



# Add Health Parent Study

## Overview & Recent Findings

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Add Health User Conference  
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## **Add Health Parent Study (AHPS) funding:**

R21 AG042663-01, *Locating the Parents of Add Health*, K. M. Harris, V. J. Hotz, & J. A. Seltzer, PIs.

R01 AG042794-01, *Add Health Parent Study: Phase I*, V. J. Hotz & K. M. Harris, PIs.

P30 AG034424, *Center for Population Health and Aging (Duke)*, S. Lynch, PI.

# What is the AHPS?

- A data source to study aging processes in 2+ generations & intergenerational linkages in health, behaviors & relationships.





# Research Questions Motivating the **Add Health Parent Study**

- 
- ***Health conditions & behaviors*** run in families:
    - ***Cardiovascular disease*** (CVD)
    - ***Obesity***
    - ***Substance abuse***, e.g., alcoholism, smoking, drugs.
  - Can ***parents' health statuses & trajectories*** be used to ***predict*** their (adult) ***children's health trajectories?***

- **Cognitive ability** (e.g., IQ) **predictive of range of outcomes**, including health, successful careers, other indicators of well-being
  - So are **non-cognitive skills, personality traits & preferences** (e.g., aversion to risk, impatience)
- Are **parents'** cognition & non-cognitive skills **predictive of their children's** cognition & skills?
- Do they help account for **similarities & differences in health & well-being across generations?**

- Caring for ***Baby Boomer Generation***
  - ***Family members*** are important source of ***caregiving*** for ***elderly*** who are ***ill & disabled***
    - Arno et al. (1999) estimate costs of informal care provided by family = \$197B; costs of than nursing home care = \$83B; costs of formal home health care = \$32B.
  - ***Will kids take care of their step-dads?***
    - Incidence of ***divorce*** or ***non-marital fertility*** is sizable for those in ***Baby Boomer Generation***.
    - Figuring out its consequences are crucial for assessing costs to families & adequacy of public policy of caring for this generation over the next 20-30 years.

# Relationships between Generations

- Economic demographers Ronald Lee & Andrew Mason have characterized *nations' transfer of resources between generations*, especially public transfers, & their *effects on society well-being*.
- What is extent of transfers of resources (time & money) *between generations within families*?
- What *effects* do *transfers* have on *health & well-being of each generation*?
- Do *economic and health disparities adversely affect families' capacity* to provide intergenerational *safety nets*?



# Intergenerational Mobility

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- Growing evidence that ***what parents do & don't do*** for ***young children*** and ***adolescents*** is important for whether ***initial inequality in economic & social status*** and ***health*** is ***perpetuated***.
- Does ***what parents do & don't do*** in a child's ***adult life*** continue to matter?



# **Add Health Parent Study**

## **Sample Design & Data Collection**

# Origins of Add Health Parent Study

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- In **Wave I** (1995) of **Add Health**, a *parent* (mostly mothers) of each **Add Health Sample Member (AHSM)** was interviewed.
- Parents referred to as **Wave I Parent (W1P)**.
  - At Wave I they were 35-50 years old.

# Data Collected on Parents in Wave I of Add Health Study

## **A: About themselves**

- Age, race, ethnicity
- Marital status
- Religion, church attendance
- Education
- Work, disability
- Income, material hardship
- Neighborhood conditions
- Marital history
- Life happiness
- **General health**
- **Health behaviors (alcohol & tobacco use)**

## **B: About their Spouse/Partner**

- Sex, age, race, ethnicity
- Religion
- Education
- Work, disability
- Public assistance
- Relationship satisfaction
- Life happiness
- **General health**
- **Health behaviors (alcohol & tobacco use)**

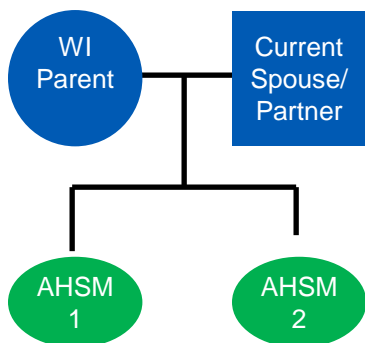
## **C: About their AHSM Child(ren)**

- Relationship to child
- Presence of bio parents in household
- Child's friends
- Educational expectations
- Involvement in child's school and schoolwork
- **Relationship with child**
- **Cognitive functioning**
- **Health, health insurance**
- **Birthweight**
- **Health behaviors**
- Communication about sex
- Child's social life
- **Family health history (child, bio mother, bio father)**
- Disability
- For twins: determination of fraternal vs identical <sup>12</sup>

- **Add Health Parent Study [AHPS, 2015-2017]** 20-year follow-up study of **subsample of W1Ps**.
- Sample of **W1Ps** re-interviewed around **Wave V** of **Add Health Study** in years 2015-2017.
  - Sampled *biological, adoptive* or *step parents* of living **AHSMs**.
  - Sampling based on population representativeness of **AHSMs**.
  - Data collected paralleled that in previous Waves of **Add Health Study** & *other aging studies* (HRS, NSHAP)
- Also interviewed current *spouses or partners* (**S/Ps**) of **W1Ps**.
  - May or may not have been a parent of **AHSMs** back at **Wave I**.
  - Data collected from **S/Ps** paralleled that collected from W1P.

# AHPS Parent & AHSM Child Pairs

## WI Family Cluster A

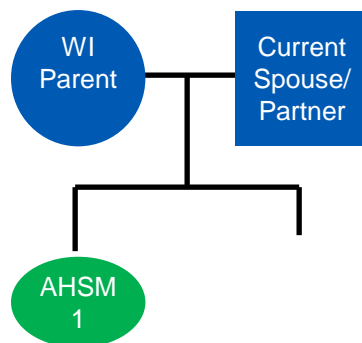


**2 AHSM – WI Parent Pairs**

**2 Parent-Figures**

(WI Parent & Current Spouse/Partner)

## WI Family Cluster B

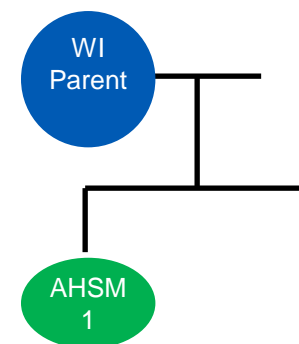


**1 AHSM – WI Parent Pair**

**2 Parent-Figures**

(WI Parent & Current Spouse/Partner)

## WI Family Cluster C



**1 AHSM – WI Parent Pair**

**1 Parent-Figure**

(WI Parent))

- Some Family Clusters include both biological parent-figures of **AHSMs**; Others include bio parent & step-parent.
- **AHSMs** in multiple-AHSM Family Clusters include twins, non-twin full sibs &/or half-sibs.

# AHPS Sample Targets & Completed Interviews

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<b>Target Wave I Parents (W1Ps)</b>	3,108
<b>Target Spouse/Partners (S/Ps) (60% of interviewed W1Ps)</b>	1,492
<b>AHSMs of Targeted W1Ps</b>	3,416
 <i>Completed Sample:</i>	
<b>Wave I Parents (W1Ps)</b>	2,013
<b>Spouse/Partners (S/Ps)</b>	988
<b>AHSMs of Completed W1 Parents*</b>	2,247

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\*So we have **2,247 parent-child “pairs”** available for analyses.

<b>Wave 1 Parents (W1Ps)</b>	Total	Replicate 1	Replicate 2
Sample Pool of W1Ps	3,805	2,691	1,114
Target Sample for W1Ps	3,108	2,198	910
Non-completed Screeners	1,702	1,138	564
Completed Screeners but Not Interviews	89	63	26
Completed Screeners & Interviews	2,013	1,489	524
Completion Rate (Completes/Target)	64.8%	67.7%	57.6%



# Completion Rates (S/Ps)



<b>W1Ps' Spouse/Partners (S/Ps)</b>	Total	Replicate 1	Replicate 2
W1Ps Completed Screener & Interview	2,013	1,490	524
Eligible/Available S/Ps	1,269	943	326
S/Ps Completed Interview	988	757	231
Completion Rate (Completes/Eligible)	77.9%	80.3%	70.9%

# Completion Rates (**AHSMs** of AHPS W1Ps)

	Total	Rep 1	Rep 2
<b>AHSM</b>			
Total of Non-completed Screeners	1,835 (43.85%)	1,226 (41.36%)	608 (49.92%)
Total of Completed Screeners but no Completed Interviews	100 (2.39%)	72 (2.43%)	28 (2.30%)
Total of Completed Screeners & Interviews	2,248 (53.75%)	1,666 (56.21%)	582 (47.78%)
<b>Total</b>	4,182	2,964	1,218
<b>AHSMs</b> of Ineligibles* W1Ps	257	192	65
<b>Adjusted Interview Completion Rate</b>	3,925	2,772	1,153

## 1. Health and Health Conditions

- Physical and mental health, medications inventory (**Add Health**, HRS, NSHAP)
- Health insurance, access to care (HRS)
- Health behaviors (**Add Health**, HRS, NSHAP)
- Chronic disease, disability, acute health shocks (**Add Health**; HRS)
- Social integration, support, strain and stress (NSHAP, HRS, MIDUS)

