Letter From the Director

Dear HRS Colleague,
You have chosen a particularly engaging time to be involved with the Health and Retirement Study. First, we have launched The Aging, Demographics, and Memory Study (ADAMS), the only in-home population-based study of dementia. We are working in conjunction with a research team from Duke University led by Brenda Plassman, Ph.D. We are finishing the field study at this time and hope to have data ready for your use by 2005. Our feature article fills in some pertinent details (see The Aging, Demographics, and Memory Study [ADAMS] pg. 2).

Second, the HRS received validation for its study design and data in the most recent General Accounting Office report March 2003. Features such as our data links to Social Security earnings and benefits and pension information were particularly well received. (See GAO Article pg. 4).

Third, we have two new data sets for you. The Early Release of HRS 2002 is now available. We conducted 20,161 interviews in 2002. And the CAMS project is ready. You may recall that in 2001 HRS embarked on the Consumption and Activities Mail Survey (CAMS) that included questions about individual activities, household patterns of consumption, and individual use of prescription drugs. We have data from nearly 4000 HRS respondents.

And finally, our newest Tracker File version has been released. Find out the myriad applications to your research (The HRS Tracker File, pg. 7).

As the Health and Retirement Study grows exponentially, access to data grows easier, and the government grows more interested in our results – this is a grand time indeed to be involved.

Sincerely,

Robert J. Willis
Director, Health and Retirement Study
The Aging, Demographics, and Memory Study (ADAMS)
The Only Study of its Kind—Crucial to an Aging Population

Overview and Purpose
The Aging, Demographics, and Memory Study (ADAMS) is a supplement to the HRS with the specific aim of conducting a population-based study of dementia. HRS formed a partnership with a research team at Duke University to conduct in-person clinical assessments for dementia on selected HRS respondents. The purpose is to gather additional information on respondents’ cognitive status and assign a diagnosis related to dementia. Prior community-based studies of dementia have focused on a particular geographical area or have been based on nationally distributed samples that are not representative of the population. This study is the first of its kind to conduct in-home assessments of dementia in a national sample that is representative of the U.S. elderly population.

Study Goals
The primary goal of the ADAMS study is to collect data that will allow researchers to estimate the prevalence of dementia in the U.S. elderly population. It will facilitate our understanding of the natural history of preclinical and clinical dementia as well as the role of dementia in changing the health and social functioning of older Americans. ADAMS will provide an opportunity for conducting in-depth investigations related to the impact of dementia on formal health care utilization, informal caregiving, and the total societal costs of this care. A second aim of the study is to use data collected as part of the ADAMS study to examine the validity of the HRS cognitive functioning measures as a screening tool for cognitive impairment or dementia.

Study Design
A group of 1,771 HRS respondents, age 70 or older, were selected from the 2000 and 2002 waves based on self- or proxy-cognition test performance. Among this group, we expect to complete assessments with approximately 850 respondents. Nurses and psychometric technicians are currently traveling to respondents’ homes to conduct in-depth clinical assessments. These include obtaining information on clinical and medical history, neuropsychological testing, and collecting DNA samples to determine the apolipoprotein E (APOE) genotype. In some cases, medical records are obtained from the respondent’s personal physician. Follow-up assessments are being conducted with approximately 30% of respondents to gather additional data to clarify the diagnosis. Each assessment is conducted with an informant (a family member, friend, or paid helper of the respondent) present. Information about caregiving and its costs and health services utilization is also collected.

An expert team of neurologists, psychiatrists, neuropsychologists, and internists review cases and assign diagnoses within one of three categories: demented (including possible and probable Alzheimer’s Disease [AD], vascular dementia, etc.), cognitively impaired but not demented, and normal/non-case.
The Assessment
Each Duke assessment team consists of a clinical research nurse and psychometric technician, both specially trained in the evaluation of dementia. After obtaining consent, the psychometric technician administers the neuropsychological test battery to the respondent and the nurse meets separately with the informant to obtain detailed information about the respondent, including cognitive and functional changes, medical and psychiatric history, current medication use, and current behavioral and psychiatric symptoms. The nurse measures blood pressure and heart rate. The information on height and weight is self-reported by the respondent or reported by the informant. If the respondent is unable to provide this information, it is obtained from the informant. The nurse next performs a standardized neurological examination with the respondent and collects a buccal tissue sample for DNA testing, while the psychometric technician meets with the informant to obtain information on the family history of memory impairment and also asks the informant to complete a dementia severity measure for collection of information on the severity of the respondent’s symptoms.

