

Design History

1. The Early HRS and AHEAD Surveys

The *Health and Retirement Study* (HRS) and *Asset and Health Dynamics Among the Oldest Old* (AHEAD) studies were created as separate but related surveys. The original HRS study was supported by a cooperative agreement between the National Institutes on Aging (NIA) and the University of Michigan, with additional funding from the Social Security Administration, the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (DHHS), and the Pension and Welfare Benefit Office (see Juster and Suzman 1995). It was joined in 1993 by a companion study, Assets and Health Dynamics of the Oldest Old (AHEAD), consisting of persons born before 1924 who were aged 70 and over in 1993. It was funded as a supplement to the HRS (see Soldo, et. al. 1997).

In its original conceptualization, the HRS study was designed to follow age-eligible individuals and their spouses as they made the transition from active worker into retirement; the AHEAD study was designed to examine the dynamic interactions between health, family, and economic variables, in the post-retirement period at the end of life. The HRS study spanned three waves of data collection: 1992, 1994, and 1996. The AHEAD study included two waves: 1993 and 1995. The HRS and AHEAD sample designs provided for 'exit interviews' with a surviving spouse, child or other informant concerning medical expenditures and family interactions with the deceased during the final stages of life. Exit interviews were also designed to provide information about the disposition of assets following death.

Both studies obtained detailed information in a number of domains: demographics, health status, housing, family structure, employment of respondent, work history and current employment, disability, retirement plans, net worth, income, and health and life insurance. In addition, there were several important linkages between HRS and AHEAD survey data and information from employers and from administrative data. HRS supplementary data included administrative data from Social Security earnings and benefits records, National Death Index data, Medicare claims record data and employer pension data.

In 1998 the HRS and AHEAD studies were merged, respondents from each forming a cohort in a combined interview. At the same time, two new cohorts were added: the Children of the Depression Era (CODA), born in 1924-30 and War Babies (WB), born in 1942-47. See *Added Cohorts and the Movement to Steady State* (below) for further details.

2. Sample Design and Sample Characteristics

The original HRS cohort sample size was the result of the trade-offs between survey length (driven by the data requirements of the various retirement and aging models) and budget constraints. The sample size that emerged from the planning process was very close to the sample size recommendations contained in the reports of expert groups convened by NIA; these recommendations, in turn, were based on analysis of the amount of statistical power needed for

various types of analyses. In effect, decisions about sample size (and response rate) resulted from NIA's ability to finance substantially longer interviews than originally planned and budgeted by providing additional resources, thus maintaining the original targets for both sample size and response rates.

2a. Oversamples

Although sample size for both cohorts was a function of budgetary constraints, sample composition, in terms of the age range and oversample characteristics, resulted from quite different considerations.

Specifically, the project oversight committees (the HRS Steering Committee and the NIA Data Monitoring Committee) regarded the oversampling of blacks as crucial to the success of the study of retirement. Many of the factors that influence retirement decisions are thought to be quite different for blacks than for whites. For example, the influence of family structure is thought to be different because of the greater extent of extended family relationships among blacks. The influence of health conditions is thought to be different because of the substantially greater prevalence of certain types of disease conditions and functional limitations among blacks. Blacks are also less likely to have jobs with private pensions, are likely to have fewer economic resources generally as they approach retirement age, and are less likely to be married than whites. All these conditions suggest the importance of providing a large enough sample of blacks to permit independent analysis on the black population, allowing for different parameter values and different responses to the same economic and other circumstances.

Many of the same considerations apply to the analysis of Hispanics, although less is known generally about Hispanics because of their relatively small numbers in the typical population sample. Both blacks and Hispanics were oversampled at the rate of 2:1 relative to whites, aided by supplementary funding from the NIA Office of Minority Affairs.¹

HRS investigators also decided to oversample residents of the State of Florida, a decision importantly influenced by the Congressional Appropriation language for HRS, which specified that special attention be given in HRS to areas with "high densities and numbers of older populations". From that perspective, Florida was the obvious location in which to oversample, since other areas having as high an incidence of older households (Arizona) lacked numbers, and areas having equally large numbers (California, for example) lacked incidence. The Florida oversample was supported by special appropriations from the NIA general budget and from the State of Florida.

