



Health and Retirement Study

Winter 2004 Participant Newsletter

Letter from the Director

The HRS interviewers are looking forward to seeing you again sometime this year. Our 2004 survey begins this February. Interviewers will also meet new people recently chosen to represent the Baby Boom generation. They were born in the years from 1948 to 1953.

We can now provide researchers and policymakers unique long-term information about the lives and needs of people over 50 in the United States. We have over ten years of data covering a multitude of subjects such as: economic status, health insurance coverage, health status, work history, retirement plans, and family support. Over 700 research articles have been published using HRS data. Several recent ones are summarized in this newsletter.

Some of our HRS participants received surveys in the mail last fall. We really appreciate the efforts of all who completed those surveys. We continued with a follow-up survey to a group of HRS participants whom we asked before about how they spend their time and money. We also did a study on Internet use. Those data are being prepared now from the returned surveys.

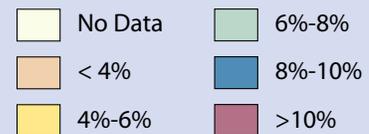
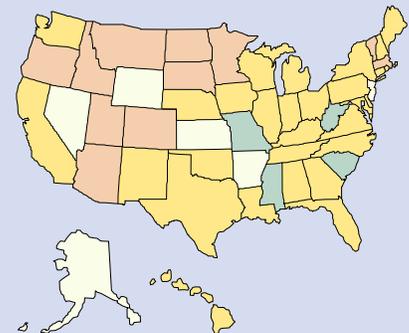
We continuously work to improve the HRS. Understanding the impact of diabetes on people over 50 is one of our new frontiers. The two maps to the right show the rapid increase of people with diabetes in the past 11 years. We also surveyed participants with diabetes last fall. The participants in that survey put time and effort into helping us understand the effects diabetes has on their lives. Thanks to all of you who gave us this valuable information. We will continue to update you as we learn more about diabetes.

We look forward to seeing you this year!

Robert J. Willis Ph.D.
Director, The Health and Retirement Study

Diabetes in the Population of the United States 1990 & 2001

1990



2001

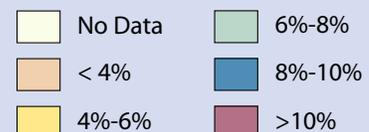
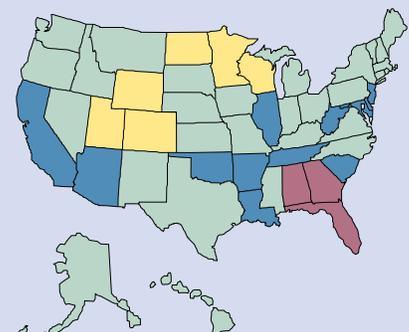
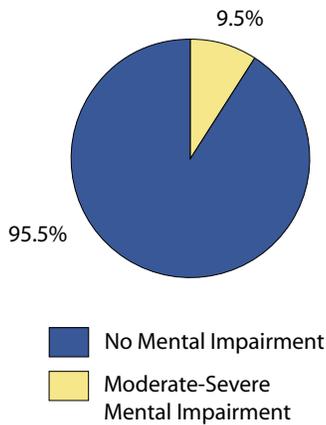


Chart 1 - People Over 70 in the United States 1993-1997



We Will Be Contacting You Soon

The staff at the HRS has worked hard to prepare the 2004 survey. They reviewed all the questions and will ask you only what is necessary to get the important information researchers and policymakers are using. We appreciate the time you take for us, and want to make the survey as easy for you as possible.

Protecting Your Privacy is Our Priority

We never release data to users, including Congress, Medicare, and Social Security, by which you could be individually identified. The HRS staff goes to great lengths to protect your privacy and confidentiality.

Mental Abilities as People Age

Cognition is a general term for the mental abilities to think, learn, and remember. We have been asking questions about cognition and testing it in our surveys. Cognition researchers analyzed the HRS data from people over 70 surveyed from 1993-1997. Some interesting patterns of changes in cognition appeared.

In total, less than 1 out of 10 people over 70 years of age had moderate to severe changes in their mental abilities (See Chart 1). But, the researchers also discovered a pattern of cognition problems that differed with age.

