

# **Profile of Older Floridians: Report 2 From AHEAD Wave 2**

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**TABLE OF CONTENTS**

I. EXECUTIVE SUMMARY ..... i

1. INTRODUCTION AND POPULATION DEMOGRAPHICS. ....1

2. FAMILY CHARACTERISTICS .....6

3. MENTAL HEALTH CHARACTERISTICS.....8

4. HEALTH.....10

5. EXPECTATIONS .....16

6. POLICY IMPLICATIONS .....18

7. METHODS.....19

ADDENDUM .....21

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## ***EXECUTIVE SUMMARY***

The Asset and Health Dynamics of the Oldest Old (AHEAD) Florida oversample project has been designed to enable the Florida Department of Elder Affairs to access the most recent national survey of a representative population of the state's elderly citizens aged 70 and above and compare them to a representative national sample (core). The first report of the series entitled ***Profile of Older Floridians*** analyzed Wave 1 of this longitudinal survey for the survey dates of 1993-94 and was delivered to DOEA in November 1998. The current report entitled ***Profile of Older Floridians: Report Two***, is the result of our analysis of the longitudinal data as of the second wave of AHEAD data collected in 1995-96 and was delivered to DOEA in December 1999. The authors have extensively analyzed the preliminary Wave 2 data, but this preliminary release contains several omissions which we anticipate will be clarified or corrected in the eventual public release. These data will be re-analyzed at that time and reported in an addendum.

It remains our hope that the details contained in the reports will enable the DOEA and advocates for the older adults in this state to enter into informed discussions with the Florida legislature on the role of government in the lives of older citizens, and the State of Florida's responsibility to ensure a measure of support and assistance to the most vulnerable in that population. Florida is the nation's oldest state demographically and as such is the 'bellwether' and much scrutinized model for population aging and evidence of a state's response for assistance to its oldest and most vulnerable citizens. The projected growth of the older population ensures that aging issues will continue to be an important social issue for the foreseeable future. Many states will look to Florida for an indication of the social, health, and political impact of the aging BabyBoom cohort. It is our hope as researchers that the dialogue on this issue can move forward responsibly with the addition of the information we have developed from AHEAD.

The ***Introduction*** opens this report with some observations regarding the data. ***Chapter 1*** details the baseline demographic statistics at Wave 2 dates of 1995-96. We provide comparisons of Floridians versus the core (national sample), detail racial/ethnic and gender characteristics of the Florida oversample. Finally, we investigate racial/ethnic differences between Florida and the core. Results indicate

changes from Wave 1 to Wave 2 in marital status and gender -- i.e. predominantly female (average age 79), with 46% of that population no longer married. The Florida population has a higher percentage who are still married than does the national sample, which has a higher percentage of widowed persons.

**Chapter 2** discusses family and support characteristics from Wave 2. The tables in this chapter indicate characteristics of both Florida and the core, family characteristics by gender, and then by race/ethnicity for the Florida oversample alone. Indications that Floridians have fewer family members and support networks than the core are significant in both Waves 1 and 2.

**Chapter 3** notes mental health characteristics in Wave 2 from the CES-D depression scale. There are no significant differences between Florida and the core on this scale. Once we examine the Florida oversample by gender, we note significant differences and higher scores for women in the sample. When examining the Florida oversample by race/ethnicity, there are significant differences between Hispanics and Whites versus all other races, with Hispanics having higher depression scores.

**Chapter 4** indicates no differences between Floridians and the core in all health measures including self-rated health. There were no changes in health during the past two years in terms of respondent's health having had 'remained about the same'. Again, as in Wave 1, in presence of major diseases Floridians differed significantly from the core in arthritis and hypertension although incidence of several major diseases such as arthritis, cancer, heart attack and angina have increased since Wave 1 for both groups in the survey. Significant differences between Florida and the core occurred in functional limitations with Floridians having less difficulty in lifting a 10 pound weight, and having fewer limitations.

For presence of diseases by gender and race in the Florida oversample there are significant differences between men and women in arthritis, heart disease, and lung disease; and between Hispanics and all others in mean number of diseases. In examining health measures by race/ethnicity for the Florida oversample, we found significant differences. In probability of onset of functional limitations there were no

differences noted between Florida and the core. In IADLs Floridians were much less likely to have difficulty in preparing hot meals and shopping for groceries than those in the core. With regard to probability of recovery from functional limitations and disabilities the only significant difference between Floridians and the core was in preparation of hot meals.

*Chapter 5* re-examines some types of life events and crises that older adults might be subject to in the future. The issues concern older adults' *expectations* of having enough money, whether medical costs might use up savings, having to move, or living another 5 years. In general, older adults anticipate having enough income for the future, but are unsure about whether their assets will be sufficient, particularly in providing for increasing health care costs. For those who expect to move within the foreseeable future, older adults are increasingly reluctant to move in with others; no doubt a reflection of their desire to avoid burdening their families.

*Chapter 6* indicates potential policy and service implications due to unmet need for support and assistance for a steadily aging population of Floridians. A population who, on average are reaching their eighties, a time of vulnerability and frailty, with significantly smaller family and network supports. The authors note the double disadvantage of Florida's African-American elderly widowed and unmarried females whose income is at poverty level and whose health status is at risk.

**INTRODUCTION**

We have extensively analyzed the AHEAD Wave 2 data provided by the University of Michigan, Institute for Social Research in the form of the latest preliminary release data. However, we caution that this preliminary release data does contain omissions, has missing data, has instances where Waves 1 and 2 were not comparable, and does not contain derived and imputed variables that will be available from the public use version for the AHEAD data which is anticipated to be released in the near future. Upon its release we will re-analyze all data and send any changes to the Department of Elder Affairs as an addendum to this report.

