



The Health and Retirement Study

Telling the Story of Aging in America



Note from the Director

One of the best questions a study participant can ask is, “what is this study about?” Sometimes the answer is simple: Maybe a study is testing a new medication for safety and effectiveness or maybe the study is measuring unemployment or consumer satisfaction. For the Health and Retirement Study (HRS), the answer isn’t so simple. Sometimes, we say the study is about “aging in America,” but this doesn’t quite capture the whole picture. HRS measures many different things about individuals’ lives so researchers can study how those pieces fit together as we age. And HRS data isn’t used by just a few people. Hundreds of researchers use our completely anonymous statistical data, publishing over 300 peer-reviewed studies every year.



In this participant databook, we showcase a few important themes to help give you a sense of the kinds of questions your participation is helping us to answer. For instance, Alzheimer’s disease and dementia affect so many lives. If you’re not worried about your own memory, chances are you’re worried about a spouse or parent. The HRS is contributing to the national effort to combat this disease, studying how cognition impacts lives—both for the affected member and the families who care for them. Another issue, retirement, seems like a simple thing but, in reality, changes in people’s work lives can be complex as they look for the right balance. Additionally, how we save for retirement and spend in retirement is important information for things like Social Security policy. Doctors and economists have very different interests but they share the tendency to look at people as individuals in isolation. HRS recognizes the importance of family to aging Americans and how it shapes health and decisions about work and saving. These examples and more are why this study and your participation are essential to making things better for all of us.

I am very grateful to you for your time and dedication. It wouldn’t be HRS without you. I’m also grateful to Amanda Sonnega, our Outreach Director, for all her work in bringing the information in this databook together for you. I hope you enjoy it.

David Weir, Director
Health and Retirement Study

Questions?

Contact the Health and Retirement Study at:

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Visit the participant website for more info:

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

The Health and Retirement Study is funded by the National Institute on Aging and the Social Security Administration

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HRS is ...

A glimpse of life as we age in America after almost

30 years & 40,000+ stories

How We Age

HRS began in 1992 when the very first participants agreed to share their stories with us. Nearly 30 years later, we now have over 40,000 stories that together paint a portrait of life as we age in America. As time goes on, some things change and some things stay the same, for better and for worse. Sharing your stories with us over the years helps us know the difference. This is important because this information can help the people who are trying to make things better, whether it's doctors or policy makers.



About Life

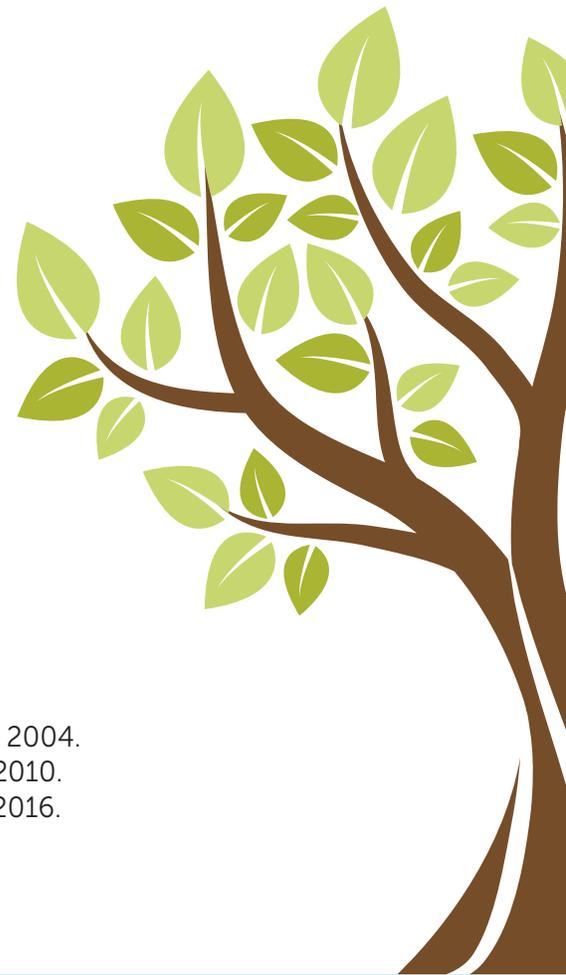
Our lives are made up of so many parts. And life is complicated. Understanding all those parts and trying to unravel some of the mysteries is what HRS is all about. It means we ask a lot of questions to be able to tell the story of aging in America.



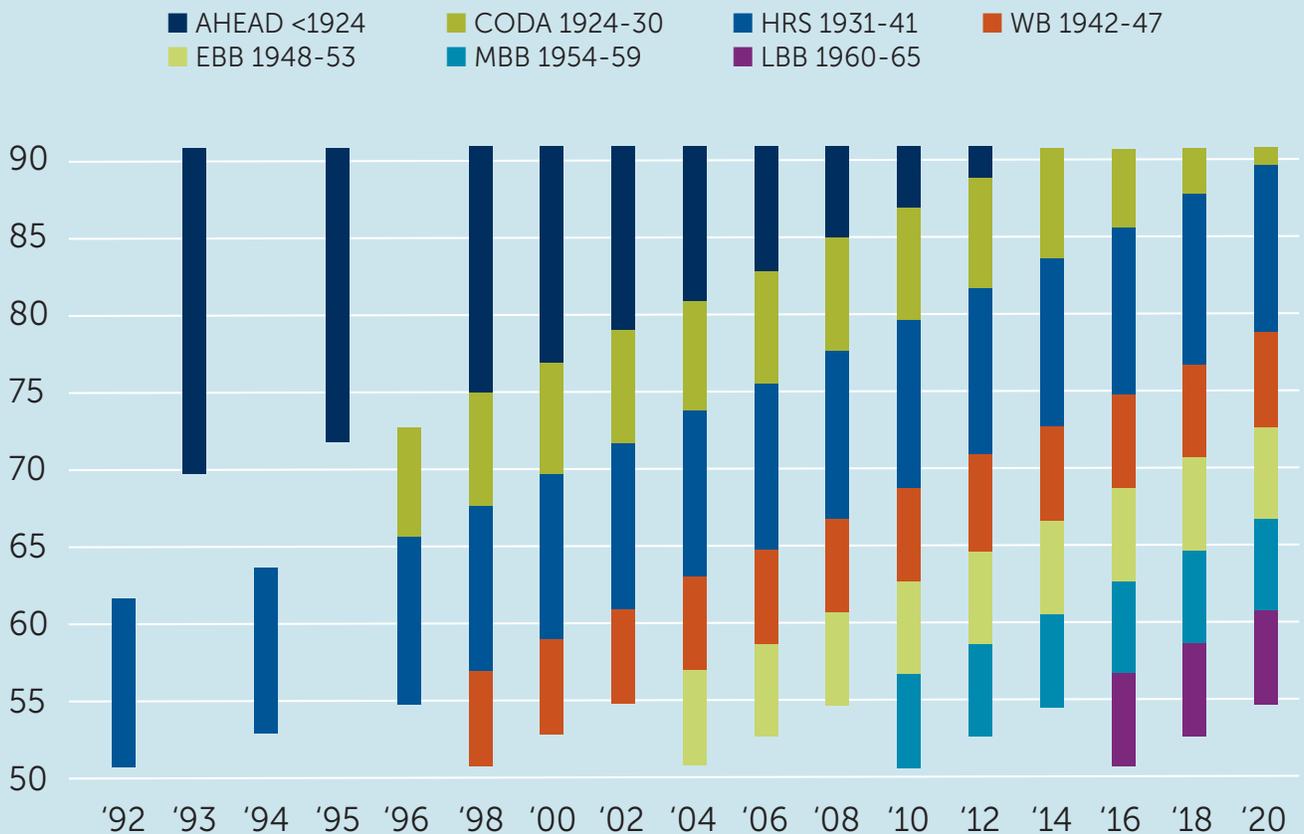
Your Generation

We all belong to a generation or birth cohort. On top of following the same people over time, HRS also follows different birth cohorts. This is important because the period in history when we were born and the times we live through all make a difference for how we live our lives.

- The first 1992 HRS cohort was folks born 1931 to 1941, who were then aged 51 to 61. Now in their 70s and 80s, they have been part of the HRS family for almost 30 years.
- In 1998, the HRS and AHEAD cohorts merged, and two new cohorts joined, the Children of the Depression Era, or CODA, born 1924 to 1930, and the War Babies, born 1942 to 1947.
- The baby boom cohort began joining the HRS in 2004.
 - Early baby boomers (EBB), born 1948 to 1953, joined in 2004.
 - Mid baby boomers (MBB), born 1954 to 1959, joined in 2010.
 - Late baby boomers (LBB), born 1960 to 1965, joined in 2016.
- HRS will recruit the first group of Generation X in 2022.



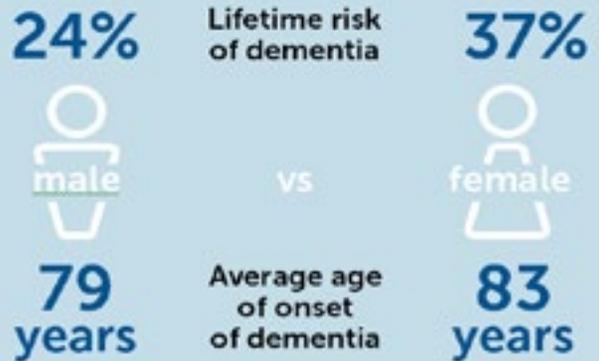
HRS Longitudinal Cohort Sample Design



BRAIN HEALTH

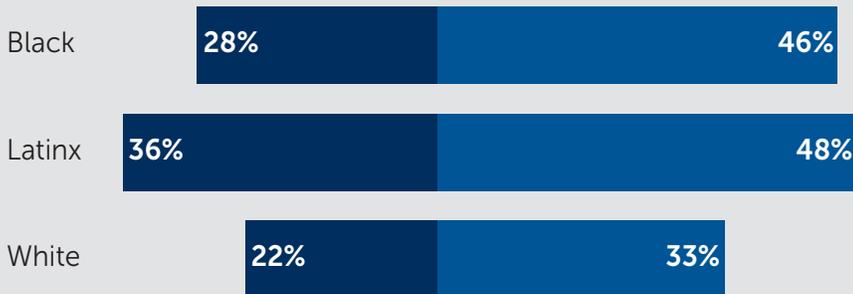
Understanding how we use our brains, or cognition, is a major part of what HRS is all about. To get a complete picture of our cognitive health, HRS asks a lot of questions to get at different aspects of cognition. This is because there are many different ways that our brains can work. Some of us do very well at some things (like remembering words) and not so well at others (like counting backwards). It is important to understand all of these aspects. This allows us to learn about the full range of cognitive health—everything from ordinary forgetfulness to Alzheimer’s disease.

