Add Health Parent Study: Adding Parents to Add Health to Study Aging Processes & Intergenerational Linkages

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What is the AHPS?

- A new data source to study aging processes in 2 generations & intergenerational linkages in health, behaviors & relationships.
Origins of Add Health Parent Study

• **Add Health Parent Study** leverages **Add Health Study**:  
  – Nationally-representative, prospective cohort study  
  – Rich longitudinal social, environmental, biological, genetic data.

• In **Wave I** (1994-95) of **Add Health Study**, a *parent* (mostly mothers) of each **Add Health Sample Member (AHSM)** was interviewed.

• Parents referred to as **Wave I Parent (WIP)**.

• These data referred to as **Parents Phase 1**.
  – Asked about their (then adolescent) children, their relationships with them and their own health.
  – Much of data collected parallels that collected in previous (& current) Waves of **Add Health Study**.
### Data Collected on Parents in Wave I of Add Health Study

<table>
<thead>
<tr>
<th>A: About themselves</th>
<th>B: About then Spouse/Partner</th>
<th>C: About their AHSM Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age, race, ethnicity</td>
<td>• Sex, age, race, ethnicity</td>
<td>• Relationship to child</td>
</tr>
<tr>
<td>• Marital status</td>
<td>• Religion</td>
<td>• Presence of bio parents in household</td>
</tr>
<tr>
<td>• Religion, church attendance</td>
<td>• Education</td>
<td>• Child’s friends</td>
</tr>
<tr>
<td>• Education</td>
<td>• Work, disability</td>
<td>• Educational expectations</td>
</tr>
<tr>
<td>• Work, disability</td>
<td>• Public assistance</td>
<td>• Involvement in child’s school and schoolwork</td>
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<tr>
<td>• Income, material hardship</td>
<td>• Relationship satisfaction</td>
<td>• Relationship with child</td>
</tr>
<tr>
<td>• Neighborhood conditions</td>
<td>• Life happiness</td>
<td>• Cognitive functioning</td>
</tr>
<tr>
<td>• Marital history</td>
<td>• General health</td>
<td>• Health, health insurance</td>
</tr>
<tr>
<td>• Life happiness</td>
<td>• Health behaviors (alcohol &amp; tobacco use)</td>
<td>• Birthweight</td>
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<tr>
<td>• General health</td>
<td></td>
<td>• Health behaviors</td>
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<tr>
<td>• Health behaviors (alcohol &amp; tobacco use)</td>
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<td>• Communication about sex</td>
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<tr>
<td></td>
<td></td>
<td>• Child’s social life</td>
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<tr>
<td></td>
<td></td>
<td>• Family health history (child, bio mother, bio father)</td>
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<tr>
<td></td>
<td></td>
<td>• Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For twins: determination of fraternal vs identical</td>
</tr>
</tbody>
</table>
Add Health Parent Study
*(Parents Phase 2)*
Sample Design & Data Collection
What is the Add Health Parent Study?

- **Add Health Parent Study** is 20-year *follow-up interview* of a subset of Wave I parents.

- Data collected about their
  - *Health & health behaviors*
  - *Cognition, Personality & Preferences*
  - *Family Relationships & Nature of Family Network*
  - *Economic Capacities & Well-Being*

- Same data also collected from *current spouse/partners* of these parents

- These data referred to as *Parents Phase 2*. 
## AHPS & Add Health Surveys Timeline

### Add Health Sample Members
- **Grades: 7-12**
  - Wave I: 1994-94
  - Add Health Sample Members (N = 20,745)
- **Grades: 8-12**
  - Wave II: 1996
  - Add Health Sample Members (N = 14,738)
- **Ages: 18-26**
  - Wave III: 2001-02
  - Add Health Sample Members (N = 15,197)
- **Ages: 24-32**
  - Wave IV: 2008
  - Add Health Sample Members (N = 15,701)
- **Ages: 32-42**
  - Wave V: 2015-18
  - Add Health Sample Members (N = TBD)

### Add Health Parents (WIPs)
- **Parents Phase 1**
  - Ages: 29-59
  - Add Health Parents (WIPs) (N = 17,670)
- **Parents Phase 2**
  - Ages: 50-80
  - Add Health Parents (WIPs+S/Ps) (WIP N = 2013, S/P N = 993)
• 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

| Target Wave 1 Parents (W1Ps) | 3,108 |
| Target Spouse/Partners (60% of interviewed W1Ps) | 1,492 |
| Add Health Sample Members of Targeted W1 Parents | 3,416 |

*Completed Sample:*

| Wave 1 Parents (W1Ps) | 2,013 |
| Spouse/Partners | 993 |
| Add Health Sample Members of Completed W1 Parents | 2,247 |
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 Collected

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

• Collection of *Family Health Histories* with leave-behind questionnaire
  – Ask about health conditions & age-of-death for deceased parents.
  – So we have *health data* on 3-generations.

