How to Use the Health and Retirement Study

A simple researcher's primer

Part 1

Ryan D. Edwards

redwards@qc.cuny.edu

Queens College, City University of New York & NBER Visiting UC Berkeley Demography 2012-2013

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Broad outline

• The Health and Retirement Study:

- What is it? Tell - What's in it? - How do you get access to it? Show How do you work it?

Thanks

- Many researchers far more wise than I have spent far more time and energy on HRS to make it what it is
- I have drawn heavily from the HRS's online summary, Growing Older in America: The Health & Retirement Study
- The most thanks are owed to the over 30,000 respondents who have donated their time, earnings histories, biological samples, and much more to HRS
- Thanks to the RAND team for their efforts to clean, distribute, and document user-friendly versions of HRS
- My own special thanks to Alice Zulkarnain, David Weir, Heidi Guyer, Cindi Leacock, Luis Rosero-Bixby, Will Dow, and Amal Harrati for many insights

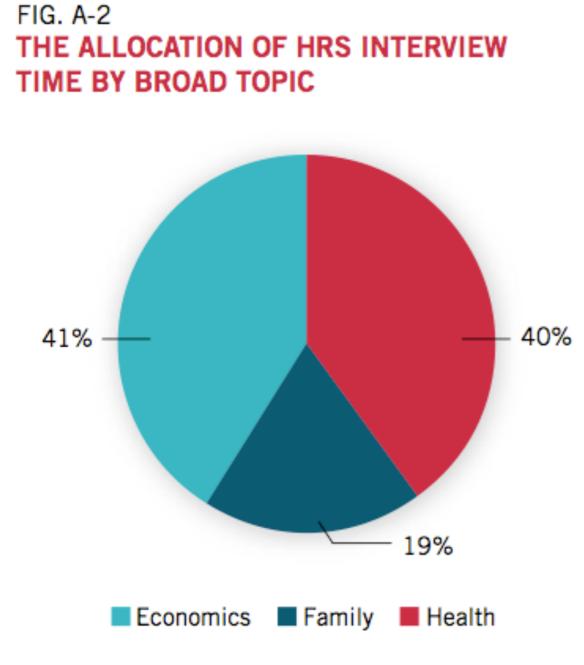
Warning label

- I'm just a researcher who uses HRS, not a statistician nor a true HRS expert
- I first started using HRS here at Berkeley in 2000 for a dissertation paper that was published in 2008, and I've used it since
- I sincerely hope I'm not leading anyone astray; if I am, it's purely an accident, but at least you'll be making the same mistakes I'm making
- Any mistakes in this presentation and hands-on are my own
- I encourage you to use HRS with an appropriate degree of careful skepticism about how you have constructed the data

HRS: What is it and what's in it?