The Florida oversample of AHEAD in Wave 2 consists of 823 people, a decrease from the 1088 at Wave 1 due to death, moves or other attritions. There were no households added to this Florida oversample at Wave 2 survey dates 1995-1996. The AHEAD core sample consists of 5414 eligible respondents. Table I.1 summarizes the samples for Florida and the national core for AHEAD, Waves 1 and 2.

<b>Table I.1</b>			
<b>AHEAD WAVE 1 AND 2 SAMPLES</b>			
<b>Wave 1 Florida</b>	<b>Wave 2 Florida</b>	<b>Wave 1 Core</b>	<b>Wave 2 Core</b>
n = 1088	n = 930	n = 7135	n = 6022
n = 973 eligible	n = 823 eligible	n = 6104 eligible	n = 5414 eligible

Chapter 7 describes the statistical methods used in the analysis presented in this report. The reasons why we cannot replicate the analysis from Wave 1 of AHEAD is described in the addendum to this report.

# 1 POPULATION DEMOGRAPHICS

The baseline demographic characteristics in Wave 2 of AHEAD in Table 1.1 for Florida versus the core sample show significant differences in gender, marital status, education, race/ethnicity and religious preference. The respondents are still predominantly female and Floridians are more likely to be married than widowed than the core. Their average years of education is higher, and there are fewer African-Americans and more Hispanics than the core.

Table 1.2 indicates demographic characteristics of the Florida oversample by race/ethnicity. We note that the relationship is in comparison to all others. African-Americans in Florida are significantly different in marital status; nearly 80% are widowed or unmarried. Their mean education and their incomes are significantly lower- the income of these predominantly female, unmarried older African-American women is at poverty level. For Hispanics, marital status, education, income and religious preferences are significantly different. Hispanic Floridians, primarily

Cuban-Americans, are more likely to be widowed, have less education than whites and are more than African-Americans, have mid-range income of the three groups in Florida and be predominantly Catholic. For whites, marital status, education, income and religious preference are significantly different from all others. White Florid-

*Table 1.1*  
**DEMOGRAPHIC CHARACTERISTICS OF THE FLORIDA OVERSAMPLE AND CORE AHEAD, WAVE 2<sup>a</sup>**

	<b>Florida Wave 2 (n=823)</b>	<b>Core Wave 2 (n=5414)</b>
<b>Mean Age (se)</b>	79.1 (0.3)	79.1 (0.1)
<b>Gender</b>	female 58.2%	female 63.2%
<b>Marital Status(%)</b>		
Married	54.4**	47.5
Widowed	39.0*	44.5
Div./Sep./Never Married	6.6	8.0
<b>Mean Education (se)</b>	11.5 (0.2)**	11.1 (0.05)
<b>Race/ Ethnicity(%)*</b>		
Hispanic	8.2**	3.4
Black	4.3**	9.9
White	87.0	85.4
<b>Mean Income (se)</b>	\$24,325 (3,001.2)	\$25,453 (832.3)
<b>Religious Preference(%)</b>		
Catholic	26.9	25.3
Protestant	53.4**	65.1
Jewish	12.4**	3.6

a Results based on weighted data  
\* p<.05  
\*\* p<.01

Table 1.2

**DEMOGRAPHIC CHARACTERISTICS BY RACE/ETHNICITY OF THE FLORIDA OVERSAMPLE, WAVE 2<sup>a</sup>**

**Demographic Characteristics**

	<b>African-American<sup>b</sup> (n = 75)</b>	<b>Other (n = 1013)</b>	<b>Hispanic<sup>c</sup> (n = 91)</b>	<b>Other (n = 997)</b>	<b>White<sup>d</sup> (n = 915)</b>	<b>Other (n = 173)</b>
<b>Age in Mean Years (se)</b>	79.6(0.90)	79.0(0.2)	79.4(0.6)	79.0(0.2)	79.0(0.2)	79.4(0.5)
<b>% Female</b>	74.3	57.5	62.0	57.8	57.0	66.4
<b>Marital Status</b>						
% Married	21.4**	55.9	40.9+	55.6	57.5**	34.0
% Widowed	58.9	38.1	51.6+	37.9	36.7**	54.8
% Divorced/Separated / Never Married	19.8	6.0	7.6	6.5	5.9	11.2
<b>Mean Education (se)</b>	7.3(0.5)**	11.7(0.1)	9.0(0.4)**	11.7(0.1)	12.0(0.1)**	8.4(0.3)
<b>Mean Income (se)</b>	7,158.0 (9,095.6)+	24,984.1 (1,782.0)	11,245.8 (5,020.3)**	26,111.8 (1,855.5)	27,033.0 (1,889.4)**	10,260.5 (4,306.0)
<b>Religious Preference</b>						
% Catholic	11.6	27.6	91.3**	21.2	21.8**	61.2
% Protestant	85.6**	*52.0	3.5**	57.9	56.5**	33.1
% Jewish	0.0+	13.0	0.0*	13.5	14.3**	0.0

- a Results based on weighted data
- b Significance indicates difference between African-American and non-African-American.
- c Significance indicates difference between Hispanic and non-Hispanic.
- d Significance indicated difference between White and non-White.
- + p<.10
- \* p<.05
- \*\* p<.01

Table 1.3

**DEMOGRAPHIC CHARACTERISTICS OF THE FLORIDA OVERSAMPLE BY GENDER, WAVE 2 (N=823)<sup>a</sup>**

	<b>Women n=480</b>	<b>Men n=343</b>
<b>Age in mean years (se)</b>	79.4 (0.3)*	78.5 (0.3)
<b>Marital Status(%)</b>		
%Married**	39.4**	75.3
%Widowed	53.6**	18.7
%Div./Sep./Never Married	7.0	6.0
<b>Mean Education (se)</b>	11.3(0.2)	11.17(0.02)
<b>Race/ Ethnicity(%)*</b>		
%Hispanic	8.7	7.5
%Black	5.5	2.6
%White	85.1	89.6
<b>Mean Income (se)</b>	\$18,506.7 (2,345.7)	\$31,241.5 (2,557.4)
<b>Religious Preference(%)</b>		
%Catholic	24.4	29.9
%Protestant	57.7*	47.5
%Jewish	12.8	12.2

- a Results based on weighted data
- \* p<.05
- \*\* p<.01

ians are more likely to be married, have more education, have the highest income, and be predominantly Protestant.

