



Director's Note

Five years ago, I introduced you to our two Associate Directors, Kenneth Langa and Mary Beth Ofstedal. Today, I am pleased to introduce our new Associate Director, Helen Levy, and to wish Mary Beth the very best as she moves to a new life stage. After 22 years of dedicated service to the HRS, Mary Beth has retired. Mary Beth's contribution to the HRS is enormous.

She has worked tirelessly over the years in close collaboration with other HRS co-investigators to develop the questionnaires you complete. She has also helped oversee nearly every aspect of the day-to-day operations of the study. She researches transitions in physical and cognitive health, social support, and long-term care services in old age and is looking forward to continuing to work with the HRS data on these topics. Following an early interest that drew her into the study of aging, she plans to spend time in her retirement volunteering with seniors.

Helen Levy is a Research Professor in the Survey Research Center and Population Studies Center at the University of Michigan (UM). Helen became interested in economic issues related to aging when studying the impact of serious health events on families' financial well-being. She started working with the HRS 20 years ago, and joined the HRS co-investigator team in 2011. She has been largely responsible for developing the content of the questionnaires related to health insurance and social services. In her new role as an Associate Director, she joins the team that oversees the operation of the survey, as well as overseeing the process that researchers must follow to use our confidential restricted data, such as sensitive health information. Some of her

recent work using HRS examined homelessness, finding that about 6 percent of Baby Boomers had experienced a period of homelessness some time in their lives. I am very grateful she is willing to help keep HRS on track.

As always, I am very grateful to all of you for all you do to keep us going. It wouldn't be the HRS without your dedication. Thank you!



David Weir, Director
Health and Retirement Study

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Grip Strength and Decline

One way to find out how strong we are is to measure handgrip strength, or how tightly we can grab an object. Grip strength tends to grow weaker with age and relates to how well we can take care of ourselves as we grow older. It even relates to how long we live. Findings from the HRS show that decreasing handgrip strength over the years was associated with problems with eating, walking, and bathing. Increasing muscle strength may be an important way to help keep people functioning independently as they age.

Source: McGrath and others, *Medicine and Science in Sports and Exercise*, 2018



Hearing Aids Help Cognitive Function

Cognitive function is the mental process that helps us learn and carry out our daily tasks. It often declines with age. By asking the same questions over the years, HRS can track those changes and how they relate to other factors. Hearing aids may have a positive effect on cognitive function in later life. In the HRS, people who began using hearing aids had slower decline in memory scores after they began using hearing aids. It may be that problems with hearing reduce mental activity, which may cause cognitive decline in later life. Hearing aids may help by increasing mental activity. They may also help people be more social and feel less depressed, which can also protect cognitive function.

Source: Maharani and others, *Journal of the American Geriatric Society*, 2018



Researcher Q & A

Jessica Faul is an Associate Research Scientist and co-investigator with the Health and Retirement Study. Her work focuses on socioeconomic predictors of health and health disparities across the life course. Her research brings together biological and social science data to study important outcomes like cognitive health. Jessica is also responsible for the collection of biological measures in the HRS. We talked with her about this important role.



Can you tell us how HRS collects blood samples?

When we first began collecting blood as part of the HRS, we obtained a small amount through a finger stick which was collected in the form of a dried blood spot on a card. That very small amount allowed us to run a small number of tests including things like cholesterol and blood glucose.

To be able to study a much larger number of blood tests, in 2016 we began asking HRS participants to allow us to draw venous blood. This has opened up many new valuable avenues of research.

Having venous blood also allows us to provide reports to participants on a wide range of blood tests that may be valuable to them when talking with their physicians.

What does venous blood allow you to study?

A venous blood draw includes white blood cells, which are the foundation of our immune systems. Having venous blood allows us for the first time to study how our immune systems change as we get older. No one has ever had measures of immune function in a large study like the HRS that can tell us something about the whole population. And because we will continue to collect blood through this same method in the years to come, we will be able to track changes in immune

function that can happen with age.

Why is that important?

Having more information about how immune function may change can help us better understand how the body fights infection as we age and how vaccines like the ones for pneumonia or shingles work for people at older ages.

