Minorities and the Health and Retirement Survey:
Future Analytic Opportunities and Data Requirements

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I. Introduction

The myriad strengths of the Health and Retirement Survey (HRS) have been amply described in several publications prepared by the key investigators and users, including how the data has and will shape domains of inquiry in the study of aging (Willis, 1999). To be succinct, the HRS satisfies all of the recommendations that the National Academy of Science *Panel on a Research Agenda and New Data for an Aging World* (NAS, 2001) concluded are essential to conduct high quality, policy relevant research on aging. Although the NAS panel was interested in the necessary and sufficient conditions to foster cross-national research on aging, several of its recommendations are germane for advancing a research agenda on the social and economic implications of aging *minority* populations. These recommendations emphasize the importance of: (1) multidisciplinary research designs that cuts across substantive domains of aging; (2) longitudinal data needed to disentangle causal relationships; (3) opportunities to link survey responses with administrative data; and (4) unconstrained access to the data to a wide research community within the conventions of confidentiality protections.

There is no doubt that the HRS has enabled researchers to better understand the myriad social, biological, economic and health dimensions of U.S. population aging. However, in the context of a burgeoning empirical literature made possible by the HRS, the number of studies about the aging of minority populations is far more limited and the range of substantive issues investigated is considerably lower. Both practical and theoretical reasons justify a systematic study of minority aging. Speaking to the former, there is ample evidence that the social and economic circumstances of minority retirement and pre-retirement adults differs from that of non-Hispanic whites (Angel and Angel, 2001), and also that their health status and living arrangements differs (Angel and Hogan, 1992). However, what unique influence race and ethnicity play in generating these differentials is less clear. From a purely scientific standpoint, it is important to ascertain what insights, if any, can be generated about aging by studying the experiences of minority populations.

In what follows I consider: how have the topics analyzed for minority versus nonminority populations exploited the richness of the HRS data? Furthermore, are there data and design issues that might affect the supply of researchers who use the HRS to study minority populations? Subsequently I make recommendations—some more tentative than others--about strategies to foster more research on minority aging. To provide a general backdrop for the recommendations about how to strengthen the role of

the HRS in fostering a research agenda on minority aging, Section II provides a brief overview of the demography of minority elderly, including projected changes.

II. Minority Aging

Compared to the first half of the 20th century, when the ethno-racial composition of the U.S. population was stable and clearly demarcated in black and white, the last half of the 20th century, but especially the last 30 years, witnessed rather dramatic diversification (Tienda, 2002). Census 2000 recorded the largest minority population in U.S. history—over one in four U.S. residents (28 percent) were members of minority groups. Of these, just under 12 percent were African American; over 11 percent were Hispanic, and 4 percent were Asian or other groups combined.

These sea changes in U.S. population composition since 1970 find parallel in the ethno-racial composition of the elderly, except that the changes are less radical because Hispanics and blacks—the two largest minority groups—are younger, on average, than either whites or Asians. According to Census 2000, 16.4 percent of all persons ages 65 and over were either black (8.4 percent), Hispanic (5.6 percent), Asian (2.4 percent) or Native American (< 1 percent) (Administration on Aging, 2001). Currently the minority share of the elderly is smaller than the minority share of the total population—16 versus 28 percent, respectively. However, the ethno-racial diversification of the retirement age population is expected to accelerate during the first half of the 21st century, particularly between 2010 and 2030, when the "baby boom" cohorts reach age 65.

In 2000, 12.4 percent of the total U.S. population was aged 65 and over, but the U.S. Census Bureau projects that the elderly will reach 20 percent over the next 30 years. However, not all groups will age at the same pace. Using the middle series assumptions about mortality, fertility and migration trends, the white elderly population is projected to increase 81 percent between 2000 and 2030 (Day, 1996; Administration on Aging, 2001). This compares with projected increases of 219 percent for minorities, including 328 percent for Hispanics, 131 percent for African Americans, and 285 percent for Asian/Pacific Islanders. If realized, these trends imply that one-in-four elderly will be nonwhite in 2030 (Himes, 2001; Administration on Aging, 2001). Group differences in the pace of aging can be traced to the varied fertility, mortality, and immigration histories of blacks, whites, Hispanics and Asians. Because immigration generally involves young adults of working ages, U.S. immigration policy, which favors entry of parents of legal residents, also contribute to population aging—particularly of Hispanic and Asian pan-ethnic groups (He, 2002).