In Table 1.3 we note characteristics of the Florida oversample by gender. Females are significantly less likely to be married, 39.4% as opposed to 75% of the men's. Their mean income is significantly smaller than men's. Table 1.4 indicates gender differences between

Table 1.4

**DEMOGRAPHIC CHARACTERISTICS OF THE FLORIDA OVERSAMPLE VERSUS CORE, BY GENDER, WAVE 2 (N=6237)<sup>a</sup>**

Demographic Characteristics	Women		Men	
	Florida (n = 480)	Core (n = 3367)	Florida (n = 343)	Core (n = 2047)
<b>Age in Mean Years (se)</b>	79.4(0.3)	79.6(0.1)	78.6(0.3)	78.2(0.1)
<b>Marital Status</b>				
% Married	39.4**	31.9	75.3	74.2
% Widowed	53.6+	58.9	18.7	19.8
% Divorced/Separated / Never Married	7.0	9.2	6.0	6.0
<b>Mean Education (se)</b>	11.3(0.2)	11.0(0.1)	11.7(0.)*	11.2(0.1)
<b>Race/Ethnicity</b>				
Hispanic	8.7**	3.3	7.5**	3.5
Black	5.5**	10.5	2.6**	8.8
White	85.1	85.0	89.5	86.0
<b>Mean Income (se)</b>	\$19,795.3 (1225.6)	\$19,184.4 (338.8)	\$27,672.2 (1605.8)	27,447.5 (491.6)
<b>Religious Preference</b>				
% Catholic	24.7	25.5	29.9	24.9
% Protestant	57.7**	66.7	47.5**	62.5
% Jewish	12.2**	3.4	12.8**	4.0

a Results based on weighted data

\* p<.05

\*\* p<.01

+ p<.10

Florida and the core. Florida women are significantly more likely to be married (and there are significant racial and religious differences between them and women in the core). For men in Florida there are significant differences in education, race/ethnicity and religion versus those in the core.

In Table 1.5 we note the racial/ethnic differences between Florida and the core. Please note the increasingly small samples for African-Americans and Hispanics. For African-American Floridians there is a significant difference in income - with this group having the lowest income (poverty level) of all in either Florida or the core. Hispanics in Florida show significant differences in education and religion. Whites in Florida show significant differences in gender, marital status - with more being married (thus more males) and significantly fewer widowed than in the core. They also show significant differences in completing more years of education, and are more likely to be Protestant.

**Table 1.5**  
**DEMOGRAPHIC CHARACTERISTICS OF THE FLORIDA OVERSAMPLE VERSUS CORE,**  
**BY RACE/ETHNICITY, WAVE 2<sup>a</sup> (N = 6237)**

Demographics	African-American		Hispanic		White	
	Florida (n = 54)	Core (n = 758)	Florida (n = 65)	Core (n = 275)	Florida (n = 699)	Core (n = 4308)
Age in mean years (se)	79.6(1.1)	79.4(0.2)	79.4(0.7)	78.6(0.3)	79.0(0.3)	79.1(0.1)
% Female	74.3	67.2	62.0	62.0	57.0*	62.3
<b>Marital Status</b>						
% Married	21.4	31.1	40.9	43.8	57.5**	49.6
% Widowed	58.9	54.8	51.6	41.8	36.7**	3.4
% Divorce/Sep/Neve Married	19.8	14.1	7.6	14.4	5.9	7.0
Mean Education (se)	7.3(0.8)	8.4(0.1)	9.0(0.6)**	5.5(0.2)	12.0(0.2)*	11.6(0.0)
Mean Income (se)	6078.3 (2291.8)*	11932.8 (450.4)	12387.9 (1286.3)	10243.9 (619.1)	25396.3 (1143.3)	24113.1 (329.0)
<b>Religious Preference</b>						
% Catholic	11.6	4.7	91.3+	78.6	21.8+	25.7
% Protestant	85.6	89.9	3.5*	17.4	56.5**	64.3
% Jewish	0.0	0.0	0.0	0.7	14.3**	4.2

Note: There are 5 respondents who do not fit in any of the above race/ethnic categories.

a Results based on weighted data.

+ p < .10

\* p < .05

\*\* p < .01

## 2 FAMILY CHARACTERISTICS

Changes since Wave 1 of AHEAD in demographics indicate a population with a mean age of 79 about to reach the age of significant vulnerabilities and frailty. There are 2% fewer Floridians married and 3% more widowed than in Wave 1- approximately 46% are unmarried at this point in their lives as opposed to nearly 54% of the core. Since Wave 1 there are indications of a decrease in the percentages of African-Americans and Hispanics and a concomitant increase in the percentage of whites in the Florida oversample.

Family and social network characteristics are important in indicating the potential for support and assistance for the older person. Since 56% of Floridians are still living with spouses, as of the survey date 1995-96, we have time to prepare for the upcoming significant population of vulnerable elderly widows and some widowers in their eighties with little means of informal support mechanisms who may need formal assistance from their communities.