The HRS is playing a major role in trying to understand the impact of Alzheimer’s and dementia on people in the United States. The information you provide gives researchers a unique and extremely valuable window into why some people get dementia and some don’t.



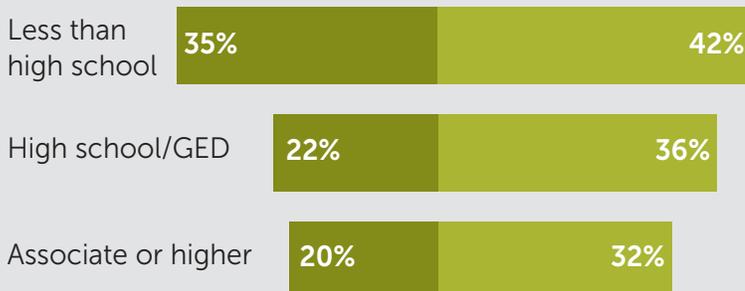
Lifetime Risk of Dementia by Race

■ Men ■ Women



Lifetime Risk of Dementia by Education

■ Men ■ Women



Takeaway

- Racial differences in dementia are an important area for improvement
- Increasing education in the population may help dementia rates trend downward

These differences tell us how groups differ in their risk in the past; they are not predictions about the future.¹

Source: Hale and others, *Social Science and Medicine*, 2020

Change over Time

Cognition can also change over time, and that is why HRS asks the same questions again and again over the years. Understanding how our brains change is an important part of helping slow or prevent cognitive decline. When we combine all of our answers together, we can see important trends in the population.

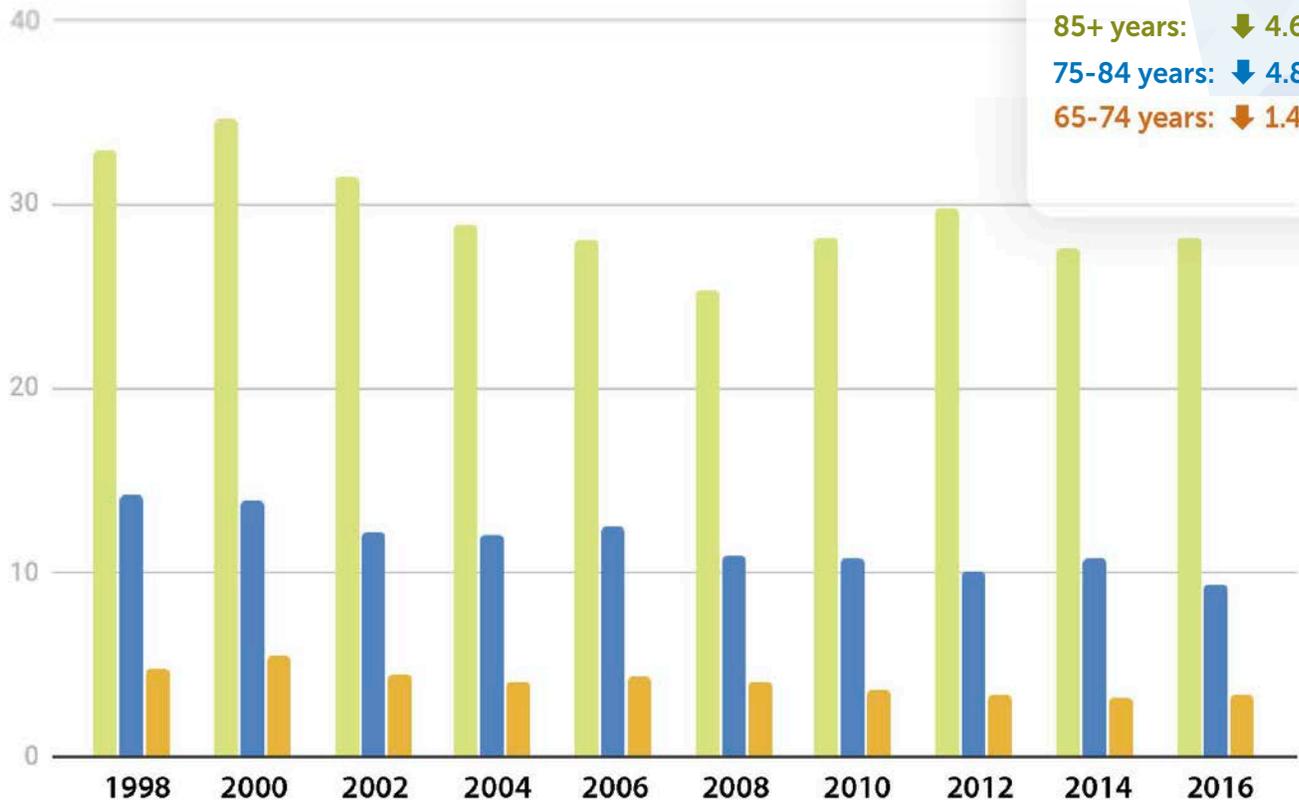
The graph below shows that the rate of dementia (prevalence) in the population is actually decreasing over time and in younger cohorts. These positive trends are due to things like education and better treatment for conditions like high blood pressure and diabetes that affect dementia risk.

But the rapid growth of our older population means that the burden of Alzheimer's disease will grow even if the recent trends toward lower rates of the disease continue. The HRS will continue to play a major role in tracking dementia trends to measure the full impact of dementia on society as the number of older adults who are at highest risk for dementia increases in the decades ahead.



Prevalence of Dementia by Age from 1998–2016

■ 85+ ■ 75-84 ■ 65-74



Takeaway

Prevalence decreased from 1998 to 2016

85+ years: ↓ 4.6%

75-84 years: ↓ 4.8%

65-74 years: ↓ 1.4%

Source: HRS, 1998–2016

Understanding and Preventing Dementia

The information the HRS provides is critical to help us understand what puts us at risk for cognitive decline and dementia and how we can help prevent it.

Volunteerism

Volunteering regularly over time is linked to better cognitive function. Being older, female, and nonwhite, having less education and more sad feelings are all linked with greater risk of developing cognitive problems. Even after taking account of these other risks, volunteering has a positive association with cognitive health.²



37% of HRS participants volunteered in the past year



Definition: volunteer work for religious, educational, health-related or other charitable organizations

Optimism

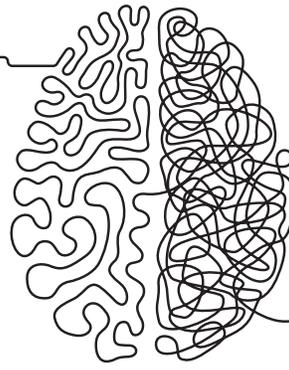
People who are optimistic and have a partner who is optimistic have better cognitive functioning.³



Babysitting

For some older adults, providing care for grandchildren is associated with better cognitive functioning.⁴





Relationships

Being married or partnered, having more frequent contact with children and friends, and reporting less strain in these relationships are all linked to better memory. Over the years, social relationships do not appear to make a difference for how fast or how slow our memory changes. By the same token, as our memory changes, it doesn't seem to affect our social relationships.⁵



Diet

Following the Mediterranean diet—including eating whole grains, fruits, vegetables, potatoes, beans and nuts, fish, and olive oil—is associated with better memory.⁶



Dental Health

Receiving regular dental care is linked to cognitive health. One reason may be that gum problems can lead to bodily inflammation, which is associated with risk factors and diseases like cardiovascular disease that are known to influence cognitive health.⁷





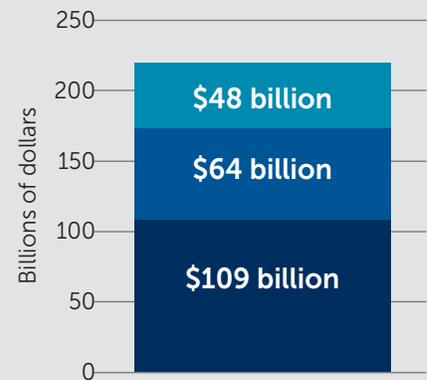
Cognitive Health Impacts Finances

HRS shows that the economic impact of dementia, including the cost of caregiving, on society is as large as other important chronic diseases, such as cancer and heart disease.⁸

Even early-stage Alzheimer's disease puts households at risk for large out-of-pocket spending that can have a negative impact on their savings. This suggests that people coping with a new diagnosis may also need financial advice to help manage.⁹

Cost of Caring for Persons with Dementia, 2010

- Family
- Private market
- Government



Source: Hurd and others, *New England Journal of Medicine*, 2013



HRS is leading the way to breakthroughs in scientific discovery.