These projections are germane for considering the strengths and weaknesses of the HRS. To do so I address two broad questions. First, *what types of questions about minority aging, health and retirement have been addressed using the HRS*? Second, *how does the design of the HRS, with its modular structure and administrative linkages, facilitate or hamper the study of minority aging*? By cataloguing the topics that have been studied using the HRS, I can identify important omissions and speculate why as a

way of suggesting ways to strengthen the appeal of HRS to study race and ethnic differentiation in the correlates and consequences of aging.

III. HRS Analyses of Minority Aging and Elderly

The National Research Council panel (NAS, 2001) identified five interrelated domains that require data and research to inform policy about the social and economic consequences of population aging. These are: (1) work, retirement and pensions; (2) private wealth and income security; (3) transfer systems; (4) health status; and (5) subjective and emotional well-being.[1] Two obvious questions arise in connection with the adequacy of the HRS to study minority aging in these domains. First, do the data provide sufficient depth and breadth on these topics to consider whether, to what extent, and in what ways minority aging may differ from that of majority whites? Second, has the research community responded in turn by exploiting the HRS to illustrate empirically whether and how minority aging differs. As an non-expert in aging, my answer to the first is a qualified yes, subject to the caveats discussed in section IV. My answer to the latter is also a qualified yes, but the scope and depth of coverage is considerably weaker.

Research Coverage

To address the strengths and weaknesses of HRS for the study of minority aging and health, I reviewed the HRS bibliography on minority populations and, using the major domains recommended by the NRC, compared the range of topics researched to those available for the elderly population overall. The HRS bibliography that dealt with minority populations identified 49 papers (Appendix A), compared to 487 in the on-line bibliography. This suggests that about 10 percent of the papers based on the HRS consider race and ethnic differences in the substantive outcomes of interest. However, this is a conservative estimate because papers that do not use identifying key words (e.g., race, ethnicity, black, Hispanic, minority, etc.) in the title will likely be missed by title-based queries.[2] Of the 50 papers based on the HRS that explicitly focus on minority populations, 11 (or 20 percent) were produced as part of an HRS workshop conducted in 1995 and published as a symposium in an issue of *The Gerontologist* (1996, Vol. 36, No.3). Conceivably some of these papers might not have been written had a thematic HRS workshop had not provided a stimulus to authors who do not conduct research on minority populations as a matter of course. This has direct implications for a recommendation I make below.

It is also noteworthy the papers listed in the HRS minority bibliography do not systematically compare blacks, Hispanics and whites. This means that coverage of

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[1] These are similar to but not identical to the five area working groups used by HRS to organize the review. I prefer the NAS categories because they are both broader and more focused.

[2] Holden and Kuo, 1996, was inadvertently omitted from the list because words like minority, race/ethnicity, or group labels do not appear in the title.

particular substantive issues is uneven for blacks and Hispanics—the two groups oversampled in both the HRS and AHEAD. For example, of the 11 papers published in the 1996 symposium, four focused only on race comparisons but the remainder considered all three groups. Similarly, some of the 50 papers included in the HRS bibliography focused on Hispanic-white comparisons, while others compared both blacks and whites to Hispanics.

Of course, some topics (such as those related to immigrant aging) are more prominent for Hispanics than African Americans, and others (i.e., prevalence of specific diseases such as sickle-cell anemia) may be more salient for blacks. This point acquires significance if the HRS research program is interested not only in answering practical questions, such as "*how do ethno-racial groups differ in their health and retirement status as they age*?" but also in addressing broad, theoretical questions that can deepen scientific understanding of the biological, demographic, social and economic dimensions of aging, such as, "*what can we learn about specific aspects of aging by studying minority populations*?" In my opinion, the HRS is uniquely suited to address the latter, more challenging question, which I recommend should serve as an overarching goal of the HRS research program on minority aging, particularly in light of the current and projected future diversification of the elderly population. Addressing the second question requires sponsorship of workshops to train researchers who specialize on the demography of minorities to use the data, and enticements for experts in various facets of aging research to think critically about how studying the health and retirement experiences of minority elderly can broaden (and deepen) knowledge of aging more generally.

