



**National Institute on Aging**

# **Publicly Available Databases for Aging- Related Secondary Analyses in the Behavioral and Social Sciences**

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
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Behavioral and Social Research Program

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INTERUNIVERSITY CONSORTIUM FOR POLITICAL AND SOCIAL RESEARCH (ICPSR)

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# SECTION 1

DATASETS AVAILABLE ONLINE, ON CD-ROM,  
AND/OR ARCHIVED (AT ICPSR, CENSUS BUREAU,  
RESEARCH DATA CENTERS, OR UNIVERSITIES)

**Dataset Name:** Alameda County Health and Ways of Living Study 1965, 1974, 1994, 1995 Panel

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** George A. Kaplan

**Purpose:**

This long-term population-based prospective study of residents in Alameda County, California investigates social and behavioral risk factors for morbidity, mortality, functioning and health. Data have been collected in 1965, 1974, 1983, 1994, 1995, and 1999. With the aging of this cohort, data are becoming increasingly valuable for examining the life-long cumulative effects of social and behavioral factors on a well-characterized population.

**Description:**

These data constitute four waves of a survey designed to study the influence of health practices and social relationships on the physical and mental health of a typical sample of the population. The first wave "Health And Ways of Living Study, 1965 Panel" (Alameda County, California, ICPSR Study No. 6688) collected information for 6,928 respondents (including approximately 500 women aged 65 years and older) on chronic health conditions, health behaviors, social involvements, and psychological characteristics. The 1974 questionnaire was sent to 6,246 living subjects who had responded in 1965, and were able to be located. A total of 4,864 individuals responded in 1974. The third wave provides a follow-up of 2,729 original 1965 and 1974 respondents and examines health behaviors such as alcohol consumption and smoking habits, along with social activities. Also included is information on health conditions such as diabetes, osteoporosis, hormone replacement, and mental illness. Another central topic investigated is activities of daily living (including self-care such as dressing, eating, and shopping), along with use of free time and level of involvement in social, recreational, religious, and environmental groups. The fourth wave is a follow-up to the 1994 panel, and contains 2,569 cases. This wave examines changes in functional abilities such as self-care activities, employment, involvement in community activities, visiting friends/family, and use of free time since 1994.

**Study Design:**

A prospective study of the respondents to the 1965 survey, which consisted of a stratified random sample of Alameda County households with non-institutionalized residents aged 21 or older, or aged 16-21 and older if married. Questions were asked on marital and life satisfaction, parenting, physical activities, employment, health status, and childhood experiences. Demographic information on age, race, height, weight, education, income, and religion was also collected. Included with this dataset is a separate file (part 2) containing mortality data.

**Future Plans:**

Information from the 1999 follow-up will be archived in the latter part of 2003.

**Data Availability:**

Archived at NACDA as ICPSR Study No. 6838.

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**Dataset Name:** ASOC: Aging, Status, and the Sense of Control

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** John Mirowsky

**Data Collection Organization:** Survey Research Laboratory, University of Illinois

**Purpose:**

*Broad Objective:* The ASOC study aims to describe and explain the relationship between age and changes in the sense of control over one's life.

*Specific Aims:* Four preliminary cross-sectional surveys (two Illinois, two U.S.) show the average sense of control declines in successively older age groups beginning in late middle age. The current study will measure changes in the sense of control over two follow-up periods, correlate the changes with age, and test hypotheses about the form and components of the association. The main hypotheses are (I) over a period of time, the sense of control declines by an amount that increases with age; (II) the change in sense of control reflects an underlying change in biosocial function, which accelerates with age; (III) higher social status slows the decline in the sense of control, possibly by preserving biosocial function; and (IV) changes in biosocial function and in the sense of control have deviation-amplifying reciprocal effects that accelerate age-dependent changes in the sense of control.

**Objectives:**

To find out why the sense of control drops precipitously in old age; to identify aspects of personal history that may reduce or delay the old-age decline in sense of control; to test Rodin's hypothesis that physical impairment and the sense of control may have deviation-amplifying reciprocal effects that contributes to a precipitous decline in both that can be slowed or delayed by responsibilities and activities.

**Study Design:**

This was a three-wave panel survey with fixed three year intervals and repeated assessments of the same variables. Interviews were or will be conducted in 1994-5, 1997-9, and 2000-1

**Questionnaire Topics:**

*Physical Health:*

Subjective health; height and weight; difficulty climbing stairs, kneeling or stooping, lifting or carrying, doing household work, shopping or getting around, seeing, hearing; ever diagnosed with heart disease, high blood pressure, lung disease, breast cancer, other cancer, diabetes, arthritis or rheumatism, osteoporosis, allergies or asthma, digestive problems; days in past week with headaches, backaches, other aches and pains; days in past week had lots of energy, felt physically fit; expected personal longevity.

*Mental Health:*

Days in past week had sleep problems, everything was an effort, could not get going, had trouble concentrating, felt sad, felt lonely, could not shake the blues, enjoyed life, felt hopeful about the future, felt happy, worried a lot, felt tense, felt restless, feared being attacked, worried about house being broken into, felt annoyed, yelled at someone, felt angry, felt it was safer to trust no one, felt suspicious, felt sure everyone against you.

*Health Behavior:*

Frequency and distance of walking; frequency of strenuous exercise; current and past smoking; frequency of eating meat, fruit or vegetables, fries or potato chips, cookies or candy or cake or doughnuts, skim or low fat milk; alcohol quantity and frequency.

*Use of Medical Services:*

Medical insurance coverage and payer; time of most recent hospitalization; number of doctor visits in the past year; number of prescribed medications.

*Work Status:*

Current employment status (full-time, part-time, keeping house, retired, unable to work because of disability, temporarily unemployed or laid off, going to school) and length of time in current status; title of current job or occupation & job description (Census occupation codes linked to occupational status scores and Labor Department ratings of occupational requirements and strains); types of work, tasks, or activities; degree that one's work or daily activity is routine, enjoyable, chance to develop and learn new things, solve problems, interact with people I like, would recommend my job to a friend; have a supervisor, supervise others; can disagree with supervisor; who decides what you do, how you do it; management position and level; work history (never full time, mostly full time, full time periodically, full time a while then quit); date of last full-time job, reason for resigning.

*Sense of Control:*

Extent of agreement or disagreement that if something good is going to happen it will, there is no sense planning a lot, the good things that happen are mostly luck, I am responsible for my own success, I can do just about anything I set my mind to, my problems are mostly the result of bad breaks, I have little control over the bad things that happen to me, my misfortunes are the result of mistakes I have made, I am responsible for my failures, I am often the victim of things I can not control, I can survive and overcome most bad things, a lot of my problems are caused by others.

*Social Support and Participation:*

Have someone to turn to for support and understanding, someone I can really talk too, someone who will help out, someone who would take care of me if I was sick; frequency of visiting friends or neighbors; doing volunteer work, participating in neighborhood or community service.

*Personal and Household Demographics:*

Household's number of adults 18-59, number of adults  $\geq 60$ , children  $< 18$ ; age of youngest child in household; relationship to 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> oldest adults in household; current marital status; lifetime number of marriages, age at first marriage, time since last marital transition; mother still alive, father still alive; number of children have had, age when first child was born, year of own birth, born in US, age when came to US, English as first language, Hispanic, race.

*Marital and Family Relations:*

How much would you like to get married (remarried) some day; happiness with current relationship, frequency of thoughts of leaving; degree of influence in major household decisions; fraction of household tasks one does, average hours per day spent on household tasks, fairness of share of housework; spouse/partner's employment status and education.

*Socioeconomic Status:*

Father's and mother's highest grade of school or degree; own highest grade or degree, name & place of college (linked to data on selectivity, status), discipline of highest college degree, year completed education; frequency of difficulty in past twelve months buying household necessities, paying bills, paying for medical care; past economic difficulty (and how long ago); own home versus rent; personal income, total household income.

*History of Adversity:*

Home or apartment broken into, attacked or assaulted, in a major natural disaster; ever unemployed more than six months when wanted a job (how long ago); time when did not have money for clothes, food, rent, bills or other necessities (how long ago); parents divorced or a parent died in one's childhood; age when mother died, age when father died.

**Future Plans:**

Continuing Analysis

**Data Availability:**

The first two waves of data are available at ICPSR

**Bibliography:**

1. Mirowsky, John, and Catherine E. Ross. 2003 *Education, Social Status, and Health*. Aldine de Gruyter. New York.
2. Ross, Catherine E., and John Mirowsky. 2002. "Family Relationships, Social Support, and Subjective Life Expectancy." *Journal of Health and Social Behavior* 43: 469-89.
3. Mirowsky, John. 2002. "Parenthood and Health: The Pivotal and Optimal Age at First Birth." *Social Forces* 81:315-49
4. Ross, Catherine E., and John Mirowsky. 2002. "Age and the Gender Gap in the Sense of Personal Control." *Social Psychology Quarterly* 65:125-45.
5. Mirowsky, John, and Catherine E. Ross. 2002. "Depression, Parenthood, and Age at First Birth." *Social Science and Medicine*. 54:1281-98.
6. Mirowsky, John and Catherine E. Ross. 2001. "Age and the Effect of Economic Hardship on Depression." *Journal of Health and Social Behavior*. 42:132-50.
7. Mirowsky, John and Catherine E. Ross. 2000. "Socioeconomic Status and Subjective Life Expectancy." *Social Psychology Quarterly* 63:133-151.
8. Ross, Catherine E. and John Mirowsky. 2000. "Does Medical Insurance Contribute to Socioeconomic Differentials in Health?" *Milbank Quarterly* 78:291-321.
9. Ross, Catherine E. 2000. "Occupations, Jobs and the Sense of Control." *Sociological Focus* 23: 409-20.
10. Ross, Catherine E., and John Mirowsky. 2000. "Parental Divorce, Life Course Disruption, and Adult Depression." *Journal of Marriage and the Family* 61:1034-45
11. Mirowsky, John, and Catherine E. Ross. 1999. "Economic Hardship Across the Life Course." *American Sociological Review* 64:548-69.
12. Ross, Catherine E., and John Mirowsky. 1999. "Refining the Association between Education and Health: Effects of Quantity, Credential, and Selectivity." *Demography* 36:445-60
13. Mirowsky, John. 1999. "Subjective Life Expectancy in the U.S.: Correspondence to Actuarial Estimates by Age, Sex, and Race." *Social Science and Medicine* 49:967-79.
14. Mirowsky, John, and Catherine E. Ross. 1998. "Education, Personal Control, Lifestyle and Health: A Human Capital Hypothesis." *Research on Aging* 20(4): 415-49 (Special issue on learning throughout the life course.)
15. Ross, Catherine E and Patricia Drentea. 1998. "Consequences of Retirement Activities for Distress and the Sense of Personal Control". *Journal of Health and Social Behavior*. 39: 317-34.

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**Dataset Name:** **Assessment of Doctor-Elderly Patient Encounters (ADEPT)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Mary Ann Cook**

**Data Collection Organization:** **JVC Radiology and Medical Analysis, LLC**

**Purpose:**

The primary aim of the research is the further development of ADEPT (Assessment of Doctor-Elderly Patient Transactions), an instrument for assessing doctor-elderly patient interactions. Through a collaborative effort with experts in doctor-elderly patient interaction who participated in the development of ADEPT, a database of approximately 500 audio and video tapes of doctors interacting with their elderly patients was established for testing ADEPT and for access by medical educators and researchers.

**Description:**

The database consists of 435 audio and video tapes of visits of patients age 65 and older to their primary physician (n=46). 103 of the interactions have a companion present at the visit. Data available on each tape include reason for visit, physician characteristics (age, race, gender), patient characteristics (age, race, gender), companion characteristics (age, race, gender), and length of doctor-patient relationship.

**Study Design:**

Visits of patients 65 and older to their primary physician were videotaped at four sites: an academic medical center in the Midwest, an academic medical center in the Southwest, a suburban managed care medical group, and an urban group of physicians in independent practice. Repeat visits between the same doctor and patient were taped for 19 patients resulting in 48 tapes of multiple visits. Patients were recruited in the waiting room for a convenience sample. Before the visit, patients provided demographic data and completed a global satisfaction form. Following the visit, patients completed the SF-36, and the ABIM for patient satisfaction. Two weeks following the visit, patients were contacted by telephone and asked about their understanding, compliance and their utilization of health services over the past year. At twelve months patients were contacted by telephone for administration of the SF-36, the global satisfaction form, and the utilization of health services survey.