• Option in future to use *place-of-residence* info to link:
  – Economic, demographic status of neighborhoods
  – Food environments
  – Environments for exercise, etc.
  – Others.

Such possibilities for adding linked contextual data through *Add Health Ancillary Data Process*. 
AHPS & Add Health Linked Data:
A Brief Look at the Data
AHPS Benchmarked against Other Health-Related Data

• Majority of AHPS WIPs interviewed at Wave I (97%) are female & all had children.

• We compare data for WIPs from Parents Phase 2 with women with at least one child & same age range in HRS & NHANES.
Comparison of AHPS (Parents Phase 2) with HRS & NHANES

Race/ethnicity: NH White, Hispanic, NH Black, Less Than High, High School, Some College, College+

Education: Excellent, Very Good, Good, Fair, Poor, Cancer, Lymphoma, H.Blood Pressure, Heart attack, Lung disease, Arthritis
Longitudinal Data on Add Health Parents

- **Two waves** of data on parents (*Parents Phase 1 & Parents Phase 2*) contain *same measures* of general health, health behaviors & some other outcomes at *ages 29-59 & at 50-80*.

- Thus, one can use parents data to assess how these outcomes *change with age*. 
Add Health Sample Members
Grades: 7-12

Add Health Sample Members
Grades: 8-12

Add Health Sample Members
Ages: 18-26

Add Health Sample Members
Ages: 24-32

Add Health Sample Members
Ages: 32-42

Wave I
1994-94

Wave II
1996

Wave III
2001-02

Wave IV
2008

Wave V
2015-18

Add Health Parents
(WIPs)
Parents Phase 1
Ages: 29-59

Add Health Parents
(WIPs+S/Ps)
Parents Phase 2
Ages: 50-80
Longitudinal Comparisons of Parents

1995 Add Health Wave I
2016-2017 AHPS

Education
Do you smoke? How Often Drink?
General Health
• *Comparable measures* for *parents* (in *AHPS*) & their *children* – especially when adults – (in *Add Health*) allow one to analyze *intergenerational linkages & relationships* in

– *Health & health behaviors*
– *Cognition*
– *Relationships*
– *Economic capacities*
Generational Comparisons

**Health**

- Excellent
- Very Good
- Good
- Fair
- Poor
- H: blood pressure
- Lung disease
- Migraine headaches
- Depression
- Anxiety of panic
- Words Recalled (%)

**Connectedness**

- How close are you to your child/parent?
- How often do you contact your child/parent?
Generational Comparisons

Race/Ethnicity

Education

Earnings in 2016
nominal US Dollars
Further Research Questions using Linked Add Health Parent – Add Health Data

Available in Posted Slides
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 their (adult) *children’s health trajectories*?

• How do *changes in parents’ health & behaviors* influence & predict their *children’s health trajectories*?
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.

• Are these skills & traits *correlated across generations*?

• Do they help account for *commonalities* & *differences* in *health* & *well-being across* the 2 *generations*?
Intergenerational Relationships

• 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 & well-being?

• Does quality of parent-(teen)child relationships predict parent-(adult)child relationships?
  – Do parent-(teen)child relationships predict later life health & well-being of each generation?
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?
Intergenerational Mobility

• 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?
Economics of Families

• Can & do families help support each other financially, in good times & in bad times?
  – This depends on financial & economic situations of each generation & nature of ties between them.
  – It also depends on each generation’s knowledge of the other generations needs & circumstances.
• **AHPS Parents Phase 2** data is *now 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](https://cpc.unc.edu).

• *Public release* version of data will be available at later date via [ICPSR](https://www.icpsr.umich.edu) & [Dataverse](https://dataverse.org).

• Data on *therapeutic measures* from medications log & from *family health history* will be available at later date.

• Possible to add *contextual data* in future through [Add Health ancillary study process](https://addhealth.unc.edu).

• To *keep informed* about data releases *sign up* for the Add Health list serve by emailing [addhealth@unc.edu](mailto:addhealth@unc.edu).