To make my case about the uneven coverage of minority aging, in Table 1 I classify the substantive topics of the 50 papers included in the HRS minority bibliography (n=50) supplied by the HRS staff (Appendix A) according to the five broad categories recommended by the NAS panel for minority and nonminority populations.[3] For each category I identify several topics that have been examined for nonminority populations to identify the substantive lacunae in the existing literature and to help focus data design issues that could improve the attractiveness of HRS to study minority aging.

The most striking feature of this classification is the relative paucity of research about intergenerational transfers and well-being compared to studies of health status. In the latter domain, there has been considerable attention to specific ailments, but less emphasis on the socioeconomic status and health gradient. By comparison to the full bibliography, the topics represented in the minority bibliography are also less detailed in their coverage of interrelationships, as I elaborate for each of the five NAS categories.[4]

1. Work, Retirement and Pensions

The studies classified in this category focus on employment in relation to health

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[3] Obviously several topics could be classified in more than one category. My goal is not to derive a mutually exclusive taxonomy, but rather to illustrate glaring gaps in the analyses of minority aging by comparison to aging of the nonminority population.

[4] Again, these examples are intended to be illustrative rather than comprehensive.

and the process of labor force exit in relation to health status and disability status, but exclude topics such as self-employment, pension status, fringe benefits, or job loss due to specific ailments, as covered in studies of nonminority aging. In the main, the few studies that consider employment and retirement are relatively descriptive, and few, if any, have fully exploited the longitudinal character of the HRS for disentangling causal relationships. Why HRS analysts have not considered group differences in pension status in relation to work and retirement is unclear, but warrants further analysis to determine whether the number of qualified observations (i.e., respondents who receive pensions) is too small for reliable analyses, or pension coverage is mainly analyzed in the context of income security. Nativity differentials, which are more important for Hispanic than African American populations, are considered in studies of employment, but not pension status.

2. *Private Wealth and income security*

Because studies of race and ethnic groups almost inevitably focus on educational and income inequality, it is not surprising that several papers have considered race and ethnic differences in wealth status, assets (home ownership), and insurance. However, it is noteworthy that several of these papers are co-authored by individuals directly involved with oversight of the HRS and their co-authors (e.g., Smith). One individual can make a substantial difference in the scope and depth of research on a single topic, as Smith has done on race and ethnic wealth disparities among the elderly. Group differences in health insurance are the subject of great media coverage, but the HRS offers the opportunity to explore the dynamics of coverage in relation to changes in employment and functional status. This unique advantage of HRS has not been exploited, despite the respectable sample of Hispanic respondents. Other aspects of income security covered by the HRS are ignored.

3. *Transfer systems*

The HRS has been woefully underutilized for the study of intergenerational transfers, despite its rich content for this purpose. This is unfortunate because prior literature based on cross-sectional surveys (census and CPS) have suggested numerous hypotheses about how minorities use living arrangements as a substitute for shortfalls in public transfers. Angel and Hogan (1992) show that nearly 40 percent of elderly Asians live with other relatives compared to about one-quarter of Hispanics, one-third of blacks but only 13 percent of whites. To what extent these living arrangements represent economic strategies and health care strategies has not been well documented. Equally important to address is whether the net inter-generational flow of time and financial resources is uniform among race and ethnic groups. A life-time comparison of groups participation in public and private transfer systems would make a substantial contribution to knowledge about how minority populations experience aging and manage its consequences.

4. *Health Status*

Probably because of links to health studies and epidemiology, analyses of health

status and physical wellbeing receive the most coverage among HRS analysts interested in minority populations. Not surprisingly, several studies conclude that poor health and disability status reduce labor force activity and income, but a more interesting question is whether the employment and income consequences of poor health or being disabled are uniform for minority and nonminority populations, and if not, whether this reflects group differences in the severity/type of illness/disability or unequal market "penalties" for these statuses. Descriptive studies of experiences with specific illnesses and health limitations are useful for specific practical purposes, but their scientific contributions are likely to be greater from synthetic studies that systematically integrate their findings across demographic groups of varying social and economic circumstances.

5. Wellbeing

Studies of emotional and subjective wellbeing are notably limited in number and scope. The only paper in the HRS minority bibliography that mentions wellbeing could easily be classified in the income security category since it does not focus on subjective or emotional wellbeing. Why this aspect of minority aging has been ignored by past analysts of the HRS is not clear.