**Table 2.1**

**FAMILY STRUCTURE CHARACTERISTICS OF THE FLORIDA OVERSAMPLE AND CORE AHEAD, WAVE 2<sup>a,b</sup>**

Family Structure	Florida Wave 2 (n = 823)	Core Wave 2 (n = 5414)
Mean # of children (se)	2.4 (0.1)**	2.7 (0.03)
Mean # of sisters (se)	1.0 (0.1)**	1.1 (0.02)
Mean # of brothers (se)	0.8 (0.1)	0.8 (0.01)
Mean # of grandchildren (se)	5.3 (0.2)*	5.8 (0.1)
Mean # of great grandchildren (se)	2.7 (0.2)	2.9 (0.1)
Mean # in family network (se)	12.6 (0.5)*	13.8 (0.1)

a Results based on weighted data.

b Very few respondents had parents who were still alive.

\* p < .05

\*\* p < .01

**Table 2.2**

**FAMILY STRUCTURE CHARACTERISTICS OF THE FLORIDA OVERSAMPLE, BY GENDER, AHEAD WAVE 2<sup>a,b</sup>**

Family Structure	Women (n = 480)	Men (n = 343)
Mean # of children (se)	2.3 (0.1)	2.4 (0.1)
Mean # of sisters (se)	0.9 (0.1)	1.0 (0.1)
Mean # of brothers (se)	0.7 (0.1)	0.8 (0.1)
Mean # of grandchildren (se)	5.2 (0.2)	5.4 (0.3)
Mean # of great grandchildren (se)	3.1 (0.2)**	2.2 (0.3)
Mean # in family network (se)	12.6 (0.5)	12.6 (0.6)

a Results based on weighted data.

b Very few respondents had parents who were still alive.

\* p < .05

\*\* p < .01

**Table 2.3**  
**FAMILY STRUCTURE CHARACTERISTICS OF THE FLORIDA OVERSAMPLE, BY RACE/ETHNICITY, AHEAD WAVE 2<sup>ab</sup>**

Family Structure	African-American <sup>c</sup> (n = 1013)	Other (n = 91)	Hispanic <sup>d</sup> (n = 997)	Other (n = 915)	White <sup>e</sup> (n = 173)	Other (n = 75)
Mean # of children (se)	3.9(0.3)**	2.3(0.1)	1.9(0.2)+	2.4(0.1)	2.3(0.1)+	2.7(0.2)
Mean # of sisters (se)	1.3(0.2)+	0.9(0.04)	1.3(0.1)*	0.9(0.04)	0.9(0.04)**	1.3(0.1)
Mean # of brothers (se)	1.4(0.2)**	0.8(0.04)	1.3(0.1)**	0.7(0.04)	0.7(0.04)**	1.3(0.1)
Mean # of grandchildren (se)	9.2(0.8)**	5.1(0.2)	3.8(0.6)**	5.4(0.2)	5.2(0.2)	5.8(0.5)
Mean # of great grandchildren (se)	5.5(0.8)**	2.6(0.2)	1.8(0.6)+	2.8(0.2)	2.7(0.2)	3.2(0.5)
Mean # in family network (se)	21.5(1.7)**	12.2(0.4)	10.5(1.2)+	12.8(0.4)	12.3(0.4)*	14.7(1.0)

a Results based on weighted data.  
 b Very few respondents had parents who were still alive.  
 c Significance indicates difference between African-American and non-African-American.  
 d Significance indicates difference between Hispanic and non-Hispanic.  
 e Significance indicates difference between White and non-White.  
 + p < .10  
 \* p < .05  
 \*\* p < .01

Table 2.1 indicates characteristics in family structure for Floridians and the core at Wave 2. Floridians have fewer children, sisters, grandchildren and have smaller family networks than those in the core.

Table 2.2 indicates family characteristics by gender in the Florida oversample. Women differ from men only in number of great grandchildren.

Table 2.3 indicates family structure of the Florida oversample by race. African-Americans in Florida have significantly greater networks of support with greater numbers of children, sisters, brothers, grandchildren and great grandchildren. Hispanics in Florida have the smallest social family networks. More are widowed, but they have significantly greater numbers of family members. Whites in Florida have the second smallest family networks-more are married, and they differ significantly in numbers of children, and siblings.

### 3 MENTAL HEALTH CHARACTERISTICS

The CES-D is a depression scale used in the AHEAD survey. Of note in these mental health characteristics in Wave 2 is the change in the variable CES-D from Wave 1 to Wave 1. At Wave 1 there were ten CES-D questions. At Wave 2 the number questions dropped to nine.

Table 3.1 compares mental health characteristics between Florida and the core. There were no significant differences between the two samples.

**Table 3.1**  
**MENTAL HEALTH CHARACTERISTICS OF THE FLORIDA OVERSAMPLE AND CORE, AHEAD WAVE 2<sup>A</sup>**

CES-D	Florida Wave 2 (n = 823)	Core Wave 2 (n = 5414)
Mean CES-D (se)	1.8 (0.1)	1.6 (0.03)

a Results based on weighted data.  
 \* p < .05  
 \*\* p < .01

Table 3.2 notes these characteristics by gender in the Florida oversample. There is a significant difference between women and men on indications of depressive symptoms. Women scored significantly higher.

**Table 3.2**  
**MENTAL HEALTH CHARACTERISTICS OF THE FLORIDA OVERSAMPLE, BY GENDER, AHEAD WAVE 2<sup>A</sup>**

CES-D	Women (n = 480)	Men (n = 343)
Mean CES-D (se)	2.0 (0.1)**	1.5 (0.1)

a Results based on weighted data.  
 \* p < .05  
 \*\* p < .01

**Table 3.3**

**MENTAL HEALTH CHARACTERISTICS OF THE FLORIDA OVERSAMPLE, BY RACE/ETHNICITY, AHEAD WAVE 2<sup>A</sup>**

<b>CES-D</b>	<b>African-American<sup>b</sup> (n = 54)</b>	<b>Other (n = 769)</b>	<b>Hispanic<sup>c</sup> (n = 65)</b>	<b>Other (n = 758)</b>	<b>White<sup>d</sup> (n = 699)</b>	<b>Other (n = 124)</b>
Mean CES-D (se)	2.3 (0.4)	1.8 (0.1)	2.4 (0.3)*	1.7 (0.1)	1.7 (0.1)*	2.3 (0.2)

Note: There are 5 respondents who do not fit in any of the above race/ethnic categories.

