both easily understood, and easily measured, is how long an individual lives. A very long literature has studied intergenerational correlations in lifespan or longevity going all the way back to Beeton and Pearson (1900) who studied the genealogical records of several Quaker families and found correlations in longevity of fathers and sons of about 0.12 to 0.14. Interestingly, despite using unrepresentative samples, the size of these estimates have turned out to be very much in line with many subsequent studies using better quality data. In a recent study, Black et al. (2024) reviewed more than a dozen studies and found that intergenerational correlations in lifespan are generally well below 0.2. In their own analysis, using perhaps the best genealogical data currently available, Black et al. (2024) estimate intergenerational correlations of 0.06 to 0.15. They also estimate sibling correlations to be similarly small and in the range of 0.04 to 0.13.

Of course, while lifespan is certainly a clear and objective measure of health that also overcomes many measurement and lifecycle issues, it has notable limitations. For one thing, it does not address the *quality* of one's health while one is alive. Increasingly, health researchers have been focusing on "healthspan" or the number of years an individual can live free of major health limitations. In addition, intergenerational correlations in longevity are inherently backwards looking since they cannot be measured until after the completed lifespans of two generations of individuals. Therefore, it is a highly lagging measure of mobility in wellbeing and therefore less useful for policy.

C. Intergenerational Persistence in Anthropometric Measures of Health

A different line of research has focused on anthropometric measures such as height and weight, which can be measured relatively early in the life course. The first study of intergenerational persistence in height was by the Victorian era social scientist, Francis Galton, in the late nineteenth century (Galton, 1886). Galton's work gave rise to the statistical method of regression. Galton showed, for example, that the children of tall parents tended to be taller than average themselves but, on average, not as tall as their parents. In other words, there was "regression to the mean." Since then, there have been many studies of intergenerational associations in various anthropometric measures such as height and weight. Here, we review evidence from a few relatively modern studies using large nationally representative samples.

Using the US National Longitudinal Survey of Youth 1979, Akbulut-Yuksel and Kugler (2016) estimates that the intergenerational correlation in height between mothers and their children among non-immigrants is 0.42 when both generations are in late adolescence or early adulthood. The comparable correlations in weight and BMI are 0.46 and 0.39, respectively.[6] For immigrants, the intergenerational

[6]These are estimates that control for child's sex, age and race.

correlations are 0.47 for height, 0.58 for weight, and 0.47 for BMI. Using the same survey data, Classen (2010) estimates the intergenerational correlation in BMI between mothers and their children to be 0.35 with a slightly higher correlation between mothers and daughters (0.38) than mothers and sons (0.32).

Several modern studies have also estimated intergenerational correlations in birth weight. Birth weight is a readily available health measure from administrative birth records and is often used as a marker of early life health. Using California birth records, Currie and Moretti (2007) find that the intergenerational correlation in birth weight between mothers and daughters is 0.2 with no controls and is slightly lower at 0.18 when a set of predetermined controls are added. Using registry data for Norway, Black, Devereux and Salvanes (2007) estimate an intergenerational association of 0.25 between mothers and their first born children. Finally, using administrative data from Florida, Giuntella, La Mattina and Quintana-Domeque (2019) estimate intergenerational associations that differ depending on which parent is used. The association between mothers and children is 0.24 but only 0.15 between fathers and children.

D. Intergenerational Persistence in Risky Behaviors

An alternative approach to measuring intergenerational persistence in health is by examining parent-child correlations in critical health behaviors such as smoking or drinking alcohol. These measures can be thought of as important proxies for health. In a study using an intergenerational sample for the UK based on the British Household Panel Survey, Loureiro, Sanz-de Galdeano and Vuri (2010) estimate probit models using an indicator for whether an adolescent smokes as a function of whether or not their parents smoke. They report coefficients by each parent-child gender combination. The estimates are generally in the 0.3 range but are a bit lower at 0.18 between fathers and daughters. They are highest at 0.31 from mothers to daughters.

Estimating analogous intergenerational associations in drinking using simple indicators is more challenging as there is significant heterogeneity in intergenerational persistence by the amount of drinking (Schmidt and Tauchmann, 2011). In a recent working paper, Alexeev (2020*a*) uses data from Australia and an exponential regression model estimated via Poisson pseudo-maximum likelihood (PPML) in order to estimate intergenerational elasticities. The study finds relatively small elasticities that range from just 0.02 to 0.10 depending on the exact parent-child gender combination.

E. Intergenerational Persistence in Mental Health

In recent years, mental health has emerged as a highly salient aspect of overall health. This is particularly true for younger individuals. It is estimated that one in seven adolescents worldwide experience a mental health disorder (WHO, 2024). Poor mental health is not only a problem in its own right, but can also result in

adverse long-term economic consequences for individuals (Lundborg, Nilsson and Rooth, 2014; Biasi, Dahl and Moser, 2020; Hakulinen et al., 2020).

Some articles have attempted to estimate intergenerational persistence in mental health. Using data from the British Cohort Study, Johnston, Schurer and Shields (2013) find that the intergenerational association between mothers and children is 0.19. Bencsik, Halliday and Mazumder (2023) use an entirely different survey in the UK, the UKHLS and estimate intergenerational persistence in levels and ranks of mental health and obtain estimates of 0.21 and 0.19, respectively. Vera-Toscano and Brown (2021) use the HILDA survey in Australia and estimate an intergenerational persistence parameter of 0.21. Finally, using administrative data for Norway, Bütikofer et al. (2023) find that the probability of a child having a diagnosis of a mental health problem is 9.3 percentage points higher if a parent is similarly diagnosed.

Only one study has examined sibling correlations in mental health. Mazumder (2011) using the PSID for the US finds an estimate of 0.43 when pooling genders. The estimates for brothers is 0.22 but for sisters is much higher at 0.63.

F. Intergenerational Persistence in Measures of Latent Health

All of the previous approaches discussed above have relied on either rough proxies for health (e.g. height) or only certain dimensions of health (e.g. mental health). More recently, a new literature has tried to capture intergenerational persistence in *latent* health by using more broad-based proxies. Halliday, Mazumder and Wong (2021) use the PSID and utilize the commonly used survey question on self-reported health status (SRHS). This questions asks: "Would you say your health in general is excellent, very good, good, fair, or poor?" Halliday, Mazumder and Wong (2021) convert these discrete values into a continuous scale of quality adjusted life years (QALY) based on a previous study. Since the PSID tracks the parents and children for many years, the authors utilize long-time averages of the QALY to proxy for latent health. Using this approach, they estimate that the intergenerational association in health when combining both parents health is 0.23 and that the rank-rank slope is 0.26. Halliday, Mazumder and Wong (2020) use the same PSID data but a very different estimation approach based on a Bayesian latent variable model that does not impose a mapping to the QALY. This alternate approach arguably does a better job in reducing attenuation bias and results in estimates of intergenerational persistence in health in both levels and ranks of 0.29.

