

CHAPTER 8

Introduction to National Data Sets

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8.1 Introduction

National survey data sets provide an important benchmark or comparison group as a basis for assessing the impact of the Older Americans Act (OAA) programs. Key among these national data sets are:

- ◆ **Supplements on Aging (SOA & SOAII)** and the supplement on Disabilities (NHIS-D);
- ◆ **The National Long Term Care Survey** which focuses on a vulnerable elderly population with severe disabilities;
- ◆ **Older Americans 2000: Key Indicators of Well-Being** which reports 31 key indicators;
- ◆ **Morbidity and Mortality Weekly Report (MMWR)** special issue, entitled *Surveillance for Selected Public Health Indicators Affecting Older Adults-United States*, serves as a health surveillance tool that supports the U.S. public health mission of improving quality of life;
- ◆ **Behavioral Risk Factor Surveillance System (BRFSS).**

Using these data sets, it is possible to construct tables that compare disability and demographic characteristics between OAA clients and total elderly state or U.S. population figures according to various measures of well-being, such as degree of choice and control over one's life and care. For example, by using the NHIS-D, we can construct *predictors* of positive and negative outcomes, such as levels of well-being. We then can compute an *expected* well-being score for OAA clients in a sample, as a basis for comparison.

8.2 Supplement on Aging (SOA)

The **Supplement on Aging (SOA)** was conducted as part of the 1984 National Health Interview Survey (NHIS). The SOA was based on a national sample of 16,148 persons 55 years of age and older living in the community. Interviews for the SOA were conducted in person by the U.S. Census Bureau. The following topics were covered in the interview:

- ◆ Housing characteristics
- ◆ Family structure and living arrangements
- ◆ Relationships and social contacts
- ◆ Use of community
- ◆ Occupation and retirement (income sources)
- ◆ Health conditions and impairments
- ◆ Functional status, assistance with basic activities
- ◆ Utilization of health services, nursing home stays
- ◆ Health options

The **SOA II** (1995) sample comprised of approximately 9,447 persons who had participated in the 1994 NHIS and had turned 70 years of age by the time of the SOA II interview. The SOA II serves as a comparison to the 1984 SOA, and most of the questions from the SOA were repeated in SOA II. Topics new to SOA II were:

- ◆ Use of assistive devices and medical implants
- ◆ Health conditions and impairments
- ◆ Health behaviors
- ◆ Transportation
- ◆ Functional status, assistance with basic activities, unmet needs (expanded)
- ◆ Utilization of health services, nursing home stays (expanded)

8.3 National Long Term Care Surveys

The 1982, 1984, 1989 and 1994 **National Long Term Care Surveys** are nationally representative of Medicare beneficiaries' age 65 or older with chronic functional disabilities. As sample persons are followed through the Medicare record system, virtually 100 percent of the cases can be longitudinally tracked so that declines as well as improvements in health status may be identified. The surveys provide nationally representative data on:

- ◆ Prevalence and patterns of functional limitations, and mortality over 12 years
- ◆ Medical conditions and recent medical problems
- ◆ Health care services used
- ◆ The kind and amount of formal and informal services received by impaired individuals and how it is paid for
- ◆ Demographic and economic characteristics such as age, race, sex, marital status; education and income and assets
- ◆ Out-of-pocket expenditures for health care services and other sources of payment
- ◆ Housing and neighborhoods.

8.4 Older Americans 2000: Key Indicators

The **Older Americans 2000: Key Indicators of Well-Being** reports 31 key indicators carefully selected by a forum to portray aspects of the lives of older Americans and their families. The report is divided into five subject areas:

- ◆ Population
- ◆ Economics
- ◆ Health status
- ◆ Health risks and behaviors
- ◆ Health care.