Of course, not all analyses of health, retirement and aging processes need to take into account race and ethnic differences. However, as the minority share of the population aged 50 and over increases, guidance about HRS design, including changes in modules and oversampling strategies would benefit from greater coverage of substantive material, which is the focus of the section IV.

IV. Data Design Issues

The Retirement History Survey begun in 1969—prior to the dramatic changes in U.S. population ethno-racial composition—not only had a narrower focus than the HRS, but excluded married women and did not oversample minorities. Because the Spanish Origin item was not used until 1970, it was not possible to represent Hispanics in a national sampling frame except as "regional subpopulations." In light of the changing demography of seniors since 1970 and the expansion of identifiers to represent Asian and Hispanic pan-ethnic groups, the judicious decision to oversample blacks and Hispanics increases the value of the HRS for understanding the correlates and consequences of an aging minority population. Thus, and unlike the RHS, the HRS is positioned to monitor the myriad experiences of minority seniors prospectively. The question at hand, which may be partly related to the omissions in the content of empirical studies conducted thus far, is whether there are opportunities to improve the design of data collection so that demographic changes understand

Minority Oversamples

The HRS includes oversamples of blacks and Hispanics, but not Asians. For the initial cohorts, this is a reasonable exclusion because Asians comprised just over 2.4

percent of persons over 65 in 2000 (Administration on Aging, 2001; Day, 1996). Cost considerations involved in sampling very small populations can be prohibitive. However, because the Asian population is older than the Hispanic population, and because the Asian population is expected to age faster than Hispanics owing largely to low fertility (Angel and Hogan, 1992), future design changes of the HRS may want to reconsider this decision. Although the Asian population is more geographically dispersed than Hispanics, it is worth exploring the residential distribution of the Asian elderly to evaluate the possibility of drawing an Asian oversample, even if restricted to California cities. The similar median age of Asians and whites belies the considerable heterogeneity of nativity and generational status which can shed light on the practical question about whether and how minority aging differs from that of whites. More generally, because the income status of Asians is less dissimilar from that of blacks and Hispanics, comparisons and analyses of Asian and white seniors may help establish unique ethnic as compared to class effects.

The Hispanic oversample in the initial design of the HRS anticipated the changing demography of seniors. Initial concerns about excessive attrition in wave 2 due to delay in producing the Spanish language instrument appear to have been resolved and the initial HRS cohort includes 78 percent of the original respondents compared to 74 percent of African Americans. As heartening as the low attrition post-wave 2 is, the sample size may prove problematic in several instances: (1) use of data from a module administered to a random sample of the cohort; (2) focus on non-Mexican Hispanics, especially Cubans, whose aging and immigration histories are notably different from those of other immigrant Hispanics; (3) use of merged data from administrative records (especially medicare and social security records).

In light of the demographic projections summarized above, HRS plans to restore the Hispanic (and black) oversample to the rates of the original HRS is well justified.[5] Drawing a random oversample of all Hispanic groups rather than a higher oversample of Mexicans makes more sense for several reasons. First, Mexicans are the youngest of the Hispanic origin groups, and the proposed strategy to sample all groups increases the likelihood that larger numbers of Cubans will be included in the sample. Although Cubans represent less than five percent of all Hispanics, nearly 20 percent are age 65 and over. This compares with 14 percent of non-Hispanic whites, 8 percent of other Hispanics and 4 percent of Mexicans, Puerto Ricans and Central/South Americans (del Pinal and Singer, 1997). Second, as the largest of all Hispanic origin groups, Mexicans comprise over half of all elderly Hispanics, hence a random over sample of all Hispanics will surely obtain at least 50 percent Mexicans. Third, I can not see any theoretical reason for favoring Mexicans in the oversample of Hispanics, Soldo's Mexican Health and Aging study notwithstanding.[6] However, as a multi-purpose survey of aging, HRS can advance knowledge of immigrant aging, which may be of greater policy interest than the

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[5] Willis memorandum, 2 October, 2002 on Minority Representation in the HRS.

[6] Whether and how many Mexican elderly return to Mexico for their golden years is an empirical question that neither survey may be able to address, but the initial HRS cohort could yield some insight into this question. I am less clear whether and how the Soldo study can address this issue.

experience of a specific national origin group. Because immigrants are more highly represented among the nonMexican elderly population, this augers for a random survey of all Hispanics rather than targeting Mexicans within the Hispanic oversample.

