



# HRS Data User News

## Fall 2005

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### Letter from the Director

Dear Colleagues,

These are exciting times for the HRS. As 2005 draws to a close, we are nearing the end of a six-year funding cycle that solidified the steady-state design begun in 1998, added important supplemental data collections, saw the growth of sister studies in a number of other countries, and laid the groundwork for important new developments to come. Our proposal to the NIA for another six years of funding was reviewed this summer and we are pleased to say that it received a very favorable review and a high priority score. The single most important measure by which the HRS is judged is the research that you, our users, accomplish with the data. All of you therefore share in our success. Our online bibliography is a good way to see what is being done with the study. We encourage you to check it frequently and please let us know about any of your work that should be included.

Recent and upcoming data releases. The early release of data from the 2004 wave is now available. This was the baseline year for a new cohort of early baby boomers, born 1948-53. We also collected physical performance measures, psychosocial questionnaires, and disability vignettes from subsamples. Two waves of data from the mail survey of consumption and time

use (CAMS) are now available, and we are in the field collecting a third. Soon we will be releasing data from the ADAMS dementia supplement—the first-ever nationally representative study of dementia prevalence. Watch, too, for data from the diabetes mail survey—our first effort at biomarker collection.

**International studies.** We are poised for a new era of international comparative research on aging as a growing number of countries develop their own longitudinal studies of aging combining country-specific elements with a deliberate effort to enhance comparability with HRS and each other. Data have been released for Mexico (MHAS 2001, 2003), England (ELSA 2002), nine countries of Europe (SHARE 2004), and will soon be collected in Korea (KLoSA).

**New developments in 2006-2011.** The most significant innovation in our design for the next six years is the development of our “enhanced face-to-face” (EFTF) interview. In addition to the standard longitudinal HRS content, these personal interviews will collect (from consenting respondents) physical performance measures, anthropometric measures, blood pressure, dried blood spots for the

measurement of cholesterol, hemoglobin A1c, and C-reactive protein, DNA samples to be placed in a repository, and a self-administered questionnaire of psychosocial measures. We expect this enhanced health content to greatly enrich the research potential of the HRS into the health and well-being of our older population. Our proposal called for these interviews to be spread evenly over the next three waves of data collection, beginning in 2006, with one-third of the sample receiving them each wave, and an expected interval of six years between them for any individual. With the encouragement of NIA and the research community, we are now considering accelerating that schedule to do one-half each wave with an expected interval of four years between EFTF interviews.

We are grateful to the user community for your continued interest and support. We also welcome questions and feedback through our e-mail help desk [hqsquest@isr.umich.edu](mailto:hqsquest@isr.umich.edu).

Sincerely,

Robert J. Willis, Co-Director  
David R. Weir, Co-Director  
Health and Retirement Study

## Economics/Health Research

### Net Worth Predicts Symptom Burden at the End of Life

Patient care at the end of life is directly related to wealth and patient access to health care. Older adults Silveira, et al., found are particularly vulnerable to symptoms that could be treated with palliative care at the end of life. They studied 2,604 deceased adults using Health and Retirement Study data from waves 1993-1998 representing 7.9 million older adults in the United States. Subjects ranged in age from age 70-108 (median 84). Data were collected from proxies (primarily a daughter/stepdaughter or spouse) following the death of the respondent. The researchers' unique findings included a significant inverse relationship between net worth and the incidence of six symptoms (symptom burden) at the end of life. Three of the symptoms, that the researchers expected to find at the end of life, were: anorexia, confusion and fatigue, while the other three symptoms would have been treatable: depression, dyspnea and pain.

Respondents with a net worth in the top two quartiles, more than \$182,000 and \$70,000-182,000, had the least symptom burden, with a likelihood of 9% and 10% of the six symptoms respectively. Net worth was significantly associated with one treatable symptom – pain, in an inverse dose-response fashion. The relationship of net worth to the other two treatable symptoms, depression and dyspnea, was not found to be statistically significant, however they also tended toward an inverse relationship with net worth.

