



# Health and Retirement Study

Summer 2005 Participant Newsletter

## Letter from the Director

Dear Health and Retirement Study Participant:

We were proud to hold a Congressional briefing July 14, 2004, to present vital information from research using the Health and Retirement Study data. Our presentation, “Growing Old in an Aging America: The Health and Retirement Study’s Window into the Future,” featured researchers specializing in areas such as economics, sociology, and medicine. Your participation in our study allows us to keep policymakers informed with up-to-date information about people aged 50 and over in the U. S.

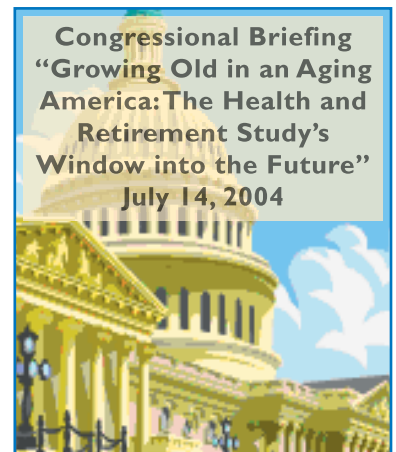
The presentations covered topics outlining the many challenges facing our aging society. As people live longer and have fewer children, a larger portion of the population is older than in past generations. This is why we refer to “our aging society.” Currently there are over three workers per retiree and those numbers will go down to close to two workers per retiree in 2030. When the baby boom generation will be fully retired, this phenomenon will still exist. Aging is a fundamental change in our society which will have a lasting impact on economic and health policies.

At the briefing, we discussed forecasts of the retirement decisions working people will have to make, such as when they might decide to retire, transitions from work to retirement, and working part-time before retiring completely. We also talked about how people are saving for retirement and other ways people expect to pay for retirement. We know a greater number of older people will be using programs such as Social Security and Medicare, while fewer younger workers will be paying into the programs. Congress is looking at solutions to these problems.

Current retirees are also followed by the Health and Retirement Study. We reported that by age 69, about 82 percent of people are retired from their main job, but about 10 percent of those are still doing some work. Retirees don’t necessarily go from 40 hours a week to zero. There are many people who make more gradual transitions. Two other crucial topics we covered were the importance of family as we age and the impact of aging and diseases like Alzheimer’s on family caregivers. This newsletter will give you insight into research using the Health and Retirement Study data. Thank you again for sharing your valuable time and information with us during the recent survey.

Sincerely,

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



## Recent Research on Caregivers

Caregiving for family concerns more and more of our study participants. Researchers are looking at the costs of caregiving emotionally, physically, and financially. As one researcher summarized, “there are many kinds of caregiving and some of it is even given at a distance with phone calls.” Some caregiving is done by family, close friends, or by formal help. Researchers are looking at the various kinds of caregiving, what problems caregivers face, and what costs are associated with increases in caregiving. Following is a summary of three recent papers.

### Study of Caregiver Stress

Caregiver and noncaregiver stress in families with a severely disabled parent was assessed in a research study using the HRS 1992 survey of men and women born between 1931 and 1941. One unexpected finding in this study, focusing on severe parental care needs, reported that noncaregiving siblings may have had an increase in depressive symptoms when they were not providing direct care of their severely disabled parent. In these families, another of the siblings was providing the direct caretaking for the disabled parent. However, the direct caregivers studied showed the level of stressors you would expect with the responsibilities of caring for any level of disabled person. Furthermore, although the parent had a more severe disability, these caregivers did not show increased depressive symptoms related to the severity of the disability of the parent, but the noncaretaking brothers and sisters had a significant increase.

(Summary based on Amirkhanyan and Wolf, *The Gerontologist*, Vol. 43, No. 6, 2003.)

### Costs and Time Spent on Home Care

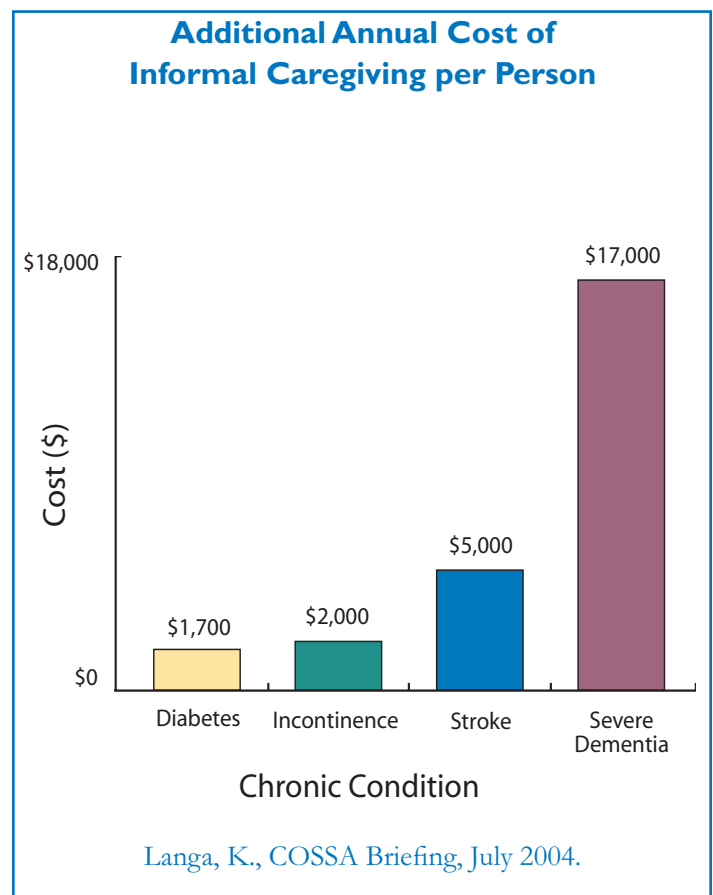
Two research teams examined the cost of paying for care in the home, and the time that family members spent providing unpaid care. The first team looked at how the amount of care related to the amount of disability of the person receiving the care. They found that there was a close relationship between the amount of need for care and the amount of care provided. Then they looked at how the amount of care changed over time to see whether it was related to changes in the need for care. What they found was that if the need for care went up over time, so did