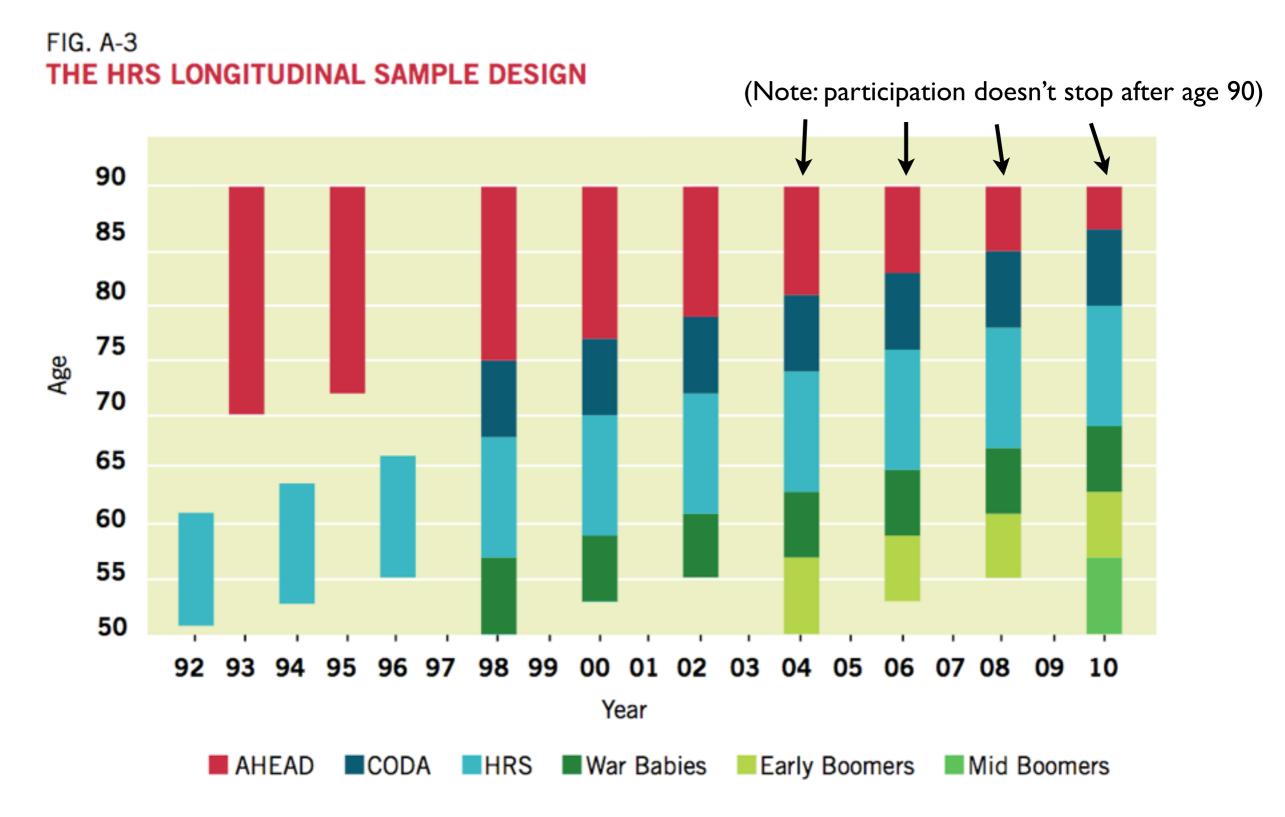
- A biennial (every other year) panel survey that is nationally representative of Americans aged 50+, since 1992 or 1998
- Each even-year core survey wave includes about 18,000 people in perhaps 11,000 households, primarily interviewed by telephone ...
- Conducted by the Institute for Social Research at the University of Michigan, funded in large part by the National Institute on Aging
- Intended to be an interdisciplinary study for economists, sociologists, psychologists, epidemiologists, demographers, biomedical researchers
 - Causes and consequences of retirement
 - Health, income, and wealth dynamics and interrelationships
 - Life-cycle patterns of saving, disability, family, etc.

HRS: What is it and what's in it?



- Economic circumstances
- Occupations and employment
- Health and health care
- Cognition
- Living and housing arrangements
- Demographics and family relationships

A fragmented sample structure prior to 1998, with introductions of new cohorts every fourth wave since



Representativeness, oversampling

- HRS oversamples African Americans, Hispanics, and Floridians
- Like other surveys, HRS initiates contact only with non-institutionalized individuals not in prisons, jails, nursing homes, long-term care facilities
- Once in the study, HRS follows respondents in and out of nursing care. (Jail? The country? Apparently no offenders; 10% are foreign born ...)
- So over time, the sample will become representative of folks in and out of nursing homes
- Weir (2010 PAA paper), Adams et al. (J Econometics 2003): mortality surveillance is "essentially complete" after the first few years of the study

Sample weights

- Starting with the redesign in 1998, HRS has produced weights for all waves by post-stratifying each wave's weights to the March CPS using birth year, sex, and race/ethnicity
- Two types of weights for each wave: household and respondent
- Universe is civilian noninstitutionalized; nursing home residents, the dead, and nonresponders all get 0 weights
- A third type of weight, for nursing home residents, only available in 2000 and 2002 waves; unclear but probably not post-stratified
- Weights for longitudinal analysis? Choice of starting, terminal, other

Imputations

- For questions about financial wealth, HRS asked about (a) ownership,
 (b) values, then (c) unfolding brackets of value if needed
 - (a) "Do you have any shares of stock or stock mutual funds?"
 - (b) "If you sold all those ... about how much would you have?"
 - (c) "Would it amount to less than \$X, more than \$Y, or what?"
 - X and Y ranges are preset randomly across respondents
- HRS has used these brackets to impute values for each wave
- Since the 2006 wave, RAND has released imputations for all waves using a consistent method
- Some other types of responses are also imputed; be cautious