They found that some degree of mental impairment was more likely in people as they got older. For example, in 70-74 year olds, 4% had from moderate to severe mental impairment compared to 35% of people 90 years of age and older. Their results may help policymakers plan for future needs of those with cognition problems. ♦

Summarized from “Life Expectancy with Cognitive Impairment in the Older Population of the United States,” Kristen Suthers, Jung Ki Kim, and Eileen Crimmins. *Journal of Gerontology: Social Sciences*, Vol. 58B, No. 3 S179-S186, 2003.

The Health-Wealth Connection Using the HRS

Economists analyzed HRS data from participants 70 years and older from 1993–1995, to learn if a new health problem or chronic condition created “wealth depletion.” They defined wealth depletion as a 10% loss or more of total wealth between 1994 and 1996. They studied married and single people to see if they were affected differently.

Here are some important findings:

1. The wealth of single people was significantly depleted by chronic health conditions. This depletion may be due somewhat to continuous and high medication costs.
2. Married couples’ wealth was depleted by 10% or more when husbands developed a new health problem.
3. Aside from Medicare, additional health insurance (like Medigap policies) helped maintain the financial security of married couples, but didn’t significantly help single people.

Many studies have looked at how wealth affects health; fewer studies, like this one, have analyzed how health affects wealth. ♦

Summarized from “An Examination of the Impact of Health on Wealth Depletion in Elderly Individuals,” Jinkook Lee and Hyungsoo Kim. *Journal of Gerontology: Social Sciences*, Vol. 58, No. 2, S120-S126, 2003.

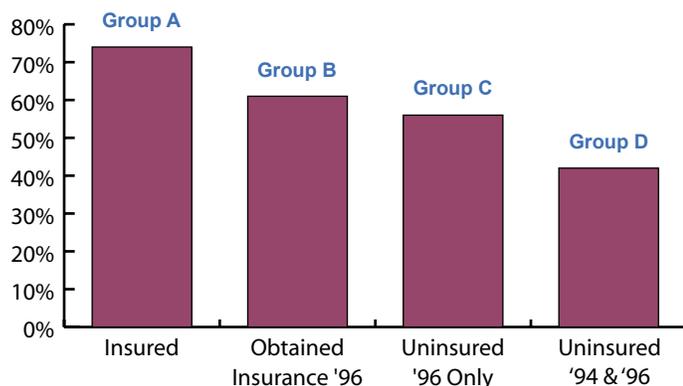
A New Problem Discovered When Health Insurance Coverage is Lost

Past academic research has shown that when health insurance coverage is lost a person's use of preventive health-screening services goes down. Yet, a person's mortality risk decreases from 20%-60% when receiving routine health-screening for cholesterol levels, mammography, Pap smears, prostate exams and getting a flu shot. Recently, researchers using HRS data have further found that losing coverage decreases use of preventive health-screening even when the insurance coverage is restored. These researchers concluded that the instability of the insurance coverage interferes with an individual's pattern of using these important health care services routinely.

To see an example of how the pattern of using preventive health-screening changes look at the difference between Group A and Group B in Chart 2 below. In this example, researchers looked at those who got a cholesterol test over a two-year period. They compared:

- Insured people
- Those who got insurance coverage in 1996 after having lost coverage
- Those uninsured only in 1996
- Those uninsured in both 1994 and 1996

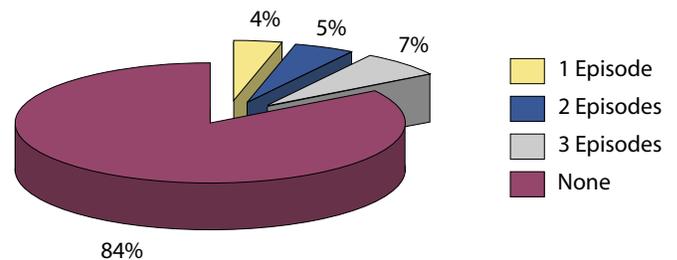
Chart 2 - Percent Who Obtained Cholesterol Test from 1994-1996



Although Group B had insurance at the time, because they had lost it recently fewer people in the group got the cholesterol screening. And again this research shows that fewer people use preventative health-screening when they have no insurance, such as Group C and D.