## 2. Personality, Cognitive Processing & Preferences

- Big 5 (**Add Health**, Wave IV)
- Duckworth Grit Index (**New**)
- Word Recall Tests (**Add Health**, Wave IV)
- Counting Backwards (HRS)
- Risk & Patience/Time Preferences (**GSOEP**)

## 3. Relationships btwn generations

- Gathering Family Rosters (one up, one down) (**PSID**)
- Time & Money Transfers (**PSID**)
- Long Term Transfers & Financial Help (**PSID**)
- Notions of Safety Net provided & expected (**New**)
- Parents' Perceptions & Knowledge of (Adult) Child's situations & behaviors (**New**)

## 4. Economic & time capabilities

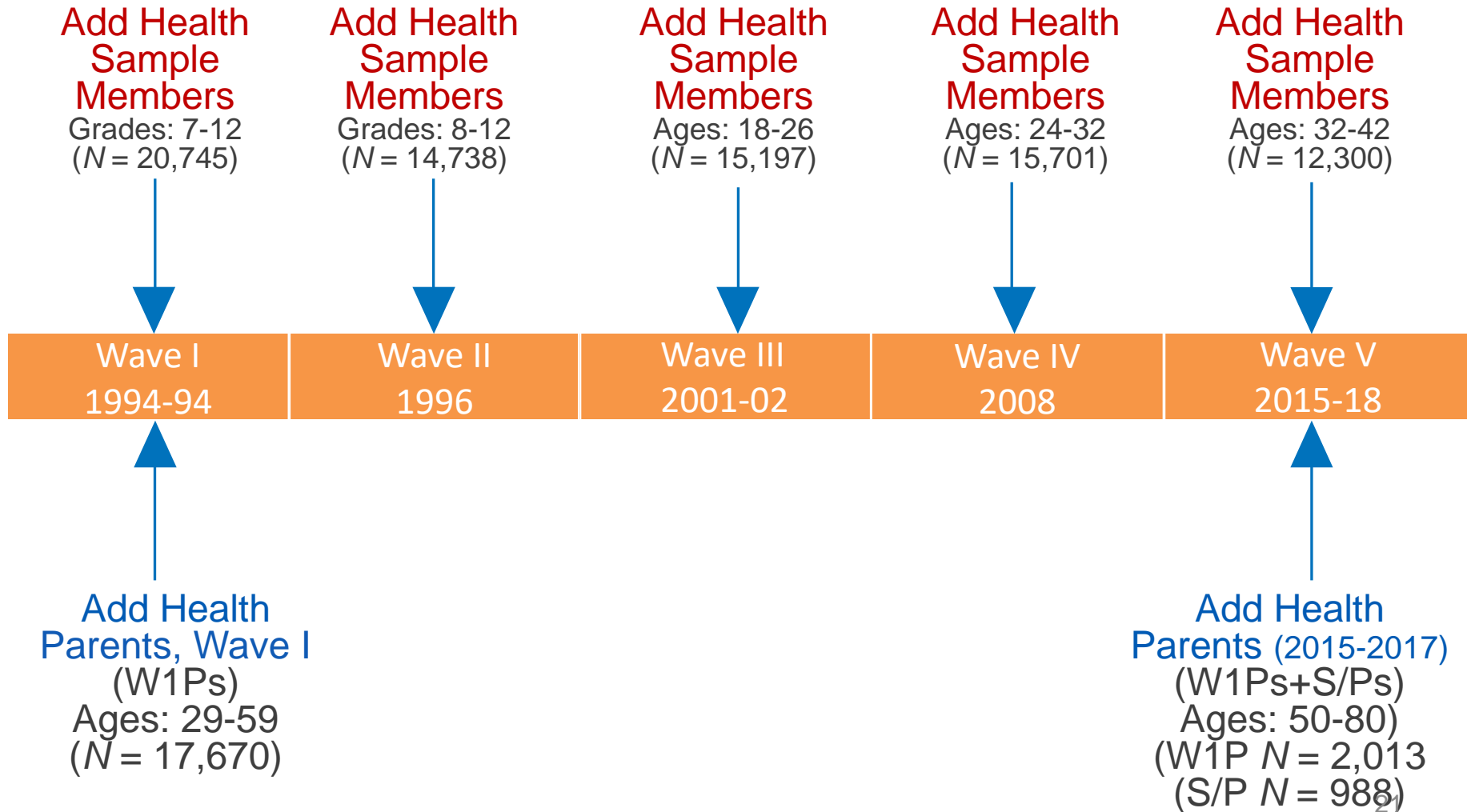
- Employment (HRS)
- Labor Market Earnings (HRS)
- Retirement: Pensions received & expected (HRS)
- Housing (HRS, **PSID**)
- Assets & Income from Assets (HRS)
- Debt (HRS, **PSID**)

## Additional Information Collected:

- Collection of **Family Health Histories** with leave-behind questionnaire
  - We collected **health data** on **3-generations**.
  - 75% completion rates,  
More on these data below.
- **Consents** to link **Administrative Records** (present, past & future)
  - **Medicare & Medicaid**
  - **Housing valuations** & foreclosures of place-of-residence
  - Links have not been made, but can be.
- **Residential Locations** for linking to data on:
  - Economic, demographic status of neighborhoods
  - Food environments
  - Environments for exercise, etc.
  - Others.

Such contextual data can be linked through **Add Health Ancillary Data Process**.

# Timeline of AHPS & Add Health Surveys

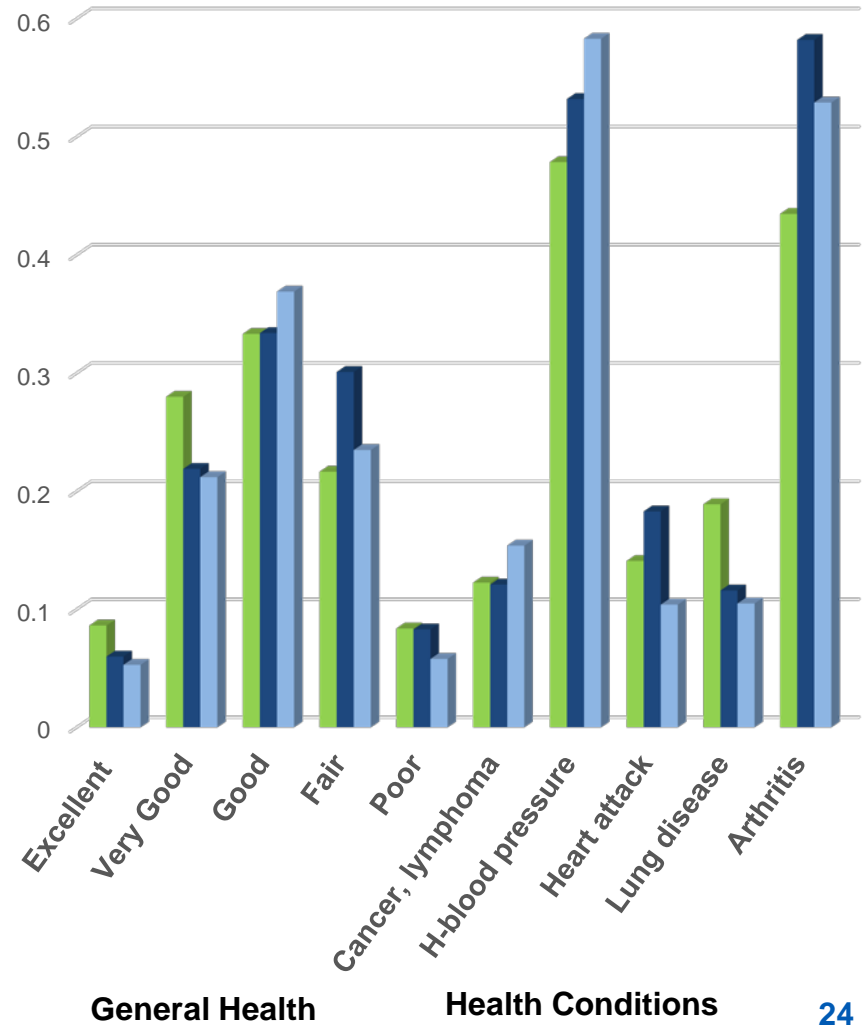
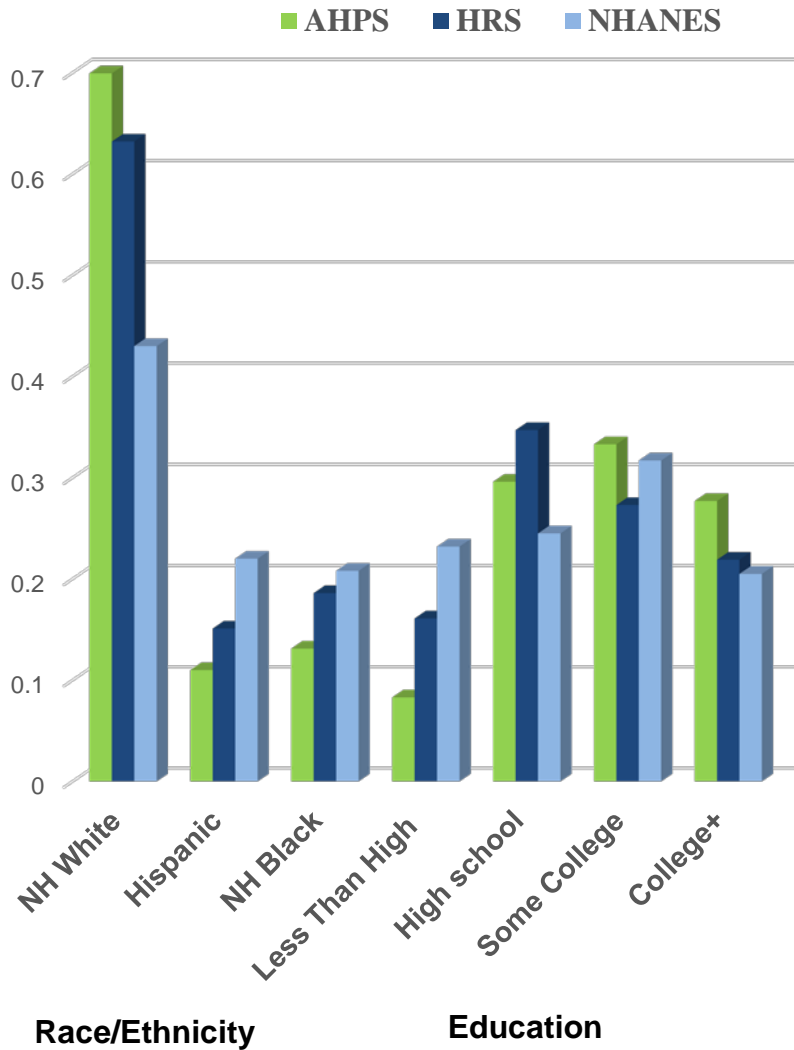