- a Results based on weighted data.
  - b Significance indicates difference between African-American and non-African-American.
  - c Significance indicates difference between Hispanic and non-Hispanic.
  - d Significance indicates difference between White and non-White.
- \* p < .05  
 \*\* p < .01

Table 3.3 we note the mental health characteristics of Floridians by race/ethnicity. There are significant differences between Hispanics and whites. In general, but the difference is not significant. Hispanics show significantly higher levels of depressive symptoms, whites have significantly lower depressive symptoms.

## 4 HEALTH

In our Wave 1 analysis of Health measures and functioning in AHEAD, we noted a qualified series of answers to a comparison of the health status of Floridians and those in the AHEAD core sample. For those who were healthy we noted an even healthier Florida sample. For those with some limitations yet higher functioning levels, Floridians were significantly more able to walk, dress, bathe, grocery shop, and manage money. At the more impaired levels of functioning - particularly in the three ADLs that portend institutionalization (eating, transferring and toileting)- there were no significant differences between Floridians and the core. In the oldest-old population Floridians were somewhat less impaired than the core sample.

**Table 4.1**

**GENERAL HEALTH MEASURES  
(AHEAD WAVE 2)**

	<b>Florida</b>	<b>Core</b>
<b>Self Rated Health (%)</b>		
Excellent	10.7	10.0
Very good	26.6	23.6
Good	28.6	30.9
Fair	21.6	23.3
Poor	12.5	12.2
<b>Changes in Health (during past 2 years) (%)</b>		
Much better	4.1	3.5
Somewhat better	5.0	4.7
About the same	59.2	60.4
Somewhat worse	21.1	22.2
Much worse	10.6	9.2
<b>Nursing Home Admission (%)</b>	5.4	6.6
<b>Seen the Dentist in the Past 2 Years (%)</b>	55.5	53.0
<b>Taking Prescription Drugs (%)</b>	78.1	79.5
<b>Number of Hospital Visits</b>	0.5 [.8]	0.6 [1.3]
<b>Number of Physician Visits</b>	10.0 [7.5]	9.4 [9.5]
<b>Number of Bed Days</b>	1.2 [4.0]	1.4 [5.5]

Notes:

No indicator of number of prescription drugs in this version of the data.

**Table 4.2**

**GENERAL HEALTH MEASURES BY GENDER AND RACE/ETHNICITY FOR THE FLORIDA OVERSAMPLE (AHEAD WAVE 2)<sup>a</sup>**

	Gender		Race		
	Men (N=343)	Women (N=480)	White (n=699)	African- American (n=54)	Hispanic (n=65)
<b>Self Rated Health (%)</b>					
Excellent	10.7	10.7	11.5	2.5	5.9*
Very good	23.1	29.1	27.2	18.5	25.4
Good	30.8	27.1	29.2	9.7	31.7
Fair	21.8	21.4	21.1	34.4	19.7
Poor	13.6	11.8	11.1	34.9	17.4
<b>Changes in Health (during past 2 years) (%)</b>					
Much better	2.8	5.0	4.9	4.2	1.4
Somewhat better	4.6	5.3	5.0	5.7	4.0
About the same	60.9	57.9	59.7	44.6	62.8
Somewhat worse	20.8	21.2	20.9	19.0	23.7
Much worse	10.8	10.5	10.0	26.6	8.2

a Based on weighted data.

\* p < .05

In Wave 2 of AHEAD, we note in Table 4.1 that there are still no significant differences between Floridians and the core in any of the measures. When asked about self-rated health, 66% replied as ‘good’ to ‘excellent’ compared to 64.5% of the core. Yet it is also noteworthy that approximately a third of both samples reported ‘fair’ and ‘poor’ health. When asked about ‘changes in health during the past two years’ most respondents in both Florida and the core replied ‘about the same’ - or for approximately one fifth, ‘somewhat worse.’

Table 4.2 details health measures for the Florida oversample alone by gender and race/ethnicity. There was a significant difference by race in self-rated health with African-Americans and Hispanics tending to rate their health somewhat worse than whites. Approximately 70% of African-Americans rated their health as fair or poor compared to 32.1% for whites and 37.1% for Hispanics. There was no significant difference in self-assessments of changes in health during the period between interviews.

**Table 4.3**  
**PRESENCE OF MAJOR DISEASES<sup>a</sup>**

	Florida	Core
<b>Chronic Conditions</b>		
Arthritis	47.6*	55.5
Cancer	17.6	16.4
Diabetes	14.8	14.0
Heart Disease	34.5	34.2
Heart Attack	31.7	28.7
Heart – Angina	46.6	43.2
Hypertension	46.2*	52.9
Lung Disease	10.9	11.5
Stroke	10.6	12.2

a Based on weighted data.

\* p < .05.

Table 4.3 indicates presence of major diseases at Wave 2. There are significant differences between those in Florida and the core in arthritis and hypertension with Floridians having less incidence, although the percentages of those having such diseases as arthritis, cancer, heart attack, and angina has increased since Wave 1 survey dates.

