Add Health Parent Study
Understanding Intergenerational Linkages

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AHPS Research Team

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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.
What is Add Health Parent Study?

• Intergenerational study about the health and well-being of aging parents & their adult children.
What is Add Health Parent Study?

• **Add Health Parent Study** is follow-up interview of parents of members of [Add Health Study](https://www.cdc.gov/adolescent/adhealthstudy/).  

• 20-year follow-up of mainly *baby boomer parents* whose children are now adults in their 30s.  

• **Add Health Parent Study** leverages [Add Health Study](https://www.cdc.gov/adolescent/adhealthstudy/):  
  – Nationally-representative, prospective cohort study  
  – Rich longitudinal social, environmental, biological, genetic data.
Four Main Research Domains

Intergenerational Linkages in:

• *Health & Health Behaviors*

• *Cognition, Personality & Preferences*

• *Family Relationships & Nature of Family Network*

and

• *Economic Capacities & Time Availability of each Generation*
Add Health Parent Study
Motivating Research
Questions & Issues
Health & Health Behaviors

• Many **health conditions & behaviors** run in families:
  – **Cardiovascular disease** (CVD)
  – **Obesity**
  – **Substance abuse**, e.g., alcoholism, smoking, drugs.

• How can we use **parents’ health** to **better understand determinants** of their (adult) children’s health trajectories?

• How does these health conditions affect **economic status** of both generations?
Cognition, Personality & Preferences

• **Cognitive ability** (e.g., IQ) *predictive* of range of outcomes, include *health, education*, etc.

• Growing evidence that *non-cognitive skills, personality traits & aversion to risk & impatience* also *predictors* of *behaviors*, e.g., personal finances, marriage & divorce, etc.

• Where do these traits *come from*?

• How much do they account for *commonalities & differences* in *health & well-being across the generations*?
Intergenerational Relationships

- **Caring for Baby Boomer Generation**
  - *Family members* are important source of *caregiving* for *elderly* who are *ill & disabled*
  - *Will this care continue* for those of us in Baby Boomer Generation?
  - *And, given the incidence of divorce* among Boomers, *will our kids take care of their step-parents?*
• **Social Connectedness & Loneliness**

• Substantial evidence that *social connectedness* (or *loneliness*) is correlated with many *aspects of health*.
  
  – How important is the *connectedness* (or *estrangement*) of *family members* on *health*?
  
  – How do we *measure* connectedness & importantly, the lack of it?
Economics of Families

• Are & can *families help to ameliorate* long term *impacts of Great Recession*?
  
  – *Could & did* parents help their children *finance* their *first homes* &/or *reduce their student debt*?
  
  – This depends on *financial situations of each generation* & *nature of ties* between them.
Add Health Parent Study
Sample Design & Data Collection
AHPS Sampling Plan

• Add Health Study interviewed a parent (typically mother) of Add Health Sample Member at Wave I.
  – This is W1 Parent (W1P).

• Phase I of Add Health Parent Study is:
  – Re-interviewing sample of W1 Parents who were either biological or step parent.
  – Also interview W1 Parent’s Current Spouse/Partner (S/P), if one.
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 Phase I Sample

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Wave 1 Parents</td>
<td>3,108</td>
</tr>
<tr>
<td>Targeted Spouse/Partners: 60% of interviewed W1Ps</td>
<td>1,492</td>
</tr>
<tr>
<td>Add Health Sample Members of Targeted W1 Parents</td>
<td>3,416</td>
</tr>
</tbody>
</table>

**Race/Ethnicity of AHSMs:**

- Hispanic, All Races: 407
- Black or African American, Non-Hispanic: 479
- Asian, Non-Hispanic: 107
- White: 2,322
- Other: 102

**Genetic AHSM subsample:**

- Twins: 55
- Full Siblings: 472
- Half Siblings: 78
- Unrelated Pairs in Same HH: 75
Content of AHPS In-Person Interviews

• 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*)

• 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*)

• 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*)

• 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 Data Collection

• Consents to link *Administrative Records* (present, past & future)
  – Medicare & Medicaid
  – Housing valuations & foreclosures of place-of-residence
  – SSA Earnings & Disabilities (possible)

• Collection of *Family Health Histories* with leave-behind questionnaire
  – Would give us *health data* on *3-generations* that is *uniquely rich* for 2 of 3.
AHPS Phase I Field Work & Data Release

- Field work began: **September 2015**
- In field continuously 2015-2018
- Data Release: **Late 2018, Early 2019**.
Add Health Parent Study
Progress in & Findings from the Field
## In the Field: Progress to Date

<table>
<thead>
<tr>
<th>Target Description</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>W1 Parent + S/P target</td>
<td>4,600</td>
<td></td>
</tr>
<tr>
<td>W1 Parent target</td>
<td>3,108</td>
<td></td>
</tr>
<tr>
<td>Expected W1 Parent Completes</td>
<td>2,486</td>
<td></td>
</tr>
<tr>
<td>Expected S/P completes</td>
<td>1,194</td>
<td></td>
</tr>
<tr>
<td>Expected W1P &amp; S/P completes</td>
<td>3,680</td>
<td></td>
</tr>
</tbody>
</table>