2b. Women

One of the weak features of previous retirement studies was the lack of attention paid to women,

¹ The oversampling procedure was done differently for blacks and Hispanics. For blacks, we selected Primary Sampling Units (PSUs) with very high densities of blacks and included all residents in the sample, provided they were age-eligible. For Hispanics, where even the highest densities in PSUs were relatively low, we selected only Hispanics by inquiring about ethnicity as well as age-eligibility.

and the consequent inability to analyze retirement as a joint decision for couples where both spouses were working. The economy had changed drastically since the last major retirement study in the 1970's, and the prevalence of two-earner families was substantially higher. Thus HRS researchers decided early on to define the sample to include persons who were eligible by virtue of age, and include their spouses regardless of age. The unit of observation became the age-eligible spouse in the sample, while the characteristics of the spouse of an age-eligible person were regarded as an important source of variation that would influence the retirement decision of the age-eligible person. In effect, the characteristics of spouses of age-eligible persons were seen as right-hand-side variables in a retirement function.

2c. Age Range

The decision about sample age range was one of the most difficult faced in the planning process. On the one hand, it is desirable to begin collecting data for a retirement study before retirement decisions have been made, since recreating retirement decisions *ex post facto* is not analytically satisfactory. This would argue for constructing the age range so that virtually no one had yet made a retirement decision when he or she entered the sample; but collecting extensive data for years prior to retirement is costly.

To take an extreme case, one way to study retirement decisions would be to begin collecting data when people start their work careers in their twenties, and to continue collecting data up through the point when they retire. This would give the analyst a rich array of data over the entire work career, and would clearly represent the best chance for accurately modeling a retirement decision. But the cost of doing this would be extremely high -- one must wait many years, decades at the extreme -- before being able to observe the key variable of interest (the decision to retire), and data collection costs would be incurred for this entire period.

Thus the problem was to pick an age range such that most of the sample had not yet retired, but where the sample was not too much younger than the typical retirement age. After much discussion in the Working Groups, the Steering Committee and the Data Monitoring Committee, it was decided to set the age range for the HRS at 51-61, partly on the grounds that a common age at which private pension plans provided strong retirement incentive was around the mid-50's, and it would be well to collect several years of data prior to that decision point. The best compromise seemed to be the 51-61 age range.

3. Survey Content

This section details some of the more important decisions made by the four expert Working Groups concerned with survey content: Labor Force Participation and Pensions, Health Conditions and Health Status, Family Structure and Mobility, and Economic Status. Some innovative features of the HRS design are also discussed.

3a. Labor Force Participation and Pensions

The HRS was fortunate in being able to build on the designs of the NLS, PSID and RHS, all of which dealt extensively with the measurement of work and job characteristics relevant to retirement decisions. Among decisions relating to data quality in this area were those involving

job demands and characteristics, characteristics of employer pension plans, assessment of hours flexibility, and laying the groundwork for a reliable longitudinal work history.

- **Job Characteristics.** The labor supply literature contains many measures concerned with job demands and job characteristics. The problem for the Working Group was to select from this very large array. The solution generally was to identify measures that seemed to be most strongly related to labor supply decisions in other studies. This approach did not work for cognitive job demands, where the existing measures are relatively sparse. The labor literature, by and large, assumes that jobs are typified by manufacturing activities that place heavy stress on physical characteristics, much less so on jobs where the primary requirements are cognitive. Thus the committee had to develop new items dealing with eyesight and memory, requirements for concentration or attention, for interpersonal skills, for analysis of data, etc.
- **Pension Characteristics.** To analyze the effect of pension plan provisions on retirement decisions, it is necessary to collect data on pension plans from all employers providing such plans to respondents, whether an HRS respondent is actually receiving pension benefits or is still making pension contributions. Descriptive data was collected on all pension plans for any current job the respondent held, for the most recent employer for a respondent not currently working and for the next most recent job held by either working or non-working respondents.

HRS relied heavily on the analysis of pension plans developed in conjunction with the Survey of Consumer Finances (SCF), particularly the sequence developed for the 1989 SCF. These question sequences provided detailed characteristics of both defined benefit and defined contribution pension plans, and information on early retirement possibilities and incentives. As with the SCF pension data, HRS collected Summary Plan Descriptions from the employers of respondents included in pension plans, then coded the relevant formulas used to derive defined benefit schedules. Pension benefits based on pension plan provisions have been generated (Gustman, Mitchell, Samurek, Steinmeier 1998).

