



# HRS Data User News

## Spring 2004

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## Letter from the Director

Dear Colleagues,

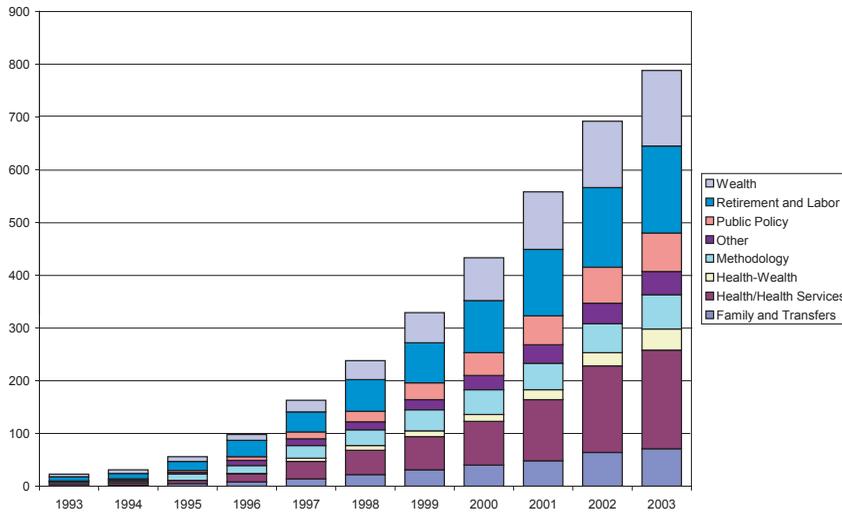
From its inception in 1992, the Health and Retirement Study (HRS) has been unique from a social science standpoint: it represents a major investment in providing data for the large community of scientific and policy researchers of health, retirement, and aging, to deal with issues facing an aging society in the 21st century. The design and development of the HRS study involved the active participation of a large number of scientists from a broad span of disciplines. As a result, we now have a social science data array through the HRS that serves a function analogous to the large instrumentation data used in the natural sciences, which provide data for a wide variety of scientific disciplines.

The social science innovations of the HRS include making a broadly designed body of public data widely available to the research community worldwide with support from the National Institute on Aging (NIA) and supplemented by the Social Security Administration (SSA). Representatives from that research community have played and continue to play a key role in designing the HRS to answer pressing scientific and policy questions. The reciprocation is that these data are used by researchers and governmental agencies to advance research on aging, as you can see in the graph below. The research output includes publications in refereed journals, books, book chapters, working papers and dissertations. In 2003, the cumulative totals were over 800<sup>1</sup>.

<sup>1</sup>Data for 2003 on the graph has not yet been completed.

## Research Output of HRS Data by Topic

Distribution of Topics: Cumulative 1993-2003



We invest a great deal in improving our services to our data users. We provide an ever-expanding Web site with ongoing updates, workshops, newsletters and a help desk. Soon we will be sending you an e-mail attachment, the first of several guidebooks for using the HRS data and Web site. In the next few months, we will send you a short survey on your experiences using the HRS data to understand better your needs. Please take a moment to fill out the survey to help improve our services to you, as well as to provide valuable information for the NIA and SSA.

It is a pleasure to announce our new Co-Principal Investigator, Mary Beth Ofstedal, a sociology graduate from the University of Michigan; she is currently directing a collaborative study of aging and health in Asia. She has worked at the Survey Research Center at the Institute for Social Research for seven years. Her responsibilities will include oversight of the development of the survey instrument.

In the meantime, we have begun the 2004 Wave of the HRS study in the field, with the addition of the Early Baby Boomers cohort. We look forward to sharing these data with you in the future.

Sincerely,

Robert J. Willis, Director, HRS

## **Main Article**

### **Intermittent Lack of Health Insurance Coverage and Use of Preventive Services.**

Sudano, J. J. Jr. and Baker, D. W. American Journal of Public Health, vol. 93, pp. 130-137, 2003.

#### **Introduction**

To further understand the impact of noncoverage of health insurance on preventive service use, Sudano and Baker used longitudinal data from HRS from 1992-1996 to discover 1) how the loss or acquisition of insurance affects use of preventive services and 2) if multiple episodes of noncoverage increases the risk of underuse of preventive services.

