

THE HEALTH AND
RETIREMENT STUDY:
AN INTRODUCTION

HRS | HEALTH AND
RETIREMENT
STUDY

TUTORIAL SUMMARY

- History
- Building the Sample
- Study Design
- Study Content



HISTORY

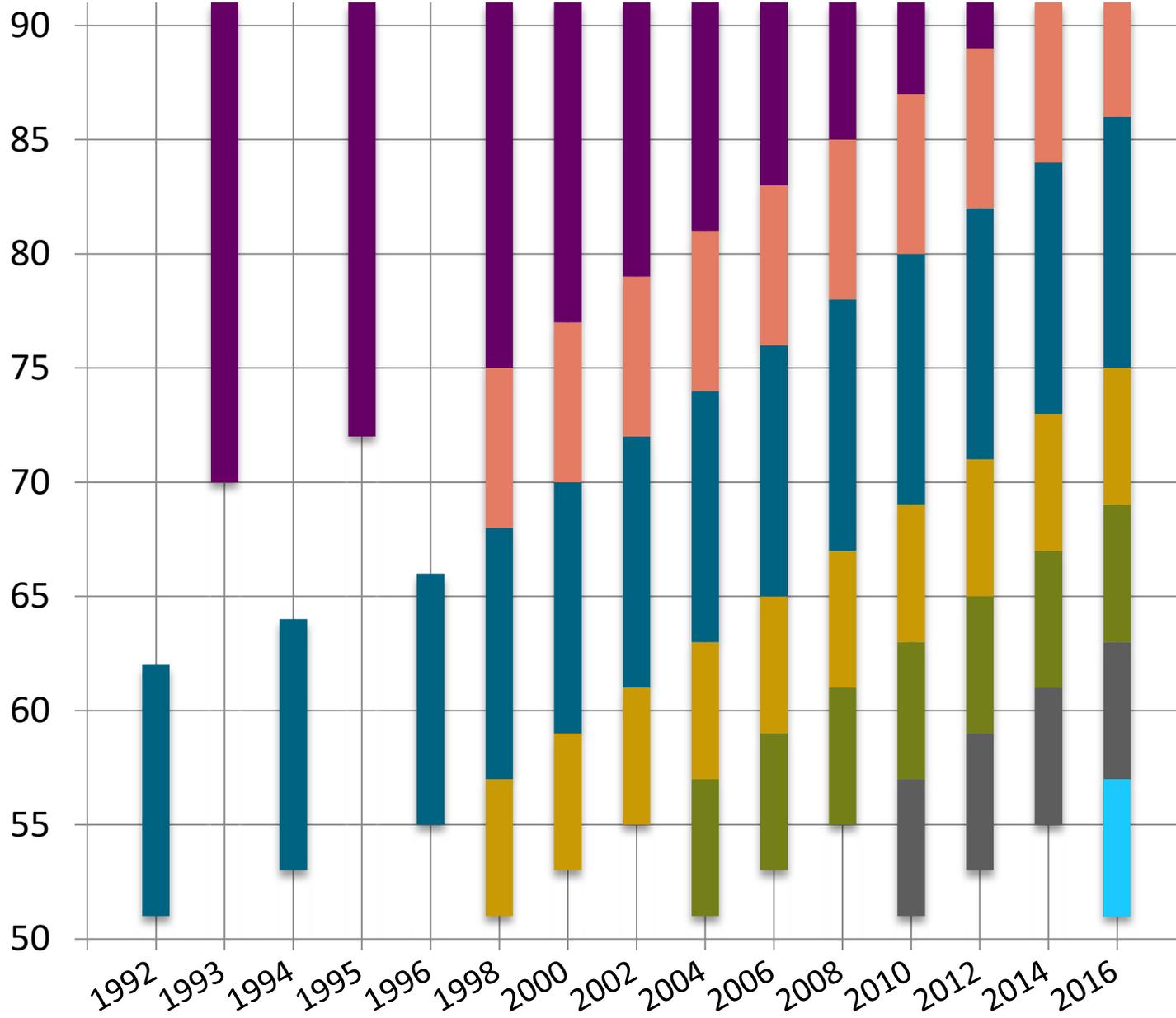
HRS BEGINS AND GROWS...

- Created in 1990 by an act of Congress to provide data for the study of health and retirement
- First longitudinal study of older people to include detailed economic and health information in the same survey
- Three leadership transitions from F. Thomas Juster to Robert J. Willis to current Director David Weir
- Co-Investigators from different disciplines
- The largest and most comprehensive nationally representative multi-disciplinary panel study of Americans over age 50
- Supported by a cooperative agreement with the National Institute on Aging (U01 AG009740) and funding from the Social Security Administration

BUILDING THE SAMPLE

HRS Longitudinal Cohort Sample Design

AGE



- AHEAD <1924
- CODA 1924-30
- HRS 1931-41
- WB 1942-47
- EBB 1948-53
- MBB 1954-59
- LBB 1960-65

BASELINE AND RE-INTERVIEW RESPONSE RATES

Cohort	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10
HRS	81.6 1992	89.4 1994	86.9 1996	86.7 1998	85.4 2000	86.6 2002	86.4 2004	88.6 2006	88.6 2008	86.6 2010
AHEAD	80.4 1993	93.0 1995	91.4 1998	90.5 2000	90.1 2002	89.4 2004	90.6 2006	90.7 2008	89.3 2010	
CODA	72.5 1998	92.3 2000	91.2 2002	90.1 2004	91.4 2006	90.4 2008	89.0 2010			
WB	69.9 1998	90.9 2000	90.6 2002	87.9 2004	88.1 2006	87.0 2008	87.4 2010			
EBB	75.3 2004	87.7 2006	86.3 2008	85.9 2010						