#### Prevalence of Treatable Symptoms Found in Older Adults At the End of Life

Among older adults, at the end of life, approximately half experienced at least one of these medically treatable symptoms: 1. pain 2. depression or 3. dyspnea. Of the older adults studied that had pain, 59% experienced severe pain preceding death (Figure 1).

Pain was found most commonly among cancer patients (63%), lung disease (58%) and cardiovascular disease (56%). See figure 2. Those with pulmonary disease had an 83% prevalence of dyspnea, while those with cognitive impairment experienced the most depression at 56%.



Figure 1. Of the adults experiencing pain at the end of life, 41% have some pain, but 59% experience severe pain at the end of life.

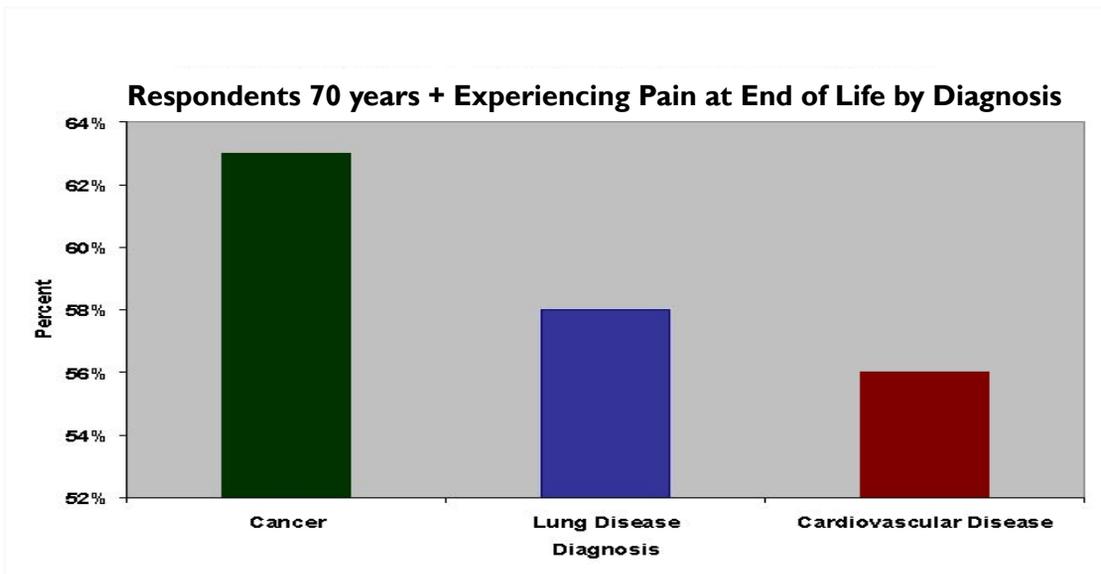


Figure 2. Percent of respondents experiencing pain by diagnosis

### Cognitive Impairment Leads to a Higher Risk of Symptom Burden

In addition, there was a statistically significant correlation between symptom burden (one-six symptoms) with age, net worth, and chronic conditions (cancer, lung disease, cardiovascular disease, stroke, and cognitive impairment). Age was inversely related to symptom burden in a dose-response manner. That finding has been also reported in other studies. Other statistical correlates with symptom burden included: a visit for health care, place of death, alcohol abuse, smoking, and year of death. Cognitive impairment had the strongest association with symptom burden. Those respondents had 43% more symptoms than those without cognitive impairment.

### Palliative Care Recommendations

Silveira, et al., noted that palliative care is primarily provided through hospice and inpatient services specifically designed for palliative care. Many older adults do not die in places where these services are found. They recommend that health care providers “either consider advanced age a life-limiting condition or trigger palliative care not by condition or prognosis, but by the presence of symptoms.”

Silveira, M.J., MD, MA, MPH, Kabeto, M.U., MD, and Langa, K.M., MD, PhD., [Net Worth Predicts Symptom Burden at the End of Life](#), Journal of Palliative Medicine, Vol. 8, No.4, 2005.