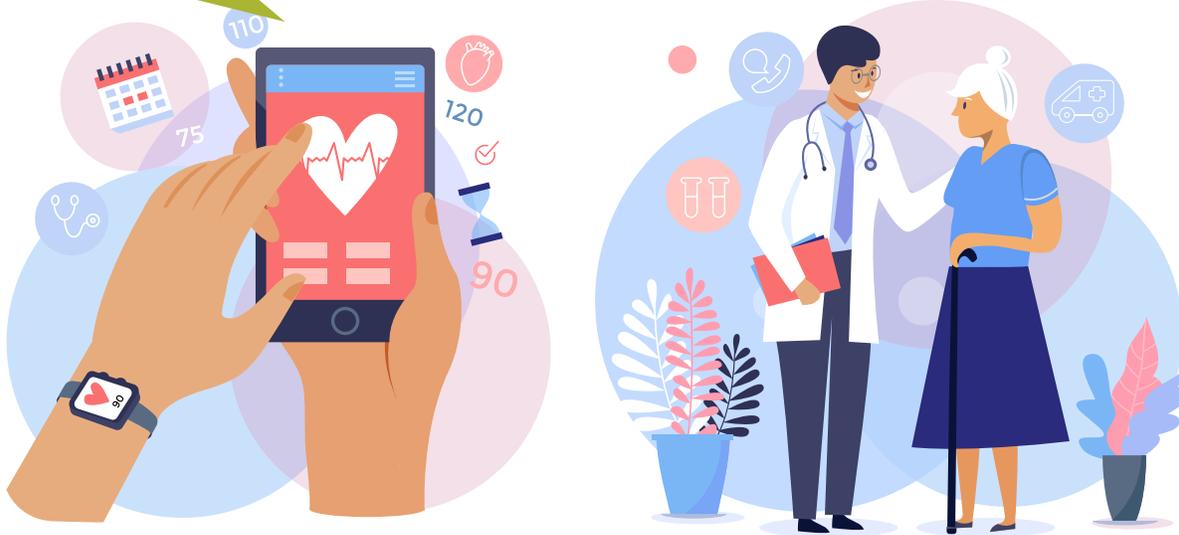
Research using HRS data found a new gene that influences memory. This discovery could point the way to new treatments for the memory problems caused by Alzheimer's disease. Other studies look at the connection between genetic risk, education, and memory. Genes likely act together with education to affect cognition later in life.^{10,11}

HRS provides valuable information on dementia that can help policy makers decide the most effective ways to find solutions to the problem. HRS is more important than ever to help provide the resources scientists will need to make new discoveries in brain health.

HRS is used by scientists in the U.S. and around the world to try to answer key questions on how people can stay healthy as they age. We do this not only by asking you questions about your health and health care but also by getting direct measures of your health through physical measures, blood, and saliva tests. All of this information is important and will be used to help people to live healthier and longer in the years ahead.

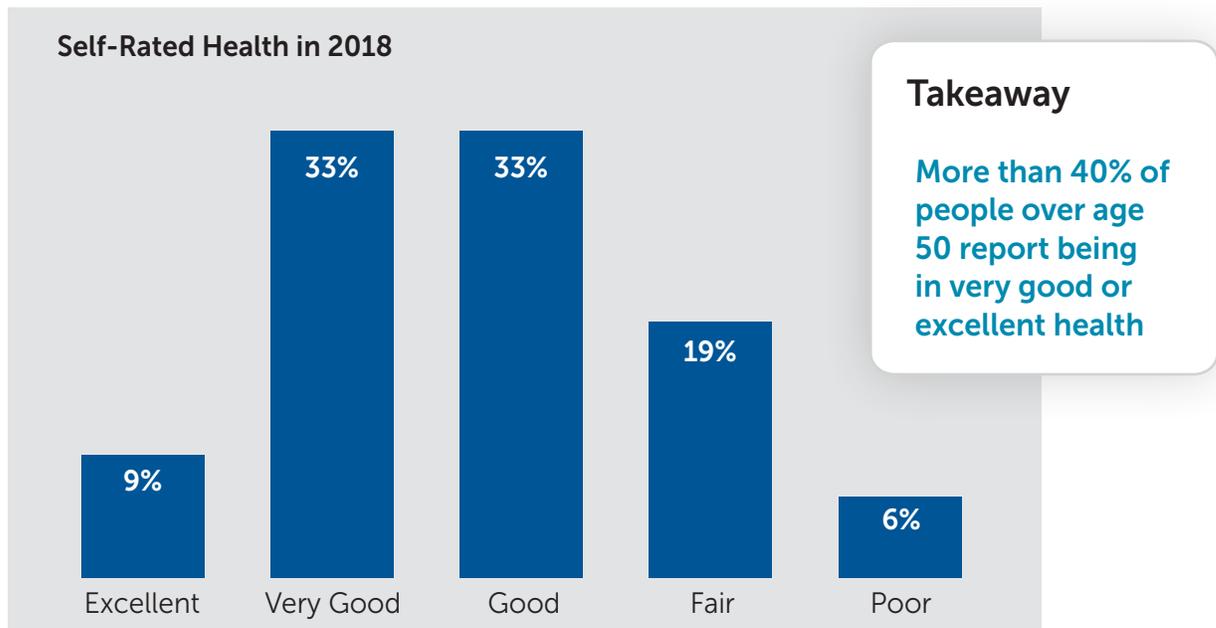
OUR HEALTH

Information you provide about your health helps us understand more about the problems many of us face as we age.



Accuracy of Self-rated Health

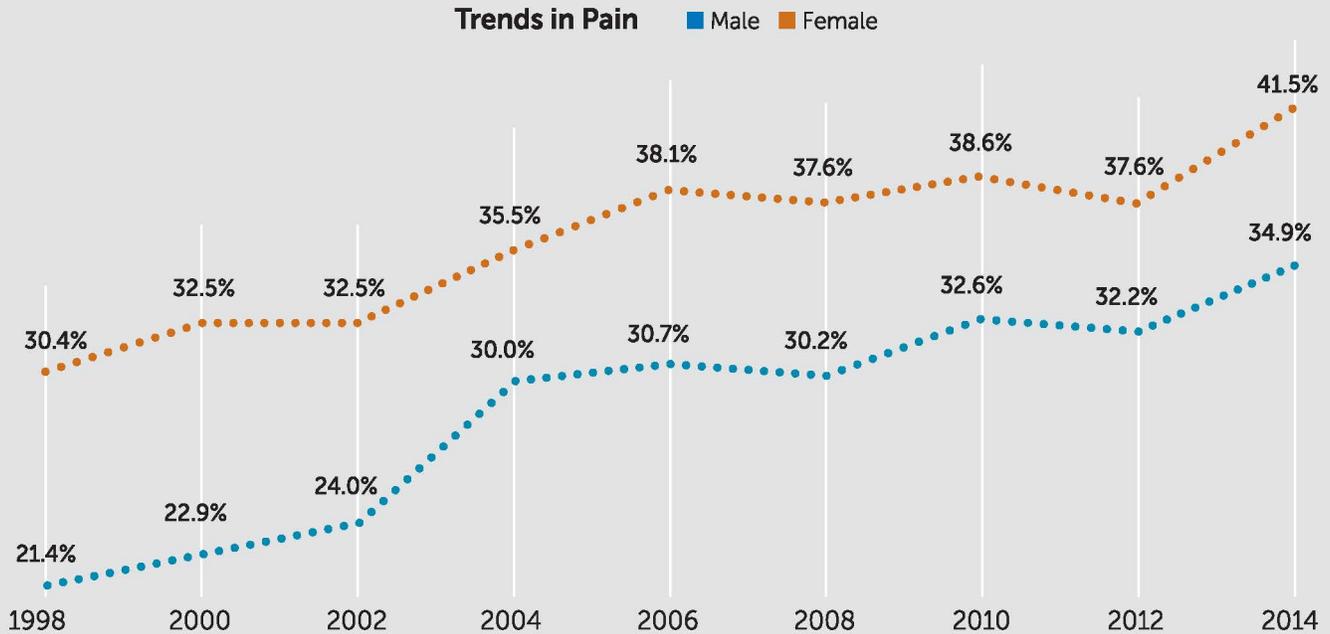
Our personal reports of general health, what we call self-rated health, provide valuable information. Self-rated health turns out to be a pretty accurate indicator of our actual health. Similarly, how long we expect to live also turns out to be associated with how long we actually live.¹²



Source: HRS, 2018

Pain is Increasing

Reports of how often we are troubled with pain have been steadily increasing over time. Between 1998 and 2014, the percent of people reporting pain increased about 2% every year. Reports of pain are higher for women compared to men, but the trends are the same for men and women.¹³



Sleep is Essential

Getting a good night's rest is important for good health. For some, sleep difficulties get in the way.

- 14%** have trouble falling asleep most of the time
- 23%** have trouble with waking during the night most of the time
- 13%** have trouble waking too early most of the time
- 17%** told by a doctor they have a sleep disorder, most commonly sleep apnea

Source: HRS, 2018



Exercise can Help

One way to manage pain is to release the body's own pain relievers—called endorphins—with regular exercise.¹⁴ Another benefit of regular exercise can be improvement in sleep.¹⁵ Talk to your doctor about what's right for you!

Using New & Proven Techniques to Prevent & Treat Problems

HRS is on the cutting edge of national surveys that are adding direct measures of health and basic biology into the study. HRS was the first study of older people in the United States to use new and proven technologies of biological measurement that could be conducted in the home. Information from all of the blood and saliva samples is organized together, and combined with all of the other HRS data that you provide, to look for general patterns that can point researchers toward explanations for health problems and ways to better prevent or treat those problems.



Genetics & Biomarkers

Researchers look for different biomarkers in the blood that can tell us a lot about our health. One biomarker, called C-reactive protein, measures the amount of inflammation in the body, which can be harmful to our bodies over time. This level of inflammation in your body may be affected not only by medical conditions you may have such as diabetes or high blood pressure, but also by how much stress you are feeling, aspects of your neighborhood, whether you are exercising regularly, and even how many friends and family provide you with support when you need it.^{16,17,18}

By combining information on genetic risks with information from results of blood tests, HRS research is discovering genes that influence cholesterol and C-reactive protein. These findings are potentially important for predicting risk of Alzheimer's disease and developing new treatments.¹⁹



It is important for you to know that all biological information is held strictly confidential.