STUDY DESIGN

CORE INTERVIEW MODES

- 1992-2002
 - ❑ Face-to-face interview at baseline
 - ❑ Telephone was the primary mode for follow-up
 - ❑ Face-to-face offered to respondents age 80+
 - ❑ AHEAD cohort differed slightly
- 2004
 - ❑ Face-to-face for Social Security consent
- 2006 and beyond
 - ❑ Half of core sample is randomly assigned to face-to-face interview enhanced with physical and biological measures and a mail-back psychosocial questionnaire
 - ❑ Other half sample assigned to telephone as before

DESIGN OF ENHANCED FACE-TO-FACE INTERVIEW

	2006	2008	2010	2012	2014
EFTF Sample	A	B	A	B	A
A=First random half sample B=Second random half sample					

- Alternate waves
- Data from enhanced face-to-face is available every wave on a half sample, and longitudinally every four years
- Enhanced interview takes place at baseline or at follow-up

SOME IMPORTANT DESIGN FEATURES

- Both respondent level and household level data
- Respondents answer respondent level for themselves, singles also answer household
- In coupled, HRS designates a financial respondent and a family respondent
 - Housing, income, assets asked of financial respondent
 - Family composition and transfers asked of family respondent
 - Each answers respondent level questions

SOME IMPORTANT DESIGN FEATURES

- Proxy respondents
 - Usually spouse or other family member
 - Reduces attrition bias
- Baseline interviews with community-dwelling individuals but retained if they move to nursing homes
- Exit interviews
 - Information on medical expenditures, family interactions, and other circumstances during the final stages of life, and information about the disposition of assets following death

STUDY CONTENT

CONTENT OVERVIEW

Core

- ❑ The core survey takes place every two years. One and a half to three hour interview. The main part of the data. Sample size currently ranges from 18,000-23,000 any given wave.

Experimental Modules

- ❑ Three minutes on various topics. Takes place at the end of the core interview. About 10 modules every wave. Sample size is about 1,500.

Enhanced Face-to-Face

- ❑ Physical measures, biomarkers, genetics, and psychosocial information obtained as part of the enhanced face-to-face interview that happens on a random half sample every two years. Half of the core sample.

Supplemental studies (off-year, ancillary)

- ❑ Studies on a range of topics that take place in the “off year.” Linked to the core. Sample sizes around 3,000-7,000.

Linkage to administrative data

- ❑ HRS core data are linked to various sources of administrative data.

CORE CONTENT AREAS IN HRS

Health

- ❑ Physical/psychological self-report, conditions, disabilities; biomarkers and genetics; cognitive testing; health behaviors (smoking, drinking, exercise)

Health Services

- ❑ Utilization, expenditure, insurance, out-of-pocket spending, linkage to Medicare claims data

Labor Force

- ❑ Employment status/history, retirement, earnings, disability, retirement, type of work

Economic Status

- ❑ Income by source, wealth by asset type, capital gains/debt, consumption; linkage to pensions, Social Security earnings/benefit histories

Family Structure

- ❑ Extended family, proximity, transfers to/from of money, time, housing

Expectations

- ❑ Decision making; subjective probabilities

Modules

- ❑ Wide range of topics

ENHANCED FACE-TO-FACE

- As part of the enhanced face-to-face interviews interviewers administer tests and obtain specimens:
 - ❑ Physical measures: grip strength, timed walk, lung function, balance, height and weight, waist circumference, and blood pressure
 - ❑ Saliva sample for genetic info
 - ❑ Blood-based biomarkers
 - ❑ Psychosocial self-administered mail-back questionnaire

HRS SUPPLEMENTAL STUDIES

Ageing, Demographics and Memory Study (ADAMS)
(2001-2009; 2010-11)--in home clinical interviews

Mail Surveys

- Human capital investments in children (2001)
- Consumption and Activities Mail Survey (CAMS) (2001, 2003, 2005, 2007, 2009, 2011)
- Diabetes care management (2003)
- Prescription drug use (2005, 2007, 2009)
- Subjective Well-Being (2009)
- Disability vignettes (2007) health care satisfaction, access to care, VA care utilization (2011)
- Health care and nutrition study (2013)

Internet surveys (2003, 2006-2007, 2009, 2011, 2013)

ADMINISTRATIVE LINKAGES

- Individual match
 - Social Security earnings and benefits
 - Medicare claims data
 - Medicaid Analytic Extract (in progress)
 - National Death Index
 - Veteran's Administration
- Employer match
 - Pension plans
 - Census Business Register (in progress)
- Provide validation of self-reported information as well as additional information not collected in the survey

This ends the web tutorial providing a general overview of the HRS study design and content

This tutorial was produced at the University of Michigan with funding from the National Institute on Aging.

Comments and questions may be sent to hrsquestions@umich.edu