Subsequent studies in Australia and the UK have also used this approach of converting SRHS into a continuous measure of health. Vera-Toscano and Brown (2021) find an intergenerational health association of 0.20 for Australia, while Bencsik, Halliday and Mazumder (2023) estimate this parameter to be 0.19 in the UK. Bencsik, Halliday and Mazumder (2023) also find that the rank-rank slope in their health measure is 0.17. Graeber (2023) use 25 years of data from the German SOEP to estimate a latent health measure estimated using item

response theory anchored to earnings data and estimate a rank-rank slope of 0.23.

An entirely different approach to measuring latent health was developed by Andersen (2021) using administrative data on hospital visits for Denmark. The study used principal component analysis (PCA), which combined a range of broad categories of diagnostic codes with a measure of total visits to a general practitioner. Andersen (2021) then used the first principal component as a measure of overall health status for each generation. Estimates of intergenerational persistence using this method ranged from 0.11 to 0.14 depending on the parent-child gender combination. Chang et al. (2024) use a similar approach to estimate intergenerational health persistence in Taiwan and find much higher correlations. For example, their estimate of the intergenerational persistence in the first principal component of health is as high as 0.28 when combining parents and pooling sons and daughters. The rank-rank slope is estimated to be 0.22. Interestingly, they find that if they limit their diagnostic codes to hospital visits only, as is the case in Andersen (2021), they find much lower estimates of intergenerational persistence, highlighting the potential importance of having diagnostic codes from both hospital and non-hospital visits.

G. Emerging Themes

The initial evidence from a number of countries suggests that intergenerational persistence in broad-based measures of health appears to be lower than that for income implying more rapid intergenerational mobility in health than income. What can explain this difference? One hypothesis is that this is wholly due to measurement error in health. The fact that this pattern appears both when using survey data, administrative data and when using more sophisticated modeling techniques (Halliday, Mazumder and Wong, 2020), suggests that this is probably not due to measurement, but perhaps future studies may shed more light on this question. Another explanation could be that the social safety net is weaker in labor markets than for health. This could be due not only to health insurance availability, but also as a result of medical technology and health infrastructure (e.g. clean air and water) that generate more equal outcomes in health. Finally, it could be that health is subject to more idiosyncratic variation than income.

Some other key issues have begun to emerge in this new literature on intergenerational health transmission. First, an important measurement issue concerns when in the lifecycle researchers should measure health. The income mobility literature has highlighted that lifecycle bias is typically minimized by using measurements in mid career (Haider and Solon, 2006). However, this may be due to the fact that the income mobility literature has typically focused on permanent income which is usually some measure of aggregated lifetime income, whereas health is a latent concept that may or may not be best captured by aggregating health over the lifetime. For example, it could be the case that health measured at later ages when chronic diseases are fully manifested could be a better indi-

cator of latent health than health measured at younger ages. All studies thus far have used data for which health in the child generation is not yet available at older ages. Therefore, it remains an open question as to whether estimates of intergenerational persistence are robust to being measured at later ages. Perhaps, even more importantly, we still do not have a good conceptual framework for how to think about the measurement of health over the lifecycle.

Another intriguing question is whether health persistence differs by the gender of parents and children. Chang et al. (2024) found that for Taiwan there was statistically significantly higher transmission of health from mothers, and to sons. Whether such gender differences appear in other countries with different institutions is an interesting topic for future research.

Thus far, studies identifying latent health have relied either on survey data or on administrative data. There may be valid reasons to criticize either approach. Survey based measures may lend themselves to subjective biases while administrative data may be more objective. On the other hand, survey measures can potentially capture dimensions of health that are not captured by healthcare utilization.

Finally, the degree to which intergenerational associations in health are due to genetic versus environmental factors is an interesting area for future research. This is particularly promising given the greater availability of molecular genetic data and advances in statistical methods to identify polygenic scores for health conditions.

IV. Consumption

A. Why Study Intergenerational Consumption Mobility?

Consumption is a natural focus for studies of intergenerational persistence because it enters directly into individuals' utility functions. In many ways, it is a more natural measure of wellbeing than income. Income captures earned resources, but consumption can diverge from income when parents use transfers to insure children against negative shocks, such as job loss or divorce (McGarry, 2016), or when individuals benefit from publicly provided goods like Medicaid-covered healthcare. As a result, consumption is a distinct measure of wellbeing from income that is more closely tied to the goods an individual uses. Moreover, consumption may be especially better than income at capturing wellbeing for lower income households who receive more transfers and who are more elastic in their demand so may find the same items at a lower cost (Meyer and Sullivan, 2003).

A key question in the broader literature studying consumption is how individual and household consumption responds to permanent and transitory income changes. The Permanent Income Hypothesis (PIH) predicts that individuals will smooth their consumption based on their anticipated permanent income, borrowing during low-income periods and saving during high-income periods (Friedman,

1957). As a result, consumption will be smoother over the lifecycle than income and temporary shocks to income will have a limited impact on consumption. Borrowing constraints, incomplete insurance, or present-biased preferences could all make consumption behavior deviate from the predictions of the PIH. Indeed, Jappelli and Pistaferri (2006) study *intra*generational mobility and reject the predictions of the permanent income hypothesis. Individuals do use borrowing, saving, insurance, and intergenerational transfers to smooth consumption, but they usually do not smooth nearly as much as the PIH predicts. As further evidence of the distinction between consumption and income, inequality in these two measures may be trending differently (Attanasio and Pistaferri, 2014). This incomplete smoothing means that measures of intergenerational mobility in consumption will still be prone to lifecycle and attenuation biases, though perhaps to a lesser extent, than mobility in earnings and income.

Despite the close link between consumption and wellbeing, the literature studying intergenerational persistence in consumption is much smaller than the corresponding literature studying intergenerational income mobility. This is largely due to data availability. Nevertheless, improving panel data and access to detailed administrative data on income and assets are creating new opportunities for researchers to study these relationships. In this section, we separately review US and international estimates and summarize the findings in Table 2.

B. Data Sources

Consumption in the United States is almost always measured by researchers using the Consumer Expenditure Survey (CEX) or the PSID.

The CEX is a nationally representative survey of consumer expenditure patterns that has been conducted by the Bureau of Labor Statistics since 1979.[7] The CEX consists of an Interview Survey and Diary Survey. The Interview Survey asks respondents about large capital expenditures and recurring expenses. The Diary Survey asks respondents to record all purchases over a two-week period. Selected households are included in the CEX for four consecutive quarters. The CEX does not have an intergenerational component.

The PSID is one of the most widely used longitudinal household surveys, especially for the study of intergenerational mobility (Mazumder, 2018). Unlike the CEX, the PSID includes intergenerational linkages. Li et al. (2010) review spending questions in the PSID. Most waves of the PSID asked about living expenses like food and housing expenditures, child care, and utilities. Skinner (1987) suggested using a predicted total consumption measure based on the relationship between total consumption and the spending measures available in the PSID in the more detailed CEX data. Additional questions about spending on health care, transportation, and education were added in the 1999 wave. Even more complete spending data started being collected in the 2005 wave, including spending on

[7]See `https://www.bls.gov/opub/hom/cex/home.htm`

clothing, home goods, recreation, etc.

