

OVERVIEW OF HRS ADMINISTRATIVE DATA LINKAGES

NASEM panel
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HRS | HEALTH AND
RETIREMENT
STUDY

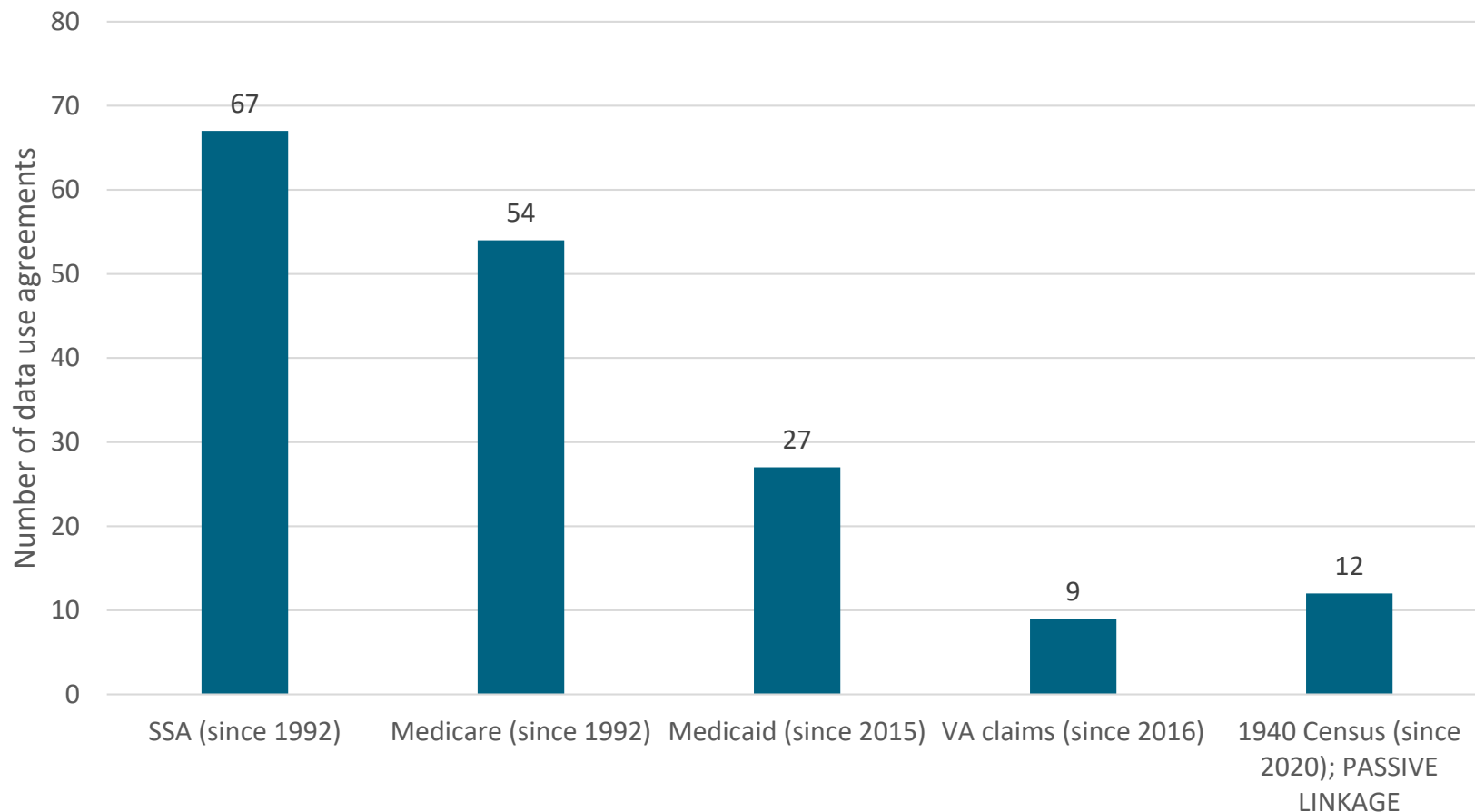
OVERVIEW OF CONTENT

1. Introduction to HRS
2. What administrative data linkages does HRS have?
3. How do the linkages actually occur?
4. What are the data used for?
 - Internal: HRS use
 - External: Research community
5. How are data made available to researchers?
6. What about other linkages?

1. INTRODUCTION TO HRS

- Longitudinal cohort study
- Started in 1992 with ~12,000 members of 1931-1941 birth cohort
 - Additional cohorts added over time
- Nationally representative of older Americans
- ~20,000 respondents at any point in time
- ~40,000 respondents ever in the study
- “Core” interviews every two years on work, health, family, income, wealth
- Conducted by University of Michigan Institute for Social Research as a cooperative agreement (U01) with NIA; some funding from SSA

2. HRS LINKED DATA PRODUCTS



In addition, the CenHRS project (in progress) is passively linking HRS respondent data to Census data on employers. More info: <https://cenhrs.isr.umich.edu/>

3. HOW DOES LINKAGE ACTUALLY OCCUR? (1 OF 2)

Step 1: ASK RESPONDENTS FOR CONSENT

SSA (2018)

“One of the most important parts of our study is to understand the financial situations of people in their retirement years. This is an important and challenging part of our research, and in order to obtain complete data for this research, we are asking our participants to complete a form authorizing us to obtain social security data on earnings and benefits. We want to assure you that the Health and Retirement Study is committed to taking the utmost care to protect the confidentiality of any information you give us, including the information on the form. For the study's research purposes, would you authorize us to obtain your history of earnings and benefits administered by the Social Security Administration?”

