

Growing HRS

HRS is growing every day. It is now the largest longitudinal study of aging in the world. It takes a lot to run the HRS. Two people who play key roles in leadership for the study are our Associate Directors Mary Beth Ofstedal and Kenneth Langa.

Mary Beth is a Research Scientist in the Survey Research Center and Population Studies Center at the University of Michigan (UM). She works closely with HRS Co-Investigators and staff to develop the questionnaires you complete and helps oversee day-to-day study operations. She researches transitions in physical and cognitive health, social support, and long-



term care services in old-age. Mary Beth became interested in aging when she spent a summer working at a retirement home during college. Following graduate school at UM she spent several years at the National

Center for Health Statistics, where she conducted research on population aging and helped design a national survey on aging. She returned to UM in 1997 and has been involved with the HRS ever since.

Ken is a Professor of Medicine in the Division of General Medicine and an Associate Director of the Institute



of Gerontology at the University of Michigan Medical School. He is also a practicing General Internist. His research focuses on chronic disease in older adults, especially Alzheimer's and other dementias. Ken became

interested in economic issues related to aging when doing graduate studies in Public Policy and first started collaborating with HRS investigators in 1998.

Both Mary Beth and Ken are longtime HRS co-investigators who have many peer-reviewed publications that make use of the HRS data. They help represent the HRS at venues around the country and the world. I couldn't do it without them. And none of us could do it without you.

Thank you for your dedication.

David Weir, Director
Health and Retirement Study



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Researcher Q&A

Good Memory

Two recent studies using HRS data show that staying socially connected and exercising can help your memory. The first study related marital status, volunteer activity, and frequency of contact with children, parents, and neighbors to changes in memory function in HRS participants age 65 and older. Those who were more socially connected in 1998 had much lower memory loss by 2004 than those with less social contact.

Another study examined the relationship between vigorous physical activity and dementia risk in HRS participants age 71 and older. Those who participated three or more times per week in vigorous activities like aerobics, sports, running, bicycling, and heavy housework were 21% less likely to be diagnosed with dementia 3 to 7 years later.

From: Karen Ertel and others, 2009, *American Journal of Public Health* and Mary Elizabeth Bowen, 2012, *American Journal of Health Promotion*

Jacqui Smith is one of the Co-Investigators of the HRS. She is responsible for the area of research that concerns how we are feeling about life and our relationships, the questions in the Participant Lifestyle Questionnaire you complete and mail back to us. We sat down with her recently to talk about this work.

Tell us a little bit about your research

My research focuses on psychological vitality at older ages (65 to 100+) and psychological predictors of longevity. Our research asks questions like: How do older adults maintain their vitality and sense of well-being? Why are some individuals more vital for more years than others? Does the quality of social and interpersonal interactions change later in life? What skills improve with age and life-long experience? The information we get from this questionnaire helps us address these important questions.

Why is this important?

First, because this is relatively uncharted territory. Compared to the first 30 years of life, scientists know relatively little about how we change and grow in later life. A second reason is that many people can now expect to live a long life, and we want to know more about what influences their vitality, well-being, and life quality during these added years. Feeling connected to others, useful, and satisfied with how your life is going has an impact on health.

How can this information make a difference?

The Participant Lifestyle Questionnaire is one of the places in the HRS where people can really tell us what they're thinking about, what their likes and dislikes are, what their interests are; all the activities that go into their life. Knowing more about these things helps us find ways to help people live better at older ages. For example, many older adults feel isolated because they can't get out of the house as much as they would like. That's important because loneliness has implications for health. We also ask how young you feel, which may seem fanciful, but it turns out that feeling younger than your actual age predicts health behaviors and longevity, and this feeling can also change over time. This kind of information is widely used by many researchers and others who are all working to make a positive difference in people's lives.



What HRS Participants Are Saying....

HRS participants live in every corner of the country and have many different stories to tell.

We often hear great things from you about your participation. Here's what some of you have to say:

"I believe that the government and the various organizations need to know what's happening with us old folks. What you're investigating and how you report it is important in letting them know how we feel. It is a very progressive program, and it needs to be done." – Male, age 88, Georgia

"I think the interview is interesting and I have really enjoyed my interviewers." – Female, age 96, Oregon

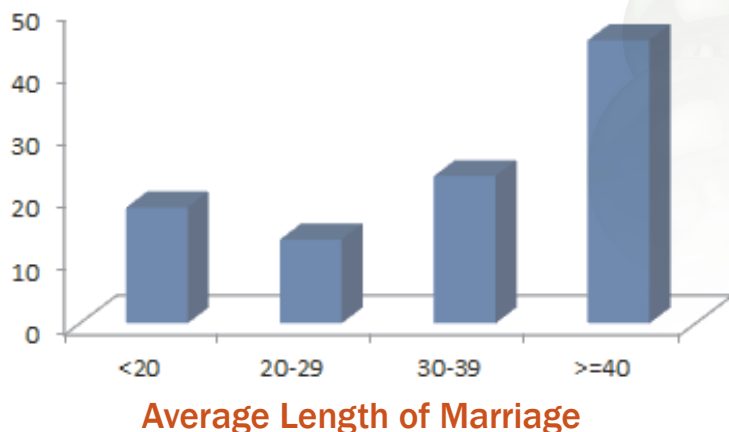
"Every day, in the United States, 10,000 people celebrate their 65th birthday. And I will soon be one of them. For me there is no better place to celebrate my birthday than at home. Like so many of my contemporaries, we never say 'I can't wait to move into a retirement community.'