Internationally, researchers have started using detailed population register data on income and assets that is available in countries like Denmark and Sweden to study intergenerational consumption mobility. They infer the value of consumption using the change in wealth in a given time period less any income and returns on investments earned in that period.

C. Measurement Issues

Measuring consumption has many of the same challenges as measuring income, but also poses some additional challenges. An advantage of using consumption is that, to the extent families can smooth it, intergenerational estimates are less sensitive to both the number of components included in an aggregate measure (Mazumder, 2005) and to the age at which consumption is observed, given lifecycle differences in spending patterns (Haider and Solon, 2006).

The main challenge in measuring consumption is driven by the fact that we observe spending, not consumption. Spending may not correspond to consumption levels for a few reasons (Attanasio and Pistaferri, 2016). First, individuals may receive some consumption value from durable goods, like houses, cars, appliances, computers, smartphones, and countless other large purchases, for many years after the purchase date. Second, individuals may pay different prices for the same good. Firms leveraging interpersonal price discrimination will charge lower prices to more elastic consumers. In practice, more cost-sensitive consumers may purchase the same goods as less cost-conscious consumers by waiting for sales, shopping at discount retailers, or buying products second-hand. Relatedly, some consumers will choose to produce goods at home. A home chef who cooks a multi-course dinner from scratch will spend substantially less than a restaurant customer purchasing a comparable dinner. Relatedly, we almost never consider the consumption of public goods, like parks and public schools.

D. US Estimates

Nearly all US intergenerational consumption estimates use the PSID. The early literature relied on the food and housing spending data as proxies for consumption. More recent papers have leveraged the more detailed spending data.

Altonji, Hayashi and Kotlikoff (1992) study intergenerational consumption in order to test a model of full altruism where parents and children make choices based on a single intergenerational budget constraint. They use the food spending data in the 1968 through 1985 waves of the PSID. Rather than directly looking at an intergenerational consumption correlation, they test whether the income elasticity of food consumption remains positive after controlling for a family fixed effect. With full intergenerational smoothing, the income elasticity would equal zero. This would reflect a very high level of consumption persistence. Instead, they find that the income elasticity of food consumption is 0.24 when the family fixed effect is included. This is evidence against perfect consumption smoothing.

Table 2—Estimates of Intergenerational Persistence in Consumption

Study	Sample source	Variable	Years in Parent Average	Estimates
A. American Estimates				
Mulligan (1997)	PSID, 1968–1989	Weighted average of food spending, rent, and home value	Up to 4 years	0.53 to 0.56
Aughinbaugh (2000)	PSID, 1968–1989	Food spending, housing/rent, predicted earnings	Father: Up to 5, Sons: 1	Sum of Food Spending: 0.585 Weighted Food Spending: 0.979
Waldkirch, Ng and Cox (2004)	PSID, 1968–1992	Total Food, Weighted Consumption, Nonfood	10+	Total food: 0.224 Weighted consumption: 0.45 Nonfood: 0.423
Charles et al. (2014)	PSID 2005, 2007, 2009	Total Expenditures, Imputed Consumption, Food	3	Consumption: 0.275 Imputed: 0.120 Food: 0.153
Fisher and Johnson (2023)	PSID, 1968–2017	Imputed Total Consumption	≥3	Ages 14–18 & 31–35: 0.45 Ages 14–18 & 41–45: 0.39
B. International Estimates				
Bruze (2018)	Danish register data linked to Danish Expenditure Survey	Total expenditure index based on registry data instrumented with survey report	15	Elasticity = 0.418 Rank-rank = 0.390
Black et al. (2020)	Swedish data on biological and adoptive parents and children	Rank based on Total Income – Savings	7	Own-birth children: 0.177 Biological parents of adoptees: 0.085 Adopted parents of adoptees: 0.134
Eshaghnia et al. (2022)	Danish register data, Danish Expenditure Survey	Total household consumption	1	Father-child: 0.341 Family-child: 0.426
Zafar (2022)	Indonesian Family Life Survey	Annualized total expenditures based on weekly food spending and monthly other spending	2	Elasticity =0.255, Rank-Rank Slope= 0.317

Notes: Selected studies, presented in chronological order by year of publication. Given consumption data is typically available across multiple years we also include the number of years used in measuring parent consumption, which can reduce the extent of attentuation bias. Readers are referred to the studies themselves for details.

Mulligan (1997) was the first analysis to directly report an intergenerational consumption coefficient between fathers and sons. He uses the intergenerational linkages between parents in the 1968 PSID sample and their children. He measures family consumption using Skinner's (1987) weighted average of food at home, food away from home, rent, and the value of the family's house to predict consumption. Family consumption is measured using the average between 1969 and 1972 for fathers and between 1984 and 1987 for children. His main estimates use individuals in the PSID's Survey Research Center (non-SEO) sample. He finds that the intergenerational correlation between fathers' and sons' consumption is 0.59 with a standard error of 0.04. The analogous intergenerational family income correlation is slightly smaller, 0.52, with a standard error of 0.04.

Aughinbaugh (2000) also uses the imputation procedure proposed by Skinner (1987) to estimate consumption with food spending and housing cost data from the PSID. She tests how sensitive the estimates are to the age when consumption is measured, to how many years are averaged in the consumption measure, and to adjustments for family size. Making no adjustment for family size, she estimates a father-son consumption correlation of about 0.75 with a standard error of 0.11 when sons' consumption is measured in 1984 and fathers' consumption is measured using a single year of data between 1967 and 1971. Using up to a 5-year average for fathers' consumption, increases this estimate by 40% up to 1.05. These estimates are slightly smaller when sons' consumption is measured 5 years later in 1989. However, measuring consumption later in life causes more attenuation when consumption is scaled by household size. These intergenerational consumption correlations are larger than the intergenerational earnings correlation of about 0.4 that Aughinbaugh finds.

Waldkirch, Ng and Cox (2004) report an intergenerational consumption transition matrix and explore mechanisms that drive the intergenerational correlation in consumption. Using the children of parents who were in the initial wave of the PSID, they find similar levels of intergenerational persistence in income and the weighted consumption index that predicts CEX consumption using food spending. Using a structural model, they estimate that the intergenerational consumption correlation is close to equally affected by the intergenerational transmission of income and tastes.

Charles et al. (2014) is the first paper to leverage the improved spending measures in the 2005, 2007, and 2009 waves of the PSID. They measure parent and child consumption using the average consumption levels across these three survey waves. In order to facilitate a comparison with the earlier literature, they show estimates using food expenditures, imputed total expenditure, and measured total expenditure. The intergenerational correlation between total observed consumption, 0.275, is more than twice as large as the intergenerational correlation between total imputed consumption. The correlations remain statistically significant after controlling for the log of both parent and child income.

Attanasio and Pistaferri (2016) also use the more recent PSID spending data to investigate how the intergenerational correlation in consumption compares to the intergenerational correlation in income and find a larger correlation. They measure the intergenerational association between the percentile rank of fathers and their children in their respective cohorts' distribution. They show figures using more non-parametric local linear regressions instead of reporting the estimated elasticity. These figures suggest an intergenerational consumption elasticity of 0.3. In contrast to the earlier literature, they estimate a larger intergenerational elasticity for income, about 0.45, than for consumption.