% of W1 Parents with Spouse/Partner: 65.3%

**W1 Parents**

- Completed W1P Interviews To Date (% of Expected Completes): 39.7%

**S/Ps**

- Completed W1P Interviews To Date (% of Expected Completes): 39.4%

Status as of June 13, 2016

1. Expected W1 Parent Completes = 80% of W1P target.
2. Expected Spouse/Partner completions = 80% of W1 Parents with spouse/partners (expected 60%) that have completed interviews.
## From the Field: Demographics

<table>
<thead>
<tr>
<th></th>
<th>W1 Parents</th>
<th>S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Completed Interviews</td>
<td>768</td>
<td>437</td>
</tr>
<tr>
<td>% Female</td>
<td>96.7%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Age (mean)</td>
<td>62.5</td>
<td>63.9</td>
</tr>
<tr>
<td>(min, Max)</td>
<td>[47 - 87]</td>
<td>[45 - 82]</td>
</tr>
<tr>
<td>Highest Grade Completed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>37.6%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Some College</td>
<td>31.6%</td>
<td>32.5%</td>
</tr>
<tr>
<td>College Grad</td>
<td>15.7%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Immigrant (Not born in U.S.)</td>
<td>5.2%</td>
<td>4.6%</td>
</tr>
<tr>
<td>AHSM living with W1Parent</td>
<td>12.1%</td>
<td></td>
</tr>
</tbody>
</table>

Status as of May 23, 2016
### From the Field: Anthropometrics & Self-Reported Health

<table>
<thead>
<tr>
<th></th>
<th>W1 Parents</th>
<th>S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthropometrics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height (ft)</td>
<td>5.3</td>
<td>5.8</td>
</tr>
<tr>
<td>Weight (lbs.)</td>
<td>175.4</td>
<td>206.2</td>
</tr>
<tr>
<td>BMI</td>
<td>31.1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>31.4&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Self-Reported Health Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>9.5%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Very Good</td>
<td>30.6%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Good</td>
<td>32.0%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Fair</td>
<td>20.8%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Poor</td>
<td>7.0%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Status as of May 23, 2016

<sup>a</sup>BMI in Obese range for female of age = 62.5

<sup>b</sup>BMI in Overweight range for male of age = 63.9
### Diagnosed Health Conditions

**From the Field:**

**Diagnosed Health Conditions**

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>W1 Parents</th>
<th>S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>14.1%</td>
<td>13.5%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>47.5%</td>
<td>52.4%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>49.5%</td>
<td>59.9%</td>
</tr>
<tr>
<td>High Blood Sugar/Diabetes</td>
<td>21.3%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>14.7%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>43.7%</td>
<td>35.3%</td>
</tr>
<tr>
<td>Depression</td>
<td>24.0%</td>
<td>10.5%</td>
</tr>
<tr>
<td>PTSD</td>
<td>0.1%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Alzheimer's/Dementia</td>
<td>1.7%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Status as of May 23, 2016
From the Field: Other Health-Related Outcomes

<table>
<thead>
<tr>
<th>Medications Taken</th>
<th>W1 Parents</th>
<th>S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>zero</td>
<td>15.1%</td>
<td>17.6%</td>
</tr>
<tr>
<td>3 or less</td>
<td>54.7%</td>
<td>57.4%</td>
</tr>
<tr>
<td>5 or more</td>
<td>36.6%</td>
<td>31.8%</td>
</tr>
<tr>
<td>5 or more Drinks per Week</td>
<td>1.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>15.4%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

Access to Health Care:

| On Medicare                        | 41.9%      | 45.8%|
| No Health Insurance                | 4.2%       | 3.4% |

Status as of May 23, 2016
### Current Work Status (Ask to give all that apply)

<table>
<thead>
<tr>
<th>Status</th>
<th>W1 Parents</th>
<th>S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work for Pay or Are Self-Employed</td>
<td>47.3%</td>
<td>55.4%</td>
</tr>
<tr>
<td>Retired</td>
<td>41.5%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Disabled (self-assessment)</td>
<td>11.7%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

### Received Income from Social Security last Month

- **W1 Parents**: 45.0%
- **S/P**: 51.5%

Status as of May 23, 2016
From the Field: Consents for Admin Record Links

<table>
<thead>
<tr>
<th>Consent Source</th>
<th>W1 Parents</th>
<th>S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare/Medicaid Records</td>
<td>79.7%</td>
<td>81.0%</td>
</tr>
<tr>
<td>Current &amp; past homes from不管是medical data sources (CoreLogic)</td>
<td>91.7%</td>
<td>89.2%</td>
</tr>
</tbody>
</table>

Status as of May 23, 2016

- **AHPS** consent rates so far are as high as in HRS (with multiple waves)!
From the Field:
Family Health Histories

<table>
<thead>
<tr>
<th></th>
<th>W1 Parents</th>
<th>S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Histories Received</td>
<td>524</td>
<td>247</td>
</tr>
<tr>
<td># of completed interviews</td>
<td>943</td>
<td>439</td>
</tr>
<tr>
<td>Histories as % of completed interviews</td>
<td>55.6%</td>
<td>56.3%</td>
</tr>
</tbody>
</table>

Status as of May 23, 2016

- Above is *conservative* estimate of share of interviews providing family health histories.
Following the AHPS

• Google “Add Health Parent Study” for updates on the Study’s progress

• Email
  
  Joe Hotz  
  (hotz@econ.duke.edu)

  Kathie Harris  
  (kathie_harris@unc.edu)

  with questions, comments, suggestions.