Health Insurance

One way that we protect our health is by going to the doctor regularly and getting treatment when we need it. Health insurance helps us get the care we need. HRS obtains information about health care and health insurance not only by asking questions but also by linking to information from Medicare and Medicaid about the care we receive. This helps us understand more about how having health insurance and getting health care affects our health and what it costs including how much people have to pay on their own. We can also learn a lot about what happens if we need long-term care and how to pay for it.

As part of our protocol, a doctor of internal medicine who is part of the HRS, conducts a confidential review of results that are outside of the normal range to let you know so you can discuss them with your care provider.

Middle Age Health

Early research with HRS showed that not having health insurance was associated with worse health in late middle age. For those without health insurance, getting Medicare is associated with improvements in self-reported health, especially for those with cardiovascular disease or diabetes before age 65, and increases in preventive health care like cholesterol screening.^{20,21,22}



Researchers have used information from HRS to develop tools for doctors to use to screen for geriatric conditions and to do cognitive evaluations.²³

Medicare Part D

Beginning in 2006, Medicare Part D began providing prescription medication coverage for enrollees. The cost of medications can be a major barrier to following a doctor's prescription. With information on these cost barriers both before and after 2006, research shows that the percent of people not taking prescribed medicines because of cost decreased by 7 percent.²⁴



Source: Diebold, *The Journals of Gerontology Series B*, 2018

Annual Wellness Visit

The Medicare Annual Wellness Visit aims to help doctors and their patients expand primary care visits to include a focus on preventive health screenings and wellness goals. Using HRS information linked to Medicare, research shows that the Annual Wellness Visit is not reaching many older U.S. adults, especially minority adults and those with lower incomes. Including social causes of health will likely further improve the value of the Annual Wellness Visit.²⁵



You are Making a Difference

Your information helps others by finding ways that we can all help improve our health.



Using the Internet

Men who use the internet are more likely to get preventive care including cholesterol and cancer screening than men who do not use the internet to get health information. Women are more likely to get information about screening directly from health care professionals.²⁶

Reading Improves Longevity

Reading—even just 30 minutes a day—may help lengthen your life. Book readers live an average of 23 months longer than non-readers. The benefit is for both men and women and for those with both higher and lower levels of education and wealth. Reading books—even more than reading magazines and newspapers—helps maintain cognitive health, which improves longevity.²⁷

People who read books
average about four
hours of reading
a week.



Source: Bavishi and others, *Social Science and Medicine*, 2016



Pets & Health

Can owning a dog benefit your health? For people who own and walk their dogs, walking gives many health benefits—lower weight, fewer physical limitations, and fewer visits to the doctor. People who feel a stronger connection with their dogs tend to walk them more often and for longer times.²⁸

WORKING AND RETIREMENT

For many people, retirement is anything but a simple one-step move from full-time work to no work at all. HRS tracks all the different decisions people make about work at older ages.

Working at older ages can be rewarding. At the same time, retirement can be a welcome change. HRS asks many of the same questions over time to see how things change as people move from working to retirement. This is especially important as the large baby boom generation begins moving toward retirement.

Retirement Age Increasing

After declining for several decades, the average age at retirement began increasing in the early 1990s and continues to increase. Tracking this trend and understanding its implications is a major goal of the HRS.

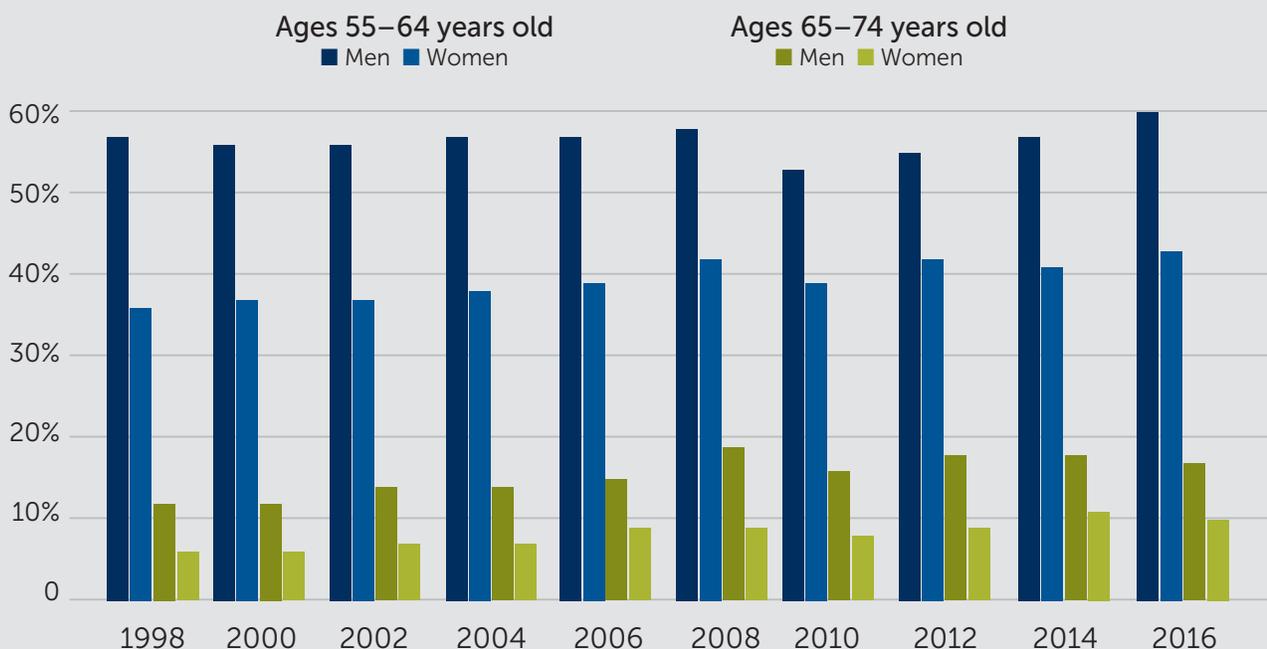
Takeaway

Between 1998 and 2016

Percent of women age 55–64 working increased 7%

Percent of men age 65–74 working increased 5%

Percentage of Men and Women Working from 1998–2016





Defined Benefit (DB) → Defined Contribution (DC)

Many employers offer some kind of retirement pension plan. DB pensions that provide guaranteed monthly payments after a certain number of years working are being replaced by DC pensions, like 401(k)s, with payouts that depend on how much is saved. With DC plans, there is no incentive to retire at a certain age, so many people who have DC pensions continue working.

What's behind the trend?

- **Social Security has changed its rules** in ways that encourage working longer such as reducing the tax penalty for working while receiving benefits, increasing the age to receive full benefits, and making larger payments for those who delay claiming benefits.²⁹
- **Levels of education continue to increase** in the population. People with more years of education tend to work longer.²⁹
- **The number of women working continues to grow**, and many more women are working longer. This in turn may keep some men working longer because many couples prefer to retire together.²⁹
- **Women born in the baby boom generation have had less time out of the labor force** than earlier generations, which is linked to working longer. This means more work experience and likely higher earnings. Those with a satisfying career may also be deciding to work longer. On the other hand difficult household finances, including higher debt, can keep some older women working longer.^{30,31}

Reasons for Retiring

HRS shows a lot of different reasons for retiring. Health problems are one reason people leave the work force. Being in poor health is most important for *early* retirement and much less important as a reason for retirement at normal ages.³²

60–80%

of those in their early 50s who retire, say **health was a very important reason for retiring**

about 20%

of those in their early 60s who retire, say **health was a very important reason for retiring**

Source: HRS, 2018



Balancing Work & Life

It can be hard to balance the demands of work with the demands of home. Those who report a high level of work-life conflict are more likely to retire than those who report less conflict between their work lives and their home lives. The effect is stronger for women and especially for women who work part-time.³³



Transitioning to Retirement: Many Different Paths

For many people, retirement is anything but a simple one-step move from full-time work to no work at all. HRS tracks all the different decisions people make about work at older ages.

Unretirement

Increasingly, people take many different paths to retirement. One common path is to retire then “unretire,” that is going from fully retired back to full time work. Most people who go back to work after retiring actually planned to do so even before they retired for the first time.³⁴

40%

of Americans age 65+ currently employed reported being retired at some time in the past

Source: Maestas and others, RAND, 2017

Changing Jobs

People at older ages tend to change jobs less often than those at younger ages. But some do change jobs and for various reasons. Following workers over time as they moved from their early 50s to age 65, researchers found that those who changed jobs voluntarily at those ages were also more likely to be working at age 65.³⁵

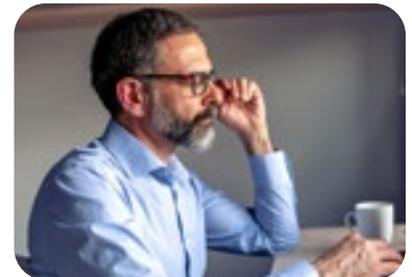
13%

of older workers voluntarily change jobs

Source: Sanzenbacher and others, Center for Retirement Research at Boston College, 2017

Self-employment

For some older workers, self-employment appears to offer the option to gradually reduce hours and earnings along the path to retirement, what researchers call a “bridge job.” Compared to wage and salary jobs, self-employment at older ages also seems to be better for the health of some workers. Self-employed workers may have less stress and more flexibility, which may translate to better health.³⁶



Job Loss

Not all late-career job changes are voluntary. For older workers, job loss can have lasting effects on emotional well-being. HRS shows that for those who experience job loss at older ages, volunteering during the period of unemployment can help lessen the emotional impact. Other research with HRS shows that those who volunteer tend to find new jobs faster. It may be that volunteering puts people in contact with others, which not only lifts spirits but also may provide opportunities for new information about job prospects.^{37,38}



Retirement: A Well-Earned Rest?

