



Information on the health of older Americans has been greatly expanded with the release of data from two major surveys of the National Center for Health Statistics (NCHS). In household interviews and in a followup longitudinal study, data on these characteristics are collected: health status; use of health services; community, family, and social support of middle-aged and older people. That information is now available for researchers in reports and public use data tapes.

Supplement on Aging

In 1984, 16,148 persons 55 years of age and older living in the community were interviewed in the Supplement on Aging (SOA) to the National Health Interview Survey (NHIS). Data on family structure and relationships, living arrangements, community and social support, conditions and impairments, occupation and retirement, functional limitations, and use of health services were collected.

A series of summary reports, *Aging in the Eighties*, has been published by NCHS. Highlights of data from these reports are in contrast to a prevailing view of the elderly as isolated from family and friends, ill, and disabled. Almost 65 percent of those 65 years and older who had children reported that they saw their children daily or weekly. Parents lived close by their children—72 percent only minutes away.

More than three-fourths of the elderly did not have difficulty with bathing, dressing, eating, walking, and other personal care activities included in the survey. The majority of retired Americans ages 55–74 who retired for reasons other than health reported that they were not impaired and could work if a job were available. However, most would not choose to return to work.

Functional limitations and health problems increased with age and the prevalence differed among subgroups of the population. When viewed by age, income, race, and other demographic or socioeconomic characteristics, certain groups of the aged were far more likely to be disabled, need assistance, or have one or more conditions that have seriously impacted

upon their lives. The examination of these differences and patterns began in the NCHS reports available to users (see listing at the end of this article). To continue the analysis, the public use data tape is available and can be ordered from NCHS. The file is \$275, is produced in 1600 or 6250 bpi, and comes with complete documentation.

A descriptive report on the survey has just been released by NCHS. The Supplement on Aging to the 1984 National Health Interview Survey, *Vital and Health Statistics*, covers the methodology, sample design, data collection procedures, analytical approaches, purpose, and scope of the survey. See publication listing for ordering information.

Longitudinal Study on Aging

The first data tape from the Longitudinal Study on Aging (LSOA) has been released. It covers the first phase of a complex longitudinal study designed to measure change over time in the health and well-being of America's aged. The LSOA is a collaborative study of NCHS and the National Institute on Aging.

The LSOA is designed to (a) provide mortality rates by demographic, social, economic, and health characteristics that are not available from the vital statistics system, (b) measure change in the functional status and the living arrangements of older people, and (c) provide measures of health care use. It is also designed to describe the continuum from functionally independent living in the community to dependence, possibly institutionalization, and finally death.

The study has as its base the 16,148 persons who participated in the 1984 cross-sectional SOA. They are being followed through multiple methods for collecting data, including reinterviews and linkage with records.

All 16,148 people in the SOA are being followed for at least 6 years through matching with the National Death Index (NDI), a computerized listing of deaths in the United States maintained by NCHS. The NDI was developed to facilitate death ascertainment in epidemiological studies. The 11,497 people in the SOA who were ages 65 years and older in 1984 are being followed for at least 6 years

through matching with Medicare Part A records.

Selected samples of the people in the SOA are being followed through reinterviews. The first of these reinterviews of 5,151 people ages 70 years and older was in 1986; the second is scheduled for 1988. Table 1 shows the 1986 LSOA Reinterview sample.

The sample was selected in three stages to maximize the inclusion of the "oldest-old," minorities, and family members ages 70 years and older who were related to those selected in stages one and two. The reinterviews were primarily computer assisted telephone interviews. Questionnaires were mailed to people who could not be reached by phone.

The 1986 LSOA Reinterview was designed to measure change and use of medical care since 1984. The information included changes in living arrangements, institutionalization, and death; physical limitation and change; and use of medical care. Data on nursing home stays since 1984, hospital stays, and doctor contacts in the previous year were collected.

Table 2 shows living arrangements for the sample of persons 70 years and older in 1984 and the changes which had occurred by 1986. With increasing age, people were more likely to have been institutionalized. Among those 85 years and older, 8.5 percent had entered a nursing or personal care home since they were interviewed in 1984. Responses concerning prior living arrangements showed that the persons who had been living with a spouse or with others, but not for health reasons, were the least likely to be institutionalized. Those who were living with others because of their health had the highest rates of institutionalization and death.

The public use data file for the 1986 LSOA Reinterview is now available. It contains the 1984 SOA, the Health Insurance Supplement of the 1984 NHIS, other information from the 1984 NHIS, as well as the 1986 reinterviews. Matches with the NDI are on the tape.

The tape can be ordered from NCHS in 6250 or 1600 bpi for \$200. Updated files will be released once a year with the data that have been

obtained since the last release. The files will contain reinterviews as well as matches with the NDI and the Medicare files.

The LSOA is a major resource for research in aging. The National Institute on Aging is funding grants for analysis of the LSOA data. Among the areas of interest are studies on the oldest-old. The LSOA data set offers the opportunity to examine the functional change in this population. Another potential area of research is the examination of changes from independent living to institutionalization. Perhaps less frequently studied, but of equal interest, would be the movement from nursing homes back to independence.

