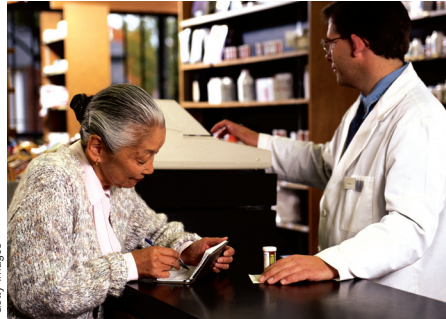




## Aging in America

Launched in 1992, the ISR Health and Retirement Study surveys a nationally representative sample of 22,000 Americans age 51 and over. Funded by the National Institute on Aging, the study is the nation's leading resource for data on the health and economic well-being of America's rapidly growing older population. The study is helping policymakers and American families plan for one of the most powerful demographic and economic forces in our country—the aging and retirement of the baby boom generation. Because it is a longitudinal study, following the same individuals as they move from work into retirement, the study is able to identify some of the causes of different psychological, mental, physical and financial outcomes among older men and women.

For more information on the study's findings, see *Growing Older in America* at [http://hrsonline.isr.umich.edu/news/sho\\_news.php?hfile=news234&xtyp=1](http://hrsonline.isr.umich.edu/news/sho_news.php?hfile=news234&xtyp=1)



Getty Images

## DRUG COVERAGE

More than 90 percent of Americans age 65 and older now have prescription drug coverage, compared to about 75 percent who were covered in 2004, according to an analysis of data from the ISR Health and Retirement Study. And poor seniors are as likely to have coverage as the rich.

The analysis, funded by the Michigan Retirement Research Center, compares drug coverage among a nationally representative sample of 10,175 older Americans who were interviewed both in 2004 and in 2006, when the Medicare Part D prescription drug benefit started.

“The Medicare Plan D experience bodes well for market-based health care reform,” said U-M economist David Weir, who directs the ISR Health and Retirement Study. “Some critics, myself included, were initially concerned that the great number of choices would make the decision process too difficult for seniors—too confusing. In fact, our study showed that most seniors found the decision process not that difficult, and they feel they made good choices. And, it lowered prescription drug costs for seniors.”

In 2004, 23 percent of Americans age 65 and older lacked prescription drug coverage, compared with fewer than 10 percent in 2006, according to Weir, who conducted the analysis with U-M economist Helen Levy.

The overall enrollment figures found in this study were quite similar to those reported by the U.S. Department of Health and Human Services, with roughly a quarter of Medicare beneficiaries enrolled in stand-alone Part D coverage in 2006.

But using data from the Health and Retirement Study, the researchers were able to go beyond the official statistics to show that rich and poor were equally likely both to sign up for Part D and private coverage, and to lack coverage. Wealthy elders were much more likely to have employer-provided drug coverage, but poorer seniors were much more likely to get drug coverage through Medicaid.

Equally importantly, the researchers showed that the most common reason people chose not to obtain prescription drug coverage was that they used few or no drugs.

The study also asked people about the difficulty of the decision process, and whether they were confident that they had made a good choice. Only about one in six people reported that their decision about whether to sign up for Part D was very or somewhat difficult. The vast majority said the decision was not very difficult or not difficult at all. The majority of Part D plan enrollees (69 percent) reported feeling very or somewhat confident about having made the right decision, and 86 percent of them planned to sign up again the following year.

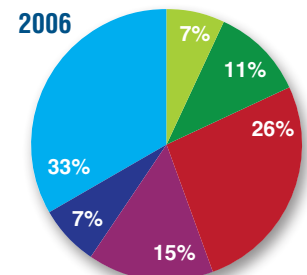
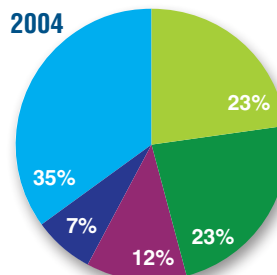
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### Rx Coverage

Among 10,175 Medicare Beneficiaries Ages 65+ in 2006

- None
- Purchase
- MedHMO
- Medicaid
- Employer
- Part D PD



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Director, Health and  
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D.C. Gratings

## Q&A with David R. Weir

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- Q.** *You recently took over as director of the Health and Retirement Study, after several years as co-director with U-M economist Robert J. Willis. Did you use any of the knowledge gained from the study in navigating this leadership change?*
- A.** As we talked about this transition, we were very aware of the necessary and healthy tension between continuity and change. A key reason for making a gradual change was to preserve the wisdom of people who have been involved in the study for a long time while at the same time nurturing the next generation of researchers. In fact, findings from the Health and Retirement Study itself clearly show that three out of four Americans would retire gradually if they had the chance. But employers' lack of flexibility about working hours usually prevents this.
- Q.** *What attracted you to the study of health and retirement?*
- A.** I've always been interested in big changes, transitions. My initial interest was the first demographic transition—when society went from lots of babies and lots of deaths to few babies and few deaths. That started in the 18th century, but really picked up steam in the 19th and 20th centuries. In some countries, it's still going on. But in the developed nations, we're well into the second demographic transition, which started in the mid 1900s. That's when death rates at older ages started dropping and the age structure of the adult population began changing. Aging is really the big news of our time. So I've always been interested in big shifts in the population, but when you look at these kinds of changes historically, of course, you're never able to really find out what people are thinking and feeling about the changes. With surveys, you can actually ask people and get the kind of information that just isn't available through historical analysis.
- Q.** *Are there new kinds of questions you're interested in asking people?*
- A.** We've recently started collecting biomarker data from participants—DNA samples, blood pressure measurements and fingerstick blood spot samples to check for common disease markers. And the questionnaire that participants answer now includes many more items designed to find out how people are doing emotionally. Instead of simply asking whether or not they have a partner, for example, the new questionnaire asks about the quality of the relationship: whether you can open up to your partner if you need to talk about your worries, how much they get on your nerves.
- Q.** *You're the first baby boomer to lead this study. How is your personal experience connected with what you're studying?*
- A.** Like most people my age, I've learned a lot about aging from my parents' experiences. That's really how we understand what it means to age—we look at our parents and what is happening to them. I'm an oldest child, so like many oldest children—and maybe a bit more because I'm also an economist—I was pretty involved in helping my parents figure out their financial situation. And of course like most boomers, I have siblings, and that raises interesting issues of how to share responsibilities. Personally, I'm really interested in how the things we do at younger ages, even in childhood, affect our health and longevity. And as a result of being involved in this research, I'm aware of how much a positive mental attitude means in successful aging. The work of colleagues like Bob Kahn, the late Regula Herzog and Jacqui Smith clearly shows that attitudes can make all the difference in the world in coping successfully with the many changes and inevitable losses of aging.
- Q.** *This study started in the U.S. but I understand there are now many similar studies going on in other countries, which are allowing the first cross-national analyses of aging.*
- A.** Yes. I recently went to Japan, where they're starting a study modeled on the Health and Retirement Study. South Korea already has one going, and next year China will be piloting a survey. Then there's the English Longitudinal Study of Aging (ELSA)—that study really pushes us in a number of ways, there's lots of back and forth. And there's the Survey of Health, Aging and Retirement in Europe (SHARE) that includes many of the EU countries plus a few others, including Switzerland. It's certainly fair to say that our study was the inspiration for all of these, and for others. And it's also fair to say that another ISR study—the Panel Study of Income Dynamics—was the inspiration for the Health and Retirement Study.