**Future Plans:**

The video tapes will be used in medical education and research

**Data Availability:**

Archived at the Saint Louis University School of Medicine Library. Researchers and medical educators interested in using the tapes should contact Mary Ann Cook (see below).

**Contact:**

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<b>Dataset Name:</b>	<b>Asset and Health Dynamics Among the Oldest Old (AHEAD)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Principal Investigator:</b>	<b>Robert J. Willis</b>
<b>Data Collection Organization:</b>	<b>Institute for Social Research, University of Michigan</b>

**Purpose:**

The course of age-related changes in health can be offset to varying degrees by three broad types of "resources": economic resources which result from past employment, consumption, and savings; claims on structured programs such as Social Security, Medicare, and Medicaid; and family resources of time and money which can be made available to an older relative for caregiving or the purchase of services. Older individuals have differing levels and mixes of such resources and consume them at varying rates as they age. A decline in health, including compromises in cognitive abilities, would be expected to increase the consumption of resources. The trajectories of these resources will vary across time, even for individuals with the same initial endowments. Changes in economic behaviors and dependencies on various programs and helpers have important implications for the rate, timing, and sequencing of subsequent changes in health. Despite a number of recent studies of late life transitions, none provide detailed coverage of the joint dynamics among health (physical, cognitive, and functional), dementia, economic and family resources, and care arrangements. The AHEAD study is intended to fill this gap in survey data on the oldest old.

**Description:**

The AHEAD study provides data to address a broad range of scientific questions focused on the interplay of resources and late life health transitions. Among these issues are: the costs of illness borne by the family; differences in how resources are used to offset cognitive, physical, and functional losses; the effectiveness of various care arrangements in preserving function and delaying institutionalization; the extent to which transfers from kin buffer the assets of older persons and slow transitions to late life impoverishment; and the extent and mechanisms for dissaving and Medicaid spend down. Wave 1 data collection was completed in February 1994. Wave 2 data collection ended in May 1996. Wave 3 data collection was a joint data collection effort with the Health and Retirement Study (HRS 1998), and ended in March of 1999. The AHEAD participants continue to be followed as a cohort in the on-going HRS.

**Objectives:**

- Monitor transitions in physical, functional, and cognitive health in advanced old age
- Examine relationship of late-life changes in physical and cognitive health to patterns of dissaving and income flows
- Relate changes in health to economic resources and intergenerational transfers
- Examine how the mix and distribution of economic, family, and program resources affect key outcomes, including institutionalization, dissaving, and health declines

**Study Design:**

- National panel study
- Initial sample of 7,447 respondents aged 70+ (and their spouses, if married, regardless of age) taken from the HRS household screening; supplemental sample of respondents aged 80+ from Medicare Master Enrollment File (HCFA)
- Over-samples of Blacks, Hispanics, and Florida residents
- Baseline: in-home, face-to-face in 1993, including spouses, if married, regardless of age
- Follow-ups by telephone with respondents every other year, including proxy interview after death
- Incorporated into the Health and Retirement Study (HRS) since 1998

## Questionnaire Topics:

- Cognitive performance
- Physical and functional health
- Economic status (assets and income)
- Claims on transfer programs and contingent claims
- Dissaving and Medicaid eligibility
- Family structure, caregiving, and financial transfers
- Demographic characteristics
- Housing (including access to services)
- Service use (community and nursing home)
- Out-of-pocket costs for all services
- Experimental Modules

## Links with Administrative Data:

- Medicare files
- National Death Index
- Social Security Administration earnings and projected benefits files

## Future Plans:

The AHEAD and HRS studies were merged into a single data collection effort and instrument (HRS 1998), which was fielded February 1998 through March of 1999. This data collection effort included Wave 4 of HRS and Wave 3 of AHEAD, as well as the addition of baseline information on two new cohorts, CODA (1924-30) and War Babies (1942-47). Currently, we are in the third year of a 6-year renewal to collect three additional waves of data in 2000, 2002 and 2004, including the enrollment of a new birth cohort representing the leading edge of the Baby Boomers (1948-1953) in 2004. The 2002 data collection is complete and the Early Data released.

## Data Availability:

All publicly available data may be downloaded after registration from the HRS website <http://hrsonline.isr.umich.edu>. This currently includes final releases of AHEAD Wave 1 (1993), AHEAD Wave 2 (1995), HRS 1998, HRS 2000, and Early Release of the 2002 data files. Early Release data files are typically available within three months of the end of each data collection, with the Final Release following at 24 months after the close of data collection activities. A number of workshops have been and will continue to be held to evaluate the data and design of the instrument, and to inform users how to manipulate the dataset for their own research interests. Files linked with administrative data are released only as restricted data through an application process, as outlined on the HRS website.

## Agencies/ Organizations Consulted:

NIA, ASPE, AARP, SSA, HCFA, NCHS, AHCPR

## Bibliography:

HRS has a growing bibliography of works assessing the data quality and adequacy of the content and design and methodology used in the study, as well as analytical works. HRS also has a contributed working paper series distributed through the University of Michigan's Population Studies Center with support from the Michigan Center on the Demography of Aging. Additionally, a special issue of the *Journal of Gerontology* (May 1997) was published based on results from the first wave of AHEAD data collection.

## Contact(s):

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<b>Dataset Name:</b>	<b>The Australian Longitudinal Study of Ageing (ALSA)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging (for first four waves)</b>
<b>Principal Investigator:</b>	<b>George C. Myers (deceased) Gary R. Andrews</b>
<b>Data Collection Organization:</b>	<b>Centre for Ageing Studies Flinders University of South Australia</b>

**Purpose:**

The general purpose of this research is to gain further understanding of how social, biomedical, psychological, and environmental factors are associated with age-related changes in the health and well-being of persons aged 70 years and older. Emphasis is given to the effects of social and economic factors on morbidity, disability, acute and long-term care service use, and mortality. The aim is to analyze the complex relationships between individual and social factors and changes in health status, health care needs and service utilization dimensions.

**Description:**

The sample for the Australian study was randomly generated from within the Adelaide Statistical Division using the State Electoral Database as the sampling frame. This database provided name, gender, date of birth, postal and residential address. The sample was stratified by gender and the age groups 70-74, 75-79, 80-84, and 85 and over. Both community- and institutional-dwelling individuals were included in the list of specified persons. An additional component was that spouses aged 65 and over of specified persons also were invited to participate, as were other household members aged 70 years and over.

The initial baseline data collection for ALSA began in September 1992 and was completed in March 1993. Components of this wave included a comprehensive personal interview, conducted via Computer Assisted Personal Interview (CAPI), a home-based assessment of physiological functions, self-completed questionnaires, and additional clinical studies. The average time of interview was approximately 2.5 hours. Personal interviews were carried out at this first wave for 2,087 participants, including 566 couples (that is, persons 70 years of age and over and their spouse, if 65 and over). Clinical assessments were obtained for 1,620 of the participants.

After an interval of one year from the initial interview, respondents were re-contacted by telephone. These interviews lasted an average of 15 minutes, and included questions regarding changes in domicile, current health and functional status, new morbid conditions, changes in medication, major life events, general life satisfaction, and changes in economic circumstances. In Wave 2, 1,779 participants were re-interviewed.

The third wave of the study began in September 1994. This phase was a complete re-assessment, with face-to-face interviews, clinical assessments, self-completed questionnaires, and other clinical and laboratory studies again carried out. CAPI was used in administration of the personal interview, which made it possible to pre-load selected prior information, thereby avoiding repetition of information divulged by the respondent at Wave 1. A separate, shorter, proxy instrument was developed and used in this third wave, which proved very successful in maintaining a high participation rate. A total of 1,679 interviews were carried out at Wave 3, and 1,423 clinical assessments were conducted.

Data collection for the fourth wave began in November 1995 and was completed by the end of February 1996. Wave 4 was a short telephone interview similar to Wave 2. 1,504 interviews were completed. A fifth wave of telephone interviews was conducted during February 1998 resulting in 1171 completed interviews. The sixth wave of the study began in October 2000. This phase was a complete re-

assessment, with face-to-face interviews, clinical assessments, self-completed questionnaires, and other clinical studies again carried out.

In addition to the primary data collection from respondents, ancillary data collection has been ongoing since the initiation of the study. Data have been collected from secondary providers, including Domiciliary Care and Rehabilitation Services, Meals on Wheels, and the Royal District Nursing Society. Lists of ALSA participants are compared biannually with the agencies' lists to determine the prevalence and incidence of receipt of services from these organizations.

Another source of information has been the collection of data from the participants' General Practitioners. Each respondent's personal and medical practitioner gives a rating of overall health status, history of services received and current services provided. Current morbidity, medication use, and referrals to specialists also are recorded.

The following tables summarize the datasets and response rates for each wave:

**WAVE 1** (September 1992 to February 1993)

Baseline face-to-face interview

<b>Interviewed</b>	<b>2087</b>
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**WAVE 2** (September 1993)

Computer Assisted Telephone Interview

Response rate for eligible participants 91.3%

Deceased since Wave 1	111
Not contactable	27
Refused	170
<b>Interviewed</b>	<b>1779</b>

**WAVE 3** (September 1994 to February 1995)

Full re-assessment similar to Baseline

Response rate for eligible participants 93.1%

Deceased since Wave 1	240
Not contactable	43
Refused	125
<b>Interviewed</b>	<b>1679</b>

**WAVE 4** (September 1995)

Computer Assisted Telephone Interview

Response rate for eligible participants 89.5%

Deceased since Wave 1	354
Not contactable	53
Refused	176
<b>Interviewed</b>	<b>1504</b>

**WAVE 5** (February 1998)

Computer Assisted Telephone Interview

Response rate for eligible participants 85.5%

Deceased since Wave 1	620
Not contactable	97
Refused	199
<b>Interviewed</b>	<b>1171</b>

**WAVE 6** (Oct 2000 March 2001)

Full re-assessment similar to Baseline

Response rate for eligible participants 74.13%

Deceased since Wave 1	956
Not contactable	21
Refused	124
<b>Interviewed</b>	<b>791</b>

### **Study Design:**

ALSA has been designed to have common instrumentation with US studies. The study collects data from a random, stratified sample of the 70 years and older persons living in the metropolitan area of Adelaide, South Australia. The entire population of older persons living in Adelaide is represented, since both community and institutional dwelling residents are included.

Extensive analyses utilizing the longitudinal data will continue, and have been carried out in both Australia and the United States. Active groups of collaborators are analyzing data relating to ADL function, cognitive function, co-morbidity, diabetes, exercise and physical activity, family relationships and support, formal service use, hearing function, injuries and falls, mortality, social activities, social interactions between couples, and visual acuity.

### **Future Plans:**

A seventh wave that will include complete re-assessment, with face-to-face interviews, clinical assessments, self-completed questionnaires, and other clinical and laboratory studies is planned to commence in October 2003. Additional information will be collected at this wave on major transitions that have occurred in the lives of participants in the preceding 2 years and the outcomes and coping mechanisms associated with these.

### **Data Availability:**

All of the above datasets are progressively being archived at ICPSR.

### **Bibliography:**

1. Andrews, G. R., Clark, M. S., & Luszcz, M. A. (2003). Successful ageing in the Australian Longitudinal Study of Ageing: Applying the MacArthur Model cross-nationally. *Journal of Social Issues*. Winter 749-766
2. Andrews, G., Cheok, F., & Carr, S. 1989. The Australian Longitudinal Study of Ageing. *Australian Journal on Ageing* 8, 31-35.
3. Andrews, G. R., Roder, D. M., & Myers, G. C. 1996. "Co-morbidity as a determinant of physical function in an old/old population." Paper presented at the 49th Annual Scientific Meeting of the Gerontological Society of America, Washington, USA.
4. Luszcz, M. A., & Bryan, J. 1999. Toward understanding age-related memory loss in late adulthood. *Gerontology* 45, 2-9.
5. van Doorn, C., & Kasl, S. V. 1998. "Can parental longevity and self-rated life expectancy predict mortality in older persons? Results from an Australian cohort." *Journal of Gerontology: Social Sciences* 53B(1), S28-S34.
6. Woodbury, M., Parnell, A., & Andrews, G. 1995. "The functional and health status of older Australian couples." Paper presented at the 48th Annual Scientific Meeting of the Gerontological Society of America, Los Angeles, USA.