- **Hours Flexibility.** Labor economists are in general agreement that the degree of flexibility in work hours is an important factor in retirement decisions. The common view is that most jobs do not have any flexibility in work hours, and that the absence of such flexibility constitutes an important reason why people leave the work force. HRS was designed to provide extensive measures with which to test the influence of hours flexibility on labor supply.
- **Longitudinal Features.** Two important issues related to longitudinal analysis are worth noting in this brief overview. First, tracking job changes between waves of a longitudinal survey has long proved to be difficult: respondents report that they have changed employers when they appear not to have and vice versa; they report changes in work responsibility when it appears that no change has taken place, etc. The best solution was to identify the Wave 1 job precisely, including the job title and the name and location of the employer. Then in subsequent waves, the interviewer would not have to ask whether the respondent had changed employers, but could say something like: Our records indicate that you were working for the XYZ Company in location A. Are you still

working for that employer? A respondent might answer that the records were wrong, but starting off with an actual name and location of an employer helps to extract a more accurate job history between waves of longitudinal surveys.

3b. Health Conditions and Health Status

- **Work, Health and Causality** One frequent criticism of past surveys on retirement decisions is the inability of the data to establish causality in the relation of health problems and work. The relationship can go in either direction: it is possible that poor health status discourages work, leading people to leave the work force early through retirement or disability, or it is possible that the assertion of poor health constitutes an acceptable rationale for a male in his middle 50s to leave the work force. Thus true causality is difficult to untangle if respondents to a survey are asked to relate health conditions to work status.

There is no guarantee that causality can be firmly established from any survey design. Nevertheless, we deliberately placed questions exploring health conditions and functioning status very early in the survey, ahead of questions relating to work and jobs. The hope was that putting health status and conditions early would make it less likely that respondents who had left work but were actually in good health would refer to adverse health conditions or adverse functioning when they reported on their health status. And in the panel, dating major health transitions along with work transitions will provide additional opportunities to establish causality.

- **Functioning Status vs. Disease Conditions.** Another controversial issue is whether to measure health status in terms of function or in terms of epidemiology. Function involves asking people about their physical ability to do various tasks, while epidemiology asks about the nature of various medical conditions that might result in functional impairment, sooner or later.

One big difference between functional measures of health and epidemiological measures is that the functioning measures can involve a degree of adaptation to medical conditions, while description of the medical condition itself tells us nothing about adaptation. In general, the Health Conditions and Health Status Working Group was persuaded that the most important dimension to measure was functional health, not disease epidemiology. Some potential users of the data took a different view: that a basic inventory of important medical conditions would not only satisfy the demands of an important class of analytic users, but might also be less susceptible to misreporting because of the causality problem involving the relation of health to work. That is, it may be simpler for a respondent to misreport functioning limitations than to misreport the presence of a heart condition, a stroke, an asthma problem, etc. The Working Group developed a rich set of measures of functional health, going well beyond basic activities of daily living (ADLs) to higher level functioning -- running, climbing stairs, etc. Instrumental ADLs (managing money, using the telephone) were also included. A disease inventory with measures of severity was included, as were various types of health behaviors -- smoking, drinking, exercise, etc.

- **Cognitive Measures.** Another important issue facing the Health Conditions and Health Status Working Group was the development of cognitive measures, since it was widely agreed that mismatches between cognitive capacity and the cognitive demands of jobs was at least as important a reason to leave the work force as mismatches between the physical demands of jobs and physical functioning. But there is little survey experience with the measurement of cognitive capacity. After extensive discussion with experts from a variety of disciplines, a few meta-memory measures were included, and a recall and delayed recall test of memory, a battery measuring crystallized intelligence, and a depression scale were included. These are some of the most innovative measures included in the HRS.

3c. Family Structure and Mobility

A distinctive design feature of the HRS is the amount of attention paid to extended family structure. Extended families create the possibility that HRS respondents will be at risk for one of two possible types of events -- having to provide personal care for frail parents, which would tend to push people out of the work force, or having to provide financial support for either children or parents, which would tend to keep people in the work force. Mapping out the extended family structure of HRS respondents is one of the important ways in which the HRS database has analytic potential that goes beyond past databases. These data are expensive to collect. They represent a major HRS investment that should have an especially high payoff in understanding the work behavior of older women.

The HRS includes economic and demographic information about respondents' children, including their geographic proximity, about the health and economic status of respondents' (and spouse's) living parents, and about the economic status, family structure and proximity of respondents' (and spouse's) siblings. Information was also collected about transfers of both money and time to test various theories of the motivations underlying transfers among kin. These data are important for understanding how middle-age families allocate resources to competing generations within the family. Over time, HRS will enable researchers to study reciprocal flows of support from children and the effect of these transfers on the parent-donor labor supply.