# **AHPS** Benchmarked against Other Health-Related Data Sets

- Majority of **AHPS W1Ps** interviewed at Wave I (97%) are ***female*** & all ***had children***.
- We ***compare*** **AHPS W1Ps** in **Parent (2015-17)** ***with*** women in ***HRS*** & ***NHANES***.

# Comparison of AHPS with HRS & NHANES







# **AHPS & Add Health Linked Data: Ways to Use It & Some Findings**

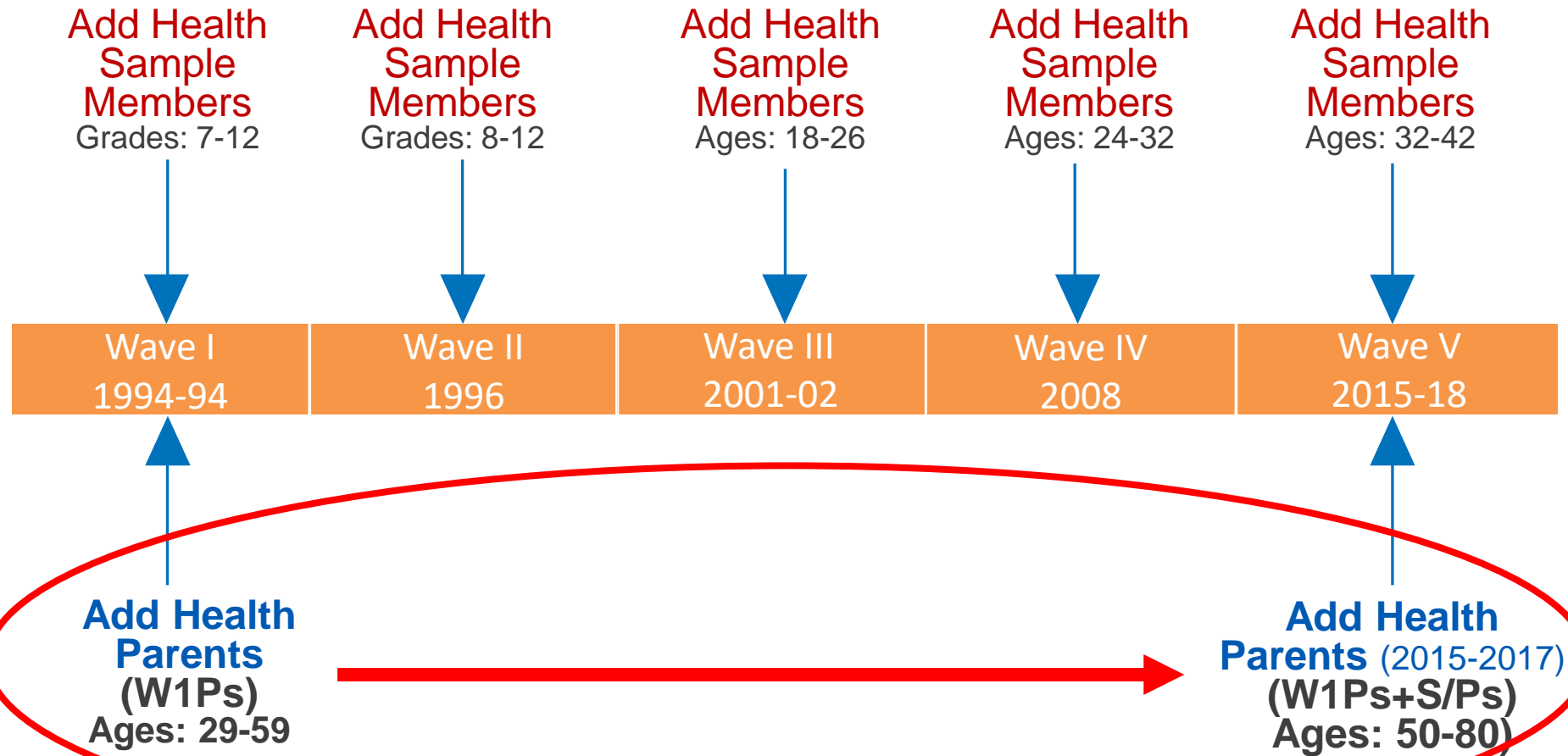
# At Least 4 Ways to Use Linked Data

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- 1. Longitudinal (2-waves) analyses of parents to study life cycle changes**
- 2. Contemporaneous comparisons of status & interactions between generations**
- 3. Intergenerational correlations of outcomes & attainment at comparable ages.**
- 4. Intergenerational analyses with “sibling” comparative designs.**

- 
- One can use data on **Parents @ Wave I** and **Parents @ Wave V** to changes over life course, i.e., **changes with age**.
  - These **two waves** of data on parents contain **comparable measures** of general health, health behaviors & some other outcomes at **ages 29-59 & at 50-80**.

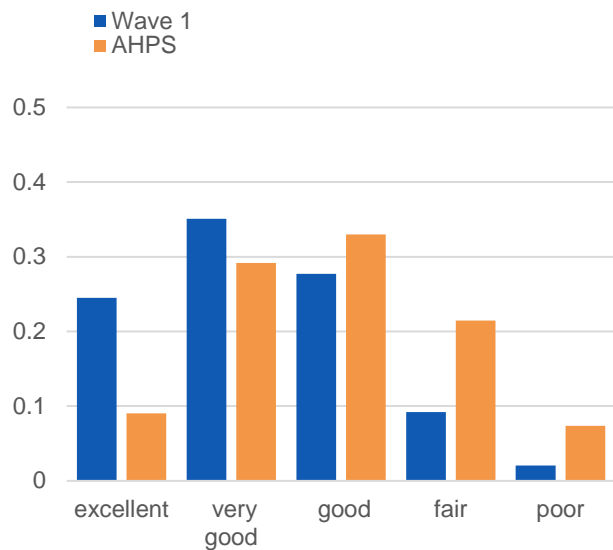
# Changes with Age



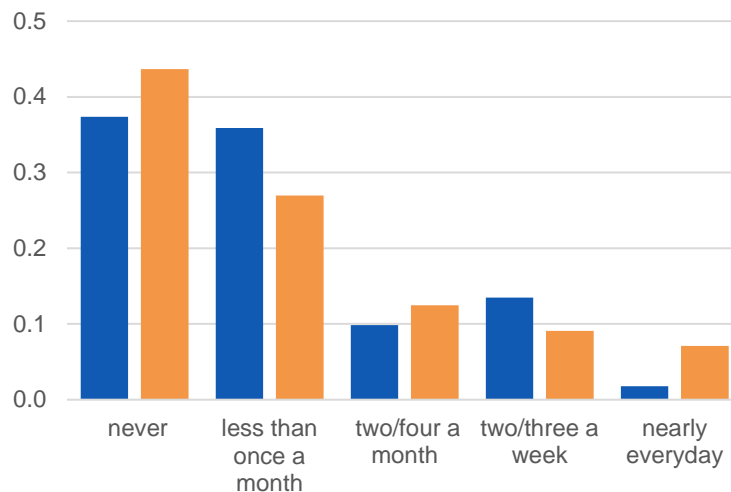
## Construction of Analytic file:

- Merge **allwave1.xpt** with **Parent2.xpt** using the **AHSM** unique identifier (**aid**)
- 
- Keep unique parent observations using the parent 2 respondent ID (**pfmid**)