Unit of observation

- The HRS sampling unit is the household (variable name: "hhid")
 - Within the household are age-eligible respondents and any spouses, who are measured whether age-eligible or not
- In the RAND file and in many of the HRS data files, the unit of observation — i.e., each row — is the individual
 - The respondent and the spouse each gets his or her own row in the data file, with an individual identifier hhidpn, a concatenation of hhid and a person number pn
 - Beware: within such data files, household-level variables like assets and wealth are often duplicated across spouses

The RAND HRS Data File

- With funding from NIA, the RAND Corporation has produced a consistently measured longitudinal file with much core HRS content
 - Benefits: Consistent measures; Missing data from "don't know" or "refused" etc. are coded conveniently; Data labels help clarify values
 - Shortcomings: Does not cover all variables; Their cleanup and recodes may or may not be reasonable for all applications
- Use it with some caution; to make it consistent, judgment calls were made that may or may not be 100% right for your specific use
- But I recommend starting with the RAND file and merging in other data as you find necessary

Contents of the RAND HRS Data File

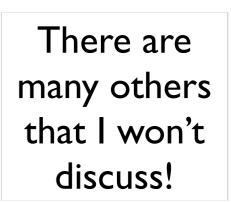
- In the current version L there are 30,671 observations with 8,920 variables for a dataset of 408 MB in Stata
- Arrayed loosely like the HRS questionnaire

Section	Торіс	# of variable categories	Section	Торіс	# of variable categories
A	Demographics	46	F	Pensions	7
В	Health, disability, and cognition	48	G	Health insurance	9
С	Financial and housing wealth	23	Н	Family structure	5
D	Income	10	I	Retirement plans, expectations	21
E	Social Security and disability benefits	13	J	Employment history	20

Overview of some special content areas beyond the core data

I. Mortality

- 2. Exit interviews and bequests
- 3. Family structure and the RAND family file
- 4. Consumption and Activities Mail Survey (CAMS)
- 5. Childhood health retrospectives
- 6. Restricted access files: (a) Social Security, (b) Medicare, (c) geocodes
- 7. Biomarkers and Genetic Data



I.a Mortality

- HRS documents mortality two ways: (a) tracking each ever-respondent, and (b) matching to the National Death Index (NDI)
- Tracking involves contacting each respondent and arranging an exit interview with next-of-kin for the deceased
- Panel attrition is the clear issue here, but HRS attrition rates are low compared to other surveys like ELSA (Banks, Muriel, and Smith, 2010)
- Through 2006, David Weir (2010) found:
 - Tracking had identified 97.4% of deaths, NDI identified 95.6%
 - Comparisons to life tables suggest that "mortality surveillance is essentially complete in HRS"
 - With 8,000 deaths over 300,000 person-years for 30,000 people, there was enough power to examine SES differentials

I.b Mortality, representativeness, weights

- Each "new" HRS cohort, when first interviewed, is noninstitutionalized
- Over short periods of time, each new cohort's mortality experience will not be representative b/c nursing home residents are excluded
- HRS sample weights are for the civilian noninstitutionalized population, no quick fix (but there are nursing home weights for 2000 and 2002)
- Because life tables vary dramatically by age, sex, and race/ethnicity, use caution when comparing HRS to life tables without some kind of weights
- HRS David Weir has used two methods:
 - Reweighting U.S. life tables to HRS match age/sex/race life tables to HRS respondents by age/sex/race
 - Reweighting HRS to U.S. generate new age/sex/race weights using e.g.
 2000 population weights from Census or Human Mortality Database

2.a Exit interviews and bequests

- For respondents identified as deceased, HRS conducts exit interviews of proxy respondents, typically widow(er) or next of kin
 - Content is similar to core interviews for living respondents
 - 1,446 deceased respondents covered in 2010 Exit Final
- Post-exit telephone interviews of respondents interviewed in prior exit waves and who had unresolved financial situations (wills, trusts, real estate)
 - 134 deceased respondents in 2010 Post-Exit Proxy Final

2.b Exit interviews and bequests

- Section T of the questionnaire asks about wills, insurance, trusts
 - Value and fate of primary residence, of secondary residence
 - Death expenses
 - Fate of assets and possessions, excluding life insurance
 - Value of assets and possessions, excluding life insurance, whether some is in a trust, who is the trustee
 - Beneficiaries of life insurance
 - Value of life insurance
- These data do not appear to have been filtered and harmonized by RAND or anybody else, but publications exist that use them