Finally, by providing information on the needs of elderly parents and the circumstances of the respondents' siblings, HRS provides an unprecedented opportunity to model the division of labor among adult children in providing assistance to elderly parents.

3d. Economic Status

As was the case with job characteristics and pensions, HRS had the benefit of a number of surveys in which both income and assets had been measured with a high degree of success. The PSID design for estimates of net worth was particularly useful as a guide, and we modified the SCF design for measurement of income.

- **Expenditures.** One issue facing the Economic Status Working Group was the degree to which the survey should attempt to collect data on expenditures. The need for such data in an important class of economic models is easily demonstrated: theories of life-cycle

behavior involve models that look at change in expenditure as a function of both income and asset position. Available resources prohibited the collection of exhaustive expenditure data. Instead, PSID methodology was used to collect expenditures on food, both eaten in the home and eaten out, and on utility costs associated with dwellings along with some data on housing expenditures relating either to mortgage payments or rental payments.

- **Indirect Estimates of Consumption.** The HRS economic status data have the potential to provide substantially greater leverage in modeling spending and asset accumulation decisions than previously available. As HRS develops longitudinally, the plan is to re-measure net worth, either every two or four years, and at the same time to include variables that distinguish the capital gains component of net worth from the saving component. Such a module of survey questions exists and has been used on both PSID and SCF, although little analysis has been done with the resulting data. But the HRS data set has, on a biennial basis, change in net worth divided into a capital gains and a savings component, along with income. This has the potential for developing indirect estimates of expenditures and expenditure change -- estimates with a good deal of potential analytic power in life-cycle models of saving behavior.

4. Added Cohorts and Movement to Steady State

The development of the Health and Retirement Study conforms to the original research proposals that were submitted to NIA to fund the first five years of the project. In preparing for the submission of the continuations grant to NIA for years 6-10, a set of discussions took place among the HRS research staff, the HRS Steering Committee, and members of the NIA Data Monitoring and Design Committee about the long-term future of the project. For reasons detailed below, these discussions led to the view that an important scientific goal should be the evolution of the HRS and AHEAD studies into a single ongoing survey that would be continually representative of the complete U.S. population over the age of 50.

This goal led to three major decisions:

- to merge the questionnaires into a single instrument for all cohorts;
- to add two new cohorts now and additional cohorts every six years in the future; and
- to merge the field operations into a single field period.

Before discussing these in detail it is probably worth saying a bit more about the reasons why the steady state plan evolved from the original design.

4a. Rationale for the Steady State Design

It is useful to contrast the idea of a "steady-state" HRS with an alternative design such as the old Retirement History Survey (RHS), which followed a single cohort of individuals initially aged 58-63 through retirement and was then discontinued. If preferences, technologies, prices, public policies and culture were stationary over time and across cohorts, the RHS could serve as a perfectly adequate source of data for research on health and retirement for all time: we would

currently be observing changes in the average or mean outcomes of variables of interest, conditional on changes in the distribution of the exogenous variables that determine outcomes. Obviously, however, the real world departs dramatically from stationarity. Indeed, the original motivation for the HRS came from the universal agreement among researchers and policy makers that the RHS had become obsolete, so it was incapable of addressing the scientific and policy concerns of the 1990s and beyond.

Similarly, if the HRS and AHEAD remained as discrete surveys of specific cohorts they, too, would suffer obsolescence. Indeed, for several important questions, these surveys lose their relevance surprisingly quickly. The reason is that a scientific understanding of responses to changes in constraints facing individuals that occur in calendar time, such as changes in policy, legal changes, macroeconomic events, new diseases and medical technologies, requires us to be able to contrast behavior before and after the policy change.

In general, it is difficult to predict with any precision what policy changes will be made or when they will be made. At the beginning of the Clinton administration, a major health care reform appeared to be imminent; subsequently the prospect of changes in Social Security, Medicare, and inheritance taxes appeared more likely. As scientists, we would like to study the reactions to policy changes that actually occur. It now appears that innovations in health care financing are taking place more at the state than at the national level and that rapid changes in the organization of health care and health insurance are being generated much more by the private sector than by government initiative.

As another example, the dramatic rise and subsequent fall of stock prices over the past ten years has altered the wealth of HRS households with and without defined contribution pension plans. Moreover, the end to the expanding economy of the 1990s has had a substantial effect on the perceived degree of job security of respondents. These changes have provided an intriguing opportunity for cross-sectional, intertemporal, and cross-cohort studies of policy effects and the effects of economic change on retirement and asset accumulation.