The multiple cause of death data present the opportunity to explore in depth differential patterns of mortality. Linkage of respondents to the Medicare files is an important aspect for studies of the economics of health care for the aged. The LSOA will permit comparisons of self-reported conditions with those treated through the medical care system.

Information on the NIA grants program and relevant program announcements for grant funds may be obtained from the LSOA, Demographic and Population Epidemiology Section, Behavioral and Social Research Program, National Institute on Aging, National Institutes of Health, Building 31-C, Room 4-C-32, Bethesda, Maryland 20892.

New Report Profiles Health of America's Aged

Health Statistics on Older Persons, United States, 1986, Vital and Health Statistics Series 3, No. 25, brings together data from various NCHS sources to profile the health of the population 65 and older. Data on persons aged 55-64 years are included for comparison purposes. Most tables present data for detailed age breakdowns, permitting analysis for specific subgroups of the aged. The report is divided into four general areas: mortality, other measures of health status and determinants of health, use of health care, and health costs.

Among the topics covered are trends in rates for major causes of death, international life expectancy comparisons, the prevalence of chronic conditions, and disability. Functional limitations in activity are analyzed in a series of tables, which

Table 1. Age and race of study sample for the 1984 Supplement on Aging (SOA) reinterviewed in 1986 Longitudinal Study on Aging (LSOA)

Characteristic	Number in SOA	LSOA	
		Number	Percent
Total	7,541	5,151	68.3
<i>Age in 1984</i>			
70-79	5,446	3,061	56.2
80 and older	2,095	2,090	99.8
<i>Race</i>			
White	6,891	4,535	65.8
All other	650	616	94.8
Black	563	560	99.5
Other	87	56	64.4

SOURCE: NCHS, Longitudinal Study of Aging, 1986.

Table 2. Status in 1986 of people who were age 70 and older and living in communities in 1984, by status in 1984

Status in 1984	Population (in 1,000s)	Status in 1986 (percent of population)					
		Living in community			Living in institution	Dead	Not found
		Total	Alone	Others			
Total	17,335	78.3	31.4	47.0	3.2	10.9	7.6
<i>Age</i>							
70-74	7,190	84.7	29.7	55.0	1.2	7.0	7.1
75-80	5,311	79.2	33.3	45.9	2.6	10.1	8.1
80-84	2,941	71.1	33.4	37.8	5.6	15.7	7.6
85 plus	1,893	63.0	29.3	33.7	8.5	20.6	8.0
<i>Living arrangement</i>							
Alone	6,351	77.6	70.8	6.8	4.2	9.3	9.0
Spouse only	6,963	81.6	7.6	74.0	1.7	10.3	6.4
Others	4,021	73.8	10.2	63.6	4.1	14.5	7.5
Not health	2,761	80.3	12.0	68.3	1.7	10.2	7.8
Health ¹	1,260	59.6	6.3	53.3	9.5	24.0	6.9
<i>Living arrangement age adjusted</i>							
Alone	6,351	78.7	72.1	6.6	3.7	8.7	8.9
Spouse only	6,963	80.1	8.0	72.2	1.9	11.6	6.3
Others	4,021	75.2	10.5	64.7	3.8	13.5	7.5
Not health	2,761	80.1	11.6	68.5	1.7	10.5	7.7
Health ¹	1,260	62.8	7.0	55.8	8.4	20.7	8.1

¹ People who lived with others were asked whether they lived with someone else because of their own health.
SOURCE: NCHS, Longitudinal Study of Aging.
NOTE: Figures may not add to exact totals due to rounding.

show the ability to perform activities of daily living, such as walking, bathing, and dressing. Cardiovascular risk factors are addressed.

Data on the level of hospital, ambulatory care, and prescription drug use are presented. The report includes data on the use of nursing homes by sex, race, age, and functional status. Per capita personal health care expenditures are shown.

This comprehensive report integrates data from multiple NCHS data systems to facilitate analysis of data and identification of possible epidemi-

ologic associations. It was made possible by the efforts of NCHS staff and the financial support of the National Institute on Aging. The current plan is to issue future reports on the health of older persons and to use the same format as this report.

The report is available at \$8.50 from the U.S. Government Printing Office, Washington, D.C. 20402; order stock no. 017-022-01003-8.

New Publications

Reports from the SOA, Aging in the

Eighties. Reports for January–June 1984 present preliminary data; those for the full year contain final statistics. All are available without charge from NCHS except where price is listed. Sale reports are ordered through the U.S. Government Printing Office.

