Welcome

Introduction to the Health and Retirement Study

Webinar Agenda

- Part I: HRS Overview
- Q&A
- Part II: Tour of the HRS Website
- Q&A
Webinar Speaker

Amanda Sonnega, PhD
Associate Research Scientist
Survey Research Center
Institute for Social Research (ISR)
University of Michigan (UM)
Quick Audience Poll

• Please tell us who you are:
  – Academia
  – Industry
  – Government
  – Medical Practice
  – Other
THE HEALTH AND RETIREMENT STUDY: AN INTRODUCTION

The View from 38,000 Feet

January 9, 2018

Amanda Sonnega, PhD
asonnega@umich.edu
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 R. Weir
- 18 co-investigators from different disciplines
- The largest and most comprehensive nationally representative multidisciplinary panel study of Americans over age 50
- Supported by the National Institute on Aging (U01AG009740) and the Social Security Administration
The basic design is a survey that:

• Is nationally representative of the population over age 50
• Follows individuals and their spouses or partners from the time of their entry into the survey until death
• Introduces a new 6-year birth cohort of participants every 6 years

Any given wave has about 20,000 respondents, with over 38,000 respondents ever interviewed
HRS Longitudinal Cohort Sample Design

- **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

<table>
<thead>
<tr>
<th>Cohort</th>
<th>W1</th>
<th>W2</th>
<th>W3</th>
<th>W4</th>
<th>W5</th>
<th>W6</th>
<th>W7</th>
<th>W8</th>
<th>W9</th>
<th>W10</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRS</td>
<td>81.6</td>
<td>89.4</td>
<td>86.9</td>
<td>86.7</td>
<td>85.4</td>
<td>86.6</td>
<td>86.4</td>
<td>88.6</td>
<td>88.6</td>
<td>86.6</td>
</tr>
<tr>
<td>AHEAD</td>
<td>80.4</td>
<td>93.0</td>
<td>91.4</td>
<td>90.5</td>
<td>90.1</td>
<td>89.4</td>
<td>90.6</td>
<td>90.7</td>
<td>89.3</td>
<td></td>
</tr>
<tr>
<td>CODA</td>
<td>72.5</td>
<td>92.3</td>
<td>91.2</td>
<td>90.1</td>
<td>91.4</td>
<td>90.4</td>
<td>89.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>69.9</td>
<td>90.9</td>
<td>90.6</td>
<td>87.9</td>
<td>88.1</td>
<td>87.0</td>
<td>87.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBB</td>
<td>75.3</td>
<td>87.7</td>
<td>86.3</td>
<td>85.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2004</td>
<td>2006</td>
<td>2008</td>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MODE OF DATA COLLECTION
CORE INTERVIEW MODES

1992-2004
- Face-to-face interview at baseline
- Telephone was the primary mode for follow-up
- Face-to-face offered to respondents age 80+

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 interview only
# DESIGN OF ENHANCED FACE-TO-FACE INTERVIEW

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFTF Sample</td>
<td>A</td>
<td>B</td>
<td>A</td>
<td>B</td>
<td>A</td>
</tr>
</tbody>
</table>

- Alternate waves
- Physical, biomarker, and psychosocial information available every wave on half of the full core sample – either A or B
- Longitudinal every 4 years

A=First random half sample
B=Second random half sample
CONTENT OVERVIEW

Core
- The core survey takes place every 2 years. 1½- to 3-hour interview. The main part of the data. Sample size currently ranges from 18,000-23,000 any given wave.

Experimental Modules
- 3 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 2 years. Half of the core sample.

Supplemental studies
- 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

Experimental Modules
- Wide range of topics

Exit Interviews
- Disposition of assets, advanced directive
ENHANCED FACE-TO-FACE

As part of the enhanced face-to-face, 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 information: in addition to genome-wide association studies, telomere length, candidate genes, polygenic risk scores
- Blood-based biomarkers with dried blood spots
- Psychosocial self-administered mail-back questionnaire
HRS OFF-YEAR STUDIES

Aging, Demographics, and Memory Study (ADAMS) (2001-2009; 2010-2011) – in home clinical interviews

Mail surveys

- Human Capital and Educational Expenses Mail Survey (2001)
- Diabetes Study (2003) (sensitive health data)
- Prescription Drug Study (2005, 2007) (sensitive health data)
- Health and Well-being Study (2009) (sensitive health data)
- Disability Vignette Survey (2007)
- Health Care Mail Survey (2011)
- Health Care and Nutrition Study (2013)
- Life History Mail Survey (2015, 2017)

ADMINISTRATIVE LINKAGES

Individual match
- Social Security earnings and benefits
- Medicare and Medicaid claims data
- Veterans Administration

Employer match
- Pension plans
- Census Bureau Business Register (in progress)

Provide validation of self-reported information as well as additional information not collected in the survey
HRS IS THE MODEL FOR SIMILAR STUDIES AROUND THE WORLD

Harmonization tool at USC Gateway to Global Aging
g2aging.org
SUPPORT AND OUTREACH

• ISR-HRS Summer Institute
  https://hrs.isr.umich.edu/news/intro-HRS-workshop

• Preconference Workshops

• Help Desk:
  HRSquestions@isr.umich.edu

• Sign up for user newsletter (bottom panel of home page)
Part I Clarifying Questions?

• We will not be using the raised hand feature today
• Please use the questions feature accessible on the right hand side of your screen
• If we do not get to all of the questions today, we will email responses after the webinar
Part II: Tour of the HRS Website

- http://hrsonline.isr.umich.edu/
Introduction to the Health and Retirement Study

- Archived recording on GSA’s YouTube
- Copy of today’s slides

Save These Dates:
- HRS Cognition Data: Tuesday, March 27 at Noon ET
- HRS Biomarkers Data: Tuesday, April 24 at Noon ET

www.geron.org/webinar
In an effort for continual improvement, we would like to hear your thoughts. Please provide feedback by clicking the survey link at the end of the webinar.

Thank you again—we hope you enjoyed the program!
Part II Clarifying Questions?

- We will not be using the raised hand feature today
- Please use the questions feature accessible on the right hand side of your screen
- If we do not get to all of the questions today, we will email responses after the webinar
Thank you

GSA

- The nation’s oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging
  - 5,500+ interdisciplinary members around the world touching all facets of aging
- Mission
  - Promote multi- and interdisciplinary research in aging
  - Translate and disseminate research findings
  - Promote/advocate for education/awareness on aging across disciplines
  - Foster application of research into policy development
- To view other GSA webinars, visit geron.org/webinar