Follow-up clinical assessments
It is standard practice in tertiary AD specialty clinics to defer diagnosis in uncertain cases until longitudinal follow-up information is obtained; however, this is not an option in research protocols. Thus, for each respondent, a diagnosis will be assigned after the initial assessment. However, follow-up assessments between 16-18 months after the initial assessment will be attempted for those with a diagnosis of ‘cognitive impairment, not demented’, mild dementia, or other syndromes for which longitudinal information will likely clarify the diagnosis. Respondents for whom a reassessment would be useful will be identified during the diagnostic conferences. The follow-up assessment protocol is primarily the same as the protocol at the initial assessment.

Timeline
ADAMS fieldwork began in August, 2001 and will continue through early 2005. We anticipate completing initial assessment visits by December, 2003 and follow-up assessments by March, 2005. Our projection is for data to be available for researchers by late 2005.

Data
The primary ADAMS data set will consist of the 850 respondents from the HRS for whom assessments are completed, and will include scores on the neuropsychological tests administered during the ADAMS clinical assessment as well as the diagnoses based on the assessment. Because participation in the ADAMS study itself, and the clinical data collected, convey important identifying information about HRS respondents, this data set will be distributed as a restricted data set under the mechanisms already established by HRS for other restricted data sets. Identifying variables will be included to facilitate merging the ADAMS data with core HRS data.

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Health and Retirement Study – Research Encouraged by The GAO

Recommended Direction for Retirement Research

The United States General Accounting Office in the March 2003 report to the Ranking Minority Member, Subcommittee on Employer-Employee Relations, Committee on Education and the Workforce in the House of Representatives, recommended continuing support for the Health and Retirement Study. Longitudinal data from surveys such as HRS and AHEAD, the GAO reported, are essential to analyze retirement and savings decisions and determine behavioral responses to changes in public and private sector policies. Such analyses in turn are essential to develop better models for forecasting the likely effects of alternative policy proposals on retirement income security.

The GAO assembled a panel of experts to identify data improvements that must be a priority with the looming future demographic trends of double the nation’s retiree population and a reduction in labor force growth.

The GAO endorsed the HRS’ use of linkages to national and employer data

The experts GAO consulted cited priorities for improving retirement data that fit into two broad categories: (1) obtaining better data from employers on employee benefits and (2) obtaining better data from individual and household surveys by linking them with administrative data.

The HRS already has linked pension data obtained from employers to respondents and provided an improved pension calculator that analysts may use to more accurately measure projected retirement wealth. In addition, many respondents have given permission to link their information to administrative data such as: Social Security Administration earnings and benefits data, Medicare linkage files and National Death Index files that can be linked to HRS respondent files. The GAO is strongly supporting this avenue of research.

If you would like more information on obtaining the restricted data from HRS go to: http://hrsonline.isr.umich.edu/rda/ To read the full text of the GAO report go to: http://www.gao.gov/new.items/d03337.pdf

The restricted data sets from the Health and Retirement Study (HRS) hold a rich potential of research opportunities. The HRS reflects many analytical and policy interests of researchers in various disciplines. Restricted data files multiply opportunities for data analysis by these researchers.

The restricted data files derived from Social Security earnings and benefits; pensions; Medicare; and National Death Index information can be merged with the publicly available HRS data sets.