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**Dataset Name:** **Census Microdata Samples Project  
(also known as The Status of Older  
Persons in UNECE Countries)**

**Sponsoring Organization:** **United Nations Population Fund  
National Institute on Aging  
Economic Commission for Europe**

**Principal Investigator:** **Nikolai Botev**

**Data Collection Organization:** **Population Activities Unit, UNECE, Geneva**

**Purpose:**

The main objectives of the project are: (1) to assemble a set of cross-nationally comparable microdata samples from the population and housing censuses of selected countries in Europe and North America; and (2) to use these samples to study the social and economic conditions of older persons. The samples based on the 1990-round of censuses were designed to allow research on a wide range on issues related to aging, as well as on other social phenomena. A common set of nomenclatures and classifications, derived on the basis of a study census data comparability in Europe and North America, were adopted as standards for re-coding. The processing of the datasets, which included drawing of the samples (when requested by the National Statistical Offices), cleaning (where necessary), and standardization/harmonization, was performed by the Population Activities Unit (PAU) of the United Nations Economic Commission for Europe (UNECE).

**Description:**

The recommendations regarding the design and size of the samples drawn from the 1990-round of censuses envisaged: (1) drawing individual-based samples of about one million persons; (2) progressive oversampling with age in order to ensure sufficient presentation of various categories of older people; and (3) retaining information on all persons co-residing in the sampled individual's dwelling unit. Most countries have drawn their samples in accordance with these principles. Some countries (specifically Estonia, Finland, Latvia, and Lithuania) adhered to earlier recommendations and sampled only the population over age 50 (Estonia, Latvia and Lithuania provided the entire population over age 50, while Finland sampled it with progressive over-sampling). Several countries provided samples that had not been drawn specifically for this project, and cover the entire population without over-sampling.

Being census-based samples, these datasets lack most of the detailed information found in specialized surveys. They have, however, several important advantages compared to other data sources: (1) because of the high sampling density, they cover various small groups of older people, information on whom is not commonly available in other sources; (2) these samples contain as much geographic detail as possible under each country's confidentiality requirements; (3) they include more extensive information on housing conditions than many other data sources; and (4) they provide information for a number of countries whose data were not accessible until recently.

**Data Availability:**

The data collection includes datasets from fifteen countries. The datasets for the nine countries, which have signed the standard data release agreement, are available through NACSA/ICPSR. According to the rules governing the release of these datasets, they should be used only for the purpose of social and/or behavioral science research. Users are required to sign a Pledge of Confidentiality, stipulating that those who attempt to disseminate copies of the data (in whole or part) for purposes other than scientific research, or to identify individual respondents, may be subject to prosecution under the applicable laws. Six countries requested that data access be subject to special conditions – these usually involve obtaining permission from the National Statistical Office (NSO) for the use of data, and require that a letter requesting this permission together with a description of the proposed research be sent to NSO. The table in Annex I summarizes the status of data acquisition, processing, and access conditions for the

participating countries. Annex 2 provides details on the sample sizes and densities for the datasets constructed in accordance with the PAU's recommended sampling strategy, and include over-sampling with age.

### Future Plans:

PAU is collaborating with the Minnesota Population Center (MPC) and four European institutions on a project to anonymise, integrate, and make accessible for research to use microdata samples based on multiple rounds of censuses in several European countries. In addition to the censuses of the 1990-round, this project will cover also the 2000, as well as earlier rounds. The samples created under the new project will be better integrated/harmonized and documented compared to PAU's samples from the 1990 census round. In order to ensure an adequate funding for this project, a grant proposal was submitted to the European Commission within the 6<sup>th</sup> Framework Programme for Research, on the behalf of a consortium, which includes the six institutions mentioned above. The following 13 countries will be participating: Austria, Belarus, Bulgaria, Czech Republic, France, Germany, Hungary, The Netherlands, Portugal, Romania, Solvenia, and Spain. All these countries, with the exception of the Netherlands, have already signed the standard data access protocol. Greece has also signed this protocol. More countries are expected to join the project at a later stage.

**Table 1: PAU Census Microdata Project (1990-round of censuses)  
Status of Data Acquisition and Processing for the Participating Countries**

Countries (in alphabetical order)	Sampling		Data Release	
	Design <sup>1</sup>	Sample drawn by	Data Distributor	Access Conditions <sup>3</sup>
Bulgaria	yes	PAU	ICPSR/NACDA	general
Canada	no	1991 PUMFs <sup>2</sup>	Statistics Canada	limited
Czech Republic	yes	PAU	ICPSR/NACDA	general
Estonia	partially	NSO	ICPSR/NACDA	general
Finland	partially	NSO	ICPSR/NACDA	general
Hungary	yes	NSO	Hungarian Central Statistical Office	limited
Italy	no	1991 IStat 1% sample <sup>2</sup>	IStat	limited
Latvia	partially	NSO	ICPSR/NACDA	general
Lithuania	partially	NSO	ICPSR/NACDA	general
Romania	yes	NSO	ICPSR/NACDA	general
Russia	no	5% GOSKOMSTAT sample	GOSCOMSTAT	limited
Switzerland	yes	NSO	Swiss Federal Statistical Office	limited
Turkey	no	1990 SIS 5% sample <sup>2</sup>	ICPSR/NACDA	general
UK	no	1991 SAR <sup>2</sup>	to be announced	limited
USA	no	1990 PUMS <sup>2</sup>	ICPSR/NACDA <sup>4</sup>	general

<sup>1</sup> Indicates whether a sample corresponds to the final version of PAU's recommended sampling strategy. 'Yes' signifies that it does. 'Partially' signifies that the sample has been drawn in accordance with an earlier version of the PAU's recommendations, i.e. it covers only the population over age 50 and the persons residing with them (Estonia, Latvia, and Lithuania have provided the entire population over age 50, while Finland has sampled it with progressive oversampling). 'No' indicates that the sample provided has not been drawn specially for this project, and most often covers the entire population without any oversampling.

<sup>2</sup> Identifies the general purpose sample submitted as part of a country's participation in the project.

<sup>3</sup> Identifies the conditions governing the release of a country's microdata sample. 'General' signifies that a country has signed the project's standard data release arrangement. So far 9 countries have signed the standard arrangement. Hungary and Switzerland (marked as 'limited') require a clearance to be obtained from their

national statistical offices for the use of microdata, however the documents signed between the PAU and these countries include clauses stipulating that, in general, all scholars interested in social research will be granted access. Russia (also marked as ‘limited’) requested that certain provisions for archiving the microdata samples be removed from its data release arrangement. The conditions under which UK will release microdata to foreign researchers are still under negotiation, however the PAU has an agreement with several British scholars to facilitate access to the 1991 SAR through collaborative arrangements.

<sup>4</sup> Because of its wide user base, 1990 PUMS was not recoded. Instead, PAU offers mapping modules, which recode the PUMS variables into the project’s classifications, nomenclatures and coding schemes.

**Table 2: Sample Size and Density for the Datasets Constructed  
in Accordance with the PAU’s Recommended Sampling Strategy**

Age groups	Total population	Number	Proportion %	SAMPLED INDIVIDUALS by sampling universe				Co-residing with sampled Individual
				Univ. 1	Univ. 2	Univ. 3	Univ. 4	
<b>BULGARIA</b>								
0-49	5,717,151	312,431	5.5	312,431	n.a.	n.a.	n.a.	1,270,844
50-64	1,555,715	219,163	14.1	84,700	134,463	n.a.	n.a.	321,328
65-79	1,005,334	247,200	24.6	55,335	86,915	104,950	n.a.	171,900
80+	209,117	198,536	94.9	11,371	17,837	22,163	147,165	3,172
<b>TOTAL</b>	<b>8,487,317</b>	<b>977,330</b>		<b>463,837</b>	<b>239,215</b>	<b>127,113</b>	<b>147,165</b>	<b>1,767,244</b>
<b>CZECH REPUBLIC</b>								
0-49	7,422,522	350,415	4.7	350,415	n.a.	n.a.	n.a.	1,201,231
50-64	1,577,736	227,408	14.4	73,906	153,502	n.a.	n.a.	235,220
65-79	1,044,658	238,255	22.8	49,090	101,790	87,375	n.a.	131,568
80+	257,299	214,476	83.4	12,132	25,251	21,690	155,403	7,483
<b>TOTAL</b>	<b>10,302,215</b>	<b>1,030,554</b>	<b>10.0</b>	<b>485,543</b>	<b>280,545</b>	<b>109,065</b>	<b>155,403</b>	<b>1,575,502</b>
<b>ESTONIA</b>								
0-49	1,110,014	0	0	n.a.	n.a.	n.a.	n.a.	247,824
50+	455,648	452,694	99.4	n.a.	n.a.	n.a.	n.a.	0
<b>TOTAL</b>	<b>1,565,662</b>	<b>452,694</b>		<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>247,824</b>
<b>FINLAND</b>								
0-49	3,543,164	0	0.0	n.a.	n.a.	n.a.	n.a.	427,822
50-64	782,349	470,004	60.0	n.a.	n.a.	n.a.	n.a.	135,321
65-79	529,429	449,988	85.0	n.a.	n.a.	n.a.	n.a.	35,905
80+a	143,536	143,495	100.0	n.a.	n.a.	n.a.	n.a.	0
<b>TOTAL</b>	<b>4,998,478</b>	<b>1,063,487</b>		<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>599,048</b>
<b>HUNGARY</b>								
Non-Institutionalized Population*								
0-49	7,192,329	339,485	4.7	339,485	n.a.	n.a.	n.a.	1,337,800
50-64	1,784,301	230,173	12.9	84,167	146,006	n.a.	n.a.	305,358
65-79	1,103,545	240,791	21.8	51,867	90,389	98,535		164,937
80+	249,506	208,617	83.6	11,755	20,553	22,321	153,988	9,179
<b>TOTAL</b>	<b>10,329,681</b>	<b>1,019,066</b>		<b>487,274</b>	<b>256,948</b>	<b>120,856</b>	<b>153,988</b>	<b>1,817,274</b>
<b>LATVIA</b>								
0-49	1,868,734	0	0	n.a.	n.a.	n.a.	n.a.	752,060

50+	797,833	791,433	99.2	n.a.	n.a.	n.a.	n.a.	0
TOTAL	2,666,567	791,433		n.a.	n.a.	n.a.	n.a.	752,060

### LITHUANIA

0-49	2,665,024	0	0	n.a.	n.a.	n.a.	n.a.	656,647
50+	1,009,778	1,008,916	99.9	n.a.	n.a.	n.a.	n.a.	0
TOTAL	3,674,802	1,008,916		n.a.	n.a.	n.a.	n.a.	656,647

### ROMANIA

#### *Non-Institutionalized Population*

0-49	16,336,089	431,202	2.6	431,202	n.a.	n.a.	n.a.	2,050,400
50-64	3,942,645	280,056	7.1	106,233	173823	n.a.	n.a.	442,244
65-79	2,062,858	293,526	14.2	55,592	90978	146956	n.a.	227,399
80+	447,401	252,355	56.4	11,925	19,523	31,541	189,366	39,420

#### *Institutionalized Population*

0-49	401,664	40,265	10.0	40,265	n.a.	n.a.	n.a.	n.a.
50-64	12,528	6,892	55.0	1,284	5,608	n.a.	n.a.	n.a.
65-79	5,636	5,636	100.0	554	2,567	2,515	n.a.	n.a.
80+	2,955	2,955	100.0	321	1,353	1,281	0	n.a.
TOTAL	23,213,321	1,312,887		647,376	293,852	182,293	189,366	2,759,497

### SWITZERLAND

0-49	4,801,700	303,468	6.3	303,468	n.a.	n.a.	n.a.	876,096
50-64	1,083,100	221,652	20.4	68,526	153,126	n.a.	n.a.	188,397
65-79	734,400	228,996	31.2	46,312	103,093	79,591	n.a.	131,431
80+	254,500	213,322	84.6	15,875	35,655	27,100	134,692	16,524
TOTAL	6,873,700	967,438		434,181	291,874	106,691	134,692	1,212,448

n.a. -- not applicable

\* The entire population over age 50 living in institutions has been included in the dataset.