## Economics/Health Research

### The Impact of Childhood and Adult SES on Physical, Mental, and Cognitive Well-Being in Later Life

Multiple variables used by Luo and Waite, from HRS 1998, indicated that the socioeconomic status (SES) one has in childhood affects later physical, mental and cognitive health. The SES variables included: the educational attainment of the mother and father, if the father was a white-collar worker, whether the respondent identified the family as poor, average, or well-off. Health variables used to indicate well-being were: self-reported health, functional limitations, chronic conditions, depressive symptoms, self-rated memory and cognitive functioning. Luo and Waite found childhood SES variables had a significant effect on all six health outcomes. Those who were wealthy had better self-rated health and memory, but there was no advantage to wealth over average on the other four health variables. Those who reported being poor had significantly less well-being in later life than those with average or wealthy families in childhood.

The researchers also analyzed adult SES and interactions of SES variables with gender and race. Adult educational attainment and higher household income were strong predictors of all variables of well-being in a positive direction. The effects of adult SES on health were stronger for respondents with low childhood SES than those with higher childhood SES. Women reported more functional limitations and depressive symptoms than men, but their health indicators improved with adult education. Adult income had a larger positive effect for men's health.

Adult education and adult income affected Whites' and non-Whites' well-being differently. All health variables improved in Hispanics with increasing education attainment in adulthood, but the effect was weaker than in Whites. There was a stronger relationship between income and cognitive functioning for Blacks, than for Whites. These findings by Luo and Waite underscore the importance of childhood SES and social mobility.

Luo, Y. and Waite, L. J., [The Impact of Childhood and Adult SES on Physical, Mental, and Cognitive Well-Being in Later Life](#), *Journals of Gerontology, Series B: Social Sciences*, vol. 60B, pp. S93-S101, 2005.

### THE AGING, DEMOGRAPHICS, AND MEMORY STUDY (ADAMS)

ADAMS began as a supplement to the HRS with the specific aim of conducting a population-based study of dementia. ADAMS fieldwork began in August, 2001 continued through March, 2005. *Our projection is for data to be available by late 2005.*

At the beginning, HRS formed a partnership with a research team at Duke University to conduct in-person clinical assessments for dementia on selected HRS respondents. The purpose was to gather information on respondents' cognitive status and assign a diagnosis related to dementia. Prior community-based studies of dementia have focused on a particular geographical area or have been based on nationally distributed samples that are not representative of the population. This study was the first of its kind to conduct in-home assessments of dementia in a national sample that is representative of the elderly population in the United States.

## Behavioral/Medical Research

### Health Events and the Smoking Cessation of Middle-Aged Americans

If an older smoker experiences a serious health event are they likely to stop smoking, and if so, does the cessation behavior persist through time? Falba addresses these questions in research she conducted on the Health and Retirement study cohort who ranged in age from 51 to 61 in 1991. She performed her analysis and follow-up on data from HRS surveys in 1992, 1994, 1996 and 1998.

Serious health events do have substantial impacts on cessation rates of older smokers. Falba found that acute and chronic health events were both associated with a much lower likelihood of self-reported smoking from all waves. Serious health events included heart attack, stroke, cancer, chronic lung disease, diabetes, and heart disease. Chronic health problems considered were chronic heart failure, chronic lung disease, diabetes, or heart disease.

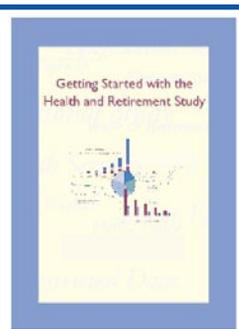
Falba states, “The results indicate that older smokers who suffer chronic or acute health events are consistently more likely to quit smoking than those who do not experience a new health event. Up to six years later, these differences persist.”

Falba, Tracy, Health Events and the Smoking Cessation of Middle-Aged Americans, Journal of Behavioral Medicine, Vol. 28, No. 1, Feb, 2005.

### For Release Winter 2006 a New Product for Data Users

### Getting Started with the Health and Retirement Study

We are developing a new resource guide for data users who are just becoming familiar with using the HRS data and our Web site. [Getting Started with the Health and Retirement Study](#) will be a PDF that can be downloaded and printed, it is designed to be placed in a three-ring binder, or it can be read on the computer and the hyperlinks opened to references to our Web site.



