

Director's Note

Through a combination of scientific advances in medicine and changes in our lifestyles, Americans are living longer than ever before. But are those extra years good years? How do we improve the quality of life as we age? This is one of the central questions behind the Health and Retirement Study. HRS gathers information

*"All of you
are making
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and well-being"*

across a wide range of issues that affect quality of life. In more than 20 years since the study began, researchers and policymakers have used your information to learn about what makes a

positive difference in people's lives. The data have now been used in over 2,000 research and policy publications. This HRS Update provides a small selection of research findings that reflect the broad range of topics covered in the study.

This issue of the Update also highlights Dr. Ken Langa's pioneering work on dementia using HRS data.

Ken is an integral part of the HRS senior leadership team. You may wonder why we ask many of the same questions over time. Ken's research illustrates why in the case of cognitive functioning. Ken and his research team have been able to show that trends like increased education and better treatment of cardiovascular disease are actually contributing to improved cognitive functioning at older ages.

Some of you have been with us for many years, sharing your experiences as life goes on. Your continuing dedication to the HRS is greatly appreciated. Others have joined more recently and we welcome you to the study. All of you are making an important contribution to America's health and well-being. Thank you again for sharing your valuable time and information with us.



David Weir, Director
Health and Retirement Study

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Living Nearby to Help Out

In the past, multiple generations living together was not uncommon. Now, older individuals are living healthier and more independently. Yet some may need assistance as they age. Rather than living in the same residence, family members are now more likely to be living near each other to help out. HRS provides information on residential moves to study who is moving where and why.

Using information from the main HRS survey, a new study examined how close children live to their aging parents and moves made over a two year period. They found that, among people age 69 and older, 14% increased their proximity to their children, due to their own change in residence or moves by their adult children. In fact, it is far more likely that it is the child who moves to be closer to the aging parent because of changes in his or her own life circumstances and the desire to support their parents. Parents who expected to live long were the most likely to move to be closer to their children.

From: Yiduo Zhang and others, *Research on Aging*, 2013



Good Neighbors

Feeling trust and connection with your neighbors may be good for your health. Recent HRS research using information obtained in the Lifestyle Questionnaire studied a group of people over age 50 with no history of stroke and followed them over four years to see what aspects of their social environment were associated with their risk of having a stroke. Other studies have focused on how negative neighborhood factors like noise and poor air quality can lead to poor health. But this study examined how positive neighborhood assets might contribute to good health.

Participants were asked to indicate how much they feel connected, the degree of trust in their neighborhood, neighborhood helpfulness and friendliness, or what researchers call neighborhood social cohesion. Higher perceived neighborhood social cohesion was associated with a 48 percent lower risk of stroke even after accounting for other risk factors such as other health problems.

From: Eric Kim and others, *Social Science & Medicine*, 2013.



Researcher Q&A

Ken Langa is an Associate Director of the HRS. 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. We talked with him recently about some of his HRS work.



What is your research on dementia finding?

The growing number of older adults in the U.S. and around the world guarantees that over the next few decades we will see a huge growth in people with dementia. However, in 2008, we reported one of the first studies suggesting a decline in U.S. dementia rates, using information from the HRS. Since then, several studies in Europe have confirmed the trend we saw in the HRS data. A perspective piece I recently co-authored for the New England Journal of Medicine documents these trends and highlights at least five recent studies suggesting that the risk of any individual getting dementia or Alzheimer's disease today is lower than it was about 20 years ago. This is good news because it means the average 75-year-old today may be less likely than a 75-year-old in 1993 to suffer from this devastating condition.

Why do you think the risk of Alzheimer's is declining?

We concluded that this decreased risk is likely due to a number of changes over the last few decades: People are completing more years of school, which helps the brain fight off dementia; and there's more awareness and better control of the risk factors that cause heart disease, which are also risk factors for Alzheimer's.

Are there other ways to reduce risk?

The consistency of the findings in the various studies from different countries around the world is encouraging because it suggests that, even if we don't find a medication to "cure" Alzheimer's disease and dementia, there are social and lifestyle factors that we can address that may decrease our risk.