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<b>Dataset Name:</b>	<b>Chinese Longitudinal Healthy Longevity Survey (CLHLS)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging United Nations Fund for Population Activities (UNFPA) and China National Foundation for Social Sciences joined NIA to co-sponsor the expanded survey in 2002</b>
<b>Principal Investigator:</b>	<b>Zeng Yi, Principal Investigator James W. Vaupel, Program Project Director</b>
<b>Data Collection Organization:</b>	<b>Peking University Center for Healthy Aging and Family Studies (CHAFS) China National Research Center on Aging (CNRCA)</b>

**Purpose:**

Our general goal is to shed new light on a better understanding of the determinants of healthy longevity of human beings.

**Description of project and dataset:**

We are compiling extensive data on a much larger population of oldest-old than has previously been studied. We propose to use demographic and statistical methods to analyze data culminating from the longitudinal surveys. We want to determine which factors, out of a large set of social, behavioral, biological, and environmental risk factors play an important role in healthy longevity. The large population size, the focus on healthy longevity (rather than on a specific disease or disorder), the simultaneous consideration of various risk factors, and the use of analytical strategies based on demographic concepts make this an innovative demographic data collection and research project.

**Objectives:**

- Collect intensive individual interview data including health, disability, demographic, family, socio-economic, and behavioral risk-factors for mortality and healthy longevity.
- Follow the people in the study to ascertain if they die and if so at what age, from what cause, and health/disability status before death.
- Collect and organize data on the social, economic, health and environmental conditions of the communities in which the respondents live.
- Analyze the data collected to estimate the social, behavioral, and environmental risk-factors as determinants of healthy longevity and the oldest-old mortality.
- Compare the findings with results from other studies of large populations at advanced ages.

**Study Design**

Baseline, 1998; Follow-up, 2000; Follow-up, 2002.

The baseline survey was conducted in 1998 and the follow-up survey with replacement to deceased elders were conducted in 2000 and 2002, randomly selected about half of the total number of countries and cities of the 22 provinces. The survey areas covered 985 million persons, 85 percent of the total population in China. An interview and a basic health examination were performed at the interviewee’s home.

The survey tried to interview all centenarians who voluntarily agreed to participate in the study in the randomly selected countries (about half the total) and cities of the 22 provinces. For each centenarian, one near-by octogenarian (aged 80-89) and one near-by nonagenarian (aged 90-99) of pre-designated age and sex was interviewed. “Near-by” is loosely defined – it could be in the same village or street if available, or in the same town or in the same county or city. The predefined age and sex that are used to

identify approximately equal numbers of male and female nonagenarians and octogenarians are randomly determined, based on code numbers of the centenarians. The idea was to have comparable numbers of male and female octogenarians and nonagenarians at each age from 80 to 99.

9,073 oldest-old persons aged 80+ were interviewed in our 1998 baseline survey. 11,216 oldest-old aged 80+ participated in our 2000 follow-up survey. Among them, 4,844 elders were survivors who were interviewed in 1998 and re-interviewed in 2000; and 6,372 elders were newly added interviewees. 3,346 valid questionnaires of those who died after the 1998 survey were admitted to a close family member of those deceased elders.

With a supplementary award from NIA and matching support from UNFPA and Chinese resources, the 2002 wave of our survey has been expanded from covering ages 80+ to ages 65+, with a total sample size of 16,057 elders plus those who were interviewed in the previous wave(s) but died before the 2002 survey.

Among the total number of 31,283 interviews to the oldest-old aged 80+ in the three waves in 1998, 2000, and 2002, 8,170; 10,457; and 12,656 interviews were conducted with centenarians, nonagenarians, and octogenarians, respectively.

With support from the Taiwan Academy Sinica and Mainland China Social Sciences Academy, we have added a sub-sample of 4,478 adult children (aged 35-65) of the elderly interviewees aged 65-110 in seven provinces in eastern coast areas among the 22 provinces of our healthy longevity survey. The main idea is to make a comparative study of intergenerational relationships in the context of rapid aging and healthy longevity between Mainland China and Taiwan. The total sample size of our 2002 survey is therefore 20,535 persons aged 35-100.

### **Questionnaire Topics:**

The questionnaire data collected include family structure, living arrangements and proximity to children, activities of daily living (ADL), the capacity of physical performance, self-rated health, self-evaluation on life satisfaction, cognitive function, chronic disease, medical care, social activities, diet, smoking and drinking, psychological characteristics, economic resources, caregivers and family support etc. Relevant demographic, socio-economic, and environmental data on the sample counties and cities were also collected.

Information about the health status obtained from the oldest-old who were interviewed in the previous wave but died before the current survey was collected by interviewing a close family member. Information before dying consists of cause of death, chronic diseases, ADL before dying, how many times of hospitalization or being bedridden from the last interview to death, whether bedridden before death, length of disability and suffering before death, etc.

### **Future Plans:**

Conduct in-depth data analysis and make the data available to international research community. We also hope to continue the longitudinal survey and research.

### **Data Availability:**

The 1998 baseline and 2000 follow-up healthy longevity survey data is now being distributed internationally by the Peking University Center for Healthy Aging and Family Studies, it can also be found at: <http://www.pku.edu.cn/academic/population/center/index.htm> and the program project at Duke University <http://www.pubpol.duke.edu/centers/ppa/>. The data processing and preliminary analysis of the 2002 follow-up survey are underway.

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### **Bibliography:**

An incomplete list of published or conference articles, and graduate students' theses, using The Chinese Longitudinal Healthy Longevity Survey (CLHLS) data (listed according to alphabetical order of the first authors)

### **A. 63 Published Papers**

1. Cai, Wenmei; and Liu, Yuzhi. (2001). Socio-demographic analysis of healthy longevity of the oldest-old. *Chinese Journal of Population Science, Special Issue*, 61-65. [Authors' affiliation: Institute of Population Research, Peking University; Center for Healthy Aging and Family Studies, Peking University]
2. Chen, Wei; and Du, Xia. (2002). The Role of number and sex of children in supporting the oldest old: determinants of living conditions of the oldest old in China, *Chinese Journal of Population Science*, 6, 49-55. [Authors' affiliation: Demography and Sociology Program, Australian National University]
3. Chu, Junhong; and Liu, Yuzhi. (2001). The Chinese centenarians. *Population & Economics*, 4, 29-35. [Authors' affiliation: Institute of Population Research, Peking University; Center for Healthy Aging and Family Studies, Peking University]
4. Chu, Junhong, (2001). Studies on financial dependability and activities of daily living of the Chinese oldest-old. *Chinese Journal of Population Science, Special Issue*, 66-70. [Author's affiliation: Institute of Population Research, Peking University]
5. Dong, Renzheng. (2001). Some thoughts on quality of life of the oldest-old. *Chinese Journal of Population Science, Special Issue*, 115-116. [Author's affiliation: Association of Gerontology of Shanxi Province, China]
6. Gu, Danan. (2003). Gender differential effects of marriage on health and longevity at very old ages: A case of China. *Chinese Journal of Population Science*, 3, [Author's affiliation: Sanford Institute of Public Policy, Duke University]
7. Gu, Danan. (2003). Characteristics of the most robust and the frailest oldest-old in China with a discussion of determinants of health status. *Market & Demographic Analysis*, 1, 1-10. [Author's affiliation: Sanford Institute of Public Policy, Duke University]
8. Gu, Danan. (2002). Quality of life before dying: A case of Chinese oldest old. In Baohua Zhao (ed.). *Quality of life of the elderly and policy issues in China*, Pp122-130. Beijing: Hualing Press. [Author's affiliation: Sanford Institute of Public Policy, Duke University]
9. Gu, Danan. (2002). Timely medication among the oldest old in China. *Population Journal*, 3, 54-60. [Author's affiliation: Sanford Institute of Public Policy, Duke University]
10. Gu, Danan. (2001). A discussion on assessment of data quality in the health related studies for the elderly. *Population & Economics*, 2, 38-43. [Author's affiliation: Sanford Institute of Public Policy, Duke University]
11. Gu, Danan; and Qiu, Li. (2003). Cognitive functioning and its determinants among the oldest old in China. *Journal of Nanjing College for Population and Management*, 2, 3-9. [Authors' affiliation: Sanford Institute of Public Policy, Duke University; Department of Neurology, Duke University]
12. Gu, Danan; and Zeng, Yi. (2002). Health life expectancy of the oldest-old in China. *Population & Economics*, 2, 38-43. [Author's affiliation: Sanford Institute of Public Policy, Duke University]

- Economics*, 2, 9-15. [Authors' affiliation: Sanford Institute of Public Policy, Duke University; Center for Demographic Studies, Duke University]
13. Gu, Danan; and Zeng, Yi. (2001). Health status of oldest old in China by using Grade of Membership. *Chinese Journal of Population Science, Special Issue*, 8-14. [Authors' affiliation: Sanford Institute of Public Policy, Duke University; Center for Demographic Studies, Duke University]
  14. Gu, Danan; Zeng, Yi; and Liu, Yuzhi. (2001). A review on methods in calculating the healthy life expectancy. *Market & Demographic Analysis*, 4, 9-17. [Authors' affiliation: Sanford Institute of Public Policy, Duke University; Center for Demographic Studies, Duke University; Center for Healthy Aging and Family Studies, Peking University]
  15. Gu, Jiantang. (2001). The impact of smoking and alcohol-drinking on health of the oldest-old. *Chinese Journal of Population Science, Special Issue*, 78-82. [Author's affiliation: Institute of Population Research, Peking University]
  16. Gui, Shixun. (2001). Study on quality of life of the Chinese oldest old. *Chinese Journal of Population Science, Special Issue*, 107-111. [Author's affiliation: Institute of Population Research, East China Normal University]
  17. Guo, Zhigang. (2002). The living arrangement of the oldest old in China and its determinants. *Population Research*, 1, 37-42. [Author's affiliation: Department of Sociology, Peking University]
  18. Huang, Rongqing. (2001). Health, chronic diseases, and mortality of the oldest old. *Chinese Journal of Population Science, Special Issue*, 20-23. [Author's affiliation: Institute of Population Research, Capital University of Economics and Business, China]
  19. Huang, Runlong; and Niu, Biao. (2002). The difference and its causes of quality of life among Chinese oldest old. *Population and Economics, supplementary issue*, 129-132. [Authors' affiliation: Department of Social Science, Nanjing Normal University, China; Association of Aging of Jiangsu Province, China]
  20. Huang, Runlong; Poston, Dudley L.; and Niu, Biao. (1999). Sociological research on health conditions of the oldest old in Jiangsu Province. *Chinese Journal of Population Science*, 5, 57-62. [Authors' affiliation: Department of Social Science, Nanjing Normal University, China; Department of sociology, Texas A&M University; Association of Gerontology of Jiangsu Province, China]
  21. Jiang, Leiwen. (2001). Study on difference in individual fertility on the Chinese oldest-old. *Chinese Journal of Population Science, Special Issue*, 27-31. [Author's affiliation: Watson Institute, Brown University]
  22. Liu, Guiping; and Zhang, Zhen. (2003). Sociodemographic differentials of the self-rated health of the oldest-old Chinese. *Population Research & Policy Review*, 22(2). [Authors' affiliation: Max Planck Institute for Demographic Research]
  23. Liu, Yuzhi. (2001). Concerned about gender issues among Chinese people of advanced age. *Collection of Women's Studies*, 4, 47-51. [Author's affiliation: Center for Healthy Aging and Family Studies, Peking University]
  24. Liu Yuzhi. (2000). Current status of the female aged people and our responsibility. *Population & Economics*, 6, 59-61. [Author's affiliation: Center for Healthy Aging and Family Studies, Peking University]
  25. Liu, Yuzhi; and Chu, Junhong. (2001). Social support of the centenarians in China. *Market & Demographic Analysis*, 2, 10-18. [Authors' affiliation: Center for Healthy Aging and Family Studies, Peking University; Institute of Population Research, Peking University]
  26. Liu, Yuzhi; and Zhang, Chunyuan. (2003). Current situation, problem and countermeasures of economic and medical security of the oldest-old. *Population & Economics*, 1, 12-16. [Authors' affiliation: Center for Healthy Aging and Family Studies, Peking University]
  27. Ma, Qingkun. (2002). A comparative study of self-evaluation of health among the oldest-old. *Northwest Population Journal*, 2, 11-13. [Author's affiliation: Zhejiang Research Center on Aging, China]
  28. Ma, Qingkun; and Huang, Xuexing. (2002). Analysis of health status and lifestyles among the oldest old in Zhejiang Province, China. *Chinese Journal of Gerontology*, 2, 87-89. [Authors' affiliation: Zhejiang Research Center on Aging, China]
  29. Niu, Biao; and Huang, Runlong. (2003). Gender differential in Health status among oldest old in China. *Market & Demographic Analysis*, 2, 51-57. [Authors' affiliation: Association of Gerontology of Jiangsu Province, China; Department of Social Science, Nanjing Normal University, China]
  30. Niu, Biao; and Xu Qin. (2001). Analysis of the basic psychological functioning of the Chinese oldest-