Retirement is often thought of as a well-earned rest at the end of a long work life, a time to relax and enjoy. Yet, work may have some benefits that are missed in retirement. Work may help keep us cognitively alert, physically active, and socially connected. What effect does retirement have on our health? What makes for a satisfying retirement?

Working at a job can provide mental stimulation, which has been shown to help keep us mentally alert. HRS also shows that some jobs tend to challenge us more by presenting new information on a regular basis. On average, people who retire experience more cognitive decline than those who keep working. Doing more mental and social activities in retirement, however, seems to help keep us sharp.^{39,40,41}



Keeping Busy & Staying Sharp

Mental activities include:
reading, playing games, doing puzzles, listening to music, singing or playing an instrument, praying or meditating

Social activities include:
visiting in person with friends, doing volunteer work or attending concerts



Getting Healthy in Retirement

Some people may be able to use their time in retirement to work on getting healthy. One study found that retirement can help people quit smoking, which leads to better health.⁴²



Financial Stability

Financial stability in retirement makes a big difference for life satisfaction. Retirees who are financially vulnerable report similar life satisfaction compared to those who continue working full time. But feeling a sense of control over your finances leads to more life satisfaction, even for those with less financial resources.⁴³

For most people retirement leads to higher life satisfaction, and most people report very high levels of satisfaction with retirement. Interestingly, older retirees are the most satisfied with retirement.^{44,45}

AGE AT RETIREMENT

PERCENT "VERY SATISFIED" WITH RETIREMENT

52 yrs



10% who retire at the age of 52 are very satisfied

60s



50% who retire in their 60s are very satisfied

Source: HRS 2018

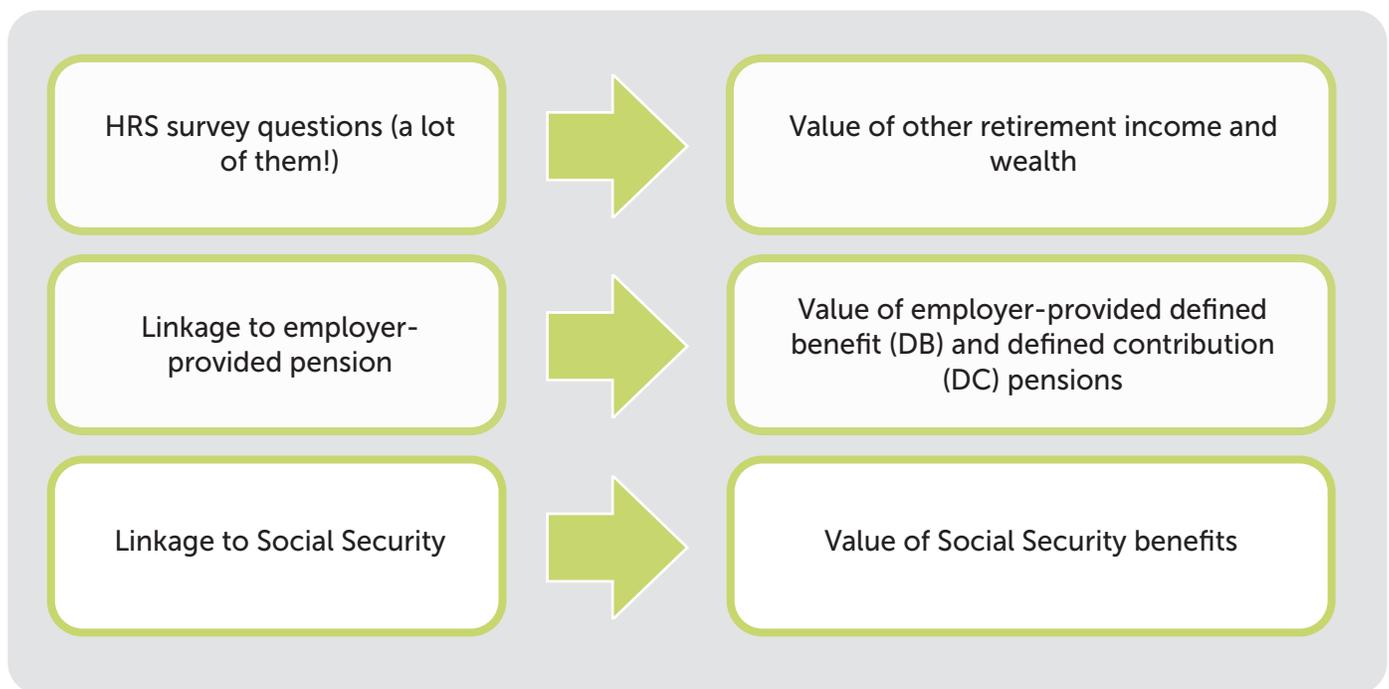
FINANCIAL WELL-BEING

Financial well-being is important for many aspects of our lives. That's why HRS goes to great lengths to get detailed and accurate information on our finances. All of our individual stories add up to tell how well prepared Americans are for retirement and how they fare in retirement.

Retirement Wealth

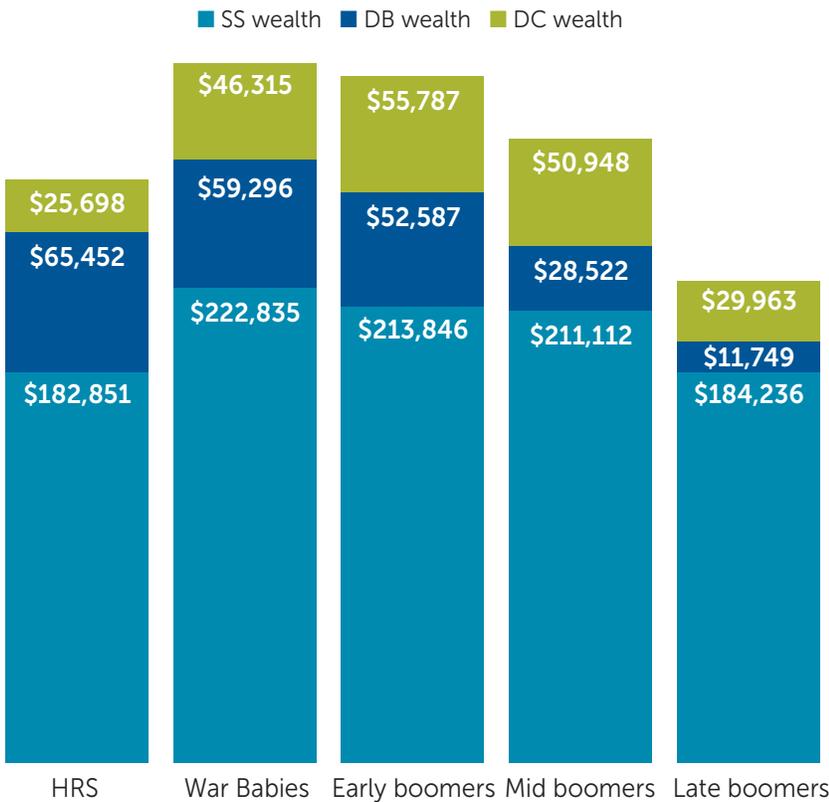
Maybe you've heard of the three-legged stool of retirement. That's Social Security, pensions, and private savings that together can provide a secure foundation of financial well-being in retirement. To get the most accurate and complete assessment of all three sources of retirement income and wealth, HRS uses information from three main sources:

- the answers you provide in the survey
- information on pension plans from employers
- information from Social Security records



Combining all of this information allows us to do things like compare across generations to see how things might be changing for different cohorts. An important finding is that Late baby boomers (born 1960–1965) have quite a bit less retirement wealth than War Babies and older baby boomers. The detailed information on finances in the HRS helps us understand why.

Retirement Wealth by Type of Asset & Cohort in 2016 Dollars (households in the middle quintile of wealth at ages 51–56)



Source: Chen and others, Center for Retirement Research Working Paper, 2020

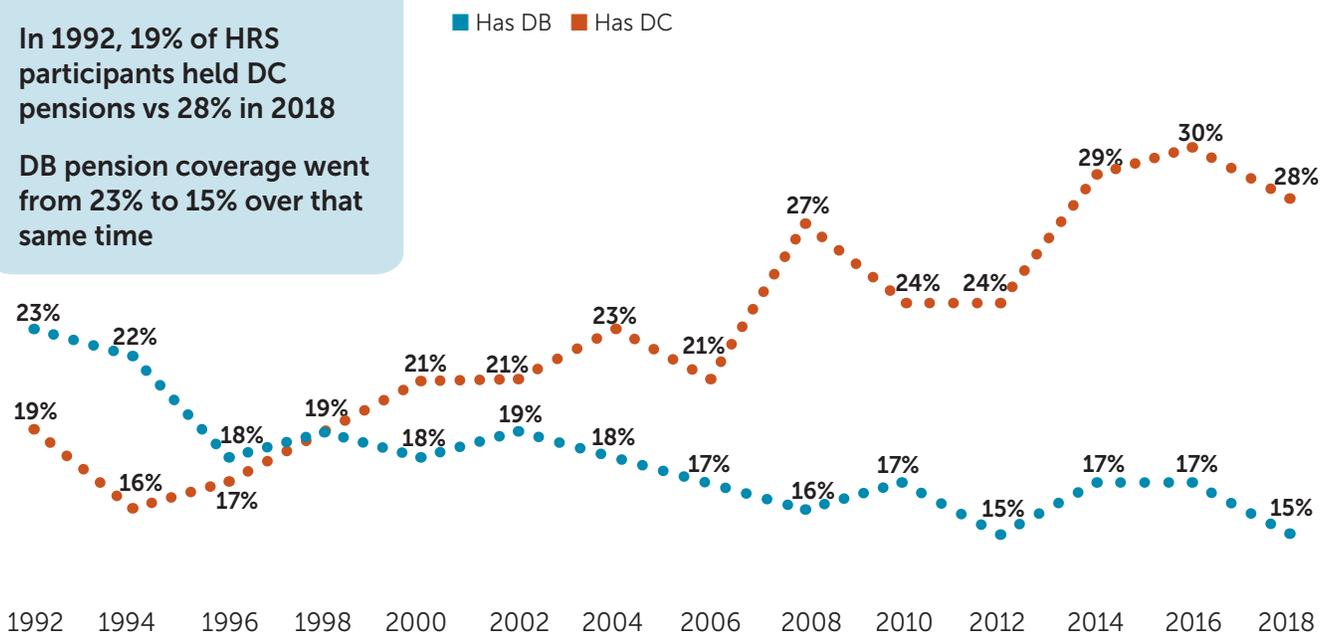
A major change in pensions over the last 40 years is the ongoing shift from defined benefit (DB) to defined contribution (DC) plans. DB pensions depend primarily on employees' years of service and salary. DC plan benefits depend on how much employers and employees contribute to investment funds, how long the funds are invested, and how well they do. Younger cohorts were more affected by stock market losses during the Great Recession of 2007–2009 because more of their retirement savings were invested in the stock market through their DC pension plans. This is one reason for the lower retirement wealth of Late baby boomers. Late baby boomers also had the smallest fraction of wealth in DB pension plans of any cohort.⁴⁶