Advance Data No. 115—Preliminary Data From the Supplement on Aging to the National Health Interview Survey, United States, January–June 1984

Advance Data No. 116—Age 65 Years and Over and Living Alone, Contacts With Family, Friends, and Neighbors, United States, January–June 1984

Advance Data No. 121—Prevalence and Impact of Urinary Problems in Individuals Age 65 Years and Over, United States, January–June 1984

Advance Data No. 124—Age 65 Years and Over—Use of Community Services, United States, January–June 1984

Advance Data No. 125—Impaired Senses for Sound and Light in Persons Age 65 Years and Over, United States, January–June 1984

Advance Data No. 133—Functional Limitation of Individuals Age 65 and Over, United States, 1984

Advance Data No. 136—Ability to Perform Work-Related Activities, United States, 1984

Vital and Health Statistics Series 1, No. 21, The Supplement on Aging to the 1984 National Health Interview Survey; GPO Stock No. 017-022-01003-8; Price \$6

Vital and Health Statistics Series 2, No. 101, Design Alternatives For Integrating the National Medical Expenditure Survey with the National Health Interview Survey; GPO Stock No. 017-022-00991-9; Price \$4

Vital and Health Statistics Series 4, No. 24, Statistical Aspects of Physician Payment Systems: A Report of the National Committee on Vital and Health Statistics; GPO Stock No. 017-022-00986-2; Price \$4

Vital and Health Statistics Series 10, No. 161, Physician Contacts by Sociodemographic and Health Characteristics; United States, 1982–83; GPO Stock No. 017-022-00992-7; Price \$3.25

Vital and Health Statistics Series 13, No. 91, Utilization of Short-Stay Hospitals: United States, 1985 Annual Summary; GPO Stock No. 017-022-01000-3; Price \$3.25

Vital and Health Statistics Series 14, No. 14, Fecundity, Infertility, and

Reproductive Health in the United States, 1982; GPO Stock No. 017-022-00999-4; Price \$2.75

Monthly Vital Statistics Report, Vol. 36, No. 3 Supplement, Characteristics of American Indian and Alaskan Native Births: United States, 1984

Monthly Vital Statistics Report, Vol. 36, No. 2 Supplement (2) Advance Report of Final Marriage Statistics

U.S. Hospitalization Patterns: Update

In 1985, an estimated 35.1 million patients, excluding newborn infants, were discharged from non-Federal short-stay hospitals. Of the 35 million, 3.9 million or 11 percent were for childbirth, the leading cause of hospitalization during 1985. Approximately 16 percent of all patients who were hospitalized had a principal diagnosis of heart disease or malignant neoplasms, but about 46 percent of all deaths that occurred in short-stay hospitals in 1985 were for patients with these two diseases.

"Utilization of Short-Stay Hospitals, United States: Annual Summary, 1985," *Vital and Health Statistics Series* 13, No. 91, provides national estimates on the utilization of hospitals summarized by selected demographic characteristics of patients, conditions diagnosed, and surgical and nonsurgical procedures performed. Data are based on the National Hospital Discharge Survey, which has been conducted annually since 1965. The survey consists of a sample of inpatient medical records obtained from a national sample of short-stay non-Federal hospitals.

Findings from the survey show that hospitalization utilization is continuing its downward trend in the United States. The 1985 hospitalization rate of 142 per 1,000 population marks the first year since 1971 that the rate has reached this low level. The average length of stay for hospital patients is down as well. Since 1968 there has been a steady decline in average length of stay for all patients. From 1980 to 1985 the average hospital stay declined from 7.3 to 6.5 days, a drop of about 11 percent.

Approximately 59 percent of all patients discharged from short-stay non-Federal hospitals during 1985 had at least one surgical or nonsurgical procedure performed. Biopsy, cesarean section, and hysterectomy were leading surgical procedures. Endoscopy of

the digestive system and CAT scans were among the most frequent nonsurgical procedures.

Hospital utilization rates also reflect the growing use of outpatient surgical facilities. The number of inpatients with a first-listed diagnosis of cataract dropped from 481,000 in 1984 to 182,000 in 1985—a drop of about 62 percent.

1986 Vital Statistics Annual Summary Reports Record Highs and Lows

The 1986 Annual Summary of the *Monthly Vital Statistics Report* shows marriage and divorce rates in 1986 to be at the lowest level since the mid-1970s. Provisional data in the recently published annual summary for 1986 show a total of 2.4 million marriages. The 1986 marriage rate was 10.0 per 1,000 population, the lowest recorded since 1976–77 (9.9).

The estimated number of divorces in 1986 was 1,159,000, 2 percent below the 1985 figure. The divorce rate of 4.8 per 1,000 population was 4 percent lower than the 1985 rate and the lowest since 1975 when the divorce rate was also 4.8.

The 1986 fertility rate of 64.9 live births per 1,000 women ages 15–44 was the lowest ever observed in the United States. There were 3,731,000 babies born during 1986, slightly fewer than the number recorded in 1985.

The infant mortality rate continued to decline in 1986, and the expectation of life at birth reached the record high of 74.9 years. During 1986, an estimated 2,099,000 deaths occurred in the United States, the greatest number ever recorded. The record number of deaths is consistent with a general increase in the size of the population, especially for ages 65 years and older. Copies of the annual summary are available from NCHS.

To order publications or data tapes from NCHS or for more information on the products and activities described in this article, contact the Scientific and Technical Information Branch, 3700 East-West Highway, Hyattsville, Maryland 20782, or phone (301) 436-8500.

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