Overall, these researchers found that the use of preventive health-screening services was about 15% less for those who lost health insurance coverage, but then got coverage again.

Chart 3 - Number of Episodes Without Insurance Coverage from 1992-1996



The researchers also discovered that more people in the HRS study lost their health insurance between 1992 and 1996 (than they would have estimated when using the number of people uninsured in 1992) – 40% more; some of those people lost their insurance more than once (See Chart 3 above). At least 7% of these HRS participants lost their insurance three times over a four-year period.

Sudano and Baker state, “Because both individuals who are continuously uninsured and those who experience intermittent periods of noncoverage are at higher risk for underuse of clinical preventative services... policy initiatives are needed to promote stability in insurance coverage.” ♦

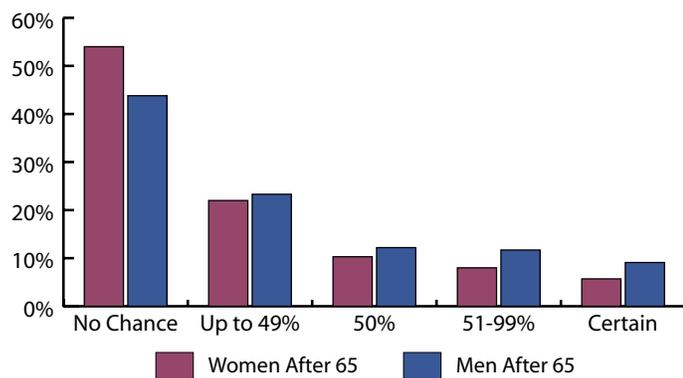
Summarized from “Intermittent Lack of Health Insurance Coverage And Use of Preventive Services,” Joseph J. Sudano Jr., PhD, and David W. Baker, MD MPH. *American Journal of Public Health*, Vol. 93, No. 1, Jan. 2003.

The Chances of Working Past Age 65

Participants in the HRS are asked (only if they are still working) what they think their chances are of working after age 65. See in Chart 4 how those who were taking part in the survey between the ages of 51-60 in 1992 answered these questions from 1992-1998. Researchers discovered that the predicted time of retirement was usually accurate. ♦

Summarized from “Do Changes in Pension Incentives Affect Retirement? A Longitudinal Study of Subjective Retirement Expectations.” Sewin Chan and Ann Huff Stevens. *Journal of Public Economics*, in press 2003.

Chart 4 - Predicted Percent Chance of Working After Age 65



HRS researchers are currently evaluating the changing economic times and its effects on working later in life.

Research in Progress - Family History Influence on The Helping Behaviors of Adult Children

Two HRS researchers, John Henretta PhD, and Beth Soldo PhD, have been analyzing the help unmarried mothers receive with daily living activities. Among other things, they are looking at:

- Who in a family gives help to older mothers?
- What motivates adult children to provide such help?
- Do families differ in their sense of obligation to each other?

In one area, these researchers are looking at data from adult children who are part of extended families with strong traditions of helping one another. Will these adult children be more likely to assist their own elderly mothers than children who do not have a family tradition of helping one another? They hope to broaden their research to examine how such histories of assistance for each other, that link three and four generations within a family, encourage similar behaviors in later generations. So far, HRS data show that, after taking into consideration the mother's health and family size, adult daughters are more likely than sons to help unmarried mothers with basic activities. African-Americans are more likely to help than whites or Hispanics. As mothers age and their health declines, children provide more intense help, more often. Finally, researchers learned that mothers who received family support when they were young have adult children who are far more likely to help. “This finding suggests that a pattern of family members helping each other continues from one generation to the next.” ♦

For more information, feel free to:

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Visit the HRS Participant Website at:

<http://hrsparticipants.isr.umich.edu>

If you move please send us your new address.

Our Sponsors

Primary support for the HRS comes from the National Institute on Aging at the National Institutes of Health, with additional support from the Social Security Administration.