8.5 Morbidity & Mortality Weekly Report: Surveillance for Selected Public Health Indicators Affecting Older Adults-United States

The **Morbidity and Mortality Weekly Report (MMWR)** was developed by the Center for Disease Control (CDC) to serve as a health surveillance tool to provide data to support the U.S. public health mission of improving health and quality of life as well as extending lives. The data sources used for the MMWR were the BRFSS and NHIS because it was felt that both of these had representative sample sizes. There are five major surveillance areas that the MMWR looks at, namely:

- ◆ Injuries and violence among older adults
- ◆ Preventive health-care services by older adults
- ◆ Five health risks among older adults (overweight, drinking & driving, inadequate consumption of fruits and vegetables, physical inactivity, and smoking)
- ◆ Sensory impairment, activity limitation, and health-related quality of life issues
- ◆ Morbidity and mortality among older adults.

8.6 Behavioral Risk Factor Surveillance System

The BRFSS allows researchers or other interested persons to compare data within their own state, because the BRFSS is an ongoing, state-based telephone surveillance system supported by the Centers for Disease Control and Prevention (CDC). The basic philosophy of the BRFSS is to collect data on actual behaviors, rather than on attitudes or knowledge, that would be especially useful for planning, initiating, supporting and evaluating health promotion and disease prevention programs. It is important, with any performance measure, to have benchmarks with which to compare data. For example, if among your clientele, a certain percentage report specific levels of social functioning, it is important to know how these findings compare to others with similar levels of frailty, who are not in your program.

There are twelve **core sections** to the BRFSS which include:

- ◆ health status
- ◆ health care access
- ◆ asthma
- ◆ diabetes
- ◆ care giving
- ◆ exercise
- ◆ tobacco use
- ◆ fruits and vegetables
- ◆ weight control
- ◆ demographics
- ◆ women's health
- ◆ HIV/AIDS

In addition to the twelve core sections of the BRFSS, there are nineteen other **optional modules** which include:

- ◆ diabetes
- ◆ sexual behavior
- ◆ family planning
- ◆ health care coverage and utilization
- ◆ health care satisfaction
- ◆ oral health
- ◆ hypertension awareness
- ◆ cholesterol awareness
- ◆ colorectal cancer screening
- ◆ immunization
- ◆ injury control
- ◆ alcohol consumption
- ◆ cardiovascular disease
- ◆ arthritis
- ◆ quality of life and care giving
- ◆ folic acid
- ◆ skin cancer
- ◆ tobacco use prevention
- ◆ smokeless tobacco.

Through a series of monthly telephone interviews to a sample of each state's adult population, states uniformly collect data on the behaviors and conditions that place them at risk for the chronic diseases, injuries, and preventable infectious diseases that are the leading causes of morbidity and mortality in the United States. When aggregated, the data show the prevalence of risk behaviors and preventive health practices, on an annual basis.

Uniform data collection procedures ensure the comparability of BRFSS data from one point in time to another, as well as over a given period of time. Additionally, uniform procedures provide for comparability of data across selected populations and geographic areas. The BRFSS results are used by public health officials to determine the problem areas in their states, to develop prevention policies and intervention strategies, to evaluate success in reducing the prevalence of behaviors that endanger public health, and by policy makers to determine funding appropriations.

For the POMP project the Administration on Aging (AoA) is sponsoring 14 additional questions (the Elderly Support Section follows) to be asked as part of the BRFSS, in states that elect to administer these additional items. These questions cover a range of functional skills which cover health-related quality of life issues such as: activities of daily living; nutritional status; transportation needs; caregiving; and social functioning.

AoA Sponsored BRFSS Questions

Elderly Support Section

These next questions are about senior centers – places in the community where older people can receive services and participate in activities such as group meals, meals on wheels, health screenings, classes and exercise or recreation.

1. Are you aware of a senior center in your community?
 1. Yes
 2. No
 3. Don't know / Not sure
 4. Refused

2. Have you ever participated in any activities provided by this senior center?
 1. Yes
 2. No
 3. Don't know / Not sure
 4. Refused

3. Sometimes people provide care or assistance to others who are elderly, ill or disabled. During the past 30 days, did you provide any type of care or assistance to a relative or friend who is 60 years old or older?
 1. Yes
 2. No
 3. Don't know / Not sure
 4. Refused

4. In the past 30 days, how much time have you missed at work or other responsibilities in order to provide the care?
 1. None
 2. Less than a day
 3. One to 5 days
 4. More than 5 days
 5. Don't know / Not sure
 6. Refused

Aging Section

- Q. During the past 60 days, how often did you have difficulty **arranging for transportation** to get to the places you want or need to go?
1. Almost always
 2. Sometimes
 3. Rarely, or
 4. Never
 7. Don't know / Not sure
 9. Refused

S1. Because of any impairment or health problem, do you need someone to help with your **PERSONAL CARE** needs, such as eating, bathing, dressing, or getting around the house?