Table 4.4 addresses functional limitations, ADLs and IADLs in comparison between Floridians and the core. Mean functional limitations based on comparable items to baseline (walk several blocks, one flight of stairs, push/pull large objects, lift 10#, pick up dime). For functional limitation and ADLs, don't do = difficulty. [Please note that in Wave 2 of AHEAD the researchers

**Table 4.4**  
**FUNCTIONAL LIMITATIONS AND DISABILITIES<sup>a</sup>**

	Florida	Core
<b>Functional Limitations (% difficulty)</b>		
Walk several blocks	41.1	44.1
Walk one block	19.9	23.5
Sitting for 2 hours	18.2	17.9
Getting out of a chair	39.8	44.4
Climbing one flight of stairs	26.5	26.0
Stooping	50.3	51.4
Reach out	18.5	20.5
Pull or pushing large objects	40.1	44.0
Lifting/carrying 10+ pounds	33.9*	39.8
Picking up a dime	8.8	11.5
<b>Mean Number of Functional Limitations</b>	<b>1.5 (sd=1.2)*</b>	<b>1.6 (sd=1.7)</b>
<b>ADLs (% difficulty)</b>		
Walking across a room	13.9	17.1
Dressing	19.3	20.9
Bathing	15.9	19.6
Eating	8.2	9.2
Getting in/out of bed	14.3	14.0
Toileting	12.2	13.2
<b>Any ADL</b>	<b>26.0</b>	<b>29.2</b>
<b>IADLs (% difficulty)</b>		
Driving	28.5	29.7
Preparing hot meals	9.5*	13.6
Shopping for groceries	14.1*	19.3
Using the telephone	8.6	9.6
Managing medications	7.5	7.2
Managing money	10.8	13.5
<b>Any IADL</b>	<b>36.4</b>	<b>38.5</b>

Notes:

a Based on weighted data.

\* p < .05.

at the University of Michigan have told us that in addressing need for assistance, they have only asked those who answered yes to needing help with *all six* ADLs, which is completely different than the way the questions were treated in Wave 1.] In this table (4.4) there is a significant difference in lifting or carrying 10+ pounds with Floridians having slightly less difficulty; and in the mean number of functional limitations with Floridians having slightly fewer. In ADL limitations we note no significant differences between the percentage of Floridians having such difficulties and the core at Wave 2. For those having difficulty with IADLs, we note that there were significant differences only in preparing hot meals and shopping for groceries between those in Florida and the core.

In table 4.5 we indicate presence of diseases in the Florida oversample alone by gender and race/ethnicity. Florida’s women show significant differences from the men in arthritis, diabetes, heart disease, and lung disease. Only Hispanics show significant difference from all others in arthritis and mean number of conditions.

**Table 4.5**  
**PRESENCE OF MAJOR DISEASES BY GENDER AND BY RACE FOR THE FLORIDA OVERSAMPLE (AHEAD WAVE 2)<sup>a</sup>**

	Gender		Race		
	Men (N=343)	Women (N=480)	White (n=699)	African- American (n=54)	Hispanic (n=65)
<b>Chronic Conditions</b>					
Arthritis	38.4	54.2*	45.8	72.6	53.5*
Cancer	21.2	15.0+	18.1	17.7	13.2
Diabetes	18.6	21.1*	14.3	17.3	17.2
Heart Disease	39.8	30.6*	35.2	35.7	24.3
Heart Attack	34.3	29.3	32.3	28.3	20.3
Heart -- Angina	44.7	48.5	47.2	45.2	36.5
Hypertension	44.9	47.2	45.2	65.7	46.6
Lung Disease	14.1	8.4*	11.4	1.4	10.4
Stroke	12.2	9.5	10.7	16.4	6.6
Mean number of chronic conditions	2.4	2.3	2.3	2.9	2.0*

Notes:

a Based on weighted data.

+ .1 > p > .05

\* p < .05

**Table 4.6**  
**PROBABILITY OF ONSET OF FUNCTIONAL**  
**LIMITATIONS AND DISABILITIES AMONG**  
**FLORIDIANS<sup>a</sup>**

	<b>Florida</b>	<b>Core</b>
<b>Functional Limitations:</b>		
Walk several blocks	.24	.23
Climbing one flight of stairs	.15	.14
Pull or pushing large objects	.27	.29
Lifting/carrying 10+ pounds	.20	.22
Picking up a dime	.07	.08
<b>Any Functional Limitation</b>	<b>.37</b>	<b>.37</b>
<b>ADLs:</b>		
Walking across a room	.07	.07
Dressing	.15	.14
Bathing	.11	.13
Eating	.06	.06
Getting in/out of bed	.11	.11
Toiletting	.21	.22
<b>Any ADL</b>		
<b>IADLs</b>		
Preparing hot meals	.07	.09
Shopping for groceries	.08	.11
Using the telephone	.07	.07
Managing medications	.06	.06
Managing money	.07	.07
<b>Any IADL</b>	<b>.26</b>	<b>.26</b>

a Based on weighted data.

Table 4.6 assess the probability of onset of functional limitations and disabilities between Florida and the core and is noteworthy in that there are no significant differences in functional limitations in ADLs and IADLs. For functional limitations and ADLs, “don’t do” is treated as a difficulty, except for climbing one flight of stairs. Caution should be taken when interpreting estimates of onset for ADLs and IADLs because question wording varied between Wave 1 and Wave 2. Comparability of disability measures between Waves 1 and 2 are not able to be made due to changes in the sampling frame.