- old. *Chinese Journal of Population Science, Special Issue*, 53-56. [Authors' affiliation: Association of Gerontology of Jiangsu Province, China; China National Research Center on Aging]
31. Song, Xinming, and Chen, Gong. (2001). A review on the national workshop on health and longevity. *Market & Demographic Analysis*, 2, 19-23. [Authors' affiliation: Institute of Population Research, Peking University]
  32. Song, Xinming; and Chen, Gong. (2001). Impacts of chronic physical diseases and cognitive functioning on the activities of daily living of the oldest-old. *Chinese Journal of Population Science, Special Issue*, 42-47. [Authors' affiliation: Institute of Population Research, Peking University]
  33. Tao, Liqun. (2001). Activities of daily living and daily care of the oldest-old. *Chinese Journal of Population Science, Special Issue*, 36-41. [Author's affiliation: China National Research Center on Aging]
  34. Wang, Jiabao. (2003). Smoking and mortality among Chinese oldest old. *Market & Demographic Analysis*, 2, 44-50. [Author's affiliation: Institute of Population Research, Peking University]
  35. Wang, Shuxin; and Zeng, Xianxin. (2001). Gender differences in the activities of daily living of the Chinese oldest-old. *Chinese Journal of Population Science, Special Issue*, 48-52. [Authors' affiliation: Institute of Population Research, Capital University of Economics and Business, China]
  36. Wu, Cangping; Su, Ping; Chen, Jie; and Wang, Anliu. (2001). Some thoughts on methodology of studying healthy aging. *Chinese Journal of Population Science, Special Issue*, 101-106. [Authors' affiliation: Demography Institute, Remin University, China]
  37. Wu, Deqing; and Zhan, Jie. (2001). The relationship between diet and self-reported health of the oldest-old. *Chinese Journal of Population Science, Special Issue*, 83-88. [Authors' affiliation: Institute of Population and Labor Economics, Chinese Academy of Social Sciences]
  38. Xiao, Zhenyu. (2001). China's oldest old: current status, problems and policy suggestions. *Chinese Journal of Population Science, Special Issue*, 4-7. [Author's affiliation: China National Research Center on Aging]
  39. Xu, Qin. (2001). Identification and Examination of Ages among the Oldest-old. *Market & Demographic Analysis*, 2, 1-9. [Author's affiliation: China National Research Center on Aging]
  40. Xu, Qin. (2001). Analysis of the Psychology of the Oldest-old. *Population Journal*, 5, 45-52. [Author's affiliation: China National Research Center on Aging]
  41. Xu, Qin; and Gu, Danan. (2001). A comparative study on the status of health and mortality between rural and urban Chinese oldest-old. *Chinese Journal of Population Science, Special Issue*, 15-19. [Authors' affiliation: China National Research Center on Aging; Sanford Institute of Public Policy, Duke University]
  42. Yuan, Ye. (2002) Condition of self-support among the oldest-old in China and long-term care policy. In Baohua Zhao (ed.). *Quality of life of the elderly and policy issues in China*, Pp 274-283. Beijing: Hualing Press. [Author's affiliation: China National Research Center on Aging]
  43. Zeng, Yi. (2001). The main Features of Population Aging and Policy Considerations in China. *Population & Economics*, 5, 3-9. [Author's affiliation: Center for Demographic Studies, Duke University]
  44. Zeng, Yi. (2001). A Demographic Analysis of Family Households in China, 1982-1995. *Journal of Comparative Family Studies*, 33 (1), 15-34. [Author's affiliation: Center for Demographic Studies, Duke University]
  45. Zeng, Yi. (2002). Aging in China. In David J. Ekerdt (ed.), *Encyclopedia of Aging*. Macmillan Reference USA, an imprint of the Gale Group, New York. [Author's affiliation: Center for Demographic Studies, Duke University]
  46. Zeng, Yi; and George, Linda. (2002). Extremely Rapid Aging and the Living Arrangement of Elderly Persons: the Case of China. In: *Living Arrangements of Older Persons, Population Bulletin of the United Nations, Special Issue Nos. 42/43*, New York: United Nations. [Authors' affiliation: Center for Demographic Studies, Duke University; Department of Sociology, Duke University]
  47. Zeng, Yi; and Gu, Danan. (2002). Review on the latest international studies on quality of life of the elderly. *Chinese Journal of Population Science*, 5, 59-69. [Authors' affiliation: Center for Demographic Studies, Duke University; Public, Policy, Duke University]
  48. Zeng, Yi; Liu, Yuzhi; and George, Linda. (2003). Gender Differentials of Oldest Old in China. *Research on Aging*, 25 (1), 65-80. [Authors' affiliation: Center for Demographic Studies, Duke University; Center for Healthy Aging and Family Studies, Peking University; Department of Sociology, Duke University]

49. Zeng, Yi; and Vaupel, Jame W. (2002). Functional Capacity and Self-Evaluation of Health and Life of the Oldest Old in China. *Journal of Social Issues*, 58, No4. [Authors' affiliation: Center for Demographic Studies, Duke University; Max Planck Institute for Demographic Research]
50. Zeng, Yi; and Vaupel, James W. (2003). Oldest Old Mortality in China. *Demographic Research*, Vol. 8, Article 7. [Author's affiliation: Center for Demographic Studies, Duke University; Max Planck Institute for Demographic Research]
51. Zeng, Yi; Vaupel, James W.; Xiao, Zhenyu; Zhang, Chunyuang; and Liu, Yuzhi. (2001). The Healthy Longevity Survey and the Active Life Expectancy of the Oldest Old in China. *Population: An English Selection*, 13(1), 95-116. [Authors' affiliation: Center for Demographic Studies, Duke University; Max Planck Institute for Demographic Research; China National Research Center on Aging; Center for Healthy Aging and Family Studies, Peking University]
52. Zeng, Yi; Vaupel, James W.; Xiao, Zhenyu; Zhang, Chunyuang; and Liu, Yuzhi. (2001). L'enquete sue la longevite en bonne sante: l'esperance de vie sans incapacite des personnes tres agees en Chine. *Population: Longevite*, 56(1). [Authors' affiliation: Center for Demographic Studies, Duke University; Max Planck Institute for Demographic Research; China National Research Center on Aging; Center for Healthy Aging and Family Studies, Peking University]
53. Zeng, Yi; Vaupel, James W.; Xiao, Zhenyu; Zhang, Chunyuan; and Liu, Yuzhi. (2002). Sociodemographic and Health Profiles of Oldest Old in China. *Population and Development Review*, 2 (28). 251-273. [Authors' affiliation: Center for Demographic Studies, Duke University; Max Planck Institute for Demographic Research; China National Research Center on Aging; Center for Healthy Aging and Family Studies, Peking University]
54. Zeng, Yi; Xiao, Zhenyu; Zhang, Chunyuan; Liu, Yuzhi; Zhan, Jie; and Vaupel, James W. (2001). The 1998 Health Longevity Survey and the Active Life Expectancy of the Oldest Old in China. *Chinese Journal of Population Science*, 3, 9-16. [Authors' affiliation: Center for Demographic Studies, Duke University; China National Research Center on Aging; Center for Healthy Aging and Family Studies, Peking University; Institute of Population and Labor Economics, Chinese Academy of Social Sciences; Max Planck Institute for Demographic Research]
55. Zeng, Yi; and Vaupel, J.W. (2003). Association of late childbearing with healthy longevity among oldest old in China. Forthcoming in *Population Studies*. [Authors' affiliation: Center for Demographic Studies, Duke University; Max Planck Institute for Demographic Research].
56. Zhang, Chunyuan. (2001). A study of the relations between the education level of the senile people and the health condition as well as longevity. *South China Population* 3, 1-5. [Author's affiliation: Center for Healthy Aging and Family Studies, Peking University]
57. Zhang, Zhen. (2002). The Impact of Intergenerational Support on Mortality of the Oldest Old in China. *Population Research*, 5, 55-62. [Author's affiliation: Center for Healthy Aging and Family Studies, Peking University]
58. Zhang, Zhen. (2001). Determinants of the living arrangement of the Chinese oldest old. *Chinese Journal of Population Science, Special Issue*, 71-77. [Author's affiliation: Center for Healthy Aging and Family Studies, Peking University]
59. Zheng, Zhenzhen. (2002). Self-assessment and related factors among Chinese oldest old. In Baohua Zhao (ed.). *Quality of life of the elderly and policy issues in China*, Pp 84-92. Beijing: Hualing Press. [Author's affiliation: Institute of Population and Labor Economics, Chinese Academy of Social Science]
60. Zheng Zhenzhen. (2001). Gender Analysis of the Widowed and Remarried Senior Elderly in China. *Population Research*, 5, 70-75. [Author's affiliation: Institute of Population and Labor Economics, Chinese Academy of Social Science]
61. Zhou, Yun. (2002). Distribute Medical Resources Properly and Improve Quality of Life of the Elderly. *Market and Demographic Analysis*, 6, 51-56. [Author's affiliation: Institute of Population Research, Peking University]
62. Zhou, Yun. (2001). Inter-generational family relations of the oldest old. *Chinese Journal of Population Science, Special Issue*, 32-35. [Author's affiliation: Institute of Population Research, Peking University]
63. Zhou, Yun; and Ren, Qiang. (2001). Longevity among direct kin in China. *Chinese Journal of Population Science, Special Issue*, 24-26. [Authors' affiliation: Institute of Population Research, Peking University]

## **B. 10 papers written in English, presented at international conferences, and not yet formally published**

(This list does not include papers written in Chinese and presented at the conferences held in China)