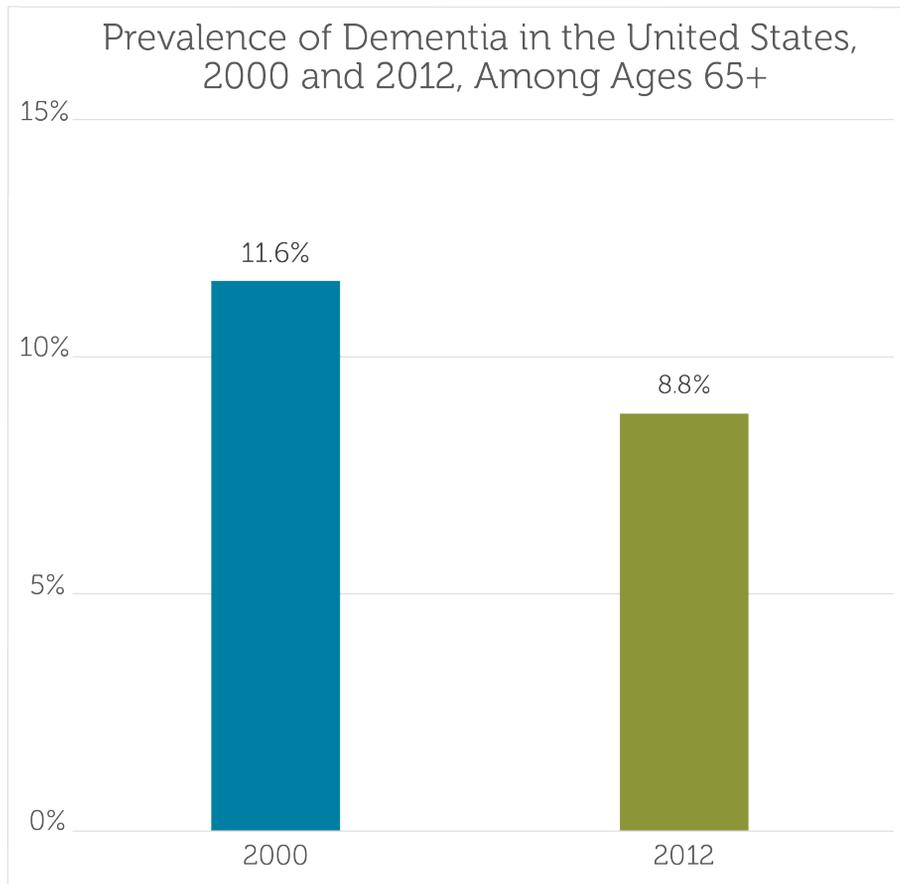
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Dementia Prevalence Decreasing

The prevalence of dementia among those age 65 and older decreased from 11.6% in 2000 to 8.8% in 2012. Increasing education levels may help explain this improvement. More years of education was associated with lower dementia risk, and average years of education increased from 11.8 years to 12.7 years between 2000 and 2012. Interestingly, the decline in dementia prevalence occurred even though over this time there were increases among older US adults in hypertension, diabetes, and obesity, which can have a negative impact on cognitive function.

Source: Langa and others, *JAMA Internal Medicine*, 2017



We Want To Hear From You

We are interested in gathering testimonials of your time on the HRS to be shared anonymously with other HRS respondents in future newsletters. If you would like to share your positive HRS experiences with us and others, please call our toll free number 1-866-611-6476 or email HRS-QandA@umich.edu.

Caregivers Retire Earlier

People nearing retirement often have family caregiving responsibilities that can make a difference for when they choose to retire. Two important ways that people care for their aging parents and adult children are helping them with both time and money. Compared to people with no care responsibilities, those who spent a lot of time caring and providing for grandchildren or aging parents retired earlier than those with no care responsibilities. Interestingly, very few people had heavy care responsibilities for both aging parents and adult children at the same time.

Source: Stoiko and Strough, *International Journal of Aging and Human Development*, 2018



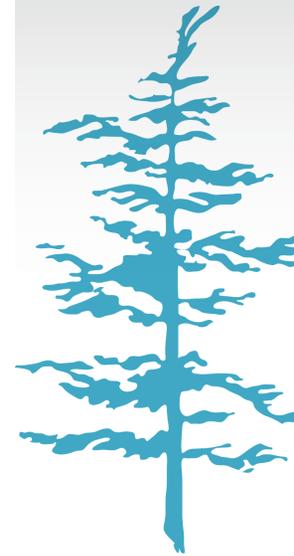
Keep in Touch

Contact Your Contact Person

As you know, at the end of your interview, we ask you to provide a name or two of a close family member or friend who we can contact if we are unable to reach you. It may be helpful to let your contact people know you have named them as a resource for us, in case we need to reach out to them. Thank you!

Have You Moved?

Have you changed your 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. 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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Certificate of Confidentiality

This research is funded by the NIH and holds a Certificate of Confidentiality (CoC) that offers additional protections for your identifiable research information, biospecimens, and records. The most important protection is that we cannot be forced to provide information about you in response to a court order unless you give us permission. Disclosure of your research information may only occur in limited specific instances. For the full detailed description of the CoC protections and exceptions to those protections, please refer to: <https://humansubjects.nih.gov/coc/NIH-funded>



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