**Table 4.7**  
**PROBABILITY OF RECOVERY FROM**  
**FUNCTIONAL LIMITATIONS AND**  
**DISABILITIES AMONG FLORIDIANS<sup>a</sup>**

	<b>Florida</b>	<b>Core</b>
<b>Functional Limitations:</b>		
Walk several blocks	.18	.17
Climbing one flight of stairs	.33	.36
Pull or pushing large objects	.23	.24
Lifting/carrying 10+ pounds	.30	.26
Picking up a dime	.48	.51
<b>Any Functional Limitation</b>	<b>.13</b>	<b>.12</b>
<b>ADLs:</b>		
Walking across a room	.61	.56
Dressing	.47	.38
Bathing	.42	.34
Eating	.41	.39
Getting in/out of bed	.52	.50
Toileting	.60	.40
<b>Any ADL</b>	<b>.34</b>	<b>.31</b>
<b>IADLs</b>		
Preparing hot meals	.55	.29*
Shopping for groceries	.43	.33
Using the telephone	.40	.32
Managing medications	.35	.46
Managing money	.63	.54
<b>Any IADL</b>	<b>.27</b>	<b>.26</b>

a Based on weighted data.

\* p<.05

For functional limitations and ADLs, “don’t do” is treated as a difficulty, except for climbing one flight of stairs. Caution should be taken when interpreting estimates of onset for ADLs and IADLs because question wording varied between wave 1 and wave 2.

Table 4.7 addresses the probability of recovery from functional limitations and disabilities between Floridians and the Core. In only one measure, that of preparing hot meals, are Floridians significantly different than the core, and they are much more likely to recover that IADL function.

## 5 EXPECTATIONS

In Waves 1 and 2, several questions were asked that address the respondent's expectations for a variety of life events. Table 5.1 uses general linear modeling to examine whether there have been changes in those expectations between the first and second surveys. Respondents were significantly less likely to expect to give major financial help to their families, or to leave an inheritance, in Wave 2, compared to Wave 1. They were significantly more likely to expect receiving major financial help from their family, to move into a nursing home within 5 years, to live another 5 years, and to exhaust their savings to pay medical costs. In contrast, they were also significantly more likely to say that they expected their income to keep up with inflation. There was no change in the expectation of moving in with/or close to a child.

**Table 5.1**  
**CHANGES IN EXPECTATIONS FROM WAVE 1 TO WAVE 2**

**On a scale of 1 to 100, with 1 meaning no possibility and 100 meaning absolutely certain, do you expect:**

	Wave 1	Wave 2	Change from Wave 1 to Wave 2	p-value	n=
To give major financial help to your family	20.03	15.11	6.446	.000	5121
To receive major financial help from you family	10.55	11.68	-1.148	.000	5094
To leave an inheritance	53.64	52.07	3.526	.003	5030
To move into a nursing home within 5 years	13.77	17.53	-3.804	.000	4769
Medical Costs to use up your savings in 5 years	25.46	36.31	-10.635	.000	4593
Your income to keep up with inflation	35.31	41.39	-5.874	.000	4642
To live another 5 years	34.83	32.88	-5.505	.000	4727
To move in with/closer to a child	2.63	2.56	.08	.346	659

Table 5.2 examines differences in where the respondents plan to move, among only those subjects who stated that they planned to move within 5 years. Among those who stated that they plan to move to another home of their own in Wave 1, most answered the same in Wave 2. Those who differed in Wave 2 most often said they would opt for a retirement community. Among those at Wave 1 who anticipated moving in with others, approximately half now say they expect to move to another home of their own, with nearly

**Table 5.2**  
**CHANGES IN EXPECTATIONS FROM WAVE 1 TO WAVE 2**

**If you do move, where are you likely to move**

<b>Wave 2</b>	<b>Another Home</b>	<b>Move in With Others</b>	<b>Nursing Home</b>	<b>Retirement Community</b>
<b>Wave 1</b>				
Another Home	73.20	5.23	3.70	17.86
Move in with others	45.10	21.57	13.73	19.61
Nursing Home	16.13	9.68	51.61	22.58
Retirement Community	33.00	5.91	6.40	54.68

equal numbers opting for a retirement community or moving in with others. For those who expected to move to a nursing home at Wave 1, slightly more than half still anticipate such a move at Wave 2. Those who expected to move to a retirement community at Wave 1 largely still plan that move, with a significant numbers now planning to move to another home of their own.

## **6 POLICY IMPLICATIONS**

As noted in Chapter 2 the increasingly older adults in the AHEAD Florida oversample are approaching oldest-old status, impending widowhood for a significant number of them, increasingly poorer health, and with Floridians significantly smaller family networks for support and assistance than do those in the core sample. Floridians are also, as noted in Wave 1 data, significantly geographically distant from family members as well.

African-American Floridians are the state's most vulnerable population as they have a significant double disadvantage both in income and health in comparison to all other Floridians and in contrast to African-Americans in the core sample. Public health concerns and long term care issues for the future must address both problems.

We have attempted to assess the number of Floridians who have moved from Florida after Wave 1 baseline data was gathered. We have been notified by the University of Michigan, Institute for Social Research that such geographic mobility data is restricted at this time in the AHEAD survey, and we must apply for special status to analyze geographic data. The Florida Policy Exchange Center on Aging is in the process of applying for such access so that we may identify several retirement migration issues. One such issue in a retiree migration state such as Florida is, what percentage of elderly migrants leave the state once confronted with major functional limitations accompanied by widowhood? The answer has critical importance to those charged with providing long term care to the vulnerable and frail elderly in this state.

## 7 **METHODS**

Data for this report were provided by the University of Michigan's Institute for Social Research's recent study, Asset and Health Dynamics Among the Oldest Old (AHEAD). The AHEAD survey was conducted in 1993-94, and released initially in 1994. Wave 2 of this study was conducted in 1995-96 and the public use version is expected by 2000. Wave 1 surveys 8,223 respondents from 6,047 households in which there was a person who is 70 years of age or older. Wave 2 there are 823 eligible respondents in the Florida oversample and 5414 in the core. The purpose of the study is to provide data about the interaction, over time, of changes in health, in financial well-being, and in the kin network.

