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**Older Americans who live with their children  
get more Medicare-paid help than peers  
who are just as disabled but live alone.**

ANN ARBOR --- For older Americans, living with an adult child has some unexpected advantages, a new University of Michigan study shows. The study, published in the current (February 2001) issue of *Medical Care*, finds that unmarried people age 70 and older who lived with their adult children received about 40 hours a week of paid home care compared to 26 hours received by unmarried elders who were equally disabled and lived alone.

"Having an adult child on hand to 'navigate' the Medicare system seems to have a major impact on the amount of home care the elderly receive," says Kenneth M. Langa, an assistant professor of internal medicine at the U-M Medical School and first author of the study.

The study findings, showing that the bulk of the skyrocketing increase in paid home care during the mid-90s did *not* go to older Americans with lower levels of social support, provide fuel for the public policy debate about how to restructure Medicare to better address the needs of an aging population while also limiting cost increases.

For the study, Langa and colleagues analyzed data on more than 3,000 Americans aged 70 and over from the **Health & Retirement Study, funded by the National Institute on Aging and conducted at the U-M Institute for Social Research**, the world's largest academic survey and research organization. All of those studied were at least 70 years old, lived in the community rather than a nursing home or assisted living facility, and needed help with one or more daily activity, such as eating, dressing, bathing, walking across a room, preparing meals, taking medications, or managing money.

For the analysis, Langa and U-M researchers Michael E. Chernew, Mohammed U. Kabeto, and Steven J. Katz compared the amount of paid home care received in 1993 and 1995 by three groups of older men and women: the married, the unmarried who lived alone, and the unmarried who lived with others, in most cases, their adult children. They controlled for a number of variables that might affect the amount of paid home services needed and received, including age, gender, race, chronic medical conditions, number of daily activity limitations, recent hospitalizations and nursing home stays, economic status, and the amount of unpaid care received from family members.

After adjusting for all these factors, they found that, among those who received paid home care in 1993, the unmarried elderly who lived alone received about 24 hours a week, the unmarried who lived with others received 13 hours, and married couples received 18 hours a week. By 1995, those figures had increased to 26 hours, 40 hours, and 24 hours, respectively.

During the period studied, public expenditures for home health care services exploded, the authors note, growing about 20 percent a year, from \$5 to \$18 billion between 1990 and 1997. In comparison, private spending on home health care grew by only about 9 percent per year.

"Whether you think that this distribution of services is good or bad depends on your view of the goals of home care," says Langa. "If the purpose of paid home care is to help adult children care for their parents, then getting paid help may allow to them to do this while staying in the workforce. If you believe that the purpose is to target the vulnerable elderly who are socially isolated, in the hope that providing paid home care will reduce the likelihood they'll need to move into nursing homes, then the result of the study is not as reassuring."

Langa and his colleagues plan to analyze the 2000 wave of data from the U-M Health & Retirement Study to see how the use of paid and unpaid home health care was affected by 1997 changes in the Medicare payment system designed to control skyrocketing home care spending.

During the time this work was completed, Langa was a Robert Wood Johnson Foundation Clinical Scholar and Katz was a Robert Wood Johnson Foundation Generalist Faculty Scholar.

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