Foreign born

Another design consideration for future HRS cohorts concerns immigrant populations. Immigrants are younger than the native population, hence persons 65 years and older currently comprise only 3 percent of the foreign born population. However, in the future, Asians and Hispanics will be more highly represented among the older foreign born (He, 2002). Because the older foreign-born are not uniformly distributed by region, the geographic criteria used to oversample Hispanics (and possibly Asians in the future) will influence the representation of immigrants in the HRS. Over 75 percent of immigrants are disproportionately located in six states and within these states, in a few large cities. Many theoretical and empirical questions about differences between Hispanics (Asians) and whites implicitly allude to variable levels of acculturation and assimilation. Therefore, the strategy to add new cohorts as the HRS Survey reaches its "steady state" should consider the nativity composition of the new members. The opportunity to monitor differences in longevity and the profiles of disease promises to resolve longstanding questions about the epidemiological paradox for immigrants in the context of differentially selective migration (Asians versus Hispanics, for example, or Cubans versus Mexicans within the latter pan-ethnic group).

Institutionalized population

Like the Retirement History Survey, the HRS excludes the institutionalized population. The decision to exclude the institutionalized population from the sampling plan can be easily justified on theoretical and substantive grounds. Certainly the policy implications of minority aging are different for persons residing in institutions, where few current or future behaviors depend on choice and decision, and households, where all outcomes reflect prior decisions and current choices.

However, minority men are more highly represented in the penal system— perhaps more now than in the past. Currently there is growing interest in the labor market "scarring" and re-entry of incarcerated populations. Much of the attention devoted to this subject focuses on prime age men. However, experiences of prolonged or repeated incarceration may be relevant for understanding race/ethnic differences in psychological and emotional wellbeing of minority elderly.

While I would not give this issue a very high priority without conducting more exploratory work, it might be worthwhile to develop a short module for respondents who have had contact with the penal system to learn about their family and health status. Also, minority men serving long sentences who are released in their pre-retirement years will certainly experience major economic distress in their advanced ages, depending on their family support system. What income provisions they have are unclear.

Modules and Administrative Records

Two unique strengths of the HRS are the possibility of linking survey responses with administrative data, such as social security and Medicare/Mediciad records, and the availability of topical modules which pursue specific subjects in greater depth. However, the appeal of both strengths is diminished if links are not possible because records can not be matched with respondents; if the sample members who receive a particular module is too small for reliable analyses; or if the successfully linked records are a nonrandom subsample of the group in question.

1. *Administrative Records*

I inquired whether the successful linkage rates of minority and immigrant respondents was similar to that of nonminority respondents and how high are the linkage rates for blacks, whites and immigrants.[7] I did not receive answers to these questions (probably owing to the tardiness of my inquiry), but I would encourage the HRS design committee to address the questions. This is because the usefulness of survey files linked with administrative records will ultimately depend on the linked sample size and whether linked records are a random or a highly selected subset of the sample.

There are reasons to expect that the records of minority respondents may have lower linkage rates than nonminorities. The below population parity of the CODA "over-sample" suggests that the successful linkage of administrative records for minority populations is lower. The main point is that the scientific appeal of this unique strength of the survey will depend on the final number of linked observations. For example, once the approximately 900 Hispanics interviewed in wave 5 of HRS are divided by sex, the number of linked cases may actually be too small for many analyses that use the prospective longitudinal data as well as administrative records. The relative paucity of research on labor force withdrawal and income security minority populations may reflect this difficulty.

2. *Topical Modules*

It is not possible to provide a generalized assessment of the strengths and weaknesses of the modules for minority populations. In my judgment, two issues warrant consideration to determine the value of a particular module for minority populations. The first is related to sample size. Since experimental modules are asked of a random subset of the sample, the number of minority observations for any particular module may be too small for reliable analyses, especially if one or two sample strata are generated (i.e., sex or nativity or region).

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[7] Memo to Ellen Meara, October 11, 2002. "What share of Hispanic/black respondents have been successfully linked with administrative data? Are the linkage success rates the same?" "Immigrants: what is the admin data linkage success rate for the foreign born? How many immigrants in the first and most recent waves of HRS (by the 4 cohorts—early HRS, AHEAD, CODA and WAR).