These data files are restricted to researchers who meet eligibility requirements and who apply for use. They may not be distributed to the general public due to participant confidentiality concerns. Due to these concerns, there are some restrictions on merging data.
The Restricted Data Files

*New Research Possibilities*

Social Security Administrative Data
Income information for HRS participants derived from SSA earnings and benefits records

Pension Data
Comprehensive pension projection information derived from employers’ records

Health and Retirement Medicare Linkage File Data
Information on health care costs, use of services, and diagnosis

National Death Index Data
Death information on deceased HRS participants including month/year and cause

Industry/Occupation Data
Participant occupation and industry details

Geographical Data
Location information that includes state, county, zip code, and census tract

**Overview of Eligibility Requirements and Application Process**

A researcher must meet the following requirements to obtain access to HRS restricted data:

1. Affiliation with an institution with a DHHS Federal-Wide Assurance of Protection for Human Subjects
2. Current Receipt of Federal Research Funds
3. Written Research Proposal
4. Restricted Data Protection Plan
5. Human Subjects Review
6. Agreement for Use of Restricted Data from the Health and Retirement Study

**Audits**

Restricted Data Users are subject to outside audit to verify compliance with these agreements.

**Recertification and Renewal**

There is a yearly recertification procedure. Then once the date specified in the contractual agreement for access to HRS restricted data has passed there is renewal process. For detailed information see our website: [http://hrsonline.isr.umich.edu/rda](http://hrsonline.isr.umich.edu/rda)
GAO Strongly Supports the Direction of this Research

Since the HRS’ inception in 1990, over 700 articles have been published using HRS data. This section of the newsletter includes recent publications that illustrate the range and quality of the uses of the HRS Restricted Data.


Tips For Data Users

New Version – The HRS Tracker File

The HRS tracker file is created to facilitate the use of the HRS data within and across waves. It is a “must” for researchers conducting longitudinal analysis at either the household or respondent level. The data description for the tracker is at: http://hrsonline.isr.umich.edu/meta/tracker/desc/track031.pdf. The file contains one record for every person who was ever eligible to be interviewed in any wave. The only exceptions are original sample selections where neither spouse in a household completed an enrollment interview. Each record contains basic demographic information, interview status, and when and how an interview was conducted in each wave. Also included are cross-sectional weights for both respondent and household analysis: http://hrsonline.isr.umich.edu/meta/tracker/desc/wghtdoc.pdf sample-error computation variables and information on inter-respondent relationships, which are vital to almost all substantive household-level analyses of the HRS data.

The current version of the tracker file (version 3.1, or tracker 3.1 for short), covers all types of interviews (core, exit, and post-exit) through HRS 2000. It contains 26,935 records and 177 variables. Compared to the previous version (Tracker 3.0), which covered respondents up through HRS 1998, this represents an addition to the Tracker file of 162 new respondents in HRS 2000. Structurally, Tracker 3.1 retains all the information contained in Tracker 3.0, with a few exceptions that are detailed below. It also includes several sets of new variables that are useful for a better understanding of respondent status within and across waves.

The tracker file data description, complementary to the tracker file code-book: http://hrsonline.isr.umich.edu/meta/tracker/codebook/tracker.html consists of six sections. Section 2 describes the basic structure of tracker 3.1. It contains a full variable listing and description (section 2a), and an explanation of naming conventions (section 2b). Sections 3, 4, and 5 discuss various issues related to the variables in the tracker. Section 6 provides some general instructions on merging the tracker file with other HRS data.

Please send us your tips for using HRS data to hrsquest@umich.edu.

Register Your Paper

We are updating our bibliography

Please take a moment to conduct a search on your name in our dynamic bibliography for all the publications or presentations you have written that utilizes HRS data. If we are missing a reference please click here to register your paper.
Frequently Asked Questions

Researchers ask the HRS staff many questions about using the data. Each issue of the HRS Newsletter will address some of these topics. You can always ask your questions by email at: hrsquest@umich.edu.