Fisher and Johnson (2023) contribute to this literature by using the improved PSID consumption data to measure income, consumption, and wealth when children were 14-18 years old for the parent measure and were 31-35 years old or 41-45 years old for the child measure. For both child age ranges, they find that the intergenerational consumption association is smaller than the analogous income association. Measuring outcomes when children were 31-35 years old, they estimate an intergenerational consumption correlation of 0.45 with a standard error of 0.026 and an intergenerational income elasticity of 0.53 with a standard error 0.025. Both associations are slightly smaller when children's outcomes are measured 10 years later. Results are similar regardless of whether they use elasticities or rank-rank associations.

Taken together, the more recent papers using the more complete consumption measures in the PSID suggest that intergenerational consumption persistence is somewhat smaller than intergenerational income persistence in the United States.

E. International Estimates

International estimates of consumption persistence have leveraged improvements in administrative data sources more than the US estimates.

Bruze (2018) studies intergenerational consumption mobility using the cross-sectional Danish Expenditure Survey linked to a Danish population registry. The registry data includes information on income, wealth, housing quality, car ownership, and dental expenditures. In the spirit of Skinner (1987), he generates a predicted consumption measure by regressing self-reported consumption in the expenditure survey on the proxies for consumption in the registry data and demographic controls.

He estimates an intergenerational consumption elasticity of 0.418 when instrumenting a permanent consumption measure with a survey expenditure measure. To generate these measures, he assumes total expenditures and housing quality are measured with error and instruments for these values using a vector of instruments. He uses the regression estimates to impute annual consumption measures that are averaged to create a permanent consumption measure. He also estimates the IGE by instrumenting income with average income by three-digit occupation and gender.This yields an IGE estimate that is about half as large as the intergenerational consumption persistence, at 0.189. One concern is that the instrument

for consumption is quite different than the instrument for income. Taking this difference at face value, he finds intergenerational transfers from parents to children can explain a substantial share of the difference in intergenerational consumption and income persistence.

Black et al. (2020) primarily study the role of nature versus nurture in the intergenerational wealth correlation using register data in Sweden that includes 1.2 million children who grew up with their biological parents and a sample of about 2,600 children who grew up with adoptive parents. Their data includes details about education, earnings, income, and assets. They measure consumption using an approach developed by Koijen, Van Nieuwerburgh and Vestman (2014) where consumption is measured as the difference between money taken in, including income and returns on investments, and money saved in each year. They use a seven-year average of this measure as their main consumption measure. They report intergenerational relationships between several other economic measures, including income and consumption, for comparison with their wealth results.

Using children who grew up with biological parents, Black et al. (2020) estimate an intergeneratonal consumption rank-rank slope of 0.177. This is identical to the earnings rank-rank slope and slightly smaller than the income rank-rank slope estimate of 0.193. Using the sample of adopted children, they are able to document these relationships separately between children and their biological and adoptive parents. The consumption rank-rank slope using adoptive parents, 0.134, is more than 50 percent larger than the analogous estimate using biological parents, 0.085. This suggests that environmental factors play a greater role in this intergenerational relationship than genetic endowment. In this sample, they estimate smaller rank-rank slopes for income and earnings but similarly find that the relationship using adoptive parents is about 50 percent larger.

Like Bruze (2018), Eshaghnia et al. (2022) study intergenerational mobility using Danish register data and the Danish Expenditure Survey. Their main analysis focuses on the 1981 and 1982 birth cohorts in Denmark. Their paper looks broadly at how to best measure intergenerational mobility. As part of this analysis, they estimate the intergenerational consumption elasticity of 0.341 between father's consumption and their children's consumption and of 0.426 between family consumption and children's consumption. They find greater intergenerational persistence in consumption than in wages or income.

Estimates from the developing world are much more limited because of data availability. An exception is Zafar (2022) who uses the Indonesian Family Life Survey to study intergenerational income and consumption mobility in the fourth most populous country in the world. Zafar emphasizes that consumption is a better measure of economic wellbeing in developing countries where many workers work in the informal or agricultural sectors and have less clearly defined incomes. Annual consumption is estimated using annualized weekly food spending and annualized monthly other spending. The parent measures are based on responses in the 1993 and 1997 surveys and the child measure is based on the 2014 survey.

She estimates an intergenerational consumption elasticity of 0.255 and a rank-rank slope of 0.317.

F. Future directions

Research on intergenerational mobility in consumption has grown at a much slower rate than the comparable literature on intergenerational income mobility. The rate of growth has been limited by a paucity of available datasets with high quality intergenerational conusumption measures.

Several newer studies have shown how administrative records on income and assets can be leveraged to create intergenerational panel data on consumption (Bruze, 2018; Black et al., 2020; Eshaghnia et al., 2022). A natural direction for this literature is to continue pursuing new data sources to improve on and replicate the current set of estimates in the literature. For example, finding new ways to use administrative datasets or creating intergenerational linkages in financial account aggregator datasets would both pave the way for new approaches for studying consumption across a wider range of countries (Baker, 2018).

V. Other aspects of wellbeing

A. Why study other aspects of wellbeing?

In this section we survey studies of mobility in some notable other aspects of wellbeing. An outcome can generate intergenerational persistence if it both contributes to wellbeing within each generation and tends to persist across generations. Health and consumption clearly meet these criteria but are not alone.

Figure 3 provides further motivation for this section by showing the coefficients from a regression of overall life satisfaction for HILDA survey participants on satisfaction with various aspects of life. Health satisfaction is predictive of overall life satisfaction, as are some aspects that may in part reflect or influence consumption (housing and finances). But beyond these health and consumption measures, leisure, job quality, safety, and relationship quality all appear to matter too. While illustrative only, this exercise accords with findings from more rigorous studies. For example, Benjamin et al. (2014) explicitly survey people as to their preferences between different bundles of aspects of wellbeing and find high marginal utilities for aspects related to "family [wellbeing, happiness and relationship quality], health, security [financial, physical], values [morality and meaning], freedom [choice, economic], happiness and life satisfaction".