the amount of care provided. But when the need for care declined there was not always a matching decline in the amount of care provided. The researchers wondered if this was due to a family and/or agency pattern of having once established home care not reassessing the need for care with a predictable pattern; therefore, it was not decreased as the person’s ability to shop, clean house, or cook returned.

(For full article see Freedman et al., *Journal of Gerontology: Soc Sci*, Vol. 59B, 2004.)

The second research team looked at caregiving that family caregivers spend providing help for disabilities related to a number of different chronic health conditions, such as diabetes, urinary incontinence, stroke, and dementia (see figure). Severe dementia resulted in the greatest caregiving burden, with an estimated additional yearly cost of more than \$17,000. While stroke, incontinence, and diabetes also resulted in significant caregiver time and cost, the time spent providing care for these important conditions was significantly less than that required for severe dementia. ♦

(Based on Langa, K., COSSA Briefing, July 2004.)



## We Appreciate You

The information in this newsletter is possible because of participants like you. You have been kind enough to share your time and personal information with our interviewers over the years so that we can provide data to researchers for studies like these.

## Thank You for Returning Our HRS Questionnaire

After the regular interview in 2004-2005, many of our HRS participants were asked to complete a short questionnaire in order to collect some additional thoughts and opinions on people's lifestyle, work, and health behaviors. We are pleased with how many of you completed and returned the questionnaire and would like to express our sincere thanks for your prompt attention to this important part of the study. Your contribution is important and we look forward to your continued interest and participation in this nationally recognized study.

## Questions Frequently Asked by Health and Retirement Study Participants

### *How was I chosen to be in this study?*

You may know that we need not study every single person in a group to discover valid information about the whole group. We can take a sample of people from the group to study, but it must be a large enough sample and the people must be chosen completely at random for the information to be significant.

At the Health and Retirement Study we have researchers whose job it is to calculate how many people we need to study and how to choose them at random so that our study information is significant. You were chosen at random to represent yourself and people like you in the U.S. population. Your participation is important because we need a large enough number of randomly selected people to answer the survey over time to get meaningful results.

### *Why do you keep coming back?*

You would be surprised how important your continued participation is in the Health and Retirement Study. An economist at MIT, James Poterba, used our data recently in a study and stated in a journal article, "The HRS is a longitudinal study that provides the most complete source of information on the earnings history and the balance sheet of US households around retirement age." A longitudinal study is a study done of the same people over time. HRS is the only study of its kind – studying the population of the United States aged 50 and older as they go through the various stages of life. As the Director said in his letter, this study provides very significant information so improvements can be made in policies as our society changes.

You may have specific concerns about caring for an aging loved one, Medicare coverage, Social Security, or retirement. Answering our survey questions is one way you contribute to solving the problems we all are facing. (Continued on page 4.)

## National Hotline Directory Insert

Based on suggestions from our HRS participants and interviewers, we have enclosed a flier which contains information on a few of the national service agencies. This list should not be considered a complete list of all community service agencies nor an endorsement of them, but we do hope you will find it to be a helpful resource.

### ***Identity theft worries me, how does the Health and Retirement Study staff protect the information I give you?***

Our building and all of our computer systems have a high level of security. We are audited for our data protection. No one has ever breached our data security system.

We never release any information to anyone by which you could be identified. We do not release data to Congress, Medicare, or Social Security by which you could be identified. We value your participation and go to great lengths to protect the information you give us.

### ***How will you contact me if I move?***

Please send your new address to us at the address on the bottom of this page of the newsletter or contact us via e-mail or by phone.

In addition to sending you this periodic newsletter, we may also send you a short questionnaire in the mail sometime in the two-year period between full surveys. We also like to keep your address updated so we can contact you easily in the years we conduct the full survey.

### ***Why is the survey so long?***

The data from our study are used by researchers to study a wide range of subjects. These researchers include economists, sociologists, physicians, psychologist, population researchers, public health specialists, and policy analysts. In contrast, a public opinion poll or marketing survey will focus on only one or two types of questions.

This is an important change in research because we can study the whole picture of people's lives over 50. Researchers in different disciplines are working together with our data. We have many studies that have used our data just this way – across subjects in the same research paper. We make new discoveries in understanding problems with people with different training and points of view working together. ♦

**You Can View Participant  
Newsletters on the Website**  
<http://hrsparticipants.isr.umich.edu>

### **For more information, feel free to:**

#### ***Write us:***

University of Michigan  
Survey Research Center  
Health and Retirement Study  
P.O. Box 1248  
Ann Arbor, MI 48106-1248

*If you move, please send us your new address.*

#### ***Call our toll free HRS telephone:***

1-800-759-7947 or 1-800-272-2815  
Spanish, Español 1-800-643-7605

#### ***Visit the HRS Participant Website at:***

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

#### ***E-mail:***

[hrsquest@isr.umich.edu](mailto:hrsquest@isr.umich.edu)

#### **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.*