CMS (2018)

“We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses. The best place to get this information without taking up a lot more of your time is in the records from the Centers for Medicare & Medicaid Services. Would you allow us to link to these data using your name and other information?”

3. HOW DOES LINKAGE ACTUALLY OCCUR? (2 OF 2)

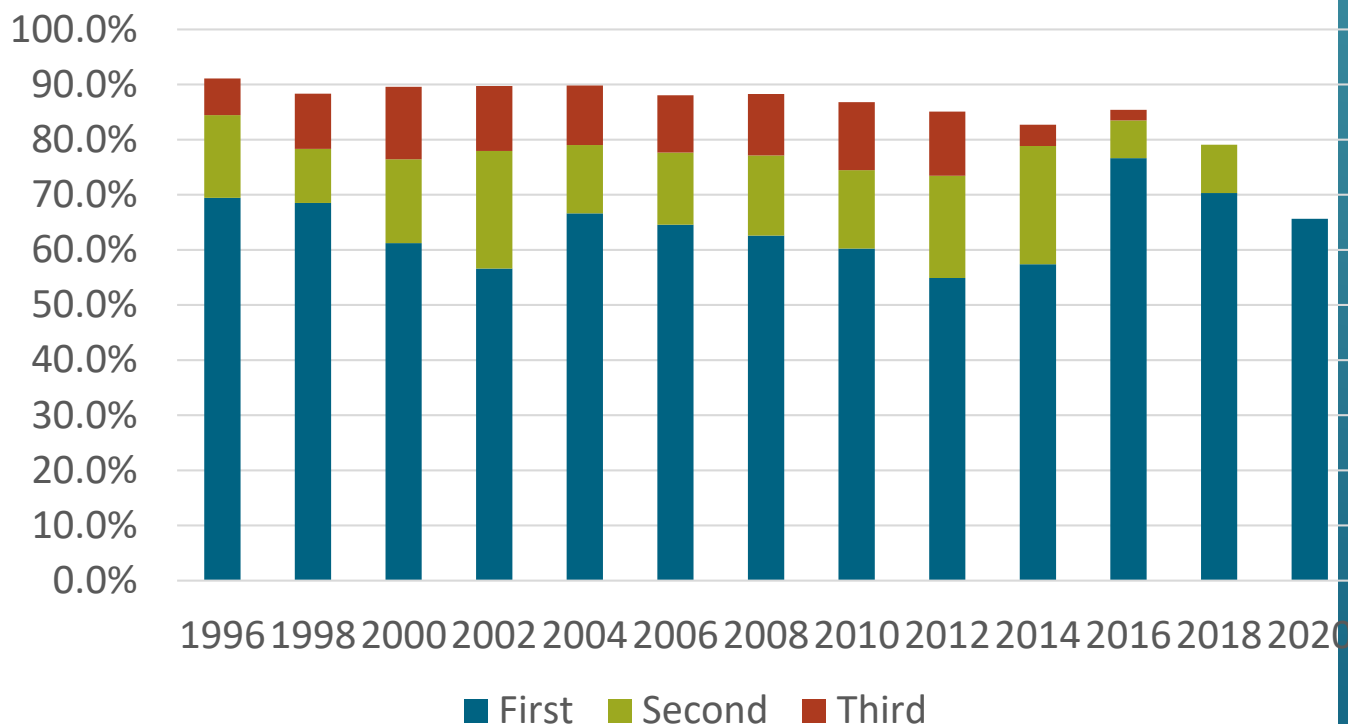
1. Observations about consent:

- *Is consent retrospective/prospective/what is duration?*
- *Survey mode matters: Telephone vs. face-to-face vs. web vs. mail*
- *Consent rate generally in mid-60s when first asked; varies with characteristics (see Sakshaug et al. 2012). Re-ask (for CMS) increases this by 20-30 percentage points*

2. HRS sends list of consenting respondents to SSA and Acumen (CMS contractor) who create linked files

CONSENT RATES FOR MEDICARE LINKAGE, BY YEAR FIRST ASKED AND NUMBER OF ASKS

Medicare consent is asked during the main interview and re-asked up to 3 times. Re-asks boost rates by 20-30 percentage points. A simplification of the consent improved first-time consents in 2016.



4. HOW ARE THE DATA USED? EXAMPLES

- INTERNAL:
 - Public-use data derived from restricted data: Social Security wealth for pre-retirees
 - Weights: CMS data help determine whether someone lives in an institution
 - Understanding attrition and related bias (Weir, Faul & Langa 2011)
- EXTERNAL:
 - Monetary cost of dementia (Hurd et al. 2013)
 - Long-term consequences of sepsis for cognition and physical function (Iwashyna et al. 2010)
 - Delayed diagnoses of dementia for Black/Hispanic older adults (Lin et al. 2021)
 - Imperfect knowledge about Social Security (Gustman and Steinmeier 2005)
 - Impact of employer match on 401(k) contributions (Engelhardt and Kumar 2007)

5. HOW ARE DATA MADE AVAILABLE TO RESEARCHERS?

- SSA: Secure virtual data enclave operated by Michigan Center on the Demography of Aging (MiCDA)
- CMS: In transition to secure virtual enclave operated by Acumen
- Limitations on use (eg: can't link SSA and CMS; special permission required for SSA-geo link)
- Output is subject to disclosure review

6. OTHER LINKAGES?

- Credit reports; SNAP; private health care claims
- We feel obligated to get respondent consent to link any of these
- Fixed costs associated with each data source (as observed for CMS vs. SSA)

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LOTS MORE INFO AT

[HTTPS://HRS.ISR.UMICH.EDU/DATA-PRODUCTS/RESTRICTED-DATA](https://hrs.isr.umich.edu/data-products/restricted-data)

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