1 Yes

- 2 No Go to S2
- 7 Don't know/Not sure Go to S2
- 9 Refused Go to S2

S1a. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house?

- | | | |
|--|---------|---|
| If a relative that is paid, code as appropriate relative | 01 | Husband/wife/partner |
| | 02 | Parent/son/son-in-law/daughter/daughter-in-law |
| | 03 | Other relative |
| | 04 | Unpaid volunteer |
| | 05 | Paid employee or home health service |
| | 06 | Friend or neighbor |
| | 07 | Combination of family and/or friends and/or paid help |
| | 08 | Other |
| | 09 | No one helps me Go to S2 |
| | 77 | DON'T KNOW/NOT SURE |
| 99 | REFUSED | |

S1b. Is the assistance you receive to meet your personal care needs from all sources:

- 1 Usually adequate
- 2 Sometimes adequate
- or
- 3 Rarely adequate
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

S2. Because of any impairment or health problem, do you need someone to help in handling your ROUTINE needs, such as everyday household chores, shopping, or getting around for other purposes?

- 1 Yes
- 2 No Go to Next Section
- 7 Don't know/Not sure Go to Next Section
- 9 Refused Go to Section

S2a. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes?

- | | | |
|--|---------|---|
| If a relative that is paid, code as appropriate relative | 01 | Husband/wife/partner |
| | 02 | Parent/son/son-in-law/daughter/daughter-in-law |
| | 03 | Other relative |
| | 04 | Unpaid volunteer |
| | 05 | Paid employee or home health service |
| | 06 | Friend or neighbor |
| | 07 | Combination of family and/or friends and/or paid help |
| | 08 | Other |
| | 09 | No one helps me Go to next section |
| | 77 | DON'T KNOW/NOT SURE |
| 99 | REFUSED | |

S2b. Is the assistance you receive to meet your routine needs from all sources:

- 1 Usually adequate
- 2 Sometimes adequate
- or
- 3 Rarely adequate

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Disability Section

1. Are you limited in any way in any activities because of physical, mental or emotional problems?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2. Do you now have any health problem that requires you to use special equipment, Such as a cane, a wheelchair, a special bed, a special telephone or reading aids?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.7 Websites for National Data Sets

These are the most current websites, but they do become outdated.

Administration on Aging

AoA Home Page www.aoa.gov

Final Fiscal Year 2002 GPRA Annual Performance Plan www.aoa.gov/GPRA/2002/default.htm

Statistical Information on Older Persons www.aoa.gov/STATS/statpage.html

Center for Demographic Studies, Duke University

CDS Home Page <http://cds.duke.edu/>

National Long Term Care Survey (NLTC) <http://cds.duke.edu/>

Center for Disease Control and Prevention

CDC Home Page www.cdc.gov

Behavioral Risk Factor Surveillance System (BRFSS) www.cdc.gov/nccdphp/brfss/

Morbidity and Mortality Weekly Report (MMWR) www.cdc.gov/mmwr
Second Supplement on Aging (SOA), 1994, Version 2
www.cdc.gov/nchs/about/otheract/agign/soa.htm
Trends in Health and Aging www.cdc.gov/nchs/about/otheract/aging/trendsoverview.htm
Trends in the Health of Older Americans
www.cdc.gov/nchs/products/catalogs/subject/oldamer.htm
Trends in the Health of Older Americans, 1994 Report (needs Acrobat Reader)
www.cdc.gov/nchs/data/series/sr_03/sr3_30.pdf

Federal Interagency Forum on Aging-Related Statistics

Home Page www.agingstats.gov/default.htm
Older Americans 2000: Key Indicators of Well-Being
www.agingstats.gov/chartbook2000/default.htm