1. Gu, Danan; and Zeng, Yi. (2001). Healthiness of survival and suffering before dying among oldest old in China. Paper presented at International Symposium on Healthy Aging Studies in China, 25 October 2001, Beijing, Jointly organized by Center for Healthy Aging and Family Studies, Peking University, IUSSP Committee on Health and Longevity, and China Population Association. Forthcoming in the IUSSP book. [Authors' affiliation: Sanford Institute of Public Policy, Duke University; Center for Demographic Studies, Duke University]
2. Guo, Zhigang. (2001). Living arrangement of the oldest old in China and its determinants. Paper presented at International Symposium on Healthy Aging Studies in China, 25 October 2001, Beijing, Jointly organized by Center for Healthy Aging and Family Studies, Peking University, IUSSP Committee on Health and Longevity, and China Population Association. Forthcoming in the IUSSP book. [Author's affiliation: Department of Sociology, Peking University]
3. Jiang, Leiwen. (2001). Study on difference in individual fertility on the Chinese oldest-old. Paper presented at International Symposium on Healthy Aging Studies in China, 25 October 2001, Beijing, Jointly organized by Center for Healthy Aging and Family Studies, Peking University, IUSSP Committee on Health and Longevity, and China Population Association. Forthcoming in the IUSSP book. [Author's affiliation: Watson Institute, Brown University]
4. Liu, Guiping. (2001). Marital status and self-rated health of the oldest old Chinese. Paper presented at International Symposium on Healthy Aging Studies in China, 25 October 2001, Beijing, Jointly organized by Center for Healthy Aging and Family Studies, Peking University, IUSSP Committee on Health and Longevity, and China Population Association. [Author's affiliation: Max Planck Institute for Demographic Research]
5. Yuan, Ye. (2001). ADL status changes of Chinese oldest old between 1998 and 200: A multistate life table analysis. Paper present at International Symposium on Healthy Aging Studies in China, 25 October 2001, Beijing, Jointly organized by Center for Healthy Aging and Family Studies, Peking University, IUSSP Committee on Health and Longevity, and China Population Association. [Author's affiliation: China National Research Center on Aging]
6. Zeng, Yi; Liu, Yuzhi; and Linda, George. (2001). Socioeconomic and Health Differentials between Male and Female Oldest-Old in China. Paper presented at the IUSSP (International Union for Scientific Studies of Population) Seminar on Longer Life and Healthy Aging, October 22-24, Beijing. Forthcoming in the IUSSP book. [Authors' affiliation: Center for Demographic Studies, Duke University; Center for Healthy Aging and Family Studies, Peking University; Sociology Department, Duke University]
7. Zeng, Yi; and Vaupel, James W. (2000). Mortality Trajectory of Oldest Old in China. Paper presented at the IUSSP Seminar on Human Longevity, Individual Life Duration, and the Growth of the Oldest-Old Population, Montpellier, France, 23-25 October 2000. Forthcoming in the IUSSP book. [Author's affiliation: Center for Demographic Studies, Duke University; Max Planck Institute for Demographic Research]
8. Zhou, Yun; and Ren, Qiang. (2001). Longevity among Chinese lineal kin. Paper presented at International Symposium on Healthy Aging Studies in China, 25 October 2001, Beijing, Jointly organized by Center for Healthy Aging and Family Studies, Peking University, IUSSP Committee on Health and Longevity, and China Population Association. (The Chinese version of this paper subsequently published in Chinese Journal of Population Science) [Authors' affiliation: Institute of Population Research, Peking University]
9. Zhu, Carolyn. (2001). Smoking and smoking cessation among the oldest old Chinese based on data from Chinese Longitudinal Healthy Longevity Survey. Paper presented at International Symposium on Healthy Aging Studies in China, 25 October 2001, Beijing, Jointly organized by Center for Healthy Aging and Family Studies, Peking University, IUSSP Committee on Health and Longevity, and China Population Association. [Authors' affiliation: Center for Aging, Duke University]
10. Chu, Junhong and Liu, Yuzhi. (2001). Demographic, Socioeconomic, and Health Status of Centenarians in China. Paper presented at the annual meeting of PAA (Population Association of

America).

**C. 26 Papers written in English to be presented at the “International workshop on data analysis of the Chinese Longitudinal Healthy Longevity Survey” at MPIDR, Rostock, initially planned for August 12-14, 2003, is now postponed to 2004 due to SARS**

1. Ahlburg, Dennis A., and Jensen, Eric. Labor market effects on healthy longevity in China. [Authors' affiliation: Department of Human Resources and Industrial Relations, University of Minnesota; Economics of Department, College of William and Mary, USA]
2. Attané, Isabelle. Determinants of healthy longevity among Chinese: comparative study between the Han and ethnic minorities. [Author's affiliation: Institut National d'Études Démographiques, France]
3. Cheung, S.L. Karen; Robine, Jean-Marie. Determinants affecting the survival chance in Chinese and French centenarians. [Authors' affiliation: Department of Social Sciences, Hong Kong University of Science and Technology; INSERM, France]
4. Ding, Jinhong. Association of life-time migration with longevity among Chinese oldest-old. [Author's affiliation: Institute of Population Research, Eastern China Normal University, Shanghai]
5. Du, Peng. Successful aging of Chinese elderly. [Author's affiliation: Gerontology Institute, Remin University, China]
6. Goodkind, Daniel M. Mortality levels and their social variation in China: Comparing findings between census data and a longitudinal study of elders. [Author's affiliation: International Programs Center, U.S. Census Bureau]
7. Gu, Danan; and Zeng, Yi. ADL disability trend from 1992 to 2002 among Chinese elderly. [Authors' affiliation: Sanford Institute of Public Policy, Duke University; Center for Demographic Studies, Duke University]
8. Guo, Guang. Sibling pairs to study genetic and environmental factors related to healthy longevity. [Author's affiliation: Department of Sociology, University of North Carolina at Chapel Hill]
9. Guo, Zhigang. The ceiling effect in the study of mortality among the oldest old. [Author's affiliation: Department of Sociology, Peking University]
10. Lagona, Francesco; and Bultrini, Massimiliano. Non parametric statistical analysis of the spatial distribution of the centenarians in China. [Authors' affiliation: Max Planck Institute for Demographic Research; Department of Statistics, University La Sapienza of Rome]
11. Li, Jianmin. Education and occupation as factors affecting the intelligence of the elderly. [Author's affiliation: Institute of Population and Development, Nankai University, China]
12. Li, Qiang. (2003). Subjective well-being and mortality in the oldest old in China. Working paper. [Authors' affiliation: Center for Healthy Aging and family Studies, Peking University]
13. Liu, Yuzhi; and Cai, Wenmei. The elderly social security and societal sustainable development. [Authors' affiliation: Center for Healthy Aging and Family Studies, Peking University; Institute of Population Research, Peking University]
14. Peng, Xizhe. Community-based social care for the elderly: the Case of Shanghai. [Author's affiliation: Institute of Population Research Fudan University, Shanghai].
15. Saito, Yasuhiko. Active life expectancy among Chinese oldest-old: Are there any differences by gender, ethnicity, place of residence and SES--An application of IMACh program. [Author's affiliation: University Research Center, Nihon University, Japan]
16. Short, Susan E.; Chen, Feinian. Family context and well-being among the oldest-old in China. [Authors' affiliation: Department of Sociology, Brown University]
17. Stallard, Eric. Patterns of Disability among the Chinese oldest-old: with a comparison to the American oldest-old. [Authors' affiliation: Center for Demographic Studies, Duke University]
18. Wu, Zheng. Living arrangement and life satisfaction among the oldest old in China. [Author's affiliation: Department of Sociology, University of Victoria, Canada]
19. Xie, Yu; and Zhu, Haiyan. Socioeconomic differentials in mortality among the oldest old in China. [Author's affiliation: Department of Sociology, University of Michigan]
20. Xu, Qin; and Gu, Danan. Dynamic transitions of ADL components and its correlates the oldest old in China. [Authors' affiliation: China National Research Center on Aging; Sanford Institute of Public Policy, Duke University]
21. Yashin, Anatoli. Tentative analysis on genetic inheritance of longevity among the Chinese oldest-old.

- [Authors' affiliation: Max Planck Institute for Demographic Research, Germany]
22. Zeng, Yi; Gu, Danan; and Land, Kenneth C. Status-based active life expectancy and extent of suffering before dying of the oldest old in China. [Authors' affiliation: Center for Demographic Studies, Duke University; Sanford Institute of Public Policy, Duke University; Center for Demographic Studies, Duke University]
  23. Zhai, Zhenwu. The Conflict between the Trend of Living in "Empty Nests" and the Decrease in Self-supporting Ability of Chinese Elderly. [Author's affiliation: Demographic Institute, Renmin University, China]
  24. Zhang, Zhen. (2003). The Effect of caregiving from children on health status of the elderly: protection or selection? Working paper. [Author's affiliation: Max Planck Institute for Demographic Research, Germany]
  25. Zhao, Zhong. How important is economic status in determining the longevity in China. [Author's affiliation: China Center for Economic Research, Peking University]
  26. Zimmer, Zachary. Flexibility and transition in living arrangements among the oldest old in China. [Author's affiliation: Population Council, UN]

**D. 28 papers written in Chinese to be presented at the "Second national workshop on determinants of healthy longevity", initially planned in May 12-13, 2003, Beijing, is now postponed to Oct. 2003 due to SARS**

1. Ao, Jin. Cognitive functioning and its risk factors among oldest old in China. [Author's affiliation: Institute of Population Research, Peking University]
2. Cai, Tianji. Determinants of life satisfaction among Chinese elderly females who are living alone. [Author's affiliation: Institute of Population Research, Peking University]
3. Chen, Weimin. Long-term care needs and resources accessibility among the oldest old in China. [Author's affiliation: Institute of Population and Development, Nankai University, China]
4. Ding, Kai. Dynamics in physical functioning from 1998 to 2000 among oldest old in China. [Author's affiliation: China National Research Center on Aging]
5. Gu, Danan. Socio-demographic effects on active life expectancy among Chinese oldest old based on multivariate multistate life table approach. [Author's affiliation: Sanford Institute of Public Policy, Duke University]
6. Gu, Danan; and Zeng, Yi. Socio-demographic effects on changes in disability of survivors and disability before dying among the oldest old in China. [Authors' affiliation: Sanford Institute of Public Policy, Duke University; Center for demographic Studies, Duke University]
7. Guo, Chongde. Thinking on the fast increased oldest old population in China. [Author's affiliation: Depart Sociology, Peking University]
8. Li, Kai. Analysis of risk factors of mortality among oldest old in China. [Author's affiliation: Department of epidemiology and Statistics, Peking University]
9. Li, Wenjuan; and Li, Shuzhuo. Marital status and mortality among Chinese oldest old. [Authors' affiliation: Institute of Population Research, Xian Jiaotong University, China]
10. Liu, Xianshuang; Li, Wenbin; Zhang, Jingli; Cai, Shuping; Wang, Luning; chen, Feng. Quality of life III: Cognitive functioning among 2430 Chinese centenarians. [Authors' affiliation: Institute of Geriatrics, General Hospital of PLA, China]
11. Liu, Yuzhi; and Cai, Wenmei. The elderly social security and societal sustainable development. [Authors' affiliation: Center for Healthy Aging and Family Studies, Peking University; Institute of Population Research, Peking University]
12. Mei, Huisheng. Quality of life and chronic disease among Chinese oldest old. [Author, Center for Aging Studies, Peking University]
13. Sun, Juanjaun. Quality of life of the oldest old: Theory and reality. [Author's affiliation: Institute of Population Research, Renmin University, China]
14. Sun, Rongjun; and Liu, Yuzhi. Risk factors of mortality among the oldest old in China. [Authors' affiliation: College of Arts and Sciences, Cleveland State University, USA; Center for Healthy Aging and Family Studies]
15. Tao, Liqun. Personality, diet and healthy longevity. [Author's affiliation: China National Research Center on Aging]
16. Wang, Luning; Li, Wenbin; Chen, Feng; Liu, Xianshuang; Cai, Shuping; Zhang, Jingli. Quality of

- life I: Prevalence of chronic diseases among 2430 Chinese centenarians.[Authors' affiliation: Institute of Geriatrics, General Hospital of PLA, China]
17. Xia, Manjun; and Tang, Zhe. Correlations of dynamics in ADL and cognitive functioning from 1998 to 2000 with self-report health among urban oldest olds. [Authors' affiliation: Center for Geriatrics and Medicare Research, Capital University of Medical Sciences, China]
  18. Xiu, Qin. Effect of socio-economic factors on ADL of the oldest old in China. [Authors' affiliation: China National Research Center on Aging]
  19. Yuan, Ye. Survival analysis of the oldest old in China. [Authors' affiliation: China National Research Center on Aging]
  20. Zeng, Yi; Gu, Danan; George, Linda. (2003). Association of religious activities with health and survival among the oldest old in China.[Authors' affiliation: Center for Demographic Studies, Duke University; Sanford Institute for Public Policy, Duke University; Department of Sociology, Duke University]
  21. Zhang, Qiuxia. Psychological well-being and healthy longevity. [Author's affiliation: China National Research Center on Aging]
  22. Zhang, Xiaoman. The role of effectiveness of social support in improvement of ADL of the elderly. [Author's affiliation: Institute of Population Research, Peking University]
  23. Zhang, Zhen. (2003). Impacts of intergenerational family relations on healthy longevity. Ph.D. dissertation. Peking University. Undergoing. [Author's affiliation: Center for Healthy Aging and Family Studies, Peking University]
  24. Zheng, Zhenzhen; Tian, Feng. Analysis of the trend of self-assessment and its determinants. [Authors' affiliation: Institute of Population and Labor Economics, Chinese Academy of Social Sciences; Institute of Population Research, Peking University]
  25. Zhou, Changwen; Li, Wenbin; Liu, Xianshuang; Cai, Shuping; Zhang, Jingli; Wang, Luning. Quality of life II: Dynamics in functioning of organs and cardiovascular system among 2430 Chinese centenarians. [Authors' affiliation: Institute of Geriatrics, General Hospital of PLA, China]
  26. Zhou, Guangfu. Positive psychological attitude is one of dominant factors affecting quality of life of the oldest old. [Author's affiliation: Institute of Human Resources, Zhongshan University, China]
  27. Zhou, Jiong. Comparative study on determinants of living alone among elderly over time. [Author's affiliation: Institute of Population Research, Peking University]
  28. Zhou, Yun; Guo, Zhigang. Patterns of proxy response in Chinese Longitudinal Healthy Longevity Survey. [Authors' affiliation: Institute of Population Research, Peking University; Department of Sociology, Peking University]

**Dataset Name:** **Cross-Sectional and Longitudinal Aging Study**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Baruch Modan (Deceased)**  
**Haim Hazan (Co-PI since 1998)**

**Data Collection Organization:** **The Chaim Sheba Medical Center, Sackler School of Medicine, Tel-Aviv University**  
**The Herczeg Institute on Aging, Tel Aviv University (since 2000)**

**Purpose:**

The Cross-Sectional and Longitudinal Aging Study is designed to provide a cross-sectional description of health, mental, and social status of the oldest-old segment of the elderly population in Israel, and to serve as a baseline for a multiple-stage research program.

