

National Survey of Midlife Development in the United States

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The National Survey of Midlife Development in the United States (MIDUS) was first funded by the MacArthur Foundation Research Network on Successful Midlife Development. An interdisciplinary network of scholars from multiple disciplines such as psychology, epidemiology, and sociology was involved with the project. Some prominent investigators of the original MIDUS development included Orville Brim (John D. and Catherine T. MacArthur Foundation on Successful Midlife Development), Paul Baltes (Max Planck Institute for Human Development), and Ronald Kessler (Harvard Medical School).

The focus of MIDUS was conceptually broad, examining a collection of behavioral, psychological, and social factors associated with age-related variations in health and well-being extending from midlife into older adulthood (Brim, Ryff, & Kessler, 2004). Data collection began from 1995 through 1996, with the original MIDUS sample consisting of 7,108 predominantly Caucasian participants aged 25 to 74 years. This wide age range combined with strategic sampling design captures the developmental variation needed to examine the foundations of midlife change and aging processes. Along with the national probability sample ($N=3,487$), MIDUS also includes a selective oversampling of metropolitan areas ($N=757$), a sibling sample of the main respondents ($N=950$), and a national sample of twin pairs ($N=1,914$).

With a diverse team of coinvestigators, MIDUS measures were oriented to collect a wide array of information in different content areas. Content areas included demographic and life history factors, physical and mental health histories, behavioral patterns, relationship and social network characteristics, exercise and dietary activities, occupational information, childhood characteristics, religiousness, financial data, and future interests and hopes.

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With the successful breadth of research from MIDUS 1, in 2002, the National Institute on Aging (NIA) awarded funding to follow up with original participants to establish a longitudinal perspective on the age-related factors associated with health and well-being (MIDUS 2). Under the direction of the current principal investigator, Carol Ryff (University of Madison, Wisconsin), and involvement of several key coinvestigators, a goal was established to assess all content areas from MIDUS 1 while trying to retain the majority of the original sample (MIDUS 2 $N=3,487$). The research team strategically increased the depth of the national study by adding five separate subprojects shortly after the initiation of MIDUS 2. The subprojects included a focus on the study of cognition, daily stress assessed through diary design, neuroscience, and physiological measurement of health biomarker identification. To add to the diversity and generalizability of the sample, a Milwaukee subsample of African Americans were also recruited for the study.

Around 2005 to 2006, the Midlife in Japan (MIDJA) study, also funded by the NIA, was introduced as a comparative sample for investigating how cultural differences influence health and well-being. More specifically, the aim was to test the extent to which interdependence predicts well-being and health in Japan, whereas independence predicts well-being and health in the United States. Based on data from 2008 to 2009, the MIDJA probability sample included 1,027 Japanese adults drawn from the Tokyo metropolitan area with ages ranging from 30 to 79 years.

The quality of the data obtained on several age-related factors of health and well-being led to the extension of NIA funding (2011–2016) for a third wave of MIDUS research (MIDUS 3). One objective for MIDUS 3 was to expand the MIDUS sample, which was classified as the “MIDUS Refresher.” MIDUS 3 creates two unique opportunities for researchers. First, it provides researchers with three waves of data, which is methodologically necessary to truly establish change across the various constructs measured throughout the study. This also allows for examination of how historical context contributes to potential changes in American’s health and well-being across time. Furthermore, researchers can investigate mechanistic processes and cause-and-effect relationships with the temporal ordering of data. Second, the third wave of data will include additional questions pertinent to the economic recession that began in 2008.

Since the original MIDUS data release to the public in late 1999, over 500 manuscripts have been published in more than 180 high-impact journals. Key studies published to date include examination of resilience and vulnerability to daily life stressors, integrating genetic and environmental antecedents of health, the effects of childhood poverty and adversity on later life physical and psychological health, cognitive functioning assessment, and the integration of both subjective and objective biomarkers of health and aging over the life course. For a complete list of MIDUS publications to date as well as topic area, visit <http://www.midus.wisc.edu/findings/index.php>

Data and documentation for MIDUS projects are publicly available online through the Inter-University Consortium for Political and Social Research (ICPSR; <http://www.midus.wisc.edu>). Those interested in accessing the data must first create a user account. The ICPSR also offers user-friendly codebooks and the opportunity for data to be formatted for various statistical software programs such as SPSS, SAS, and STATA. Although the majority of the data is publicly available, some data are restricted, such as mortality information and data on the Milwaukee sample. However, there is an option for users to complete a special request form to access restricted data. A convenient MIDUS repository is also available through ICPSR, which contains interactive codebooks and links to useful documentation at ICPSR.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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