Second, it may be worth considering developing a module that measures various aspects of acculturation. Although respondents are asked about their proficiency in English and if foreign-born, their length of U.S. residence, other indicators of acculturation (such as viewing non-English television programs, ethnic composition of friendship and social networks) might help tease out ethnic differences in responses to the physical and social dimensions of aging among similarly economically situated co-ethnics. This consideration would be particularly important if the HRS oversight committee decides to include an oversample of Asians. A review of items developed and used in the Hispanic HANES and other national surveys would jump start this exercise.

3. *Future cohorts augmentation of existing cohorts*

The HRS team plans to conduct a screen in 2004 to increase minority representation in the new "Early Boomers" cohort. Above I argued that the Hispanic oversample should be based on all group rather than target Mexicans. However, this presupposes that the mystery of "below population parity over-sample" rates for the CODA sample is resolved.[8]

Whether there is value in augmenting minority representation in the older cohorts by using the screening information generated in the process of identifying households for the new Baby Boomer cohort[9] depends on the extent to which some longitudinal data can be retrieved retrospectively. With a few exceptions, many studies based on the HRS do not fully exploit the longitudinal character of the files by examining changes in employment, health, family and other master statuses. This would suggest that there is value in augmenting the older cohorts, particularly the AHEAD baseline cohort (assuming, of course, that the force of mortality has operated uniformly for those included and excluded in the sample).[10] On the other hand, one could argue that more analysts would conduct sub-group analyses exploiting the longitudinal data if the sample sizes of minority groups were larger. Unless some effort were made to retrieve some of the longitudinal data retrospectively, the value of augmenting the older cohorts would be greatly diminished.

Thus, my response to the possibility of using the 2004 screen for augmenting the minority over-samples of earlier cohorts is highly conditional on answers to questions about the possibility of restoring some data retrospectively (to be decided in future deliberations); assurances that the force of mortality has not precluded representation of the oldest groups (such as Cubans); and further information about the implications of the CODA and War Baby versus the original HRS and AHEAD cohorts. In my judgment, answering this crucial question requires a workshop among various types of experts on the HRS team, including sampling statisticians and survey methodologists, but also selected members of the research community with expertise in minority aging.

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[8] "Minority Over Samples in the HRS." Memorandum from Dan Hill to Marta Tienda, August 19, 2002 (sent 2 October, 2002).
[9] It is unlikely that I will be in your sample because I doubt that your PSUs include Princeton. Too bad.
[10] Since Cubans are older and thus more likely to have died during the 12 year period (1992 – 2004), the assumption of uniform mortality risks for all Hispanics is not reasonable.

V.   **Recommendations**

        I make recommendations in two general domains based on the technical and published materials I have reviewed. The first set focuses on the gaps in the literature based on the HRS, and the second focus on survey design issues.

        A. Fostering Minority Aging Research using HRS

        The broad range of papers about minority aging, retirement and health prepared from the HRS is both impressive and promising. Availability of suitable data certainly increases the odds that particular problems will be studied, but does not guarantee that the most pressing problems will be addressed; that appropriate syntheses will be conducted; or that programs of research will be cumulative and exploit fully the longitudinal character of the data. Moreover, many of the papers would not have been written had special workshops or NIA sponsored training opportunities not been available.[11]

        Therefore, and assuming that policy interest in the health and wellbeing of minority seniors will increase in the future, as the minority share of the senior population rises, and because of the uneven coverage substantive topics for blacks and Hispanics,

- *I recommend that several papers be commissioned to identify the crucial substantive omissions in the published literature about minority aging, including a theoretically grounded diagnosis of the reasons for relative neglect of racial and ethnic comparisons in the empirical literature on social, economic and health dimensions of aging.*

Commissioned papers should prioritize substantive topics within the NRC domains using both practical and theoretical criteria. This is an important step to systematically identify cross-cutting generalizations and research lacunae that are both socially and policy significant for minority elders.

        The success of the 1995 HRS workshop on minority aging suggests that this is a productive approach to foster research about a rapidly growing segment of the population. Therefore, and in light of the fact that one in five papers about minority aging based on the rich HRS data was produced from the 1995 workshop,

- *I recommend that future HRS research funding include provisions to sponsor one workshop about minority aging each year of the 5-year cycle, and that these workshops be designed to fill existing research lacunae based on the five domains*

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[11] For example, I attended one of the Rand summer institutes and subsequently recommended my student, Chenoa Flippen as a participant. The returns were high inasmuch as she was my RA for a pilot grant to analyze race and ethnic differences in retirement; subsequently she wrote a doctoral thesis using the HRS to study home ownership differences and other forms of asset accumulation.

identified by the NRC Panel using theoretically grounded and pragmatically justified criteria to establish research priorities.