What is The Question Concordance?
A Nice Starting Place for Longitudinal Variable Analysis

The Question Concordance (v2.1) is a tool for cross-referencing survey information by content across time. The Concordance contains one record per variable for each bi-annual data collection effort. Researchers can use the Concordance search engine to create tables containing descriptive information for variable sets that are of interest. The search system allows users to retrieve codebook information by year (1992-2002), section, interest area, category, and/or sub-category. A free-text search feature is also available. Information for off-year and supplemental studies is not included.

How Do I Merge Numeric and Character Variables?
Longitudinal Merges that include 1992 & 1994 HRS Data

Background.
Some of the early identifier variables, in HRS 1992 and 1994, are numeric, but identifier variables in later waves are characters. Releasing identification variables in numeric format caused some problems. When we began to deal with complex respondent identifiers such as those in HRS and attempted to create one identification variable by combining several, we ran the risk of corrupting the identifier due to loss of precision when treating it as a numeric value. Thus with the exception of HRS 1992 and 1994, we release all primary and secondary identification variables in character format and no longer create combined identification variables.
Also released as character variables are variables that include an other person number that may be used for merging with a primary or secondary identification variable. Typically these are variables from questions asking who or which person did something.

Converting the Numeric Variables to Characters.
Each software package has different ways of converting variable types in an existing dataset.
SAS
In SAS, for example, to convert numeric identification variables to character variables, you can use code like this.

data out.w2a;
* set attrib values before SET statement to control order in output file;
attrib
CHHID label='HOUSEHOLD IDENTIFIER' length=$6 format=$char6.
CPN label='PERSON NUMBER' length=$3 format=$char3.;
set in.w2a;
* numeric to character conversion;
CHHID=put(HHID,z6.0);
CPN=put(PN,z3.0);
drop HHID PN;
rename CHHID=HHID CPN=PN;
run;
STATA
In STATA to convert numeric identification variables to string variables, you can use code like this.

```
use w2a
* numeric to string conversion
gen str6 chhid=substr(string(HHID+1000000),2,6)
gen str3 cpn=substr(string(PN+1000),2,3)
drop HHID PN
rename chhid HHID
rename cpn PN
lab var HHID “HOUSEHOLD IDENTIFIER”
lab var PN “PERSON NUMBER”
order HHID PN
sav, replace
```

SPSS
In SPSS to convert numeric identification variables to string variables, you can use code like this.

```
get file ‘c:\hrs1998\spssfiles\W2a.sav’.
string chhid (a6) cpn(a3).
variable labels chhid ‘HOUSEHOLD IDENTIFIER’ cpn ‘PERSON NUMBER’.
compute chhid=string(hhid,n6).
compute cpn=string(pn,n3).
save outfile=’c:\hrs1998\spssfiles2\w2a.sav’
   / drop=hhid pn
   / rename=(chhid=hhid) (cpn=pn)
   / keep hhid pn all
   / map.
```

We recommend reading the Data Descriptions and Usage Documents for the wave of HRS data you will be using. The Data Descriptions released with each wave of data provide insight into the structure of all data files. The data description documents also include tips on merging data. A more extensive examination of specific questions can be found in a variety of sources including, the HRS Box-and-Arrow, the HRS Question Concordance (v2.1), and the HRS codebooks that accompany each wave of data. HRSQuest: If after reading this section of the HRS Newsletter and the Data and Usage Documents, you are still encountering difficulties, submit your question to the Help Desk at our Web site http://hrsonline.isr.umich.edu/intro/hrsquest.php or send an e-mail with a detailed description of the problems you are encountering to hrsquest@umich.edu.

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The HRS Data User Survey is coming your way this summer. We will ask you to fill out a very short survey online this summer in an effort to improve our services to you and to learn the primary uses of our data.
**New Version of RAND HRS Data File Released**

The [RAND HRS Data file](#) is a cleaned and easy-to-use version of data from five waves of the original 1992 Health and Retirement Study entry cohort, and two waves of the Children of Depression and War Baby entry cohorts. Derived variables covering a broad, though not complete, range of measures have been constructed and named consistently across waves.


The National Institute on Aging (NIA) and Social Security Administration (SSA) provided funding for the development of this file. SSA’s Office of Research, Evaluation and Statistics provided important research direction in the design of this data file.