**Description:**

Baseline

National Random Stratified Sample

In 1989, a random stratified sample of elderly subjects was selected from the National Population Register (NPR), a complete listing of the Israeli population maintained by the Ministry of the Interior. The NPR is updated on a routine basis with births, deaths, and in and out migration, and corrected by linkage with census data. The study sample consisted of Jewish subjects aged 75+, alive and living in Israel on January 1, 1989, selected randomly from the NPR, stratified by age (five 5-year age groups: 75-79, 80-84, 85-89, 90-94, 95+), sex, and place of birth (Israel, Asia-Africa, Europe-America). One hundred subjects were randomly selected in each of the 30 strata. However, there were less than 100 individuals of each sex aged 95+ born in Israel, so all were selected for the sample. The total group included 2,891 individuals living both in the community and in institutions. Because very few of the 95+ group were located, this age group was eliminated from analysis. A total of 1,820 (76%) of the 75-94 age group were interviewed during 1989-1992.

In the course of tracing the interviewees, those individuals found to have died prior to the point of entry into the study, but not recorded as such (i.e. deaths or emigrations before 1/1/89, late recordings, errors) were considered as "erroneously" selected and were replaced by the next individual from the same population cell. Having anticipated such problems, double the number of cases for each cell was drawn.

Kibbutz Residents Sample

The kibbutz is a social and economic unit based on equality among members, common property and work, collaborative consumption, and democracy in decision making. While in 1961 only 2.5% of the kibbutz population was over age 65, today 10% are beyond this age. There are 250 kibbutzim in Israel, and their population constitutes about 3% of the country's total population. Both economic security and social (network) security exemplify the kibbutz group.

The elderly residents of the kibbutz are comprised of two groups, kibbutz members and elderly parents of members; about 40% of the elderly kibbutz residents fall into the latter category. All kibbutz residents in the country aged 85+, both members and parents, were selected for interviewing, of whom 80.4% (n=652) were interviewed. A matched sample aged 75-84 was selected, and 85.9% (n=674) were successfully interviewed.

Interview

The original interview took approximately two hours to administer, and collected extensive information concerning the socio-demographic, physical, health, functioning, life events (including Holocaust),

depression, mental status, and social network characteristics of the sample. The questionnaire used for kibbutz residents in the follow-up interview is identical to that utilized in the national random sample.

### Prospective Study

The longitudinal follow-up is designed to correlate baseline socio-demographic, health, and functional status with three subsequent outcome variables: mortality, selected morbidity, and institutionalization. The original members of the study were located and they or their survivors were re-interviewed three to five years after the original interview. The questionnaire utilized was identical to the baseline questionnaire with some minor exceptions. Some questions considered sensitive (e.g. Holocaust experience, family deaths) and/or redundant (e.g. work history) were eliminated from the second round. An additional cognitive exam (Folstein) and a 24-hour dietary recall interview were added.

The Herczeg Institute on Aging, Tel Aviv University, have continued and led the third stage of the CALAS which investigated the old-old survivors of the original sample during 2001-2002. This stage included a combined research design of quantitative and qualitative data.

### Data Availability:

Mortality data for both the national and kibbutz samples are available for analysis as a result of the linkage to the NPR file updated as of June 2000. The fieldwork for first follow up was completed as of September 1994 and for the second follow up as of December 2002. The data file of the three phases of the study is ready for analysis.

### Bibliography:

Ruskin PE, Blumstein Z, Walter-Ginzburg A, Fuchs Z, Lusky A, Novikov I, Modan B. 1996. "Rates and Correlates of Depressive Symptoms Among the Community Dwelling Oldest Old in Israel." *American Journal of Geriatric Psychiatry* 4(3): 208-217.

Modan B, Blumstein T, Fuchs Z, et al. 1996. *The national epidemiological study of the oldest-old in Israel*. Eshel Five Year Plan, 1996-2000, Jerusalem.

Blumstein T, Fuchs Z, Walter-Ginzburg A, Novikov I, Modan B. 1998. "Predictors of Functional Disability in the Oldest-Old in Israel." *Gerontology – Journal of Aging Studies* (Israel) 25: 29-54.

Walter-Ginzburg A, Guralnik JM, Blumstein T, Fuchs Z, Modan B. 1997. "Assistance with Personal Care Activities Among the Old-Old in Israel: A National Epidemiologic Study." *Journal of American Geriatric Society* 2001; 49: 1176-1184

Walter-Ginzburg A, Blumstein T, Chetrit A, Gindin J, Modan B. 1998. "A Longitudinal Study of Characteristics and Predictors of Perceived Instrumental and Emotional Support Among the Old-Old in Israel." *International Journal of Human Development*, 1999;48:279-299.

Fuchs Z, Blumstein T, Novikov I, et al. 1998 "Morbidity, Co-morbidity and Their Association with Disability Among Community Dwelling Oldest-old in Israel." *Medical Science* 531: M447-M455.

Walter-Ginzburg A, Chetrit A, Medican C, Blumstein T, Gindin J, Modan B. 2001 "Physician visits, emergency room utilization and overnight hospitalization in the old-old in Israel: The Cross-sectional and Longitudinal Aging Study, *Journal of American Geriatric Society* , 49:1-8

Shapira Z, Chetrit A., Walter-Ginzburg A, Novikov I, Blumstein T, Modan B "Place of residence and subjective quality of life: Kibbutz residents compared to the general Israeli old-old population. *Sustainable Communities Review* 2001;5: 18-27

Walter-Ginzburg A, Blumstein T, Chetrit A, Modan B. Social factors and mortality In the old-old in Israel: The Calas Study. *J Gerontol Soc Sci* 2002;57:5 s308-318.

Shmotkin D, Blumstein T, Modan B. Tracing long-term effect of early trauma: A broad-scope view of Holocaust survivors in late life. *J Consulting Clin Psychol* 2003;71:223-234.

Benyamini Y, Blumstein T, Lusky A, Modan. Gender differences in the self-rated health mortality association: is it poor self rated health that predicts mortality or excellent self rated health that predicts survival. *The Gerontologist* 2003;43:396-405.

Fuchs Z, Novikov I, Blumstein T, Chetrit A, Ginding J, Modan B. Patterns of drug use among community dwelling old-old Population in Israel. *Image* 2003;5:346-351.

Shmotkin D, Blumstein T, Modan B. Beyond keeping active: Concomitants of being a volunteer in old-old age. *Psychol and Aging* 2003 (in press).

Blumstein T, Benyamini Y, Fuchs Z, Novikov I, Shapira Z, Modan B. The effect of a communal life style on depressive symptoms in late life. *J Aging Health* 2003 (in press).

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**Dataset Name:** Early Indicators of Later Work Levels, Disease, and Death (EI)

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Robert W. Fogel

**Data Collection Organization:** Center for Population Economics, the University of Chicago, Chicago, IL  
Center for Population Economics (Field Office) Vienna, VA

**Purpose:**

The main purpose of the EI project is to create a collection of datasets which cover the life history of approximately 40,000 white males who served in the Union Army, suitable for longitudinal studies of life-cycle interactions of biomedical and socioeconomic factors in the aging process. Data collection from military, medical, and pension records also has begun for a proportional sample of 6,000 randomly selected African-American veterans from 51 Union Army companies. Of further interest to the project is the comparison of the aging process for individuals living at different times. An effort is currently underway to collect a comparable dataset of life histories for individuals born in the early part of the twentieth century (the FILAM cohort), so that their life experiences may be compared to those of the Union Army Veterans.

**Description:**

Starting with a list of 39,616 men drawn randomly from Union Army regimental records, the project collects military, medical, and socioeconomic information on these men throughout their lifetime from a variety of data sources.

A one-stage cluster sampling procedure drew the initial list of the 39,616 men. For a target sample size of 40,000 individuals, 331 Union Army companies were chosen randomly out of those whose records survive (over 20,000 companies) at the National Archives, Washington, D.C., and all recruits in the companies selected were entered into the sample. The sampling was restricted to white volunteer infantry regiments; commissioned officers, black recruits, and other branches of military service are not included in this sample. This list of Union Army recruits for the EI project is available from ICPSR as study number 9425.

Linking the list of 39,616 men to three main data sources collects lifetime military, medical, and socioeconomic information on these men. Throughout these separate datasets, each individual is identified by his unique identification number.

**Military Data:** The military and medical history of these men while in the service is retrieved from the Union Army military service records, carded medical records, and pension records, the last of which also provides much information on the socioeconomic experience of these men from the late 1800s through the early 1900s.

**Census Data:** Both early and late-age familial and socioeconomic information is collected from the manuscript schedules of the federal censuses of 1850, 1860, 1870, 1880, 1900, and 1910.

**Surgeons' Data:** Detailed medical experience of the veterans during middle and late ages is collected from the examining surgeon's certificates, which were required by the Pension Bureau for most pension applicants.

**Data Availability and Future Plans:**

**Military Data:** Cleaned military data for 35,570 recruits from the primary EI sample is publicly available through ICPSR. The dataset consists of complete military, pension, and medical records for recruits from 303 companies from the original EI sample. Data collection and release for recruits from the remaining 30 companies is planned for 2004.

Census Data: Cleaned census data for 22,347 recruits from the primary EI sample was released to ICPSR in July 2000, and is publicly available. This dataset consists of all available census records for all recruits from 303 UA companies from the original EI sample, for the Censuses of 1850, 1860, 1870, 1900, and 1910. Linkage to the 1880 Census for the entire EI sample is currently underway.

Surgeon's Certificates Data: A coded version of the surgeon's certificates data for 17,721 recruits belonging to 303 UA companies from the original EI sample was publicly released in December 2001. Specific and total disability ratings in the Surgeon's Certificate Dataset have been coded according to standard codes and publicly released. The pension law under which the Surgeon's Certificate was issued has been inferred from a variety of sources for the entire dataset and is now publicly available via the C.P.E. website. Continued creation of the disability index for all veterans in the EI sample is underway, and plans are to apply geographic codes to residential variables and to calculate the total amount of pension received over the life course of each veteran.

The above datasets are all now available with an additional occupational variable that codes occupational descriptions according to categories used in the 1950 U.S. Census.

Supporting Datasets: Ecological and environmental variables specifying additional information about the individuals in the EI sample are also available. These include the Regimental Histories (information about the war-time experience of each UA company); Social Statistics of Cities and General Statistics of Cities from 1880, 1890, 1909, and 1916 (information on urban places from the U.S. Census Bureau); U.S. Federal Censuses of Mortality from 1850, 1860, 1870, and 1880; U.S. Army Morbidity and Mortality Reports from 1829-1875; Notifiable Disease Reports from various U.S. cities for the years 1899 through 1927; Gould Sample (micro-level data on approximately 2,000 veterans from the UA sample linked to Dr. Benjamin Gould's detailed investigation on behalf of the U.S. Sanitary Commission of the anthropometric condition of American soldiers, published in 1869); and a pilot sample, containing approximately 1,600 observations, of Rejection Records (information on individuals rejected for military service in the Union Army for medical reasons). Creation of a database of characteristics of the water supply of all cities and towns that had a public water supply in 1897 also has begun. Any of these datasets may be obtained by contacting the C.P.E.