## Health/Family Research

### Health and Living Arrangements of Older Americans: Does Marriage Matter?

Policy makers are increasingly concerned with the living arrangements of the elderly and the part that plays in their health. Researchers now have the longitudinal data from AHEAD/HRS to study the effects of health on living arrangements, specifically, in this case, the difference marriage makes.

Liang, et al., used data from the Asset and Health Dynamics Among the Oldest Old Study (AHEAD) from three waves 1993, 1995, and 1998. This sample of individuals, 70 years or older in 1993 and spouses of any age, were split into two groups for the purpose of this analysis: 1.) those who were married (those co-habiting included) and 2.) those who were not. Self-reported health, physical functioning and cognition variables were then correlated to these two living arrangements.

The research is unique in that it had longitudinal data from a national sample over a five-year span that defined a time-sequence and the researchers could account for competing risks such as institutionalization or death. A full set of self-reported health measures was available to accurately assess the impact of marriage and non-marriage. The previous confusion of marriage status affects on health were avoided by analyzing the two groups separately. Liang et al., also controlled for prior living arrangements.

These researchers found that higher cognitive abilities in unmarried adults led to a lower probability of living with children or others. In contrast, self-reported health and cognitive abilities were significantly less important for the living arrangements of married individuals. Being married led to a significantly less likelihood of nursing home admission, for example. Those living with children, also, were less likely to be admitted to a nursing home. These research findings support the importance of marriage in maintaining a stable living arrangement over time in those individuals 70 years old and older.

Liang, J., Brown, J.W., Krause, N. M., Ofstedal, M. B., and Bennett, J., Health and Living Arrangements of Older Americans: Does Marriage Matter? *Journal of Aging and Health*, vol. 17., no. 3, pp. 305, 2005.

## Selected Citations for Journal Articles Using HRS Data from 2005

Taken from the [Dynamic Bibliography](#) on the HRS Web site:

### Economics

Herd, P., Ensuring a Minimum: Social Security Reform and Women, *The Gerontologist*, vol. 45, 2005.

Johnson, R. W., Uccello, C. E., and Goldwyn, J. H., Who foregoes survivor protection in employer-sponsored pension annuities? *The Gerontologist*, vol. 45, pp. 26-35, 2005.

Kim, H. and Lee, J., Unequal Effects of Elders' Health Problems on Wealth Depletion across Race and Ethnicity *Journal of Consumer Affairs*, pp. 148-72, 2005.

### Labor

Emptage, N. P., Sturm, R., and Robinson, R. L., Depression and comorbid pain as predictors of disability, employment, insurance status, and health care costs. *Psychiatric services (Washington, D.C.)*, vol. 56, pp. 468-74, 2005.

Szinovacz, M. and Davey, A., Predictors of Perceptions of Involuntary Retirement *The Gerontologist*, vol. 45, pp. 36-47, 2005.

### Family

Brown, S. L., Bulanda, J. R., and Lee, G. R., The Significance of Cohabitation: Marital Status and Mental Health Benefits among Middle-Aged and Older Adults *The Journals of Gerontology: Social Sciences*, vol. 60B, pp. S521-S529, 2005.

### Health

Baker, D. W. and Sudano, J. J., Health insurance coverage during the years preceding medicare eligibility. *Archives of internal medicine*, vol. 165, pp. 770-6, 2005.

Cook, C., Stickley, L., Ramey, K., and Knotts, V. J., A variables associated with occupational and physical therapy stroke rehabilitation utilization and outcomes. *Journal of allied health*, vol. pp. 3-10, 2005.

Falba, T. A. and Busch, S. H., Survival expectations of the obese: is excess mortality reflected in perceptions? *Obesity research*, vol. pp. 754-61, 2005.

Fultz, N. H., Rahrig Jenkins, K., Ostbye, T., Taylor, D. H. J., Kabeto, M. U., and Langa, K. M., The impact of own and spouse's urinary incontinence on depressive symptoms. *Social science & medicine (1982)*, vol. pp. 2537-48, 2005.