Of course, given the high volume of research made possible by the HRS data, organization of substantively focused conferences and workshops can be most productive if designed to involve established and relatively new researchers as well as experts to aging research along with scholars with expertise on minority populations. Accordingly, and to redress the more limited (in scope and volume) production of HRS scholarship on minority aging,

- *I recommend that each workshop include a mix of experts and novices who conduct cutting edge research in aging as well as experts in the demography of minorities.*

With the interdisciplinary design of the HRS, this approach to expanding strategically a research agenda promises high dividends (based on the 1995 symposium). My take on the studies that focus exclusively on Hispanics is that several are more confirmatory rather than novel in their substantive foci. For example, that Hispanics have the highest rates of uninsured is well known; how life cycle experiences produce the high numbers of uninsured elderly is less well documented.

B. Survey Design Recommendations

Because the Asian population is both older and aging more rapidly than either the black or Hispanic population, and given that studies that consider Asians are far more limited owing to the lack of suitable data,

- *I recommend that the HRS team consider the possibility of including an Asian oversample the steady state is reached and the 6-year cohort replenishment strategy begins.*

Whether an Asian oversample makes sense depends on cost considerations and the complexities of oversampling small (tiny) population subgroups that are not sufficiently residentially concentrated. I can not say whether the residential concentration of older Asians is sufficient to draw a cost-efficient oversample (i.e., not require an expensive door-stoop screen). However, these "extra" costs must be weighed against the opportunity cost of not including Asians as a subgroup. Are there ways to broaden understanding of the economics and demography of aging by considering the experiences of Asians, or does the complexity of the population preclude any new insights? In other words, what can we learn about aging by studying Asians, if anything, that is not knowable by studying Hispanics, African Americans, or nonminority groups? I do not pretend to know the answer to this question, but the greater SES similarity of Asians and whites compared to blacks and Hispanics vis-à-vis whites suggests an opportunity to isolate the salience of nativity and cultural differences (e.g., expectations about family support, etc.) without less confounding from social class.

Because the CODA over-sample rates are less than one for both African Americans and Hispanics, and to ensure that rates of successful administrative record linkage for minorities is comparable to that of non-Hispanic whites,

- *I recommend that the HRS team conduct a thorough analysis of the possible biases that may result from uneven coverage of minority elderly in administrative records.*

This review should consider the possibility that elderly immigrants are not likely to be captured in conventional systems; develop strategies to evaluate alternatives to the CODA sampling frame (Medicare records); and provide assurances that administratively linked records for minority populations are not a selective subset of the group. These diagnostic exercises could be done in the context of a methodological workshop and the findings disseminated in ways that stimulate more research on administratively linked records.

Table 1
Classification of Manuscripts in HRS Minority Bibliography by
Five NAS Categories

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1. *Work, retirement and pensions*
    Labor Force Attachment/Participation
        &Disability Status
        & Exit patterns
    Bridge Employment
    Retirement expectations
    Nativity differentials
        &Health

2. *Private wealth and income security*
    Home ownership differentials
        & Segregation
        & Equity
    Wealth differentials
        &Health
        & Components
    Retirement Income
        & Origins and sources
    Private/public health insurance
        & Group differences
        & Temporal change

3. *Transfer systems*
    Intergenerational Transfers
        & Time transfer
        & Financial transfer

4. *Health status*
    SES differentials
        & Chronic conditions
    End of life care
    Long term care
    Health care utilization
        & In-Home care
     Physical Functions and Limitations
        & Chronic disease
        & Incontinence
        &Cognitive function
     Functional status dimensions
     Disablement process

Mental Health
    & depressive symptoms
Mortality/moribidity
    &Racial crossover
 Specific Ailments--
    Pain and group differences
    Hypertension
    Obesity
 Risk behavior
    Smoking

5. *Wellbeing*
 Economic Well-being
    & Family Structure

Source: Author's classification based on papers listed in Appendix A

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