Some important policy changes can be predicted. For example, future changes in Social Security are already written into law. Cohorts from 1938-43 will experience a transition involving a change in the Social Security Law applying to 62 year olds in the year 2000 which increases the retirement age from 65 to 66 and reduces early retirement benefits from 80% to 75% of PIA. If the HRS is representative of the U.S. population over age 50, analysts will be able to compare the effects of this change in the Social Security law on the behavior of pre-transitional, transitional, and post-transitional cohorts.

The capacity to study the effects of expected and unexpected changes in policy, the economy, or the society in a timely way is a major strength of repeated cross-sectional samples such as the Current Population Survey and, over longer periods, the decennial Census. The weakness of such surveys is that they cannot follow the impact of such changes on any given individual. A steady state HRS has the advantages of the CPS in understanding the effects of period changes together with the ability of analyze (comparative) life cycle dynamics.

The addition of new cohorts to the HRS also enables researchers to use cross-cohort designs to study the impact of important social trends such as the implications of growing marital instability and fertility decline on the financial well-being of the older population, changes in the distribution of income and wealth by gender, and changes in their reliance on help from children and siblings. Recent findings by Kenneth Manton and his colleagues (Manton, Corder and Stallard, 1997) of decreases in disability at very old ages raise important and intriguing questions about trends in disability at younger ages that can be assessed using from cohorts represented in the HRS.

4b. Merging the Questionnaires

As noted above, the goal of creating a single steady state study led us to three important decisions. The first was to make a single questionnaire for all cohorts. This step was needed because HRS and AHEAD had begun as separate studies in which questions were not always asked in precisely the same way. In addition, the baseline AHEAD survey was less detailed, especially on employment and income, than the corresponding HRS baseline. Finally, as noted above, the fact that members of a given cohort may participate in different numbers of survey waves means that we must be especially careful to preserve intra-cohort comparability.

The task of merging the two questionnaires began with the design of the questionnaire for AHEAD 1995, which was made to conform to the HRS 1994 questionnaire, even when such changes led to some differences between the first and second wave of the AHEAD survey. This task was completed with the questionnaire for HRS 1996. Table 1 provides a summary of the content of the HRS 1996 questionnaire together with the corresponding sections of the AHEAD 1995 and HRS 1994 questionnaires. The comments in the final column indicate where the sections of the two questionnaires tend to be the same and where they differ.

Table 1: Comparison of HRS and AHEAD Sections

AHEAD 1995, HRS 1996 Section	Topic	HRS 1992 Section	HRS 1994 Section	AHEAD 1993 Section	Comparison of HRS 1994, AHEAD 1993
A	Demographics	A	A	A	Very similar
B	Health Status	B	B	B	Similar
C	Cognition	L	C	C	AHEAD easier
PC	Proxy Cognition	---	---	---	
D	Family Structure	E	E	D	Some differences
E	Health Care	B	B	E	Different

E	ADL/IADL	B	B	E	Different
F	Housing	D	D	F	Very similar
G	Employment	F	F	G	HRS more detail
GG	Last Job	G	---	---	
GH	Job History	H	---	---	
GD	Disability	J	J	---	
H	Expectations	K	C	H	HRS=AHEAD + Jobs
J	Assets	M	K	K	Very similar
J	Assets Buy/Sell	M	V	---	AHEAD 1995 adopt HRS 1994
J	Detailed Income	N	N	J	AHEAD less
R	Insurance	R	R	R	AHEAD longer
--	Widowhood	S	S	---	

4c. New Cohorts

The second major decision required to achieve the goal of a steady state sample of the 50+ population was to add two new groups in 1998. These were the "War Baby" cohort born in 1942-47 which is just entering its 50s, and the "Children of the Depression" or CODA cohort born in 1924-30 which entering its 70s. When combined with the existing HRS cohort, born in 1931-41, and AHEAD cohort, born in 1890- 1923, HRS 1998 represents all cohorts born between 1890 and 1947. We also plan to continue surveying members of each cohort at two year intervals from the time they enter the study until death and, at six year intervals, we plan to add the six year birth cohort that is 51-56 years of age in that year. This plan is depicted graphically in Figure 1. For example, under the steady state plan the "Early Boomers" who were born in 1948-53 will be added in 2004, and the "Baby Boomers," born in 1954-59, enter the study in 2010.