He, X. Z. and Baker, D. W., Differences in leisure-time, household, and work-related physical activity by race, ethnicity, and education. *Journal of general internal medicine*, vol. 20, pp. 259-66, 2005.

Killian, T. S., Turner, J., and Cain, R., Depressive symptoms of caregiving women in midlife: the role of physical health. *J Women Aging*, vol. 17, pp. 115-27, 2005.

Lum, T. Y. and Lightfoot, E., The Effects of Volunteering on the Physical and Mental Health of Older People *Research on Aging*, vol. 27, pp. 31-55, 2005.

### Cross-National Projects Data Available

\* Mexican Health and Aging Study (MHAS): A prospective panel study of health and aging in Mexico. Data and documentation are available.

\* English Longitudinal Study of Ageing (ELSA): The ELSA data set is available through the Economic and Social Data Service.

\* Survey of Health, Aging and Retirement in Europe (SHARE): The initial release of SHARE data is now available.

[Click here to find links to the Web pages.](#)

## Conference Exhibit Booth

### Gerontological Society of America

The Health and Retirement Study (HRS) will have an exhibit booth at the annual meeting of the Gerontological Society of America (GSA) that has been relocated to Orlando, Florida, November 18-22, 2005.

Look for the HRS exhibit at GSA. The theme is “The Interdisciplinary Mandate.” Our booth is Booth 609, please drop by. For more complete information about the conference, please visit [www.agingconference.org](http://www.agingconference.org) or call (202) 842-1275.

## Data Products

- [HRS Tracker 2002](#) (version 2.0) (October 2005)
- [HRS 2004 Core Imputation Early Release](#) (October 2005)
- [New HRS RAND Data File Released](#) (version E) (August 2005)
- [HRS 2004 Core Early Release](#) (Version 1.0) (August 2005)
- [HRS 2001 Human Capital Mail Survey \(HUMS\) College Tuition Imputation Release](#) (Version 1) (July 2005)
- [Cross-Wave Employment and Pension Data Files Released](#) (June 2005)

### GAO Uses HRS Data in Report on MEDICAID

A Report to Congressional Requesters  
Excerpt from GAO Highlights

In fiscal year 2004, the Medicaid program financed about \$93 billion for long-term care services. To qualify for Medicaid, individuals’ assets must be below certain limits. Because long-term care services can be costly, those who pay privately may quickly deplete their assets and become eligible for Medicaid. In some cases, individuals might transfer assets to spouses or other family members to become financially eligible for Medicaid. Those who transfer assets for less than fair market value may be subject to a penalty period that can delay their eligibility for Medicaid.

GAO was asked to provide data on transfers of assets. GAO reviewed (1) the level of assets held and

transferred by the elderly, (2) methods used to transfer assets that may result in penalties, (3) how states determined financial eligibility for Medicaid long-term care, and (4) guidance the Centers for Medicare & Medicaid Services (CMS) has provided states regarding the treatment of asset transfers. **GAO analyzed data on levels of assets and cash transfers made by the elderly from the 2002 Health and Retirement Study (HRS), a national panel survey; analyzed states’ Medicaid applications; and interviewed officials from nine states about their eligibility determination processes.**

For more information see Highlights:  
<http://www.gao.gov/highlights/d05968high.pdf>

To view the full GAO report go to:  
<http://www.gao.gov/new.items/d05968.pdf>  
Or contact Kathryn G. Allen at [allenk@gao.gov](mailto:allenk@gao.gov).

## On the Web —

### [HRS Participant Web Site](#)

This site provides links to important information about the study, including a note to Health and Retirement Study Participants from the HRS staff at the University of Michigan, HRS Study Brochures for participants, and an archive of the Participant Newsletters, including the new [Summer 2005](#).

## HRS in the News

Red Nova News.com

Oct. 24, 2005

### [Depression Raises Disability Risk](#)

research by Dunlop, et al.

## Funding Sources

Current National Institute on Aging Funding Opportunities

<http://www.nia.nih.gov/GrantsAndTraining/FundingOpportunities/>

## Our HRS Web site

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

## THE HEALTH AND RETIREMENT STUDY

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## Our Sponsors

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