Takeaway

In 1992, 19% of HRS participants held DC pensions vs 28% in 2018

DB pension coverage went from 23% to 15% over that same time

Percentage of HRS Participants Holding Either a DB or DC Pension



Source: HRS, 1992–2018

Spending in Retirement

In planning for retirement, we are often told we'll need at least 75% of our preretirement income to spend steadily throughout retirement. HRS collects a lot of information on spending before and during retirement, and a somewhat different picture appears with many different pieces making up the puzzle. In the graphic below, we show the major categories of spending and the average percentage of total household spending in that category in 2017. For example, 46% percent of total household spending was on home-related expenses.

11% **Food expenses** include food and drink, including alcoholic beverages, that are bought in grocery and other stores.

11% **Health expenses** include out-of-pocket (uninsured) health insurance costs; out-of-pocket costs for prescription and nonprescription drugs; out-of-pocket costs for hospital care, doctor services, lab tests, eye, dental, and nursing home care; and out-of-pocket costs for medical supplies.

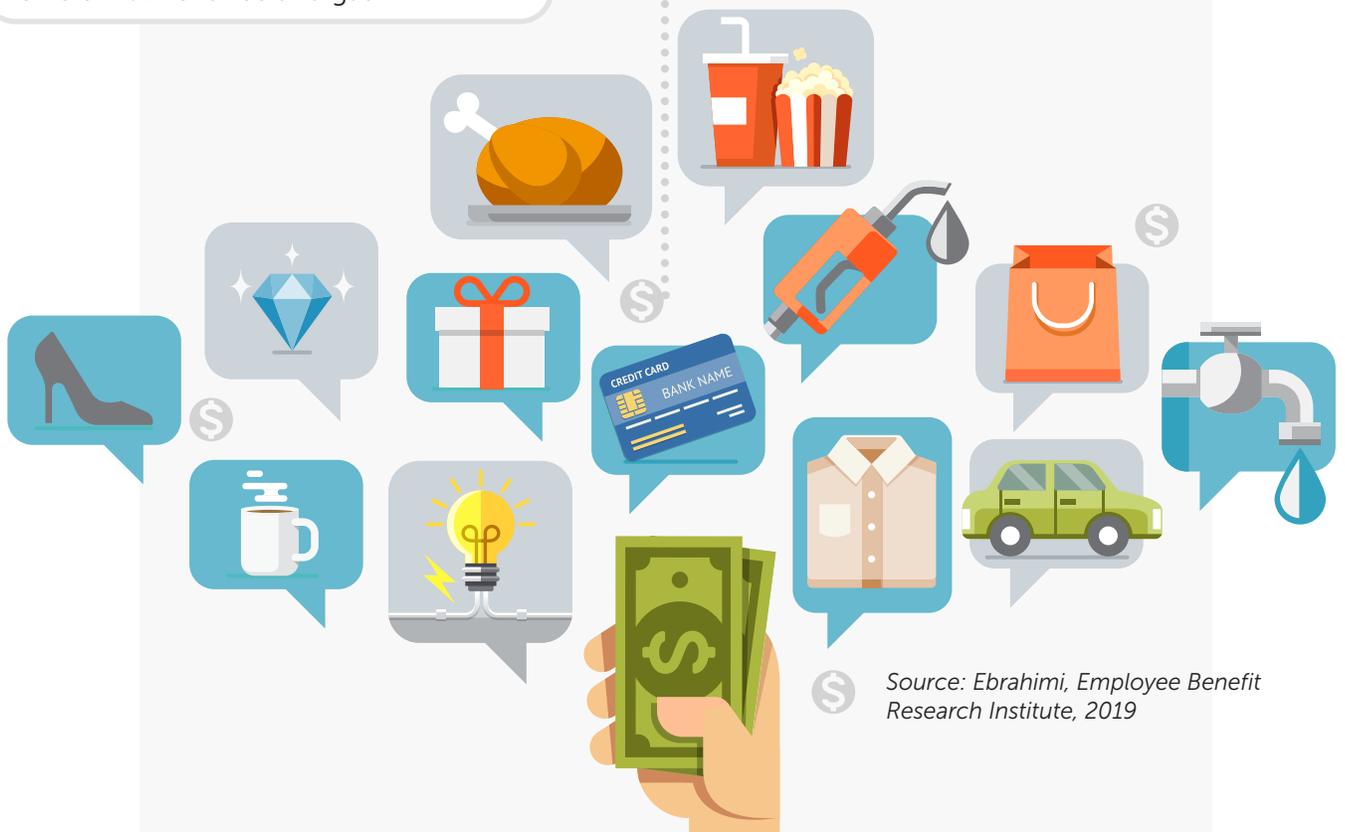
3% **Clothing expenses** include clothing and apparel, and personal care products and services.

13% **Transportation expenses** include car payments, vehicle insurance, vehicle maintenance and gas.

46% **Home-related expenses** include mortgage, property taxes, homeowner's or renter's insurance, rent, utilities, home repairs, home furnishings, household cleaning supplies, housekeeping and laundry services, and gardening and yard supplies and services.

10% **Entertainment expenses** include trips and vacations, tickets to movies, sporting and performance events; hobbies and leisure equipment; dining out in restaurants, cafes, and diners; and take-out food.

6% **Other expenses** include contributions to religious, educational, charitable, or political organizations, and cash and gifts to family and friends.



Source: Ebrahimi, Employee Benefit Research Institute, 2019

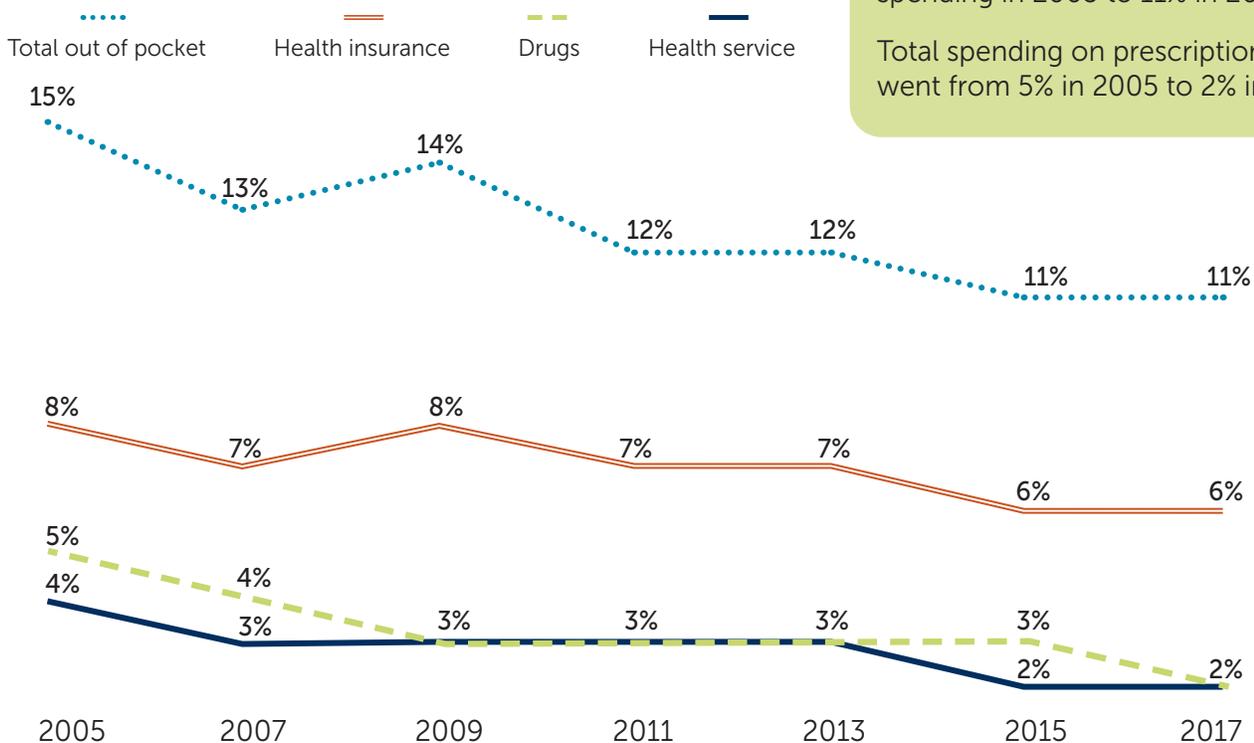


The Consumption and Activities Mail Survey (CAMS) is a supplemental mail survey that is part of the HRS. Conducted in the off-year from the main HRS survey since 2001, CAMS collects very detailed questions about activities and spending before and during retirement.