One problem that we faced in implementing the steady state plan is that, in the short run, the addition of new cohorts might have substantially increased the total number of interviews beyond the roughly 21,000 interviews conducted every two years with the original HRS and AHEAD cohorts. This would have increased the total expense of the survey beyond our budget. The solution to this problem is to sample the new cohorts at sixty percent of the rate at which the initial HRS and AHEAD cohorts were sampled. (By way of comparison, the original cohorts were sampled at approximately the same density as the Current Population Survey.) The age distribution of sample members from all cohorts is given in Figure 2. As can be seen from the figure, previously age-ineligible spouses of the HRS and AHEAD cohorts who were born in

1924-30 or 1942-47 become age-eligible members of the expanded survey in 1998. This means that the number of new respondents needed to attain the planned representation of these cohorts is less than sixty percent of the HRS sampling density.

Estimated sample sizes of the various cohorts in the merged HRS-98 are presented in Table 2. We conducted about 23,000 interviews during the 1998 field period. These include longitudinal interviews of 11,302 respondents in the fourth wave of HRS and 6337 respondents in the third wave of AHEAD. To these, we added 2,128 baseline interviews of persons in the CODA cohort and their spouses and 3474 individuals in the War Baby cohort and their spouses. The rows of Table 2 show the estimated sample sizes for each birth cohort. As we have already seen in Figure 2, these samples are composed of a mix of initially age-eligible persons who were recruited into the original HRS or AHEAD samples on the basis of their year of birth and originally age-ineligible spouses who have become age-eligible when members of their birth cohort are added to the study. Given the plans for a steady state HRS depicted in Figure 1, eventually all spouses will become age-eligible. For example, many of the 1126 spouses born after 1948 will become age-eligible in 2004 when the Early Boomers enter the study.

Table 2: HRS 1998 Estimates of Sample Size by Cohort and Interview Type

Cohort Name	Birth Year	Total	Longitudinal Interview		New Cohort Baseline Interview	
			HRS	AHEAD	CODA	War Babies
AHEAD	1890-1923	5733	108	5625		
CODA	1924-30	3591	853	610	2128	
HRS	1931-41	8494	8420	74		
War Babies	1942-47	3779	1057	21		2701
TBD	1948+	1126	346	7		773
TBD	Not Yet Allocated	518	518	0		0
Total Interviews		23241	11302	6337	2128	3474

Source: Preliminary calculations by Steve Heeringa, ISR

One unavoidable implication of this sampling plan is that members of a given cohort will vary in the number of survey waves that they receive. In 1998, for example, we see that over one quarter of the War Babies cohort are spouses of the HRS cohort who received the fourth wave longitudinal interview while the other three quarters were new members of the study who received a baseline questionnaire. A less important implication of the sampling plan is some ambiguity about nomenclature in the steady state HRS. Most current users refer to HRS in terms of the age-eligible persons, aged 51-61, and their spouses who entered the study in 1992 and

refer to AHEAD as the sample of persons over age 70 and their spouses who were first interviewed in 1992. This usage corresponds to the columns in Table 2. The alternative usage implicit in Figure 1 and the rows of Table 2 is to give individuals the name of their birth cohort regardless of when they entered the survey.

4d. Merging the Field Periods

The third major decision resulting from the goal of a steady state study was to merge the field periods for all cohorts beginning on February 1, 1998. This decision was taken for several reasons. First, the previous schedule in which HRS was fielded in even-numbered years and AHEAD in odd-numbered years means that many of the processing steps required to make the data suitable for final release to the research community were needlessly duplicated. Confining field activity to even numbered years provides an opportunity for a better division of labor for both the research staff and the survey staff. Second, with the addition of new cohorts and the decision to use a common questionnaire, it is much easier to maintain a coherent design when all cohorts are surveyed in a single field period. Third, since previous AHEAD waves had been fielded in November, shifting AHEAD from a 1995 to a February 1996 start date entailed minimum variation in the time distance between waves for the AHEAD cohort. Finally, economies on training of interviewing staff were achieved by extending the length of the interview period to nine months, from February through October. This extended field period increased opportunities to reduce non-response.

In the context of the steady state plan, the existence of the AHEAD study enables the HRS to move more rapidly towards a full representation of the over-50 population. The AHEAD and CODA respondents will eventually die out and respondents at the oldest ages in the survey will be represented entirely by individuals initially recruited into the HRS sample when they were in their early 50's. Although the survey is no longer composed of a fixed set of cohorts, we shall refer to the entire survey as the Health and Retirement Study.

ISR has developed sample weights that adjust appropriately for the probabilities of entering the sample of a given cohort as an age- ineligible spouse of an age-eligible respondent in another cohort or as newly recruited member of the given cohort.