#### **The Study**

Sudano and Baker used a nationally representative group surveyed in 1992, 1994 and 1996 from the HRS. This cohort was born from 1931-1941. The information was based on self-reports. The data were first categorized into 3 groups: 1) privately insured 2) publicly insured, and 3) uninsured. There was such an insignificant difference between the preventive use of services between the privately insured and publicly insured that the groups were re-categorized into: 1) insured and 2) uninsured.

Those groups were put into categories based on their insurance status at the beginning of 1994 and the end of 1996.

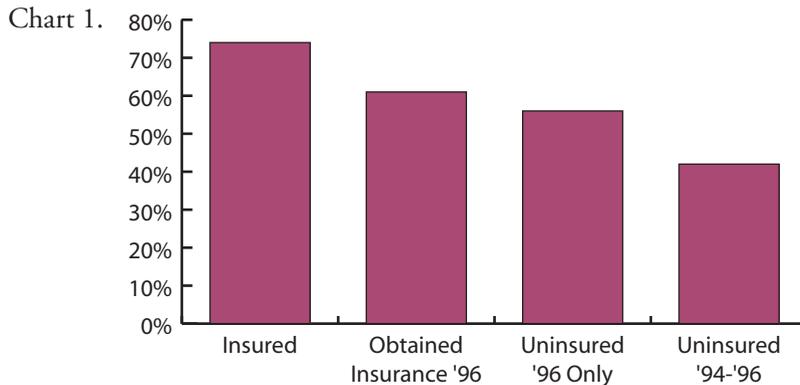
1. Insured at both interviews
2. Lost insurance between 1994-1996
3. Uninsured at both interviews

The 1992 survey results were used as the referent point for insurance coverage prior to data collection in 1994.

In their analysis, Sudano and Baker controlled for socioeconomic status and education, as well as using a cognitive measure which could affect efficacy and control. Negative health behaviors (tobacco use, alcohol consumption, and body mass index) were taken into account; they found that individuals with unhealthy behaviors were less likely to seek out preventive services. The use of preventive services Sudano and Baker analyzed included: influenza vaccination, cholesterol test, mammography, Pap test, and prostate exam.

#### **The Results**

More than 15% of those surveyed in 1992 reported being uninsured. This was used as a referent point for the reference period of analysis from 1994-1996. The findings between 1994 and 1996 were that changes in insurance coverage were common (See Chart 1). In 1992, more than 15% of the respondents said they were uninsured. Between 1992 and 1996, however, 21.2% of the respondents had at least 1 period of non-coverage, approximately 40% more than estimated from the 1992 baseline.



Sudano and Baker found important differences between those who had no episodes of noncoverage and those who had them. The respondents who had higher cognition scores, more education, and were in a higher socioeconomic group tended to have continuous health insurance coverage. Those who had episodes of being uninsured tended to be: African American, Hispanic, female, or unmarried.

These researchers also determined a baseline for the use of preventive services by all respondents that was comparable to nationwide rates. Using a self-administered preventive measure, breast self-examination, they determined whether or not the decline in use of preventive services was due to the loss of insurance. Self-administered breast exams, that are free, did not decrease with loss of insurance as other preventive measures for cost did. And significantly, once their health insurance was restored there was a trend not to catch up on preventive services for cost. In one analysis, results for obtaining a cholesterol test during the reference period 1994-1996, showed that the proportion of respondents who had obtained health insurance by 1996, after a period of noncoverage, and had gone for cholesterol screening was only halfway between those with health insurance coverage and those without.

## Featured Article Summaries using HRS Data

### The Costs of Arthritis

Dorothy Dunlop, Larry Manheim, Edward Yelin, Jing Song, and Rowland Chang.  
 Arthritis & Rheumatism, Vol. 49, No. 1, February 15, 2003, pp 101-113.

Arthritis is the leading cause of disability. A targeted public health response to contain the national costs of arthritis was proposed by Dunlop et al. by calculating the costs and determining who is likely to have the greatest arthritic deterioration over a two-year period. “Public health policies, health education, and prevention efforts to maintain functional abilities in people with arthritis should target Hispanics... prevention should include vigorous exercise and medical intervention for [additional] health needs. In older adults, weight maintenance should also be promoted.”