- [Data Description](#) (PDF format)
- [Codebook](#) (PDF format)

**Data Releases**

*Can You Use These?*

- **Release of HRS 2002 Core (Early, Version 1.0)**, June 20, 2003
- **Tracker File (version 3.1) Released**, April 3, 2003 ([See related article: The HRS Tracker File pg. 7](#))
- **Release of 1995 AHEAD Exit (Final, Version 1.0)**, February 17, 2003

To view a list of recent HRS data releases, go to the [HRS home page](#). For a detailed year-by-year listing of datasets and files which are currently available to registered users visit the [What’s Available](#) section of our website.

**Upcoming Data Releases**

Pre-HRS 2000 Date of Interview, Files containing complete date of interview are under construction for pre-2000 waves.

A new restricted Medicare data release is in preparation.
HRS In the News

Retirees Return to Work As Nest Eggs Shrink.

“The slumping stock market has destroyed the nest eggs of millions of people in the last three years — erasing at least $678 billion in U.S. retirees’ savings, according to the University of Michigan’s Health and Retirement Study.”

A list of news articles that cite the HRS can be found on our web page at HRS in the News.

Full text of selected press releases can also be viewed on the HRS website.

The study staff continues to acquire citations for articles that appear in the mainstream media regarding the HRS. We would greatly appreciate being alerted to any items of which you are aware. Please send the references or a copy of the article to:

HRS Publications
Institute for Social Research
426 Thompson St. #3050
Ann Arbor, MI 48106
or email to: hrsquest@umich.edu

Upcoming Events

Research proposals using the HRS Family Data are due July 15, 2003.

56th Summer Institute in Survey Research Techniques June 2-July 25, 2003
Conducted by the staff of the Survey Research Center at the Institute for Social Research, University of Michigan in Ann Arbor. Review the Website: www.isr.umich.edu/src/si for information on course descriptions, the faculty, graduate programs, fellowship support, enrollment and housing. You may telephone for more information toll-free at 877-880-9389 or direct at 734-764-6595.

Recent Events

Dan McFadden, the recipient of the 2000 Nobel Prize in economics, used the HRS and AHEAD data extensively in the research discussed in his June 15, 2003 plenary address: “Healthy, Wealthy and Wise?: The Causal Structure of the Association of Health and Socioeconomic Status” at the 4th Annual Congress of the International Health and Economics Association (IHEA). Dr. McFadden’s current research focuses on the economics of aging: dynamics of health and mortality; consumer demand analysis using psychometric data; and simulation methods in econometrics.
NEW

HRS Participant Website
Easy-to-read summaries of HRS Research for Participants

Health and Retirement Study participants now have their own website at: http://hrsparticipants.isr.umich.edu/. The website provides basic HRS information with links to past participant newsletters. There are additional links to organizations with important information for Americans over 50 such as the AARP, the National Institute on Aging, the National Association of Area Agencies on Aging and the Social Security Administration.

NEW

HRS Co-Principal Investigators’ Individual Web Pages

Each HRS Co-PI now has an individual web page with contact information and their research studies. You can access these pages by clicking on a name in the Co-PI column to the left. See the group page at: http://hrออนไลne.isr.umich.edu/intro/sho_intro.php?hfyle=copis

Funding Opportunities

For a complete list of NIH grants see: http://grants1.nih.gov/grants/guide/pa-files/
For a complete list of NIA grants see: http://www.nia.nih.gov/data/fundbrowse.asp

Contact Information

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Help desk online—http://hrsonline.isr.umich.edu/intro/hrsparticipant.php
Email—hrsquest@umich.edu

To Unsubscribe from Newsletter Mailing List

If you would like to be removed from the mailing list for the HRS User News send an e-mail to hrsquest@umich.edu with text “Please unsubscribe from newsletter” in the subject and body of the message.

The Health and Retirement Study is funded by the National Institute on Aging at the National Institutes of Health with additional support from the Social Security Administration.