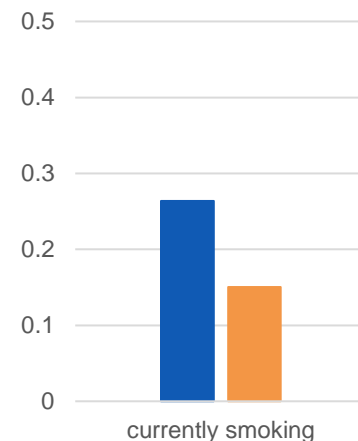
# Changes with Age



Self-Reported General Health

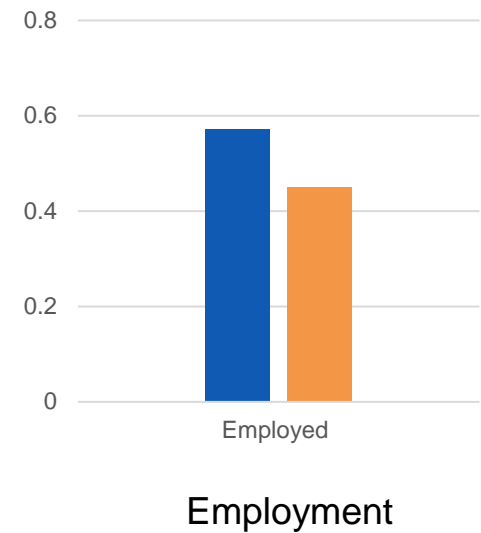
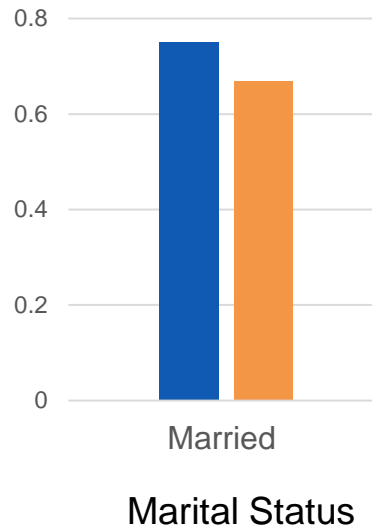
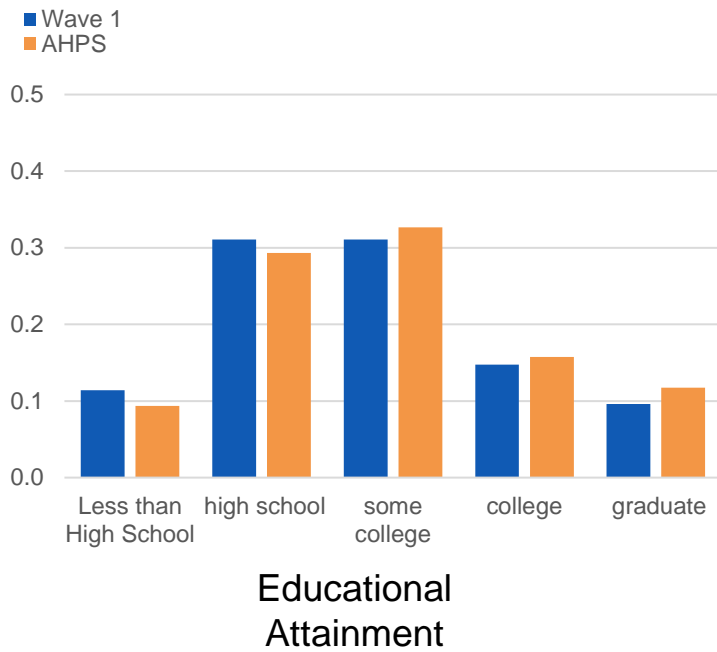


Typical Drinking



Currently Smoking

# Changes with Age



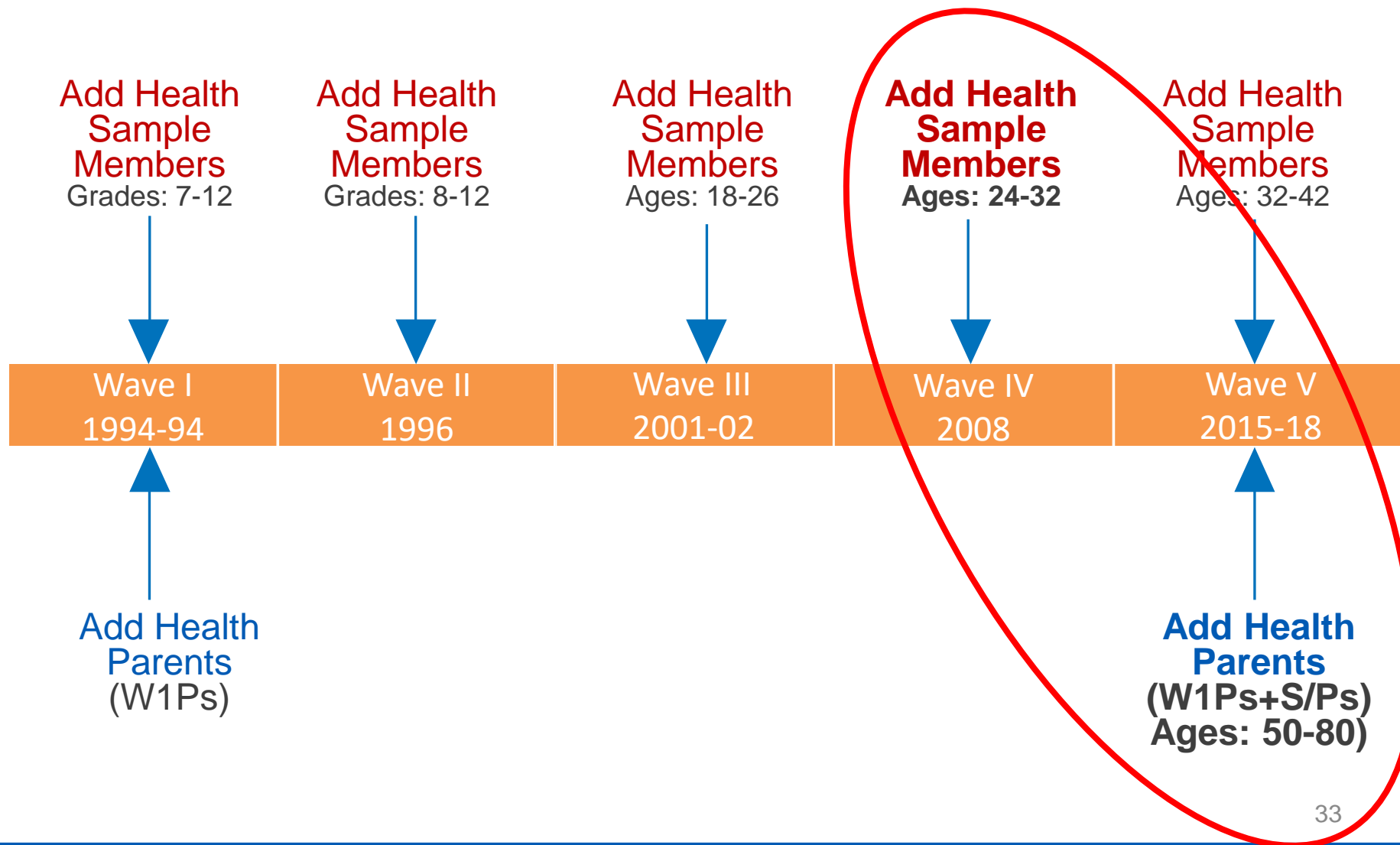
## Comparisons across the Generations

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- ***Comparable measures for parents (in AHPS) & their Add Health children – especially when adults – allow one to analyze intergenerational linkages & relationships in***
  - ***Health & health behaviors***
  - ***Cognition***
  - ***Relationships***
  - ***Economic capacities***