Looking at spending patterns between 2005 and 2017 across all ages, HRS reveals:

- Overall, spending steadily decreases with age.
- Housing is the largest spending category for every age group.
- On average, households spend less on food and on work-related expenses, such as transportation and clothing, as they grow older.
- Spending on entertainment declines with age, but older households spend a larger share of their budgets on gifts and contributions.
- Spending on health care costs increases as we age.
- Interestingly these patterns remain fairly consistent between 2005 and 2017 with one notable exception: the average annual share of health costs as a fraction of overall household spending for those age 75 and older actually declined after 2007, the year after Medicare Part D went into effect. Lower spending on prescription drugs may explain part of the overall decline.⁴⁷

Average Share of Health Care in Total Household Expenses, 2005–2017, Ages 75 or Older



Takeaway

Total out of pocket health spending decreased from 15% of total household spending in 2005 to 11% in 2017

Total spending on prescription drugs went from 5% in 2005 to 2% in 2017

Source: Ebrahimi, Employee Benefit Research Institute, 2019

Spending Related to Happiness

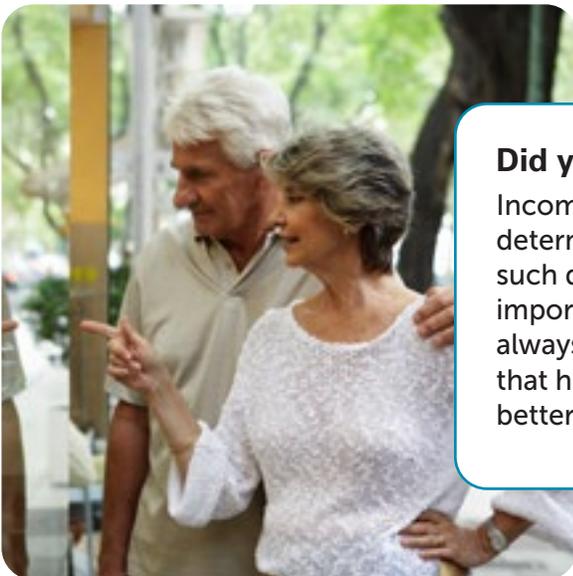
Only one type of spending is positively related to happiness: entertainment. The boost in happiness from leisure spending comes, in part, from the increase in social connections that are often a part of leisure activities.⁴⁸



For many people, income needs tend to fall in retirement for a variety of reasons. Tax rates are generally lower in retirement, work-related costs decrease or disappear, children are less of an expense, and people do many things themselves instead of paying to have them done. On the other hand, some begin spending more on things like hobbies. HRS helps us understand how spending changes as we age and also how patterns of spending change over time for those in retirement.

Offsetting Losses

One way to offset losses to retirement wealth is to delay claiming Social Security benefits, even just a few months. Because of how Social Security rules are structured, delaying claiming Social Security benefits by three to six months on average has the same effect on retirement standard of living as saving an additional one percent of labor earnings for 30 years.⁴⁹



Did you know?

Income and wealth are two of the most important determinants of health. It's one of the reasons HRS includes such detailed questions on these topics. Because of their importance for health, income and wealth are almost always included in studies of health to account for the fact that higher income and wealth tend to be associated with better health.

Our connections to family and the care we provide them and they provide us are a big part of life. The roles we play in each other's lives change as we grow older. Sometimes we provide care and sometimes we receive care.

FAMILY & SOCIAL CONNECTIONS

Compared to the first 30 years of life, we know relatively little about how we change and grow in later life. Many people can now expect to live a long life, and to understand more about what influences vitality, well-being, and life quality during these added years, the HRS asks about lifestyle, family and social connections.

53%

of people who have children (and do not live with them) have at least one child that lives within 10 miles of them

Source: HRS, 2018

70%

of moves to be closer are made by adult children moving to be closer to their parents

Source: Zhang & others, Research on Aging, 2013

Proximity to Family

How close we live to family members can make a big difference in our ability to provide care to each other. HRS research shows that family often make moves to be geographically closer in order to be able to help each other out.⁵⁰

Changes in Residence

Changes in health can often lead to changes in residence. Cardiovascular disease is a leading cause of disability. Having a cardiovascular event, such as a heart attack, increases the likelihood of children and adult parents moving in with and closer to each other. If the person who had the cardiovascular event does not have a spouse or partner, then a move is even more likely. Having a daughter also makes a move more likely.⁵¹





Childcare

Many people provide care for grandchildren and great grandchildren. Women who are working sometimes retire in order to be able to care for a new grandchild.⁵² Caring for grandchildren is a source of joy for many. Grandparents who stop caring for their grandchildren often experience less positive emotions.⁵³

8% increase

in chances of retiring for working women who become grandmothers

23%

of grandparents spent 100+ hours caring for grand or great-grandchildren in the past two years

Source: HRS, 2018

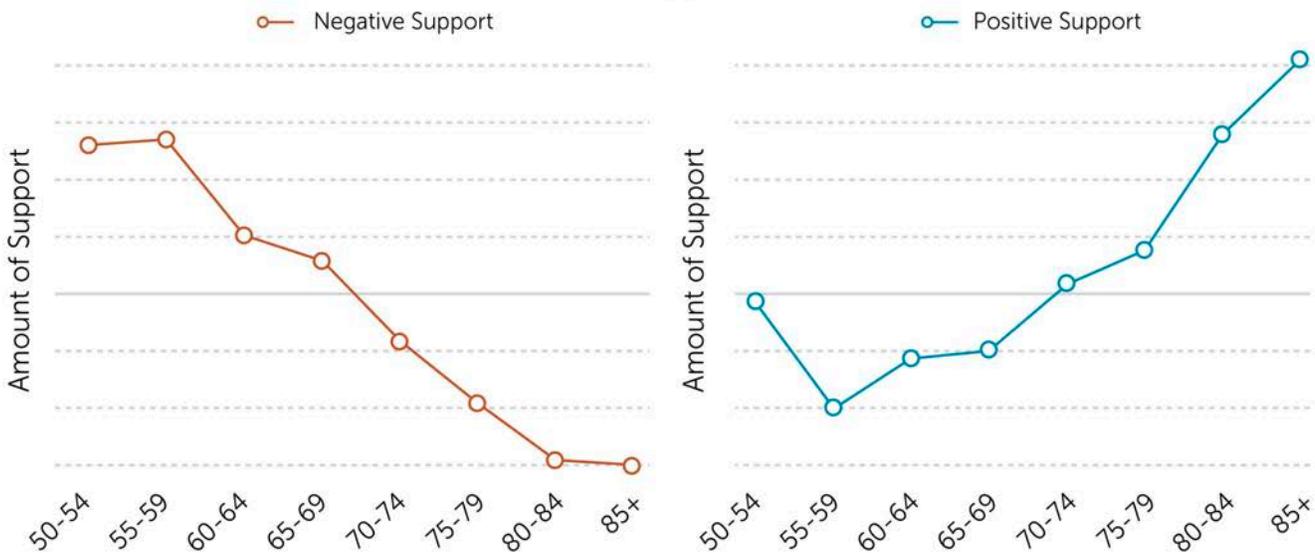
Social Support

How we perceive and what we feel about our relationships is called social support. Other aspects of social connections include the size of our social network and how much and in what ways we stay in touch. With information on these relationships, HRS can show how they can change as we age.

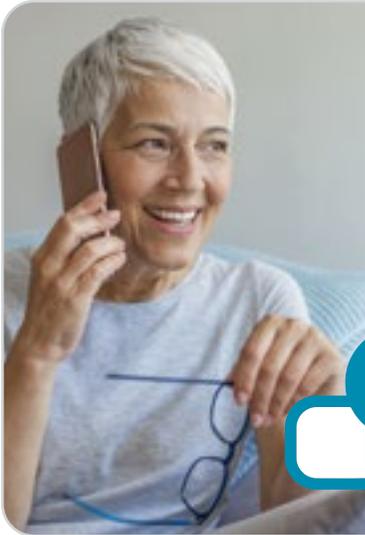
Positive vs. Negative

Positive support includes how much people feel their children, friends, and other family understand their feelings; how much they can rely on them; and how much they can open up to them. Negative social support is things like feeling people are too demanding, critical, or get on your nerves. In relationships with their children, HRS participants report more positive and less negative support as they grow older.⁵⁴

Perceived Social Support from Children



Source: HRS, 2018



The Importance of Connection

Connection to others can help us develop a sense of purpose. We know this is true for young people whose parents and teachers can help them develop a sense of purpose. HRS research shows the same may be true for older adults. People who report greater positive support and less negative support in their social relationships have an increased sense of life purpose over time.⁵⁵



% of adults who talk with their children 1-2+ times per week:

75%
talk via the phone

40%
talk via social media (i.e.,
Skype, Facebook, etc.)

Source: HRS, 2018

Stress

Stress is an inevitable and basic part of life. HRS measures stressful events and circumstances as well as people's response to stress.