B. Intergenerational persistence in other aspects of wellbeing

Intergenerational persistence in leisure remains understudied given its importance to wellbeing and the attention given to it elsewhere in labor economics. Relative to the literature on consumption mobility there has been perhaps more

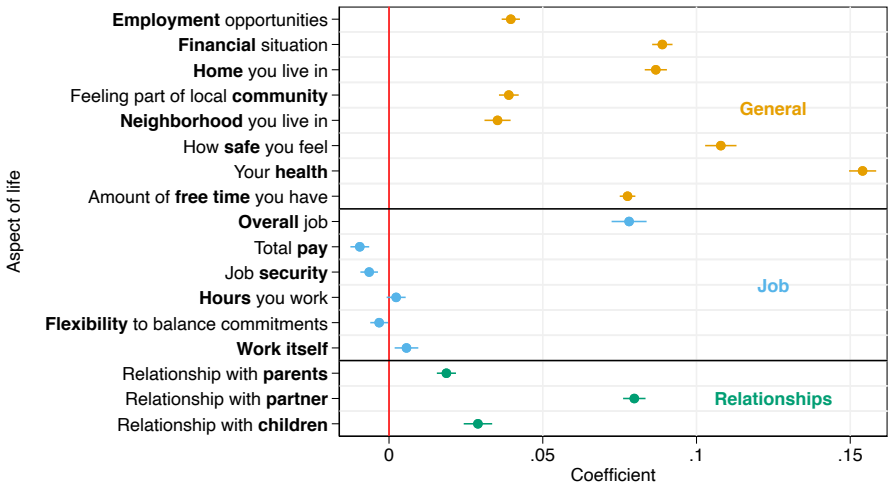

FIGURE 3. ASSOCIATION BETWEEN SATISFACTION WITH ASPECTS OF LIFE AND OVERALL LIFE SATISFACTION

Note: Illustrates the coefficients and 95% confidence intervals from a regression of overall life satisfaction on the stated aspects of life, all measured on a 0-10 scale. Coefficients on aspects of life are only for those for whom the stated aspect is relevant i.e. those with a job for job characteristics or those with a parent, partner or child for those relationships. We also include in the regression a indicator for each state of not having a job, parent, partner or child, as well as individual and age fixed effects. The sample size is 230,601 person-year observations. Based on the Australian panel survey data (HILDA).

emphasis on the role of preferences for leisure, motivated by a desire to understand the role of inherited 'work ethic' in earnings elasticities.

Altonji and Dunn (2000) is an important early study that finds strong correlations in work hours between parents and their offspring, strongest along gender lines. In estimates from a structural model, these correlations are primarily accounted for by similarities in preferences. Despite this inheritance of hours, preferences play little role in earnings elasticities.[8]

[8]Toledo (2009) finds more of a role for hours preferences, though still less than the role played by the persistence in hourly wages across generations.

Table 3—Estimates of Intergenerational Persistence in Other Wellbeing Factors and Influences

Study	Sample source	Variable	Estimates
A. Leisure			
Altonji and Dunn (2000)	National Longitudinal Surveys of Labor Market Experience (US panels, starting in 1960s)	Hours worked	Correlation in hours: 0.228 (father-son); 0.238 (mother-daughter)
Solaz and Wolff (2015)	French Time Use Survey 1998-99	Hours of domestic work	Correlation in hours: 0.160 (parent-child); 0.179 (mother-daughter); 0.126 (father-son)
B. Job Characteristics			
Boar and Lashkari (2021)	Panel Study of Income Dynamics and General Social Survey (US surveys)	Index of intrinsic job quality	Coefficient on log parent income for standardised child intrinsic job quality: 0.39
C. Non-cognitive skills, traits and preferences			
Dohmen et al. (2012)	German Socio-Economic Panel Study (SOEP)	Self-reported risk and trust attitudes	Sum of coefficients on parents' attitudes: 0.32 (risk); 0.4 (trust)
Zumbuehl, Dohmen and Pfann (2021)	German Socio-Economic Panel Study (SOEP)	Self-reported risk and trust attitudes, Big Five personality traits, locus of control	Finds that parental involvement influences level of trait and/or distance from parent
Attanasio, De Paula and Toppeta (2020)	British Cohort Study	Two dimensions of socio-emotional skills (internalizing and externalizing skills)	Correlation in skills: 0.168 (internalizing skill); 0.259 (externlizing skill)
D. Life satisfaction			
Headey, Muffels and Wagner (2014)	German Socio-Economic Panel Study (SOEP)	Subjective wellbeing	Pearson correlations living in parental home: 0.31-0.42 living independently: 0.24-0.27
Kollamparambil (2024)	National Income Dynamics Study (South African panel study)	Subjective wellbeing	Coefficient on parent life satisfaction: 0.34-0.53 (child-mother); 0.30-0.52 (child-father)
Ishii, Jia and Yamamoto (2025)	Japan Household Panel Survey	Subjective wellbeing	Rank-rank slope: 0.25

Notes: Selected studies only, presented in chronological order. Estimates are typically taken from baseline models, readers are referred to the studies themselves for more details.

Studies on the intergenerational transmission of welfare receipt may also complement this line of research on work effort. The literature here has increasingly focused on uncovering the causal effect of welfare receipt. For example, Dahl, Kostøl and Mogstad (2014) finds that the children of Norwegian parents receiving disability insurance after an appeal are more likely to receive disability insurance themselves. These estimates typically uncover a local average treatment effect for marginal welfare recipients. The wellbeing implications of welfare persistence are more ambiguous and dependent on the underlying mechanisms.

Leisure time is of course not purely determined by hours in formal employment. A small number of studies consider the intergenerational transmission of housework hours (Solaz and Wolff, 2015; Gimenez-Nadal, Molina and Zhu, 2018). These fall within a larger suite of studies that consider the intergenerational transmission of preferences with a bearing on gendered outcomes including fertility and female labor force participation (for example, see Fernández and Fogli (2006) and Fernández, Fogli and Olivetti (2004), respectively) .

Another important area of study considers the role of non-monetary job characteristics to worker wellbeing, and the persistence in these. To explore this, Boar and Lashkari (2021) create a measure of intrinsic job quality capturing factors such as respect, autonomy, opportunities, and risks. They show that children from higher income families choose higher quality jobs, with 10% increase in parental income translating to a 3.9% standard deviation increase in job quality. Based on calibration of a structural model, the authors argue that this is primarily driven by an 'affordability channel': higher income parents can make larger monetary transfers to their children, which allows those children to choose higher quality jobs (at lower pay). Further, they find that the rank-rank slope between parental endowment and compensated earnings of the child is up to 35% larger than that between parental endowment and the realized earnings of the child. Relatedly, Maestas et al. (2023) show that measured income inequality increases when the value of job amenities is taken into account.

The economics literature on intergenerational mobility has not focused on safety as an outcome in its own right. Exposure to crime has instead been examined as a potential mechanism behind observed mobility (or lack of it) in income (see for example Sharkey and Torrats-Espinosa (2017)). However, Dustmann and Fasani (2016) show that exposure to local area crime has a sizeable direct effect on mental health, with the distress caused by a one SD increase in local crime 2–4 times larger than that caused by a 1 SD decrease in local employment. Persistence in exposure to local area crime across generations could lead to safety being an important component in the intergenerational persistence of general wellbeing.

There are also studies looking at the intergenerational transmission of relationship behaviors and outcomes. Children whose parents separate are more likely to separate themselves (Amato, 1996) and children also replicate the marital patterns of their parents more generally (Wolfinger, 2000). This transmission could reflect the inheritance of economic hardship, relationship traits and behaviors,

and commitment (Kamp Dush et al., 2018). More specific relational outcomes, such as the perpetration of and exposure to intimate partner violence, have also been examined through an intergenerational lens (Pollak, 2004).