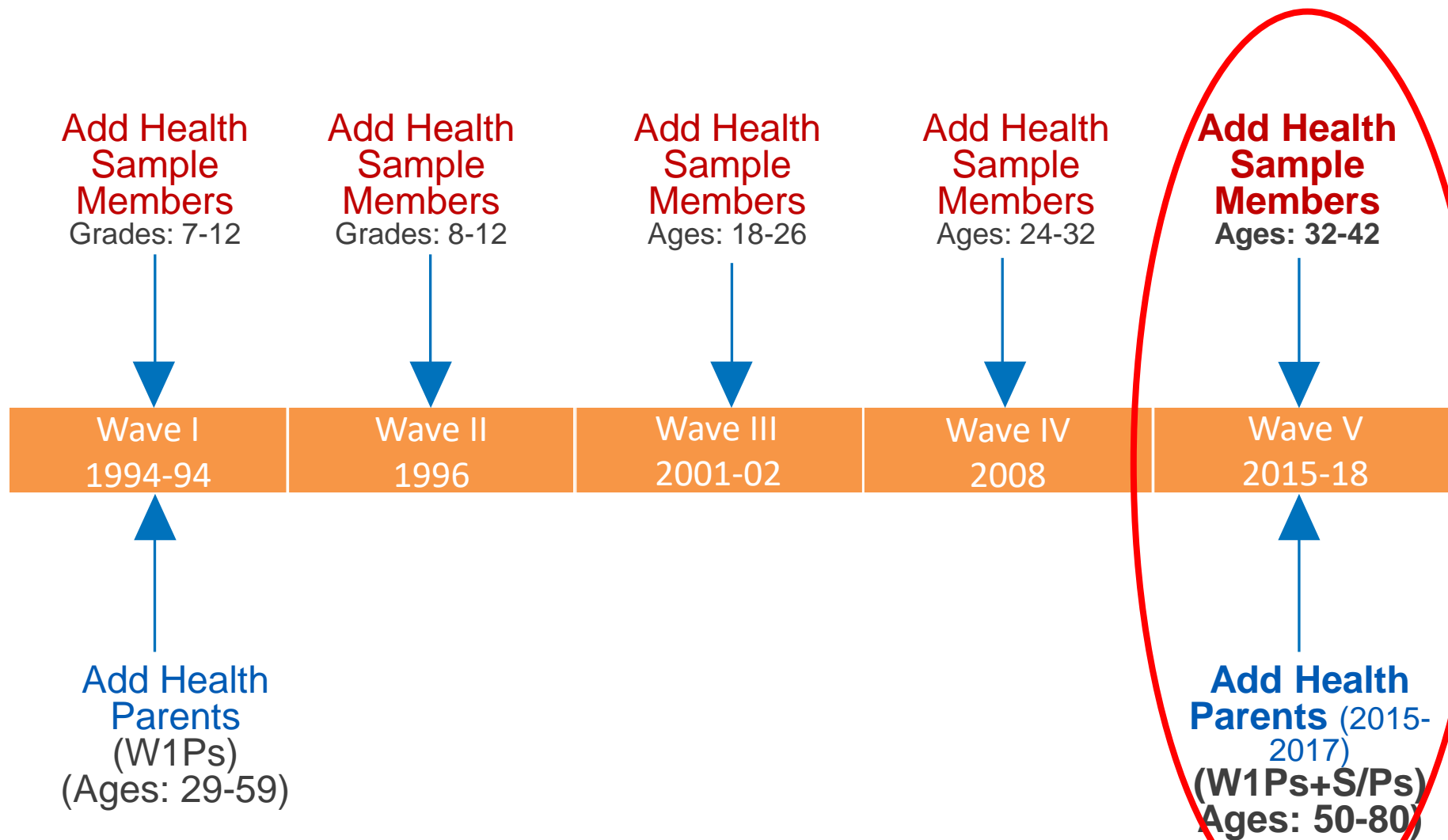


# Intergenerational Mobility & Connectedness 1



- We also can compare **AHSMs @ Wave V** with their **Parents @ Wave V** to examine *contemporaneous linkages & relationships* when both are adults. See next slide.

# Contemporaneous Comparisons across the Generations 2

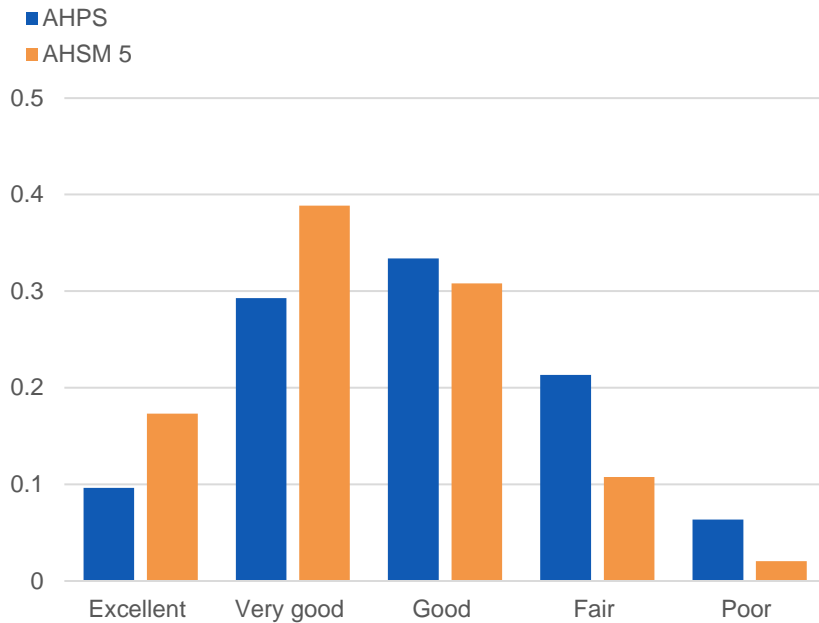


## Contemporaneous Comparisons using Parent-Child Pairs at Wave V

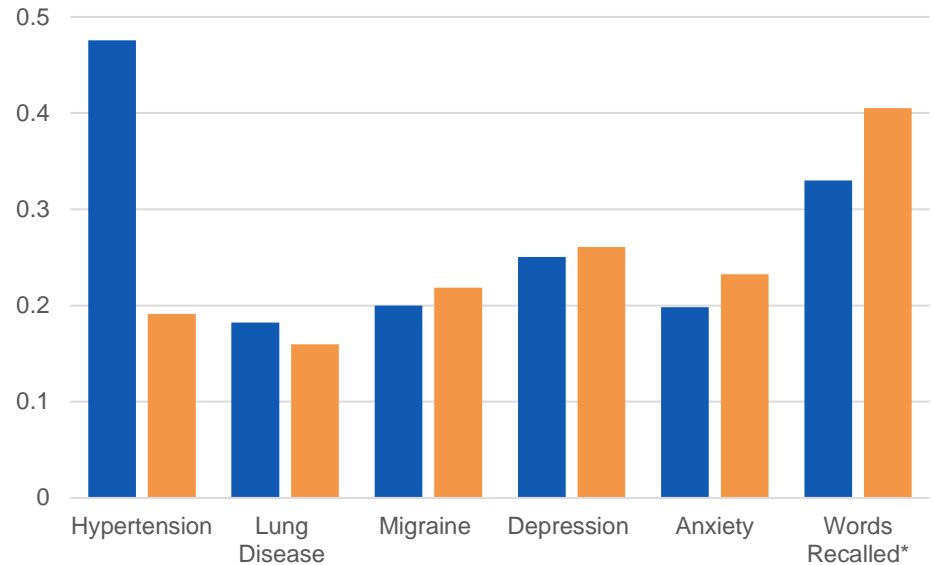
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- A total of **1,701 AHSMs** in Wave V have parents (**W1Ps**) in **AHPS**.
- There are **1,581 W1Ps** in matched sample.
- Tabulations below restricted to this subsample of parents.