## Healthy, Wealthy, and Wise? Tests for Direct Causal Paths between Health and Socioeconomic Status

Adams, P., Hurd, M. McFadden, D., Merrill, A., and Ribeiro, T.  
*Journal of Econometrics*, Vol. 112, pp. 3-56, 2003.

In groundbreaking causal modeling, Adams et al. (2003) used data from the Health and Retirement Study to test for Granger non-causality of SES on health and of health on SES. Both the methodology and substantive results of their paper generated much interest and controversy, as evidenced by publication of eight comments by eminent econometricians, statisticians and epidemiologists.

The authors used the Asset and Health Dynamics Among the Oldest Old (AHEAD, a cohort now a part of the total HRS sample) data Waves 1-3 (1993-1998) and distinguished between new events and historical states in both SES and health. They examined eight indicators of SES, such as income, wealth, education, and dwelling conditions for impact on morbidity and mortality.

## An Examination of the Impact of Health on Wealth Depletion of the Elderly.

Lee, J. and Kim, H.  
*Journals of Gerontology*, Series B: Social Science, vol. 58B, pp. S120-S126, 2003.

Using a life-cycle model, Lee and Kim derived an equation that expressed change in wealth as a function of income, individual determinants of illness, transfers, and previous change in wealth. Change in wealth was operationalized as a binary variable indicating whether or not a substantial depletion of wealth occurred over a two year period. This binary variable was then regressed on age, marital status, race and ethnicity, residence and education. Lee and Kim used data from the 1993 and 1995 waves of the AHEAD cohort.

They defined wealth depletion as a loss of 10% of wealth or more between 1993 and 1995. Their analysis included seven independent variables: 1) income changes 2) existing health conditions 3) new health events 4) health insurance 5) demographics 6) wealth transfers and 7) wealth changes in the previous time period. In addition to looking at differences in the effect of health on wealth, they conducted separate analyses for single and married households.

## **Selected Citations and Abstracts for Journal Articles Using HRS Data from 2003**

Taken from the searchable [Dynamic Bibliography](#) on the HRS Web site:

Bernheim, B. D., Forni, L., Gokhale, J., and Kotlikoff, L. J., The Mismatch Between Life Insurance Holdings and Financial Vulnerabilities: Evidence from the Health and Retirement Study, *American Economic Review*, vol. 93, pp. 354-365, 2003.

Bond, S. A., Krueger, P. M., Rogers, R. G., and Hummer, R. A., Wealth, Race, and Mortality, *Social Science Quarterly*, vol. 84, pp. 667-684, 2003.

Dunlop, D. D., Manheim, L. M., Yelin, E., Song, J., and Chang, R. W., The Costs of Arthritis and Rheumatism, *Arthritis & Rheumatism*, vol. 49, pp. 101-113, 2003.

Friedberg, L., The Impact of Technological Change on Older Workers: Evidence from Data on Computer Use, *Industrial and Labor Relations Review*, vol. 56, pp. 511-529, 2003.

Lee, J. and Kim, H., an Examination of the Impact of Health on Wealth Depletion of the Elderly *Journals of Gerontology, Series B: Social Science*, vol. 58B, pp. S120-126, 2003.

Lum, Y. S. and Lightfoot, E., The Effect of Health on Retirement Saving Among Older Workers, *Social Work Research*, vol. 27, pp. 31-44, 2003.

McWilliams, J. M., Zaslavsky, A. M., Meara, E., and Ayanian, J. Z., Impact of Medicare Coverage on Basic Clinical Services for Previously Uninsured Adults, *Journal of the American Medical Association*, vol. 290, pp. 757-764, 2003.

Muramatsu, N., County-Level Income Inequality and Depression among Older Americans, *Health Services Research*, vol. 38, pp. 1863-2003.

Siegel, M., Bradley, E. H., and Kasl, S. V., Self-rated Live Expectancy as a Predictor of Mortality: Evidence from the HRS and AHEAD Surveys, *Gerontology*, vol. 49, pp. 265-271, 2003.

