



Director's Note

Is 60 the new 50?

People say we're not aging as fast as we used to. I turned 60 recently so it seemed like a good time to look into this a little more. Whenever I want to know something about getting older in America the first place I look is to see what you, the participants in the Health and Retirement Study, have to say. Every four years we ask you to fill out and mail back to us a questionnaire about your lifestyle and your attitudes and perspectives on things. One of the questions asks "how old do you feel?" It turns out that you do think "60 is the new 50." You also think "70 is the new 60" and even "90 is the new 80." On average, whatever age we actually are we feel about ten years younger.

Averages are important, but so are the things that make us different from one another. Each of you brings a unique set of life experiences to the study. Many of you said you feel about ten years younger than you are, but some of you said twenty years younger than you are, and some even said you feel older than you are. Those differences help us learn what makes one person feel younger than another. If we can see what makes us feel younger maybe that knowledge can help find ways to slow down aging for everyone.

Comparing people who feel much younger to those who don't we find there are many things that have only a small effect on how old we feel. Having a lot of money, for example, doesn't make much difference.

Having a lot of friends, and not feeling lonely makes us feel about a year or two younger. Two things really stand out as important in how old we feel. The first is no surprise—it's health. Health, and in particular our ability to get around, to take care of ourselves and others, makes a big difference. People who say their health is excellent feel about 12 years younger than people the same age who say their health is poor. The second factor, and just about as important, is having a sense of purpose in life, that is, feeling like your life has meaning. 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.

When it comes to health there are a lot of other people working to help. Billions of dollars are spent each year on research in universities and hospitals, and billions more by pharmaceutical and other companies developing products to make us healthier. But when it comes to having a sense of purpose there's no one out there working to solve our problems for us. It comes down to each of us

deciding what's important in our lives and making sure we spend some time and effort pursuing it.

Thank you, as always, for your time and dedication.

David Weir, Director
Health and Retirement Study



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Impact of Friendship for Women

Older middle-aged women who have negative experiences with friends or family may be at risk of developing high blood pressure.

Research using HRS found that women age 51 to 64 who did not have high blood pressure when they were interviewed in 2006 were more likely to develop it within four years if they reported feeling let down or criticized by friends or family. The same was not true for men.

From: Rodlesica Sneed and others, *Health Psychology*, 2014



Rewards of Caring

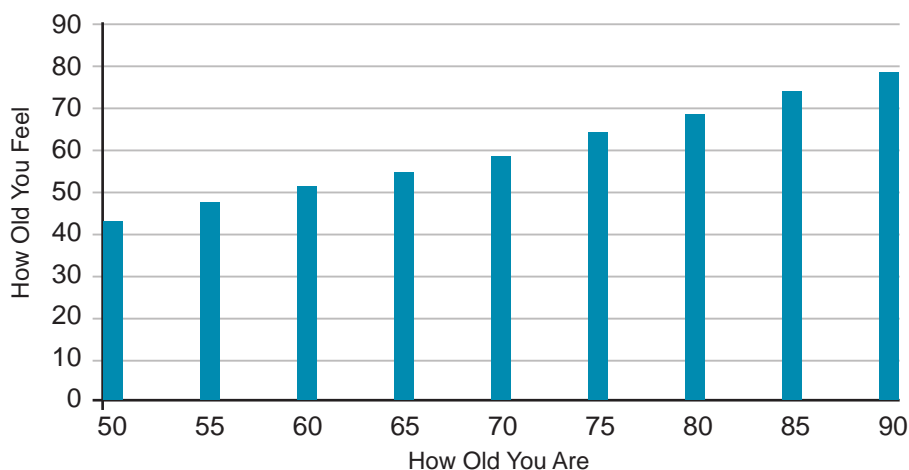
Many HRS participants have someone, usually a family member, who is caring for them, and many others are themselves caring for someone else. As part of an in-depth study of dementia, informants who were present at the interview were asked to complete a questionnaire about their role as a caregiver. A recent study using HRS data reported on information from those providing care to a family member with dementia or with mild cognitive impairment. They reported on a wide range of experiences providing care to their relative.

Caregivers were most often female children, and 62% were living with their aging relative. Those providing care to relatives with mild cognitive impairment reported an average of 133.7 care hours per month. Care of a relative with dementia was twice as hard, involving an average of 278 hours per month. Despite this significant time commitment, caregivers also reported on the rewards of caring for their relative including feeling closer to the person they were caring for and more in control of their relative's well-being.

From: Gwenith G. Fisher and others, *Journal of the American Geriatric Society*, 2011

Is 60 the new 50?

On average HRS participants feel about ten years younger than their actual age.



Source: HRS Data 2012

Researcher Q&A

Helen Levy is a health economist with broad expertise and public policy experience. Helen is a Research Associate Professor at the University of Michigan's Institute for Social Research and a co-investigator of the Health and Retirement Study. One line of Helen's research explores the effect of health literacy on access to care and other outcomes. We talked with her about some of her HRS work, which was published recently in the Journal of General Internal Medicine.