# Contemporaneous Comparisons: Intergenerational Mobility & Connectedness

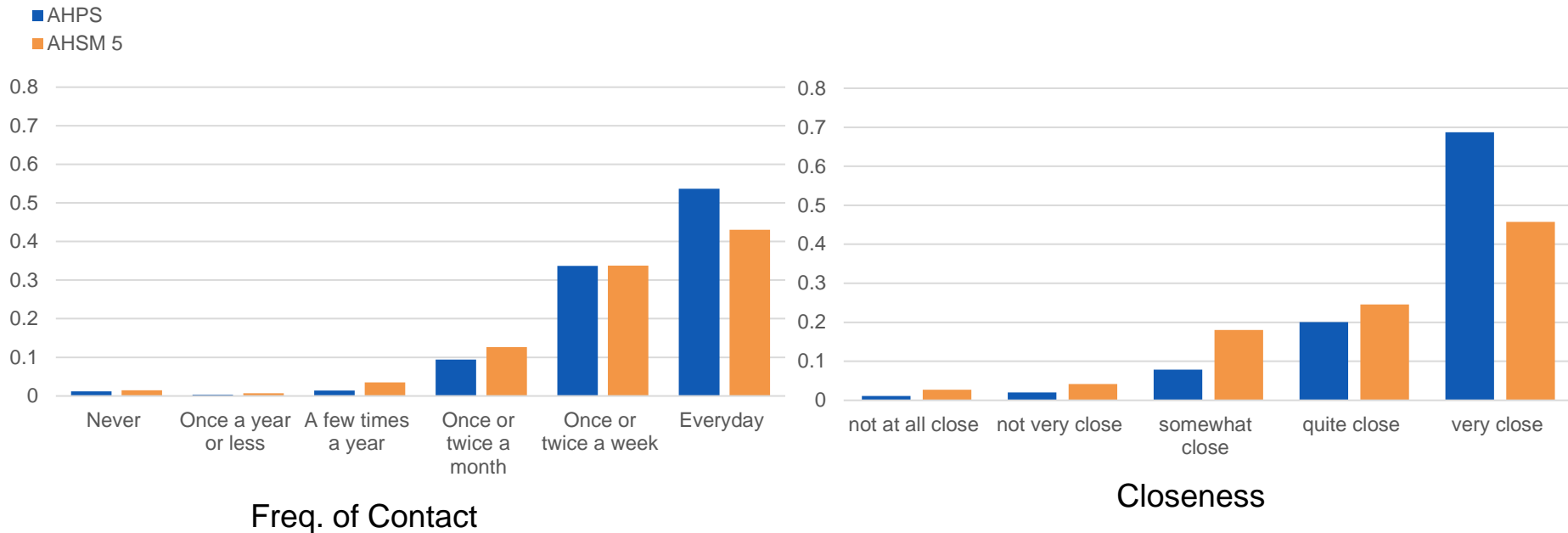


Self-Reported  
General Health

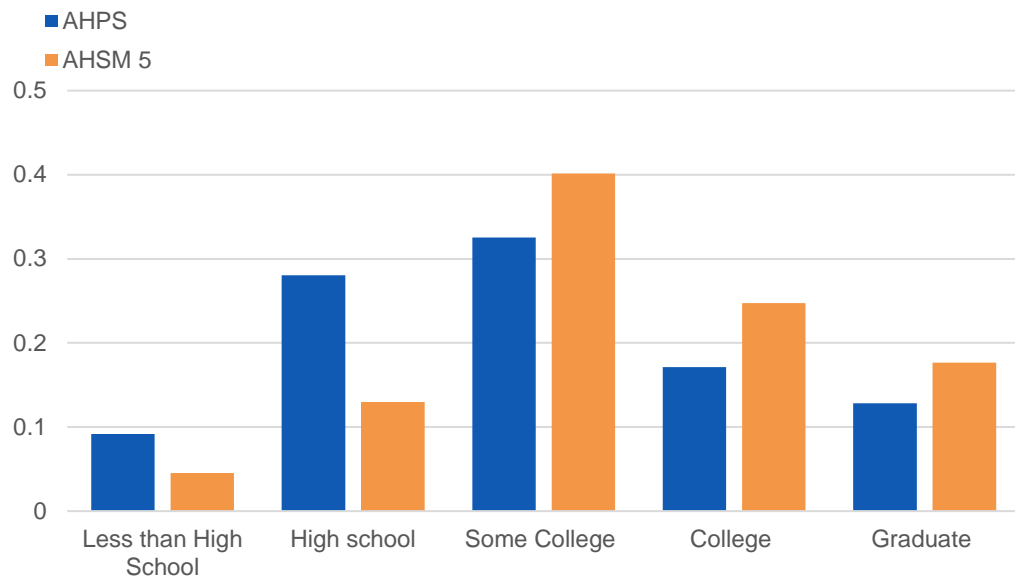


Prevalence of Health  
Conditions & Other Health  
Indicators

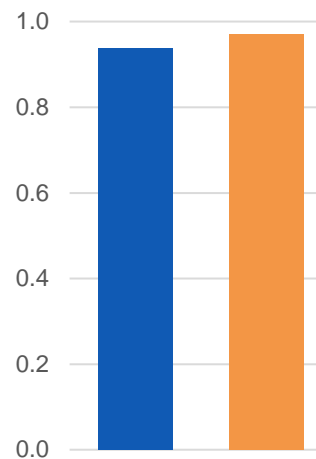
# Contemporaneous Comparisons: Intergenerational Mobility & Connectedness



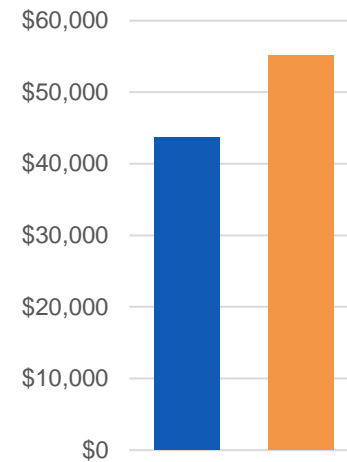
# Contemporaneous Comparisons: Intergenerational Mobility & Connectedness-3



Education Attainment



Born in U.S.



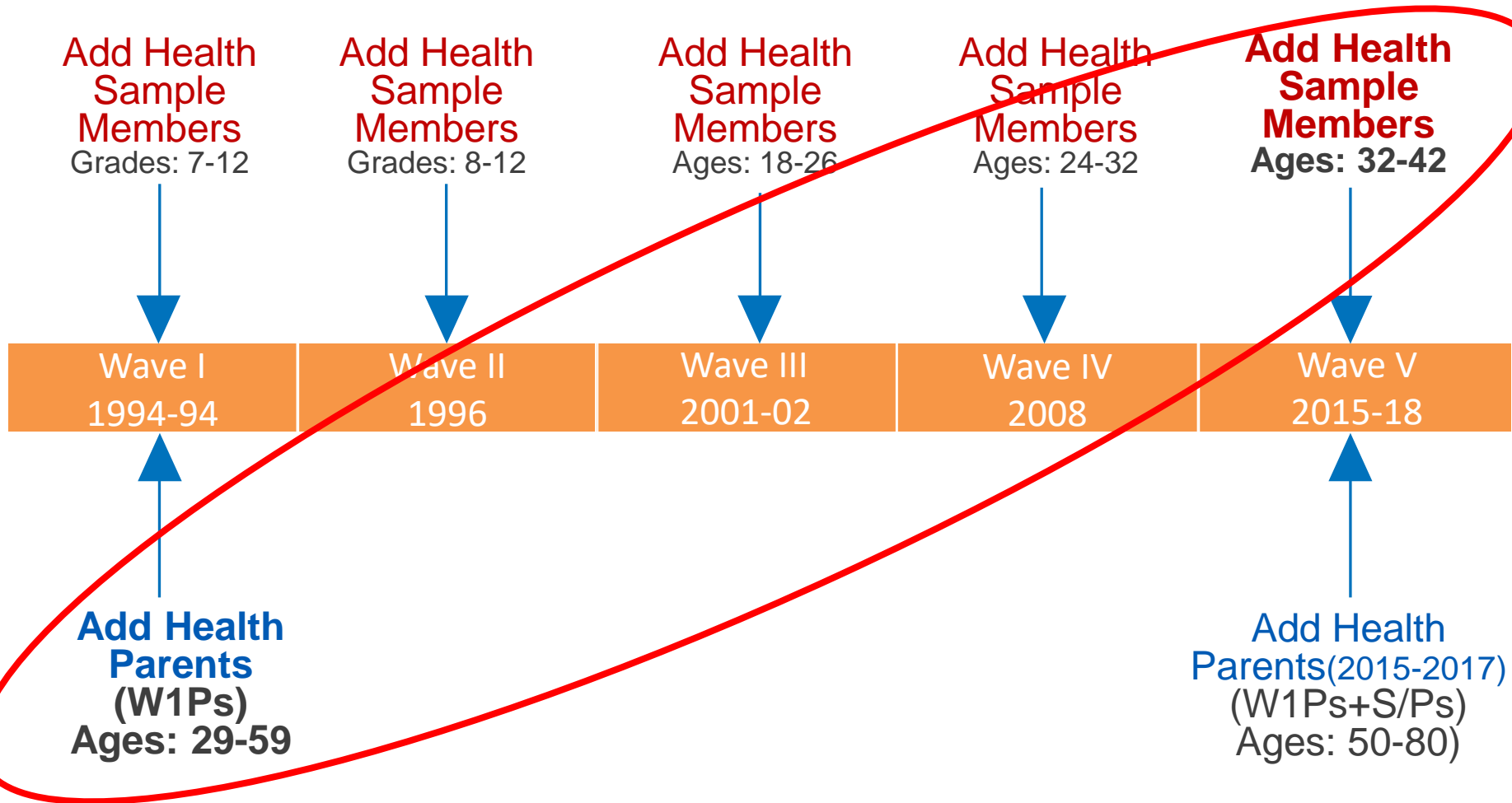
Annual Income

# Intergenerational Correlations

- One can also examine more traditional ***intergenerational correlations*** taken at ***comparable*** (adult) ***ages*** of parents and children.
- These correlations can be calculated using data when ***each*** generation is around the ***same age*** (~40) using data for **Parents @ Wave I** and their **AHSMs @ Wave V**. See next slide.

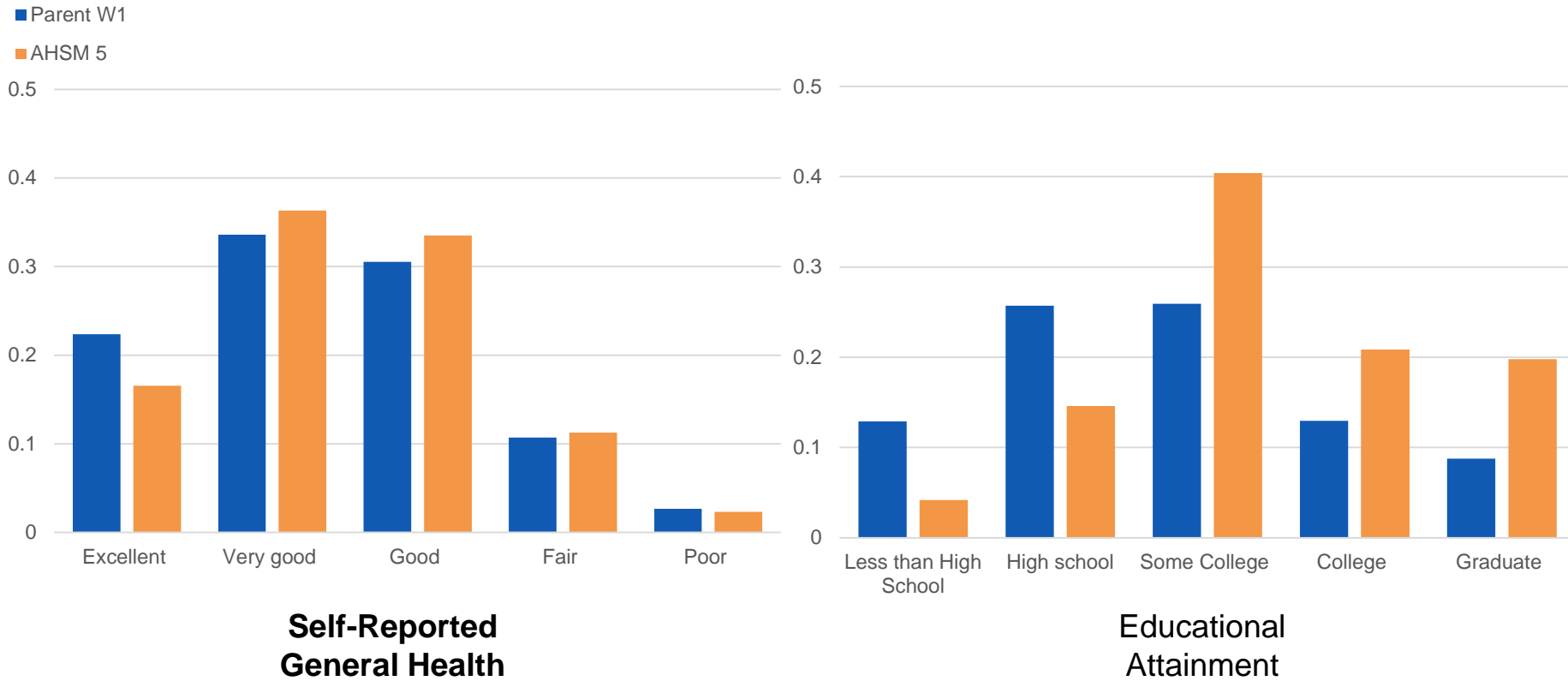


# Intergenerational Correlations



- Construction of the Analytic sample:
- Merge **allwave1.xpt** with **wave5.xpt** using **AHSM** unique identifier (**aid**)