Other research suggests additional factors that decrease the risk of Alzheimer's disease and dementia include early and ongoing education, physical activity, retiring later, having educated parents, maintaining social activities, and getting treatment for depression.

Where the Money Goes

Ever wonder where all your money goes? Tracking changes in spending as we age is one of the goals of HRS. A recent report used information from the Consumption and Activities Mail Survey (CAMS) that some HRS participants complete. It found that spending decreases as people age. For example, in 2009, overall household spending goes from a median of \$46,213 for age 50-64 to \$25,765 for 85 and older. The share of the budget spent on different categories changes as well:

- **Home-related expenses** represent 47 percent of the budget for people ages 50 to 64, dropping to 44 percent between ages 65 and 74
- **Health costs** are about 9 percent of the budget between ages 50 and 64, doubling to 18 percent after age 85
- **Transportation costs** drop from 14 percent of the budget of 50- to 64-year-olds to 8 percent for those 85 and older
- The same share is spent on **food** (12 percent) and **clothing** (3 percent) after retirement as before
- **Entertainment expenses** account for about the same percent of the budget before retirement and in early retirement, tapering off after age 86

From: Sudipto Banerjee, EBRI, 2012



Who is Driving?

In the past 10 years, the number of older drivers increased by 20 percent. According to the National Highway Traffic Safety Administration, there are more than 34 million drivers over the age of 65 in the U.S., which accounts for 16% of all licensed drivers. Older drivers are among the safest drivers on the road but many give up driving at some point. A recent study using information from the core HRS interview reported on possible reasons for driving cessation. In line with what other studies have found, older age, female gender, and minority race were associated with not driving. Surprisingly, those with arthritis were more likely to keep driving than those without the condition. Reporting a fall-related injury was associated with giving up driving in the future.

From: Elizabeth Dugan and Chae Man Lee, *Journal of Aging and Health*, 2013

Thank You for Staying with Us over the Years

You might be very surprised how important your continued participation is in the HRS. HRS is the only study of its kind—studying the U.S. population aged 50 and older. What makes it especially important is that we study the same people over time. That way, we can provide researchers and policymakers unique long-term information about the lives and needs of people 50 and over in the United States. For example, recent research used HRS data to study changes people experienced before during and after the Great Recession.



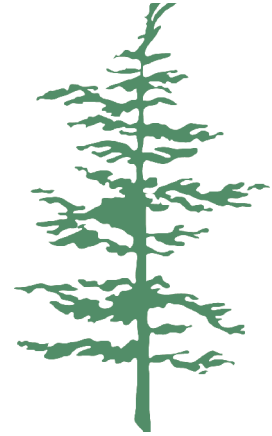
We Keep Your Information Confidential!

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.

Have you Moved?

Have you 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 e-mail us at HRS-QandA@umich.edu with any changes. And be sure to check the HRS Participant website for updates as well! Visit the participant website at

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



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Aging in Place

Many people are interested in remaining in their homes—living safely, independently, and comfortably as they age. A new study using HRS profiled the housing, functional status, and health status of those aged 55 and older to see what leads to successful “aging in place.” As of 2010, more than 47 million households in America were headed by people aged 55 and older. In this age group, 81% were homeowners, 14% paid rent, and 4% neither owned nor rented but lived with a relative, sometimes in the residence they previously owned. Across all housing types, a large proportion had made some modifications to better support their health and functional needs.

Questions in the main HRS survey ask about features that make it easier to get around (i.e., ramps, railings and wheelchair modifications) and those features that improve safety of older persons or those with a disability (i.e., grab bars, shower seat, call device to get help). Overall, 31 percent lived in residences with special safety features and 21 percent had homes with accessibility features. The most common modifications were in the shower/bath (grab bars or seats) and railings. While renters were in worse health generally, they were also more likely to have home modifications designed to improve home safety.

From: Gary V. Englehardt and others, *Research Institute for Housing America*, 2013