What is health literacy?

We think of health literacy as the ability to access and understand basic health information. Health literacy allows individuals to manage their own health and also to navigate the health care system. Individuals without adequate health literacy have worse access to medical care and are also at higher risk of becoming ill.

What is the digital divide and why does it matter?

The digital divide is inequality in access to, knowledge about, and use of information technology, like the World Wide Web. We looked at how health literacy affects whether or not older Americans use the Web to get health information. There is a lot of emphasis right now on Web-based interventions to help improve people's health, such as electronic health records, but many older Americans may not be prepared for these new tools – particularly those with low levels of health literacy.

Our HRS findings confirm that there's a digital divide when it comes to health care. Older Americans with low health literacy are less likely than those with higher health literacy to use the internet for accessing health information. We find that only about 9.7% of those with low health literacy used the internet to gather health-related information compared with 31.9% of those who had high health literacy. Older adults with low health literacy are at high risk of being left behind by the advance of technology. This could widen rather than narrow health disparities in the future.

How can we bridge the digital divide on health information?

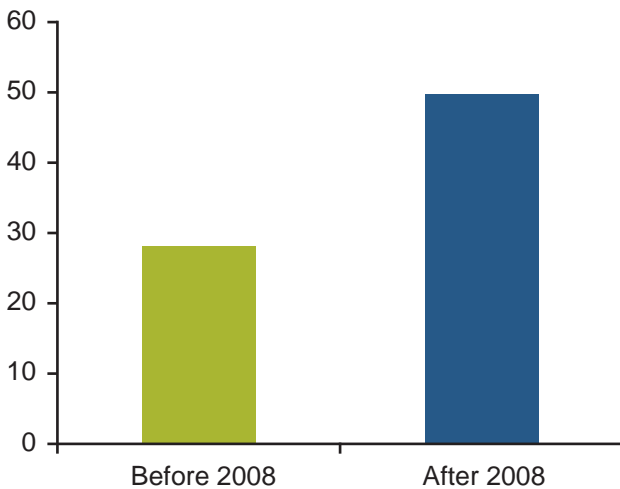
Making sure that Web-based health applications are accessible to everyone will help to minimize this "digital divide." Health care providers need to make sure that any technology they expect their patients to adopt, like an online patient portal, doesn't inadvertently disadvantage groups that are already at higher risk of being left behind. It is also worth noting that a majority of people - even those with high health literacy - still do not use the internet to access health information. So other types of communication remain important.

Recession Kept Some on the Job

The Great Recession of 2008–2009 took a toll on the retirement expectations of some older people in America. Because HRS asks the same questions over time, researchers can track changes in things like when people expect to retire and match it up to their actual retirement date. A new study using HRS data from 1992 to 2012 found that from 1992 to 2008 (the start of the recession), only 28% of workers retired after their expected retirement. However, that rose to 48% after September 2008.

From: Sudipto Banerjee and others, *Employee Benefit Research Institute*, 2014

Percent of Workers Retiring Later Than Expected Before and After the Great Recession



Gene for Memory Discovered

Keeping a good memory is one of the most important things to people as they age. Research using HRS data has identified a new gene that influences memory. Those with the gene *FASTKD2* performed better on some memory tests than those without it. This discovery could point the way to new treatments for the memory impairments caused by Alzheimer's disease or other age-related conditions. The researchers say that there is likely no single 'memory gene' but that memory is influenced by multiple genes as well as environment and lifestyle. Although the influence of *FASTKD2* was modest, it is similar to research in diabetes, cancer and hypertension that uncovered genes with similar effects that turned out to be targets for drugs that are now commonly used.

From: Vijay K. Ramanan and others, *Molecular Psychiatry*, 2014

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?

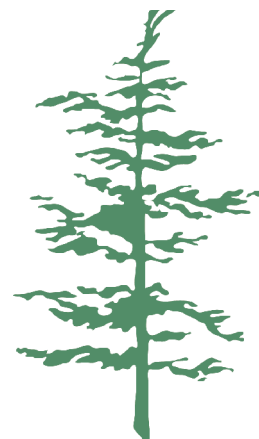
Have you changed address or phone number? Please call or write to us at the toll free number or address listed to the right. You can also e-mail us at HRS-QandA@umich.edu with any changes. And be sure to check the HRS Participant website for updates as well! Visit the participant website at

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

Thank You for Staying with Us over the Years

Getting older for most of us is a process of slow changes. We want to keep up with you and the changes in your life and the best way to do that is often just to ask many of the same things every time we see you. Maybe some things haven't changed for you, and that's just as important as knowing what has changed.

Fast or slow, old or young, all of your lives are important to us. Answering these questions over time is a valuable way that you contribute to understanding the issues we are all facing. Thank you for your continued participation and support!



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