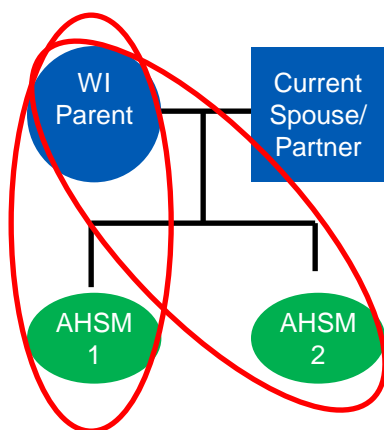
# Intergenerational Correlations



- Finally, **Add Health** Design of *multiple children* (**AHSMs**) with common parent (**W1P**) presents opportunities for “**sibling**” *comparative designs* for studying intergenerational health and behaviors.
- Note, as well, that genetic data for AHSMs could be exploited.

# Composition of AHSM and AHPS “Pairs”

## WI Family Cluster A

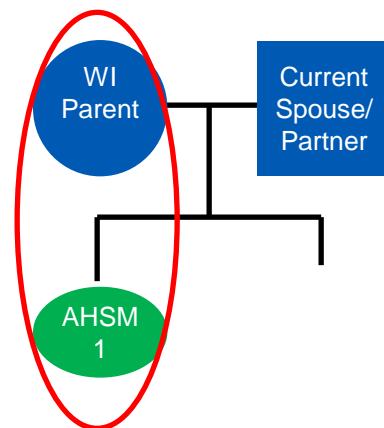


**2 AHSM – WI Parent Pairs**

**2 Parent-Figures**

(WI Parent & Current Spouse/Partner)

## WI Family Cluster B

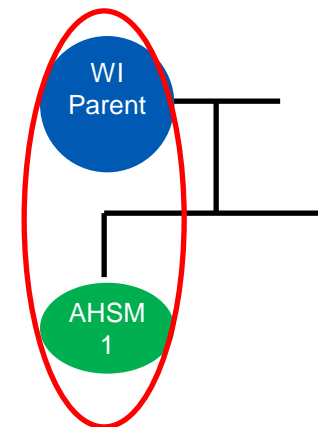


**1 AHSM – WI Parent Pair**

**2 Parent-Figures**

(WI Parent & Current Spouse/Partner)

## WI Family Cluster C



**1 AHSM – WI Parent Pair**

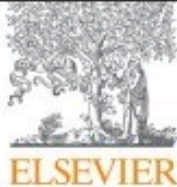
**1 Parent-Figure**

(WI Parent)

- Some Family Clusters include both biological parent-figures of AHSMs; Others include bio parent & step-parent.
- AHSMs in multiple-AHSM Family Clusters include twins, non-twin full sibs &/or half-sibs.



# Recent Studies using **AHPS** Data



## American Journal of Preventive Medicine

Volume 61, Issue 4, October 2021, Pages 509-517



Research Article

# The Role of Family Health History in Predicting Midlife Chronic Disease Outcomes

Naomi N. Duke MD, PhD, MPH <sup>1</sup>  , Todd M. Jensen PhD <sup>2</sup>, Krista M. Perreira PhD <sup>3</sup>, V. Joseph Hotz PhD <sup>4</sup>, Kathleen Mullan Harris PhD <sup>5</sup>

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<sup>3</sup> Department of Social Medicine, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

<sup>4</sup> Department of Economics, Duke University, Durham, North Carolina

<sup>5</sup> Carolina Population Center, & Department of Sociology, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

- **Family health histories (FHH)** source for predicting one's health & wellness.
  - Reflect **intergenerational transmission of health** via heritable factors, learned health behaviors, etc.
- Most studies using FHH focus on:
  - FHH of **first-degree relatives**.
  - Role of FHH on **particular condition/disease** (CVD, diabetes, cancer, depression).
  - Seldom have FFHs on **multiple generations** of families.
- This study leverages data from **Add Health** & FHH collected from **W1Ps** in **AHPS** to address both.



**Add Health Parent Study  
Family Health History**

ID:

FHHa 0673468947  
Page 1 of 2

Is your parent still alive?

**Biological Mother**

- yes → How old is she? Age in years:
- no → When did she die? Age at death:
- don't know

**Biological Father**

- yes → How old is he? Age in years:
- no → When did he die? Age at death:
- don't know

*Consider only your biologically related relatives, and please fill the answers for each of the following conditions. . . .*

<i><b>Your biological . . .</b></i>	<i>mother</i>			<i>father</i>			<i>any brother /sister</i>			<i>aunts/uncles</i>			<i>any grandparent</i>		
	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>
Coronary Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, diagnosed before age 55?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, 1st one before age 55?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, 1st one before age 55?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes or high blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Cholesterol or Hyperlipidemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer ever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate Cancer ever				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add Health Parent Study  
**Family Health History (continued)**

ID:

FHHa 7426468940  
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	<i>mother</i>			<i>father</i>			<i>any brother /sister</i>			<i>aunts/uncles</i>			<i>any grandparent</i>		
	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>	<i>yes</i>	<i>no</i>	<i>don't know</i>
If yes, prostate cancer before age 60?				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer ever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, breast cancer before age 50?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal (or colon) cancer ever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, Colorectal (or colon) cancer before age 55?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ovarian Cancer ever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung cancer ever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Cancer ever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If so, which ones (specify): →	_____			_____			_____			_____			_____		
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia or Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy alcohol use or alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***Incidence of health conditions/diseases for four generations [G1 – G4]:***

- G1** Any bio *great grandparent* of **AHSMs** (*grandparents* of **W1Ps**) from **FHH** of **W1Ps** in **AHPS (2015-2017)** data.
- G2** *Each bio grandparent* of **AHSMs** (*parents* of **W1Ps**) from **FHHs**.
- G3** *Mothers* of **AHSMs** (**W1Ps**) from **AHPS (2015-2017)** data
- G4** **AHSMs** at midlife from **Add Health Wave V** data

**Table 1. Sample Characteristics, AHSMs & W1Ps\***

	AHSM (G4)	W1P - Mother (G3)
	Mean or %	Mean or %
<b>Age</b>	37.4	62.9
<b>Sex</b>		
Female	46.4%	100.0%
Male	53.6%	
<b>Race/Ethnicity</b>		
NH White	82.9%	84.2%
NH Black/African/African Ameri	7.7%	7.0%
NH Asian	1.0%	1.0%
NH Other/Native American	1.1%	2.1%
Hispanic	7.4%	5.7%
<b>Education</b>		
High School or Less	17.5%	42.3%
Some College	38.7%	31.5%
College Degree or More	43.8%	26.2%

\*Based on Wave V data, Weighted statistics.

**Table 2. Health Conditions across 4 Generations (Weighted)**

	AHSM (G4) <sup>1</sup>	W1P Mother (G3) <sup>1</sup>	Maternal Grandparent (G2) <sup>2</sup>	Any Maternal Great Grandparent (G1) <sup>2</sup>
	%	%	%	%
<b>Heart Attack</b>				
Female	0.1	12.2	16.0	30.5
Male	1.3		31.4	
<b>Stroke</b>				
Female	0.1	3.0	16.9	21.3
Male	0.2		15.7	
<b>Diabetes</b>				
Female	4.6	19.0	26.4	23.3
Male	5.2		21.8	
<b>Hypertension</b>				
Female	15.6	44.1	48.9	23.8
Male	21.6		41.0	
<b>Elev. Cholesterol</b>				
Female	11.3	48.1	30.2	11.2
Male	15.5		25.6	
<b>Obesity</b>				
Female	38.9	40.3	19.5	15.4
Male	41.2		10.5	
<b>CVD Factor Risk Index (0-4)<sup>3</sup></b>				
Female	0.7	1.5	1.2	0.7
Male	0.8		1.0	
<b>Cancer</b>				
Female	2.5	13.7	33.4	33.7
Male	2.1		34.6	
<b>Depression</b>				
Female	34.1	25.5	25.1	6.5
Male	18.9		11.0	

<sup>1</sup>Self-reported by AHSM or W1P, respectively, in Wave V surveys.