3. RAND Family File

- Unlike PSID, children of respondents do not become HRS respondents, but some of their characteristics are measured; same for parents of respondents
- Now in version B, the RAND family file consists of two datasets:
 - I. Respondent-child file with data on parent-child pairs, where HRS respondents are the parents, their children are the observations (rows)
 - 2. Respondent file with data on each HRS respondent's parents, siblings, and children, where HRS respondents are the observations (rows)
- RAND personnel collected and cleaned these data from a variety of sources in the core and modules & produced these longitudinal files
- I think I may have found some panel inconsistencies with respondents' siblings

4. Consumption and Activities Mail Survey (CAMS)

- Mail survey sent out biennially during off-years to a subset of about 5,000 core respondents, one randomly chosen per household
- RAND file v. B combines data from 5 waves: 2001, '03, '05, '07, '09
- Panel consistency: A total of 5,407 observations in total, of which 2,458 are present both in 2001 and 2009
- Inspired by the U.S. Consumer Expenditure Survey (CEX), with comparable questions
- CAMS also asks about time use by & labor force status of the respondent (randomly chosen if in a couple household), and some questions about spending around retirement, either pro- or retrospective

5. Childhood health retrospective questions

- Starting in 2008, the core survey asks a larger set of retrospective questions about childhood conditions before age 16
 - Primarily focused on childhood health conditions: measles, mumps, diabetes, allergies, etc.
 - Also asks about parents' smoking, own smoking; core has always asked about parental education and other basic characteristics
 - Also asks about learning problems in school, special training
- These data are only in the core files, not the RAND dataset yet

6. HRS restricted and sensitive files

- Social Security earnings history, benefits
- Medicare beneficiary records
- Geocodes for each wave down to ZIP code
- Detailed industry-occupation
- ★ Biomarkers: blood composition ("biomarkers") & genes ("genetic")
- Aging, Demographics, and Memory Study (ADAMS)
- 2003 Diabetes Study, 2005 Prescription Drug Study ... and more

Obtaining access to HRS restricted-use files

- Some of these files SSA earnings, e.g., require that the PI have federal research funds prior to data use agreement
 - The idea has been that the PI faced the risk of losing future research funds, and that would help insure data security
 - Some PI's have data use agreements that permit research assistants and other collaborators to use the data under specified conditions
- For other files biomarkers and other "sensitive health" files requirements are less restrictive but still stringent
 - Application requires a data protection plan; HRS likes to see a standalone, encrypted workstation in a locked single-user office

7.a HRS Biomarkers and Genetic Data

- Starting in 2006, HRS has asked rotating halves of the sample to submit physical measures each wave
 - "You're in HRS? And you can submit biomarkers? Great, flip a coin:
 - "Heads, we ask you to submit biomarkers in 2006, 2010, Tails, we ask you to submit in 2008, 2012,
- Physical measures consisted of:
 - Physical capabilities & metrics: Balance, walking, breath, grip strength, objective height and weight
 - Blood pressure, pulse, and blood composition analysis:
 A lot like what your doctor measures in your annual physical
 - Saliva sample collection leading to genetic analysis: Not at all like what your doctor measures!

7.b Physical capabilities/metrics and Biomarkers

- Many measures are in the HRS core files (but not in the RAND file)
 - Blood pressure, pulse, and all of the physical capabilities & metrics
- 2006 Biomarkers data, which are restricted and require an application, includes 3 measures of blood characteristics for about 6,000 respondents:
 - Hemoglobin A1C, a measure of average blood sugar over several months; high A1C is an indicator of diabetes
 - Total or "bad" cholesterol, which is linked to heart disease & stroke
 - HDL or "good" cholesterol, protective against heart disease & stroke
 - All of these are valid measures even when the respondent hasn't been fasting
 - Other interesting measures, like cortisol, are absent at least for now, maybe because their validity is questionable, I'm not sure

7.c Genetic Data

- Many thanks to Amal Harrati, who is writing her dissertation with these
- 2006-08 Genetic Data, which are restricted and require an application, cover about 12,500 respondents measured in 2006 and 2008
- The dataset is beyond "rich," it's enormous
 - For each respondent, 2.5 million pieces of genetic information called single nucleotide polymorphisms (SNPs)
 - SNPs are specific places along the human genome where variation in humans occurs
 - Per Amal: most SNPs don't do anything "exciting"
 - But in principle, that's up to 2.5 million variables by 12,500 observations, and a dataset of 1.2 terabytes (1,200 gigabytes) that needs to sit on a secure workstation