Finally, an increasing number of studies are considering persistence in attitudes, personality, and skills. It is perhaps a little unclear as to whether these should be considered a component of wellbeing or merely a potential transmission mechanism. However, we survey them here given their potential importance and the growing literature. As one indication of the potential importance of such factors, Layard et al. (2014) find childhood emotional health and childhood conduct to be more important than intellectual development in explaining adult life satisfaction. Consistent with this, among adult outcomes, physical and mental health were found to have a greater influence on life satisfaction than adult incomes.

Dohmen et al. (2012) examine the transmission of risk and trust attitudes. They find that raising both parents' willingness to take risks by one standard deviation raises children's willingness to take risks by 0.32 standard deviations. For trust, they find a still larger correlation of 0.40. The authors provide evidence that socialization is an important mechanism (beyond any genetic inheritance), with mothers' attitudes more important than fathers', and regional attitudes also exerting an influence. Finally, they show that risk and trust attitudes correlate with important economic outcomes—investments in risky assets, occupational choice and social network size. Intergenerational transmission of earnings risk, in particular, has been examined in more detail by Halvorsen, Ozkan and Salgado (2022). Zumbuehl, Dohmen and Pfann (2021) examine the transmission of other characteristics such as the Big Five personality traits and locus of control. This work has affirmed that more parental involvement is associated with greater similarity where traits are ambiguous, and with higher levels of traits that are more unambiguously positive. Attanasio, De Paula and Toppeta (2020) examine the transmission of socio-emotional skills, again observing stronger transmission from mothers to their children.

These studies of attitudes, personality and skills face some distinct challenges relative to the income mobility literature. One is measuring these factors in ways that enable comparisons between individuals within and between generations.[9] Another consideration is reverse causality. As noted earlier in this chapter the influence of children on their parents may well be of interest, but if not then measuring these traits prior to parenthood is advisable. Finally, idiosyncratic and systematic sources of measurement error should be considered, especially since researchers are often more limited in the available data. These factors may be self-reported, reported by others (such as parents or teachers), and available only at particular points in time.

[9]See for example the discussion in Attanasio, De Paula and Toppeta (2020) and their application of the tests outlined in Wu and Estabrook (2016)

VI. Towards a more holistic view of mobility in wellbeing

The proliferation of mobility studies into the many different aspects of wellbeing, while all of interest, can run the risk of *narrowing* our focus. To help place results in context there have been attempts to use findings on particular aspects of wellbeing to generate genuinely broader measures of mobility.

One approach to expanding existing income mobility measures is to assign a monetary value to a previously neglected aspect of wellbeing. For example: Alexeev (2020*b*) finds increased persistence in incomes after adding imputed rent as a source of income; Halliday, Mazumder and Wong (2021) find higher persistence in a monetary measure incorporating income and health than in either alone; and Boar and Lashkari (2021) find higher persistence in earnings after accounting for non-monetary job characteristics. This approach is well suited to examine the impact of a more holistic measure of mobility at the margin, acknowledging that individuals often will trade off income for imputed rent, better health or a better job (to take the earlier examples).

An alternative approach would be to build on existing literature that attempts to directly measure wellbeing. This includes the large literature on 'happiness' (Frey and Stutzer, 2002) and more recent attempts to construct wellbeing indices (Benjamin et al., 2014). Here the idea would be more ambitious: to build a picture of what matters for wellbeing in general, and then explore mobility in this measure of wellbeing and its constituent parts.

A small number of studies have examined mobility in measures of subjective wellbeing (Table 3, Panel D). A barrier to the earliest studies was the lack of panels long enough to generate comparable measures for parent and child generations. In addition, researchers are not able to draw on retrospective questions as they can for some more objective outcomes such as mobility in education or occupation.[10] Many early papers thus focused on contemporaneous measures for parents and co-resident children, typically at young ages (for example, Casas et al. (2008)), when interaction and shared environmental effects may be greatest. This has begun to change as panel surveys have matured. Headey, Muffels and Wagner (2014) is an early contribution in this regard, presenting Pearson correlations in subjective wellbeing for parents and their children ranging from 0.31-0.42 for those living in the parental home to a slightly lower 0.24-0.27 for those living independently.

In recent contributions, issues around lifecycle bias and the relation to other mobility measures have been explored. Kollamparambil (2024) finds persistence in subjective wellbeing in South Africa that, while substantial, is nonetheless lower than persistence in earnings. Ishii, Jia and Yamamoto (2025) follow methods to account for lifecycle patterns in subjective wellbeing from earlier papers in health mobility (namely Halliday, Mazumder and Wong (2020)) by first regressing their

[10]Surveys do not ask about parental happiness or wellbeing when a child was growing up, while they often do ask about their education, occupation or labour market experiences. Any retrospective questions about these subjective wellbeing measures would likely be subject to significant recall bias and general measurement error.

wellbeing measure on a fourth-order polynomial of age, along with sex, marital status, and region of residence and then taking the average residuals as a proxy for lifetime wellbeing. They find a rank-rank slope of 0.25 in Japan, which they note indicates more mobility in wellbeing than income, though slightly less than for general and mental health (where they find rank-rank slopes of 0.22 and 0.13, respectively).

To illustrate the potential for further work, we now examine intergenerational mobility in self-reported life satisfaction for a set of 6 countries with large-sample, long-running household panel surveys. Drawing on the Comparative Panel File (Turek, Kalmijn and Leopold, 2021), we measure subjective wellbeing as stated life satisfaction and average it over all years it is observed for children (aged 25-54 years) and their parents (aged 25-70 years). More details of the data and variable construction are in Appendix C.