<sup>2</sup>Reported by W1P in FHH at Wave V.

<sup>3</sup>CVD Risk Factor Index is sum of Diabetes, Hypertension, Elev. Cholesterol and Obesity.

**Table 3. Effects of Multi-Gen Family History of Chronic Diseases on Incidence of Same Disease for AHSM (G4)**

	<i>Diabetes</i>		<i>Hypertension</i>		<i>Elev. Cholesterol</i>		<i>Obesity</i>	
	Model 1	Model 4	Model 1	Model 4	Model 1	Model 4	Model 1	Model 4
W1P Mother (G3) Had <sup>1</sup>	2.13	1.21	1.19	1.07	<b>1.66</b>	<b>1.61</b>	<b>2.26</b>	<b>1.77</b>
Maternal Grandfather (G2) Had <sup>2</sup>		<b>2.41</b>		1.18		0.57		1.07
Maternal Grandmother (G2) Had <sup>2</sup>		0.68		1.26		1.10		0.95
Any Maternal Great Grandparent (G1) Had <sup>2</sup>		<b>3.05</b>		1.29		<b>2.81</b>		1.40
	<i>CVD Risk Index (0-4)</i>		<i>Cancer</i>		<i>Depression</i>			
	Model 1	Model 4	Model 1	Model 4	Model 1	Model 4		
W1P Mother (G3) Had <sup>1</sup>	<b>1.17</b>	<b>1.11</b>	<b>3.44</b>	<b>3.10</b>	<b>1.97</b>	<b>1.87</b>		
Maternal Grandfather (G2) Had <sup>2</sup>		1.01		0.85		1.07		
Maternal Grandmother (G2) Had <sup>2</sup>		0.99		0.39		1.52		
Any Maternal Great Grandparent (G1) Had <sup>2</sup>		1.07		0.56		0.74		

**TABLE NOTES:**

(a) **Model 1** includes health condition of Mother (G3) but no covariates or health conditions of G1 or G2.

(b) **Model 4** includes all G1-G3 corresponding health conditions + sociodemographics + other risk factors (modifiable ones). Joint significance of ages of G4 & G3 and current age or age-at-death of G3 were tested but were not significant for any of models.

(c) **Estimates are Adjusted Relative Odds of AHSM having disease given that older generation had it.** Estimates for CVD Risk Index indicate effect of additional risk factor on AHSM's Index.

(d) **Odds statistically different from 1.00 at 0.05 level** are denoted in **RED**.

(e) Tests for Joint Significance of Effects of Chronic Conditions of G1 (Any), G2 (both) & G3 (Maternal) were all statistically significant at conventional levels.

<sup>1</sup>Self-reported by AHSM or W1P, respectively, in Wave V surveys.

<sup>2</sup>Reported by W1P in FHH at Wave V.

## Findings:

1. **Health of first-degree relative [G3] predictive of many chronic diseases of G4 @ midlife** (cholesterol, obesity, CVD risk, cancer, depression).
2. But, conditions of **other generations [G2, G3] do matter for some diseases**: diabetes, cholesterol.
3. More generally **health of all older generations [G1, G2, G3] jointly predictive** of conditions/diseases of **G4 @ midlife**, although not always individually significant.
4. One exception: **Hypertension among older generations [G1, G2, G3] not predictive for hypertension in G4.**
  - Early onset of hypertension in older generations may be predictive (Framingham Heart Study)
  - We did not collect age of onset in AHPS FHHs.

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**ORIGINAL STUDIES**

# **Association between intergenerational violence exposure and maternal age of menopause**

Foster, Holly PhD<sup>1,2</sup>; Hagan, John PhD<sup>2,3</sup>; Brooks-Gunn, Jeanne PhD<sup>4</sup>; Garcia, Jess MS<sup>1</sup>

**Menopause: Journal of the North American Menopause Society**

**March 2022 – Volume 29 – Issue 3 – pp. 284-292**

doi: 10.1097/GME.0000000000001923



***Objective:*** Test mid-life *intergenerational weathering hypothesis* of *maternal reproductive aging*: *Maternal & children's exposure to violence/abuse accelerates onset of maternal menopause.*

***Background:***

- Established: ***Exposure to violence/abuse*** associated with ***mental and physical health problems***, including ***pace of reproductive aging***.
- Established: ***Early menopause*** (before age 45) is ***associated*** with ***higher risks*** of ***cardiovascular disease (CVD)***, ***osteoporosis***, lower bone density, & ***premature death***.
- Few studies investigate association of violence against women – in childhood or intimate partner violence (IPV) – with timing of menopause.
- No studies have included association with children's exposure to violence/abuse.

## Data:

- Use data on mothers from **Wave I** and **AHPS, 2015-2017** to measure age at menopause & their exposure to own violence/abuse in childhood & with intimate partners.
- Use data from **Add Health Waves I-IV**, to measure children's exposure to violence/abuse.

## Findings:

- ***Mother's own childhood physical abuse & her child's sexual abuse both associated with earlier age of menopause.***
- ***Mothers who were physically abused in childhood & have child who experienced regular sexual abuse reached menopause 8.78 years earlier*** than mothers without a history of personal abuse or abuse of their child.



*Journals of Gerontology: Social Sciences*  
cite as: *J Gerontol B Psychol Sci Soc Sci*, 2021, Vol. 76, No. 9, 1857–1869

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Advance Access publication June 17, 2021

OXFORD

Research Article

# **Adult Children's Educational Attainment and Parent Health in Mid- and Later-Life**

**Christopher R. Dennison, PhD and Kristen Schultz Lee, PhD\***

Department of Sociology, University at Buffalo, SUNY, USA.

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**Objective:** Examine *influences* of *adult children's education* on *parents' health & well-being*.

**Background:**

- Theories of intergenerational influences have focused on effects of parents' education on children's SES and subsequent health.
- Fewer studies of *influence* of *children's educational attainment* on *parents' health & well-being*.
- ***Mechanisms*** for latter influence include adult children's capacity to provide parents with resources & care which affects parents health.
- Such association is confounded by background characteristics that predict both children's educational attainments and parents' subsequent health.

## Data & Methods:

- Use data from **AHPS, 2015-2017**, to measure parents' self-reported **health statuses** & from **family roster** to measure their **children's educational attainment** and other SES factors.
- Use propensity score methods to adjust children's educational attainment for confounders that are sources of selection bias.

## Findings:

- Having ***no children who completed college*** is ***negatively associated*** with ***parents' self-rated health*** & ***positively associated*** with ***depressive symptoms***.
- Adjusting for potential confounders, ***associations remain***, though ***magnitudes*** are ***attenuated***.
- Association of children's education with parents' depressive symptoms more robust than with parents' self-reported health.



Volume 83, Issue 3,  
June 2021, pp. 737-753

Original Article

## Grandparents' Support to Young Families: Variations by Adult Children's Union Status<sup>†</sup>

Teresa M. Cooney 

**Objective:** Investigates *whether grandparents' support to their children's families & offspring varies by child's union status* – single, cohabiting, or married.

**Background:**

- More young families today headed by unmarried parents due to increases in nonmarital childbearing, cohabitation & divorce,
- Latter families have fewer resources than married-couple families.
- Grandparents can provide an important safety net to families in need.
- Less is known about whether their support varies based on their adult children's union status.

## Data:

- Use data from **AHPS 2015–2017** on parents' instrumental & financial support to grandchildren children, among those with adult children, ages 40+, who themselves have children (as reported by parents in family roster).

## Findings:

- **Grandparents more likely to provide instrumental & financial assistance to cohabiting & single children** than married children.
- **Cohabiting female children** receive **more hours** of instrumental help from grandparents than married females.
- **Single & cohabiting children** receive **more financial assistance** than married children.
- Overall, it appears **nontraditional families now receive more extended-family support** than in past.



- **Addition of Health data by linking of Medicare & Medicaid Admin Data.**
- **Addition of contextual data via permissions to link housing-related data.**
  - Potential to link “Zillow”-type data on current and past housing locations for W1Ps.
  - Possibility of linking individual/household-level admin records from data sources.
- **Further Data collection (Phase 2) in planning stage:**
  - Conduct AD/ADRD Cognitive Tests on **AHPS** Phase 1 **W1Ps** & **bio-S/Ps** comparable to those being collected in **Add Health** Wave VI on **AHSMs**
  - Collect DNA on **AHPS** Phase 1 **W1Ps** and **bio-S/Ps**
  - Collect Survey, FHHs & Above Data data on **additional Minority W1Ps** & **bio-S/Ps**.
- **Stay tuned! Let us know about your interests!**

# Getting the Data & Other Questions

- **AHPS Parents (2015-2017)** data **available** through a **Restricted-Use** Data Contract:
  - Apply for the above data, as well as the **AHPS Parents Phase 1 & Add Health** data, through the [CPC Data Portal](#).
- **Public release version** (more limited sample) available in **ICPSR & Dataverse**.
- To **keep informed** about data releases **sign up** for the **Add Health** list serve by emailing [addhealth@unc.edu](mailto:addhealth@unc.edu).
- **Other questions** about Study, contact us at:  
[v.joseph.hotz@duke.edu](mailto:v.joseph.hotz@duke.edu)  
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