Stress can take many forms. Some stress comes from outside events, like a job loss or the death of a loved one. Stress can also come from inside, from how we think or feel about things. Both kinds of stress can bring about physical reactions, similar to what occurs after an infection.⁵⁶

Financial Stress

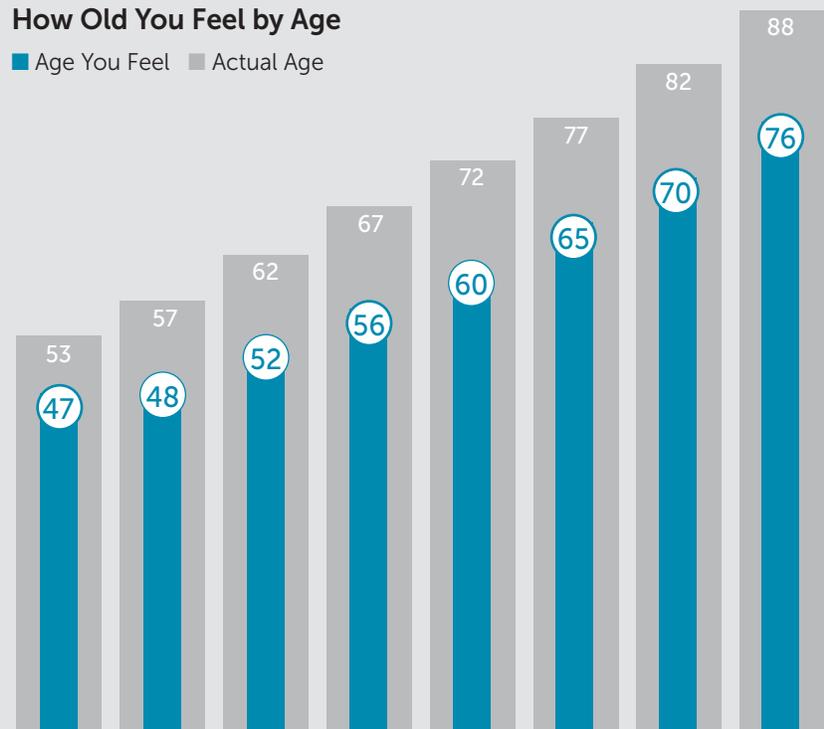
The Great Recession of 2007–2009 was a source of stress mainly because of financial stress. HRS research compared changes in sleep experienced by Early, Mid, and Late baby boomers during and after the recession. Mid and Late baby boomers had more sleep problems over this time compared to Early baby boomers. This difference was explained by Mid and Late baby boomers experiencing greater financial stress in the aftermath of the recession. The difference between cohorts was more marked among women.⁵⁷

Neighborhood

Where we live can also be a source of stress or it can be a resource for us. How we feel about our neighborhood can also change. People who grew to feel over time that their neighbors were trustworthy and helpful were less lonely and perceived more support from friends.⁵⁸

How Old You Feel by Age

■ Age You Feel ■ Actual Age



Takeaway

On average, people who are 53 feel like they're 47

On average, people who are 82 feel like they're 70

Source: HRS, 2018

Self-image

How we feel about ourselves and the things that are important to us are another important aspect of life. HRS asks "how old do you feel?" On average, whatever age we actually are we feel about ten years younger. Some things have only a small effect on how old we feel. Having a lot of money, for example, doesn't make much difference. Two things stand out as important in how old we feel. The first is no surprise—it's health. People who say their health is excellent feel about 12 years younger than people the same age who say their health is poor. Just about as important as health, though, is having a sense of purpose in life. For some people a sense of purpose comes from work. For others it comes from family and for others it can come from being involved in their church or community. If we can see what makes us feel younger maybe that knowledge can help find ways to slow down aging for everyone.

66% of people agree their life has a sense of direction & purpose

Source: HRS, 2018

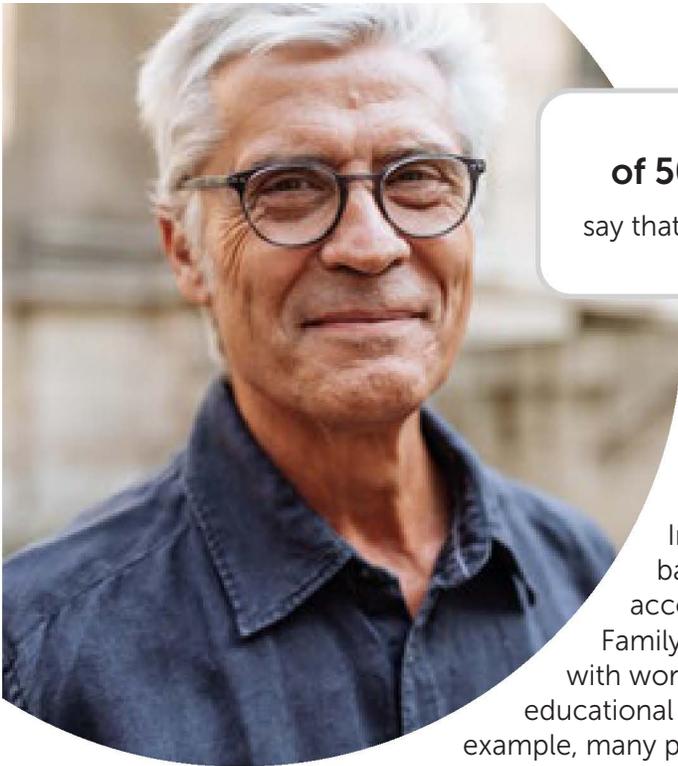
45% of people agree that as they get older, things are better than they thought they would be

Source: HRS, 2018



Emotions

Our emotions are often a reaction to particular situations. But how we tend to feel can also be consistent over time or can change as we age. Emotions such as contentment, happiness, and feeling calm tend to be pretty consistent from age 50 onward. On the other hand, feeling nervous tends to decrease as we age.⁵⁹



52% of 50–59 year olds **66%** of 85+ year olds
 say that they strongly agree that they find strength in their religion
Source: HRS, 2018

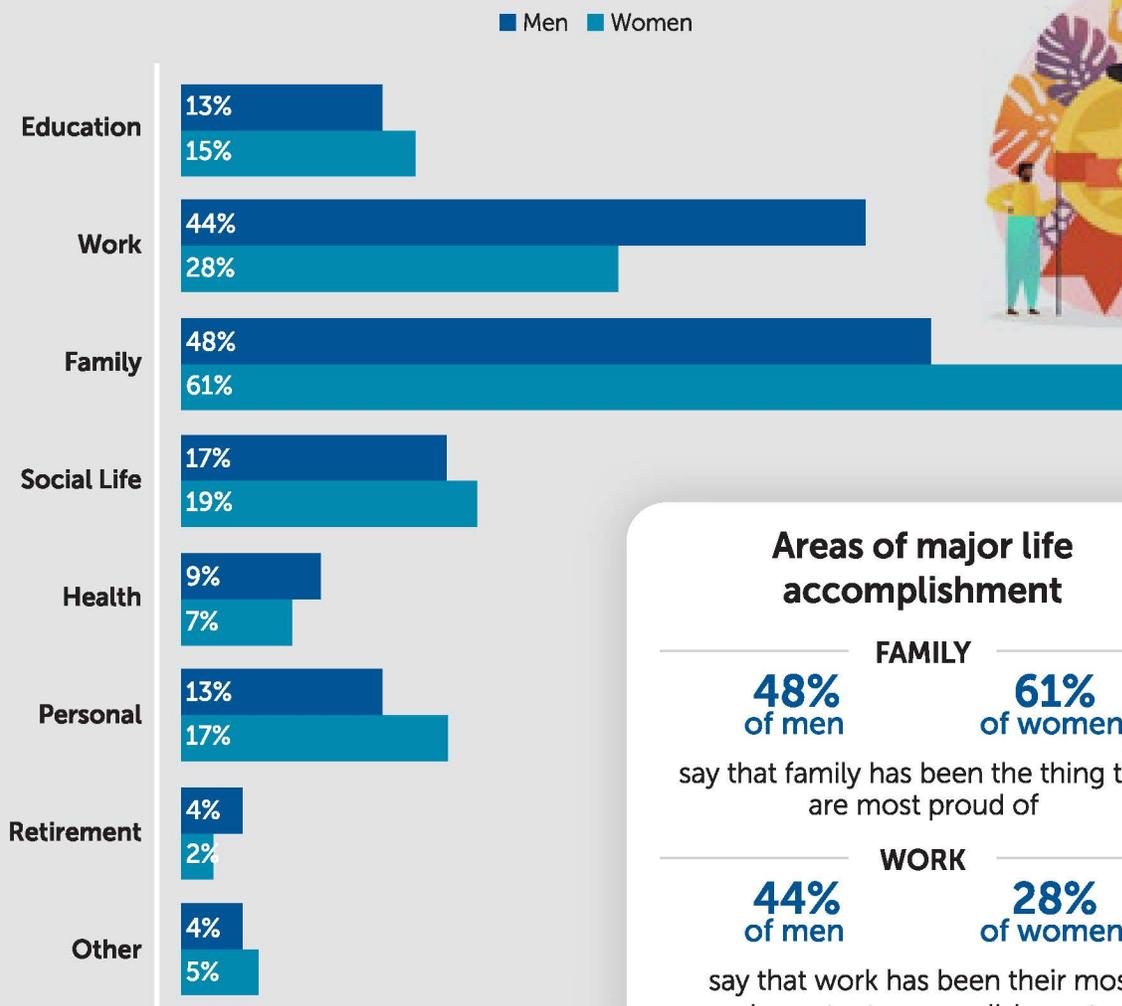
Religion

For many people, religion is a source of strength.⁶⁰

Accomplishment

In the life history study, HRS has asked you to think back on your life and about what your most important accomplishments have been or the things you are most proud of. Family was the most common mentioned area of accomplishment with work coming in second. Other areas of accomplishment were educational and personal achievements, social life, and health. For example, many people had overcome serious health problems.⁶¹

Most Important Accomplishment



Areas of major life accomplishment

FAMILY

48% of men **61%** of women

say that family has been the thing they are most proud of

WORK

44% of men **28%** of women

say that work has been their most important accomplishment

Source: HRS, 2018

Your Information

Protection of respondent confidentiality is a core principle of responsible research practice. Informed consent is a process of communication between a participant and researcher which enables the participant to decide voluntarily whether or not to participate in a study.

Confidential, Safe, and Secure

Keeping your information safe and secure is our top priority. How do we do that? It starts with your interviewer, who is a professionally trained employee of the University of Michigan's Survey Research Center. Interviewers sign a pledge of confidentiality to promise to keep your information safe. All of the laptops used by interviewers have security software and complex passwords and firewalls that prevent unauthorized persons from accessing the information. Every day, all of the information collected is sent by a secure line to our central computers where it is encrypted and accessed only by authorized University staff members. Any information that links the data to the person who gave it is removed. It is then combined with the information for all of the others who participated in the survey. It is stored without names, only with an assigned number.



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