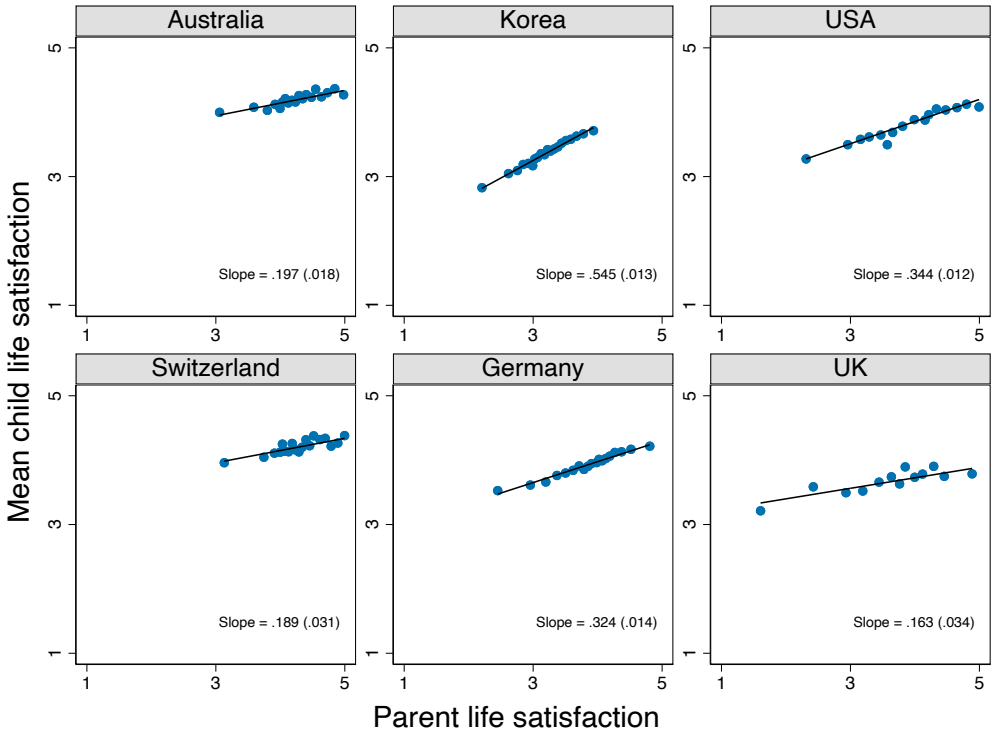

FIGURE 4. INTERGENERATIONAL MOBILITY IN LIFE SATISFACTION ACROSS 6 COUNTRIES

Note: Notes: Shows the average child life satisfaction for each ventile of the parent life satisfaction distribution. Child life satisfaction is the average of all observations between 25-54 years olds of age (on average we observe 7.3 years at an average age of 31.4); parent life satisfaction is the average of all observations between 25-70 years of age (on average we observe 22.6 years at an average age of 54.7).

Figure 4 shows the observed relationship between parent and child life satisfaction, with average child life satisfaction shown for each ventile of the parent life satisfaction distribution. Across all 6 countries, there is a clear and relatively linear relationship between parent and child life satisfaction. This linearity is in contrast to the marked nonlinearity in mobility of log incomes that frequently motivates the study of income ranks (Deutscher and Mazumder, 2023). There is also clear variation in intergenerational mobility in wellbeing across countries. Countries differ in the average level and inequality in wellbeing in both generations, but also in the persistence between the generations.[11] Korea has stronger persistence, followed by the United States and Germany, with the United Kingdom, Australia and Switzerland being the most mobile of those countries examined. The same broad pattern is observed if instead examining the rank-rank slope in subjective wellbeing (Appendix Figure B1).

Intergenerational persistence in wellbeing appears to be only partly explained by persistence in income and health. In Figure 5, we show the persistence in wellbeing before and after controlling for income and self-reported health status in both generations. The slope falls with the addition of each, but remains meaningful in size and statistically significant. The full regression results are available in Appendix Table A1 and are relatively intuitive. Unsurprisingly, child income and health are associated with higher levels of subjective wellbeing conditional on parent wellbeing. Parent income is, if anything, negatively associated with child wellbeing once child income is controlled for, and parent health has no significant association with child wellbeing. A full examination of the robustness of these results is beyond the scope of this handbook chapter. To explore this further would require a more detailed examination and consistent treatment of potential lifecycle and attenuation bias in these measures, and their comparability across individuals.

VII. Discussion

This chapter highlights how broadening the study of intergenerational mobility beyond income to health, consumption, and life satisfaction can provide new insights into the persistence of wellbeing across generations. While income has traditionally dominated mobility research, the evidence surveyed here demonstrates that health and consumption are both theoretically central to welfare and empirically distinct from income. In particular, intergenerational health persistence appears to be weaker than income persistence, possibly reflecting stronger societal safety nets or more idiosyncratic shocks, while consumption persistence aligns more closely with income but brings to the fore the importance of transfers, insurance, and smoothing across generations. Life satisfaction, as a direct measure of subjective wellbeing, captures yet another dimension, suggesting that

[11] Some differences, such as the differences in inequality, may reflect differences in the underlying data. For example, the United Kingdom has the least average number observations for parents, which likely contributes to the greater spread in measured life satisfaction. More details are in Appendix C.

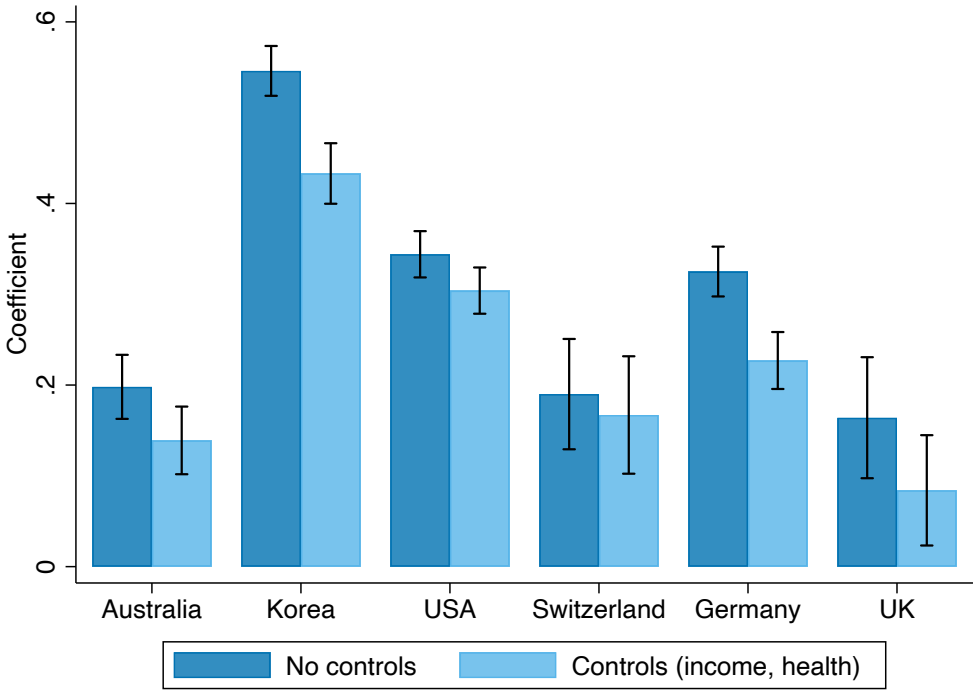

FIGURE 5. EXPLAINING PERSISTENCE IN LIFE SATISFACTION

Note: Shows the slope coefficient from a regression of child wellbeing on parent wellbeing, with and without controls. Subjective wellbeing is self-reported life satisfaction on 1-5 scale. Control variables include: child and parent health (self-reported health on a 1-5 scale); child and parent income (the natural logarithm of net household income); and indicator variables for instances where the variable is missing. Full regression results are in Appendix Table A1. Complete descriptions of the underlying data and variables can be found in Appendix C.

standard economic indicators alone may understate the extent of intergenerational transmission of advantage or disadvantage.

Looking ahead, the literature on mobility in wellbeing still faces conceptual and empirical challenges. Measurement issues remain central: health is multi-faceted and difficult to measure, consumption requires data rarely observed across generations, and life satisfaction is inherently subjective. At the same time, expanding administrative and survey datasets are creating opportunities to address these gaps, particularly through the linkage of new intergenerational panels. Ultimately, the evidence surveyed here emphasizes that mobility research should not be narrowly focused on earnings, but should instead adopt a broader approach that reflects the multiple dimensions of wellbeing that persist across generations.