The target population for the first and second waves were people age 70 and older living in households in the U.S. in 1993-94. Then in 1995-96, a dual sampling frame was used which results in a nationally representative, stratified sample of older adults. First, from the Health and Retirement Survey of 1992 (HRS), households were screened to identify those with any member age 68 or older in 1992. Couples consisting of at least one eligible member (70 or older in 1993-94) were included and re-contacted for interview by the AHEAD staff. This part of the survey sample was intentionally oversampled for African-Americans and Hispanics by census tract, and for Florida residents.

The second sampling frame consists of a random sample drawn from the Health Care Financing Administration (HCFA) file of Medicare enrollees. Approximately half of the AHEAD sample comes from the HCFA files (not oversampled), and the other half from the HRS samples. To adjust for these differences in sampling frames, analyses presented in this report were weighted to adjust for the oversampling of African-Americans, Hispanics, and Florida residents.

For our statistical analysis in Wave 2, we separated the Florida residents (n=823) from the other combined samples (n=5414) including the Core sample,

African-American oversample, and the Hispanic oversample. The combined samples, which we refer to as the “Core,” were initially run in several ways, weighted and unweighted, including and excluding the African-American and Hispanic oversamples. Results presented here represent figures based on a Core sample that includes the African-American and Hispanic oversamples, weighted to adjust for the oversampling. Results run using different definitions of the Core generally did not differ statistically or substantively, so we feel that the results we present here are robust.

All analyses were conducted using SAS, Inc. (C) software (Version 6.12). Statistical analyses were performed using descriptive statistics, correlations, chi-squares, and general linear modeling techniques appropriate to the level of the data. Primarily descriptive statistics were used to address differences in health, demographic, and family structure variables across the Florida oversample and core, across gender (and across race/ethnicity samples). Estimation for missing data varied depending on the variables considered (see addendum for further details).

## ***ADDENDUM***

### **SUMMARY OF PROBLEMS IN AHEAD WAVE 2.**

To summarize the analyses we were able to do in the first wave of the AHEAD data, in general we:

1. analyzed Core and Florida oversample differences in demographic data
2. analyzed gender and race/ethnic differences in demographic data within the Florida oversample
3. examined Core and Florida oversample differences in family structure and networks
4. analyzed gender and race/ethnic differences in family structure and networks within the Florida oversample
5. estimated income differentials in family structure and networks within the Florida oversample
6. examined Core and Florida oversample differences in health data
7. analyzed gender and race/ethnic differences in health data within the Florida oversample
8. examined issues surrounding helper characteristics and unmet need

These analyses provided interesting answers to issues surrounding Florida's aging population. In Wave 2 of the AHEAD data, we were, unfortunately, not able to address all of these issues. In the sections that follows, we outline the issues we were not able to address and the major reasons why were unable to address these issues. If more information and documentation is warranted, we will be happy to provide whatever is needed.

#### **Problems with Wave 2**

Starting with the **demographic data**, we have included both 1 and 2 from above. We were able to examine with respect to most variables Florida oversample and Core differences along with gender and race/ethnic differences within the Florida oversample. However, one major exception is income (i.e., see number 5 above). Income had substantial amounts of missing data, and we imputed these missing data where the issues

were clear. However, in the last set of analyses focusing on Wave 1, we analyzed the AHEAD *derived variables* that were created through imputation of missing data by University of Michigan's statisticians. These included such variables as income, assets, levels of ADL and IADL disabilities, health summaries, cognitive functioning, and depression. Thus, our imputation of income may vary from the original imputation in Wave 1. Furthermore, we have been using the non-public release of the AHEAD Wave 2 this fall. These data are not as "cleaned" as the public release version will be. Our hopes were to use the public release version to confirm all of our analyses. We were told by the AHEAD investigators that the public release version would be forthcoming in July, then August, then September, then October, and then November. However, each month, they postponed the release so that these final analyses are all based on the non-public release version of the AHEAD, since the public release is still not available.

Focusing on the **family structure and network variables**, we have estimated, where variables permit, similar factors that were examined in the first wave of the AHEAD data (see 3 and 4 above). We have also investigated both gender and race/ethnic differences within these variables. However, there are several variables, which thus far, are not clear from the documentation or are missing from the Wave 2 release. We were able to focus on family network characteristics, but not on household composition. The household composition variables are not comparable to the Wave 1 variables and are not apparent from the documentation that we have (no official codebook has been released with full documentation). We have people at the University of Michigan who are trying to help us with this, but they have not been able to yet (again, if details are needed, we can document our contact with the Michigan investigators via email).

With regards to the **health data** (numbers 6 and 7 above), we have been able to largely replicate the issues and variables that we examined in Wave 1. We have also been able to add analyses, such as investigating health changes from Wave 1 to Wave 2. However, we were unable to determine cognitive status due to the extreme amount of missing data on these sets of variables. Imputation with cognitive status is much more complicated than with income, and we felt it would be inaccurate to impute missing data in a way that could potentially be inconsistent with

Wave 1 analyses. Furthermore, many questions that were asked in Wave 1 are not asked in Wave 2. For instance, depression is addressed with 10 items from the CES-D scale in Wave 1. For an unknown reason, there are only 9 items present in Wave 2. Again, if the public release version becomes available at some point in the future, then we can clarify some of these issues.

Finally, when focusing on **unmet need and helper characteristics** (issue number 8 above), we were unfortunately unable to replicate these analyses with Wave 2 data. From the documentation that we have, the helper questions are only asked of those individuals who had all of the IADLs and/or all of the ADLs. This is a very small number of people, and analyses are not possible. Furthermore, there is no documentation as to the relationships of the helpers in the existing material that we have. Also unfortunately, as far as we can ascertain, unmet need questions were simply not asked in Wave 2.