### **Health and Retirement Study Research Conference on Older Families Held Feb. 27-28, 2004**

The older families' research conference brought together a cross-section of the types of disciplines using the HRS data for health, economic, sociologic and demographic study. Ten papers were presented by researchers, each followed by a discussant. To review the titles of the papers please click here to see them listed on our new Weblog.

## Summer Workshop – [Examining the Health and Retirement Study](#)

A one-week workshop on the using the Health and Retirement Study will be offered June 21 through June 25, 2004 as part of the 57th Summer Institute in Survey Research Techniques. The Summer Institute runs from June 7 through July 30, 2004 at the University of Michigan's Institute for Social Research. This non-credit course will be taught by instructors Daniel H. Hill and Gwenith Fisher of the University of Michigan. Click here to see the [course description](#).

For additional information please visit the [Summer Institute Web site](#).

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## Conferences

The Health and Retirement Study will have information booths at these conferences in April:

Look for the HRS exhibit at Table 27 at the Population Association of America (PAA) 2004 Annual Meeting, April 1-3, Sheraton Boston Hotel, Boston, MA See a summary of the program at: <http://paa2004.princeton.edu/programSummary.asp>.

The 2004 Joint Conference of National Council on Aging (NCOA) and the American Society on Aging (ASA) will be held April 14-17, 2004, in San Francisco, California. The theme is “The Road Ahead--Taking the Journey Together.” Our booth is Booth 203, please drop by. For complete information, please visit [www.agingconference.org](http://www.agingconference.org) or call 415-974-9600.

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## Data Products

- [HRS 2002 Exit Early Data Release \(Version 1.0\)](#) (February 3, 2004)
- [HRS 1992-2002 Respondent Region Dataset \(v1.0\)](#) (January 15, 2004)
- [AHEAD Respondent and Deceased Spouse Earnings and Benefits Data](#) (December 16, 2003)
- [New version of the HRS Pension Estimation Program released](#) (December 12, 2003)
- [HRS 1992 Imputation Release \(Version 3.0\)](#) (November 24, 2003)
- [HRS 1994 Imputation Release \(Version 3.0\)](#) (November 24, 2003)
- [RAND HRS Data \(Version C\): Updated data files in Stata format are now available.](#) (October 8, 2003)
- [HRS 1996 Exit Final Release \(Version 1\) is now available](#) (September 26, 2003)
- [Version 4 of the 1996 HRS Core Final Data Release is now available.](#) (September 24, 2003)
- [Release of HRS 2002 Core Imputations \(Early, Version 1.0\)](#) (July 21, 2003)

## **Our Weblog – A New Feature**

Our weblog is continually updated with upcoming events and news interesting to social science researchers. For example, look at the entry for January 23, 2004 regarding 2002 [English Longitudinal Study of Ageing \(ELSA\)](#) for an excerpt from their latest data book.

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## **HRS in the News**

Wall Street Journal cites HRS. A recent article in the Career Journal section of the Wall Street Journal asked [Does the Current Climate Discourage Seasoned Pros?](#)

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## **Recent Events**

[Research Conference on Older Families](#),

February 27-28, in Santa Fe, New Mexico.

Ten research papers using the HRS data for Economics, Demography, Sociology and Health of Families were presented and discussed.

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## **Funding Sources**

Current National Institute on Aging Funding Opportunities

<http://www.nia.nih.gov/data/fundbrowse.asp>

## **Co-Principal Investigators**

Robert J. Willis, Director  
University of Michigan

David R. Weir, Associate Director  
University of Michigan

F. Thomas Juster, Director Emeritus  
University of Michigan

Charles C. Brown, University of Michigan

Alan L. Gustman, Dartmouth College

John C. Henretta, University of Florida

Daniel H. Hill, University of Michigan

Mary Beth Ofstedal, University of Michigan

Michael D. Hurd, RAND

Olivia S. Mitchell, University of Pennsylvania

Willard L. Rodgers, University of Michigan

Beth J. Soldo, University of Pennsylvania

Thomas L. Steinmeier, Texas Tech University

Robert B. Wallace, University of Iowa

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## **Our Sponsors**

*Primary support for the HRS comes from the National Institute on Aging at the National Institutes of Health, with additional support from the Social Security Administration.*