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Appendix A: Additional Tables

Table A1—Intergenerational persistence in subjective wellbeing

	Australia		Korea		United States		Switzerland		Germany		United Kingdom	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Parent wellbeing	0.20	0.14	0.46	0.37	0.33	0.29	0.19	0.16	0.31	0.22	0.16	0.09
	(0.02)	(0.02)	(0.01)	(0.02)	(0.01)	(0.01)	(0.03)	(0.03)	(0.01)	(0.02)	(0.03)	(0.03)
Child health		0.27		0.20		0.25		0.32		0.38		0.31
		(0.01)		(0.01)		(0.01)		(0.03)		(0.01)		(0.04)
Parent health		-0.01		-0.02		-0.02		-0.02		-0.01		0.01
		(0.01)		(0.01)		(0.01)		(0.04)		(0.01)		(0.03)
Child log income		0.08		0.21		0.14		0.06		0.11		0.10
		(0.02)		(0.01)		(0.01)		(0.02)		(0.01)		(0.05)
Parent log income		0.00		-0.05		-0.08		-0.03		-0.04		0.05
		(0.02)		(0.00)		(0.01)		(0.03)		(0.01)		(0.05)
Constant	3.36	1.71	1.85	0.16	2.53	1.19	3.39	1.96	2.74	0.93	3.08	0.96
	(0.08)	(0.20)	(0.05)	(0.09)	(0.05)	(0.13)	(0.13)	(0.36)	(0.06)	(0.16)	(0.13)	(0.43)
N	4,526	4,526	6,690	6,690	7,073	7,073	1,644	1,644	7,253	7,253	637	637

Notes: Results from regressions of child subjective wellbeing on parent subjective wellbeing, with and without controls. Subjective wellbeing is self-reported life satisfaction on 1-5 scale. Control variables include those shown (self-reported health on a 1-5 scale; the natural logarithm of net household income), as well as indicator variables for instances where the variable is missing. Complete descriptions of the underlying data and variables can be found in Appendix .

Appendix B: Additional Figures

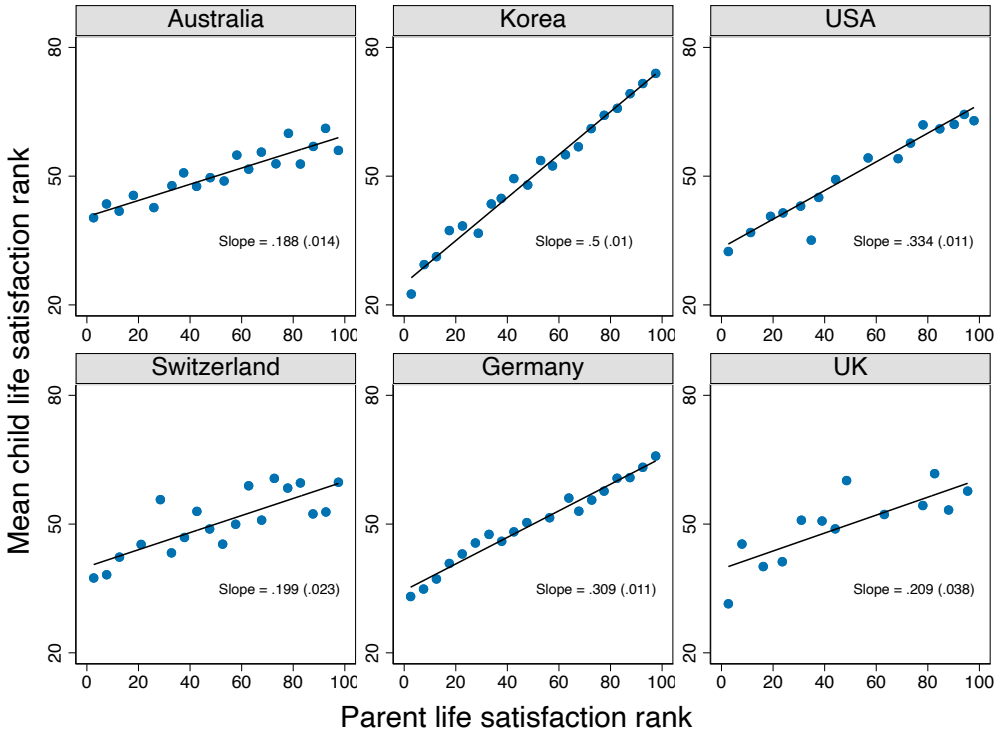

Figure B1. Intergenerational mobility in life satisfaction ranks across 6 countries

Note: Notes: Shows the average child life satisfaction percentile rank for each ventile of the parent life satisfaction rank distribution. Child life satisfaction is the average of all observations between 25-54 years olds of age (on average we observe 7.3 years at an average age of 31.4); parent life satisfaction is the average of all observations between 25-70 years of age (on average we observe 22.6 years at an average age of 54.7).

Appendix C: Analysis of intergenerational mobility in life satisfaction

This chapter includes some illustrative exercises using the Comparative Panel File (CPF) (Turek, Kalmijn and Leopold (2021)). The CPF provides open-source code to build consistent datasets from the world's largest and longest-running household panel surveys. We focus on the six countries for which parents and children can be consistently linked over time: Australia, Korea, the United States of America, Switzerland, Germany, and the United Kingdom. We use the following outcome variables:

- **Subjective wellbeing**: overall life satisfaction, recoded to a consistent 5-point scale (with higher levels indicating more satisfaction).
- **Household income**: net adjusted household disposable income, after taxes and transfers, converted to real local currency.
- **Self-rated health**: self-rated health status, coded using a 5-point scale (with higher levels indicating better health).

We average all observed outcomes for each parent (over ages 25-70) and child (over ages 25-54). We further average parent outcomes over both parents, where they are both observed, and take the natural logarithm of household income. Befitting this illustrative exercise this is a deliberately simple approach, and any dedicated analysis of mobility in these outcomes more attention would need to be paid to how lifecycle and attenuation bias might play out in each country for each outcome, and hence how best to proxy for the target outcome. In Table C1 we provide some basic summary statistics.

Table C1—Survey counts, levels, years of observation and average ages at observation for subjective wellbeing

Country	N	Average level		Years observed		Average age	
		Child	Parents	Child	Parents	Child	Parents
Australia	4,526	4.2	4.2	7.6	27.3	30.1	53.6
Korea	6,690	3.4	3.2	9.3	31.5	31.6	55.3
USA	6,899	3.8	3.8	4.0	7.1	33.3	57.2
Switzerland	1,642	4.2	4.3	6.0	23.7	28.9	53.5
Germany	7,252	3.9	3.8	8.8	31.2	29.9	52.9
UK	636	3.7	3.7	7.8	6.0	31.7	53.2
Total	27,645	3.8	3.8	7.4	23.6	31.2	54.7

Notes: for children linked to parents in the Comparative Panel Files and observed over ages 25-54 and 25-70 respectively, shows the number with nonmissing child and parent subjective wellbeing, the average level, number of years observed and average age at observation. For parents we sum the number of years of observed across parents and average their average age at observation. Country surveys differ in how long and how frequently subjective wellbeing has been asked of participants.