With this in mind our nation must find solutions to help people age in place. Technology and home health services are advancing to meet that need. For this reason, I accepted the invitation ten years ago to participate in the Health and Retirement Study. I want to do my part in providing information that will help researchers, medical professionals, policy makers, and entrepreneurs find ways to help Americans age where and how they want." – Male, age 59, Ohio

Gardening Balance

One use of the HRS data is to help develop programs to prevent falls as we age. Using the data on how we spend our time, researchers found that gardeners had better balance and faster gait speed than non-gardeners. Participants who spent 1 hour or more gardening or doing yard work in the past week were defined as gardeners. The average time spent gardening was 4.8 hours per week.

From: Tuo-Yu Chen and Meghan Janke, 2012, *Journal of Aging and Physical Activity*



How Long Have You Been Married?

Among HRS participants who are married, 23 percent have been married for between 30 and 39 years. About 19 percent have been married less than 20 years, 13 percent have been married from 20 to 29 years, and about 45 percent have been married 40 or more years. From: 2010 HRS Data

HRS Around the World

Because of its importance, the HRS has become the model for a growing network of aging studies around the world—including England, Ireland, 20 European Union countries, Israel, Mexico, China, Japan, South Korea, and India. This means that we can now compare the impact of different national policies on the health and work patterns of older people in all of these countries.



Some recent studies find...

Personal Control and Disability

- Older adults in the U.S. report a very high sense of personal control, whereas older adults in the U.K. are much more likely to agree that events in life are not always under our control
- Disability is much lower for older U.S. adults with a high sense of control compared to older adults from the U.K.
- It may be that older adults in the U.S. who believe they control their own lives resist becoming helpless in hard times

Comparing Cognitive Function

- Older adults in the U.S. have more risks for heart disease and other diseases that may lead to poorer cognitive function
- Yet U.S. adults score much better than English adults on a measure of cognition
- U.S. adults tend to be wealthier and better educated and have less depression, which accounts for some of the U.S. cognitive advantage
- U.S. adults are also more likely to be taking medications for hypertension, which may help cognitive function

From: Phillipa Clarke and Jacqui Smith, 2011, *Journals of Gerontology: Psychological Sciences and Social Sciences*;
Kenneth Langa and others, 2009, *BMC Geriatrics*

Mental Retirement

Use it or lose it. We often hear that saying. But does it also hold for the aging brain? Does retirement lead to a decline in cognitive abilities? This is a tricky question to answer because some people may experience a health problem which causes both retirement and cognitive problems. To untangle cause and effect, researchers needed to find a factor that causes retirement but does not itself affect cognition or health. That factor is public pension systems, which vary across countries and cause people to retire early in some countries and late in others.

The researchers used HRS data with data from HRS sister studies in England and eleven European countries. They used the information on the word recall task to indicate cognitive ability. They found that countries with earlier retirement ages have much lower cognitive scores than those with workers who stay in the labor force longer. Retirement does, on average, lead to cognitive decline.

From: Susann Rowedder and Robert Willis, 2010, *Journal of Economic Perspectives*

Stroke: Does Where You Come from Matter?

Certain states in the southeastern U.S., known as the Stroke Belt, have more stroke cases. Findings from the HRS help explain why. The Stroke Belt includes North Carolina, South Carolina, Georgia, Tennessee, Arkansas, Mississippi, and Alabama. Researchers compared the risk of living in one of these states in childhood with staying there throughout life or immigrating there after childhood. For Whites, the only increased risk of stroke came from living in one of these states as a child. Moving to the Stroke Belt as an adult did not put Whites at higher risk of stroke. In contrast, Blacks who had lived in the Stroke Belt in childhood only were not at higher risk of stroke than those who had never lived there.

For Hispanics, country of origin seems to make a difference for stroke risk. Another study found that Hispanics living in the U.S. had a much lower risk of stroke than either non-Hispanic Whites or Hispanics born in the U.S. These findings show the importance of information on residential history for understanding disease risk over the life course.

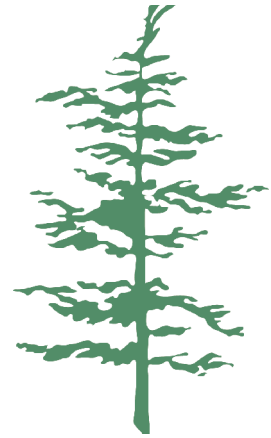
From: Maria Glymour and others, 2007, *Stroke* and J.R. Moon and others, 2012, *Stroke*

Your Information is Secure!

All of the research procedures used by the University of Michigan are designed to ensure that your confidentiality and anonymity are protected at each stage of the research—from data collection to public dissemination. Very careful safeguards are built into everything we do. All employees who work for our study sign a pledge of confidentiality to adhere to these procedures and safeguards.

Any Updates?

Have you moved? Changed address or phone number? Please call or write to us at the toll-free number or address listed to the right. You can also contact us by email: hqs-qanda@umich.edu with any changes. And be sure to check the HRS Participant website for updates as well!



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