The FILAM Cohort: Data are currently being collected on the FILAM (Fetal, Infant, and Later Aging-Marker) cohort, born between 1910 and 1935. These data will prove of enormous value in comparison to the UA data, and independently. Birth records from five hospitals are being gathered, including birth weight, maternal health, family characteristics, and perinatal health. Pilot versions of these data are available from the C.P.E. upon request (requires signing of data use agreement.)

All of the above datasets are publicly available from ICPSR. In addition, copies on CD-ROM may be obtained from the Center for Population Economics. The C.P.E. has also recently created an interactive Internet Data Archive and Documentation Library, which can be accessed at <http://www.cpe.uchicago.edu>.

### **Future Plans:**

The military data collection for the African-American sample, now underway, is due to be completed in early 2003. Collection of the Surgeon's Certificates data for this sample is scheduled to begin in Fall 2002. Collection of census records will follow. The EI project also plans to construct micro-level data on a sample of 10,000 individuals rejected for service in the Union Army due to medical causes. The sample will be drawn, the resulting data cleaned, and then released to investigators. This dataset will allow estimation of the health of UA veterans relative to the general population and calibration of results from the larger sample.

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**Dataset Name:** **Epidemiology of Chronic Disease in the Oldest Old**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Dorothy Rice**

**Data Collection Organization:** **Kaiser Permanente Medical Care Group (KPMCP) Division of Research, Northern California**

**Purpose:**

In response to growing concerns about the potential impact of chronic disease among the elderly, the National Institute on Aging funded a large-scale study in 1988 to examine trends over time in chronic diseases among the elderly with a focus on the 'oldest old' (over age 80). A particular focus of the study was on whether the elderly were living longer with chronic diseases and what that increased longevity might mean for health services utilization. This study was conducted at the Northern California Kaiser Permanente Medical Care Program's Division of Research from 1988-1995. The data are now offered for use by non-Kaiser investigators through a brief application process.

**Description:**

The intent of sample selection was to create from existing records two 3,000-person cohorts of KPMCP members' aged 65 and over. These cohorts were followed for 9 years each through existing medical records and computerized hospitalization tapes. Mortality ascertainment was done by matching the sample data with state Vital Statistics data. Mortality data was collected for an additional 3 years for each cohort, for a total follow-up time of 12 years.

The initial sample was drawn from the KPMCP active membership lists for the years 1971 and 1980. The sample was restricted to members that had a Multiphasic Health Checkup examination (MHC) within 7 years of the baseline date. The sample was stratified to attain equal numbers of observations (1,000 in each) in three sex-age cells for each cohort: 65-69, 70-79, and 80+. The selection was restricted to MHC takers. The first cohort has 2,877 participants with follow-up starting from 1971, and the second has 3,113 participants followed from 1980. Overall, 3,006 women and 2,984 men were included. There are 282 people who are in both cohorts.

**Data Collection:**

The main data collection effort was focused on medical chart review. The purpose of the chart review was to collect data for a nine-year period about clinical diagnoses of chronic diseases and outpatient health services utilization. Standard data collection forms were developed, pilot tested and used for this purpose, they are included in the documentation.

Diagnoses

Diagnostic criteria were collected for all cardiovascular diseases, and selected cancers (breast, colon, uterine, cervical). Data on hypertension and diabetes were collected using a standardized protocol (see Diagnostic Criteria - Form D) in the absence of a clinical diagnosis. Data on presence or absence of functional limitations in those with dementia were collected from the medical chart. Nursing home admissions and discharge dates were recorded when present in the chart.

Mortality data was obtained from two sources: (a) Form I in the chart review forms recorded the date, location and causes of death (ICD or E codes) when present in the chart, and (b) the sample was matched with Vital Statistics data which provided the same data. Form I also included a review for the presence of 4 specific conditions in the one month prior to death (pneumonia/influenza, urinary tract infection, decubitus ulcer, septicemia from other sources). For each of these conditions, it was recorded whether septicemia was present. The reviewer also recorded whether an autopsy was performed. Prevalence of

chronic diseases was ascertained by conducting a retrospective chart review for a four-year period before the baseline year of 1971 or 1980. Diagnostic criteria were not obtained for prevalent cases, only the clinical diagnosis was obtained.

#### Health Services Utilization

Outpatient health services utilization for nine years was collected on a quarterly basis for clinic visits and for selected labs and procedures. The clinic types were: emergency, gynecology, home health, medicine, nursing home, orthopedic, physical therapy, surgery and other. The labs and procedures included: chemistry, hematology, urinalysis, bacteriology, chest x-ray, GI x-ray, ultrasound, CT/MRI, mammogram, resting ECG, treadmill ECG, echocardiograms, nuclear scans, outpatient breast biopsy, cystoscopy, and cataract surgery. Inpatient utilization includes all hospitalizations, procedures done during a hospital stay, length of stay, admitting/discharge diagnosis. These data were taken from existing data tapes routinely maintained by KPMCP from 1971 on.

#### **Data Availability:**

These datasets have been documented extensively and are available on CD-ROM from Dr. Haan at the University of Michigan, Epidemiology.

#### **Bibliography:**

Sauvaget C, Ichiro Tsuji, Haan MN, Hisamichi S. 1999. "Trends in dementia-free life expectancy among the elderly in the US." *International Journal of Epidemiology and Community Health*, in press.

Thom D, Haan MN, Van Den Eden SK. 1997 "Medically recognized urinary incontinence and risks of institutionalization and mortality." *Age and Ageing*.

Haan MN, Selby JV, Rice DP, Quesenberry C, Fireman B. 1997. "The impact of aging on health services utilization in a large HMO: 1971-91." *Journal of the American Geriatrics Society*, 45(6).

Haan MN, Rice DP, Selby JV, Quesenberry C. 1996. Trends in cardiovascular disease incidence and survival: results from the Kaiser Permanente compression of morbidity study. *Annals of Epidemiology*, 6:348-356.

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<b>Dataset Name:</b>	<b>Established Populations for Epidemiologic Studies of the Elderly (EPESE)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Principal Investigator:</b>	<b>James O. Taylor, Robert B. Wallace, Lisa Berkman, and Dan G. Blazer</b>
<b>Data Collection Organization:</b>	<b>East Boston Neighborhood Health Center, University of Iowa Yale University Duke University.</b>

**Purpose:**

The objective of the EPESE data collection was to describe the prevalence and incidence of disability and other chronic conditions in addition to predictors of mortality, hospitalization, and placement in long-term care facilities.

**Description:**

The EPESE project consisted of baseline and annual follow-up surveys on approximately 14,000 persons conducted in four geographically-defined communities: East Boston, Massachusetts; Iowa and Washington counties, Iowa; New Haven, Connecticut (started in 1982/1983); and a five county-wide region in north-central North Carolina (started in 1986). Half of the participants in the North Carolina EPESE are African-American. The baseline data cover demographic characteristics (age, sex, race, height, weight, income, education, marital status, number of children, employment, and religion); social and physical functioning; chronic conditions; related health problems; health habits; self-reported use of dental, hospital, and nursing home services. More detailed descriptions of the Iowa and North Carolina surveys follow in this document (“Iowa 65+ Rural Health Study” and “PHSE Ten-Year Follow-up of North Carolina EPESE”).

**Data Availability:**

Data from the baseline and the first 6 years of follow-up are available through the National Archive of Computerized Data on Aging, located within the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan. The information is identified as ICPSR #9915. Information from death certificates obtained for deaths occurring in the first 6 years of follow-up is also available.

**Bibliography:**

Chrischilles EA, Foley D, Wallace RB, Lemke JH, Semla TP, Hanlon JT, Glynn RJ, Sotfeld AM, Guralnik JM. 1992. “Use of medications by persons 65 and older: Data from the Established Populations for Epidemiologic Studies of the Elderly.” *Journal of Gerontology Medical Sciences* 47(5):M137-M144.

Colsher PL, Wallace RB, Pomrehn PR, LaCroix AZ, Cornoni-Huntley J, Blazer D, Scherr PS, Berkman L, Hennekens CH. 1990. “Demography and health characteristics of elderly smokers: Results from the Established Populations for Epidemiologic Studies of the Elderly.” *American Journal of Preventive Medicine* 6: 61-70.

Cornoni-Huntley JC, Ostfeld AM, Taylor JO, Wallace RB, Blazer D, Berkman LF, Evans DA, Kohout FJ, Lemke JH, Scherr PA, and Korper SP. 1993. “Established populations for epidemiologic studies of the elderly: Study design and methodology.” *Aging: Clinical and Experimental Research* 5: 27-37.

Cornoni-Huntley J, Brock DB, Ostfeld AM, Taylor JO, and Wallace RB eds. 1986. *Established Populations for Epidemiologic Studies of the Elderly, Resource Data Book, National Institute on Aging*. NIH publication No. 86-2443.

Cornoni-Huntley J, Blazer DG, Lafferty ME, Everett DF, Brock DB, Farmer ME eds. 1990. *Established Populations for Epidemiologic Studies of the Elderly, Volume II, Resource Data Book, National Institute on Aging*. NIH publication no. 90-495.

Cricco M, Simonsick EM, Foley DJ. 2001. "The impact of insomnia on cognitive functioning in older adults." *Journal of the American Geriatrics Society* 49: 1185-1189.

Handa VL, Landerman LR, Hanlon JT, Harris T, Cohen HJ. 1996. "Do older women use estrogen replacement: Data from The Established Populations for Epidemiologic Study of the Elderly (EPESE)." *Journal of the American Geriatrics Society* 144: 1-6.

White L, Katzman R, Losonczy K, Salive M, Wallace R, Berkman L, Taylor J, Fillenbaum G, Havlik R. 1994. "Association of education with incidence of cognitive impairment in three Established Populations for Epidemiology Studies of the Elderly." *Journal of Clinical Epidemiology* 47: 363-374.

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**Dataset Name:** German Socio-Economic Panel (GSOEP)

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Richard V. Burkhauser

**Data Collection Organization:** The Department of Policy Analysis and Management, Cornell University

**Purpose:**

The German Socio-Economic Panel (GSOEP) is the only nationally representative panel study of households and individuals in the Federal Republic of Germany. Its purpose is to provide a dynamic record of the socioeconomic characteristics of Germans, including those living in the reunified eastern states formerly known as the German Democratic Republic. These data permit researcher to track yearly changes in the health and economic well-being of older people relative to younger people in Germany from 1984 to the present.

**Description and Study Design:**

The GSOEP is developed and administered by the German Institute for Economic Research (DIW) in Berlin. The English Language Public Use Version of the GSOEP is distributed and administered by the Department of Policy Analysis and Management, Cornell University.

In addition to standard demographic information, the GSOEP questionnaire also contains objective measures – use of time, use of earnings, income, benefit payments, health, etc. – and subjective measures – level of satisfaction with various aspects of life, hopes and fears, political involvement, etc. - of the German population.

The first wave, collected in 1984 in the western states of Germany, contains 5,921 households in two randomly sampled sub-groups: 1) German Sub-Sample: people in private households where the head of household was not Turkish, Greek, Yugoslavian, Spanish, or Italian nationality; 2) Foreign Sub-Sample: people in private households where the head of the household was Turkish, Greek, Yugoslavian, Spanish, or Italian nationally. In each year since 1984, the GSOEP has attempted to reinterview original sample members unless they leave the country. A major expansion of the GSOEP was necessitated by German reunification. In June 1990, the GSOEP fielded a first wave of eastern states of Germany. This sub-sample includes individuals in private households where the head of household was a citizen of the German Democratic Republic. The first wave contains 2,179 households. In 1994 and 1995, the GSOEP added a sample of immigrants to the western states of Germany who arrived after 1984. The first wave contains 522 households. In 1998, a new “refreshment” sample of 1,067 households was selected from the population of private households. Finally, in 2000 a sample was drawn using essentially similar selection rules as the original German sub-sample and the 1998 refreshment sample with some modifications. The 2000 sample includes 6,052 households.

**Data Availability:**

- The first eighteen waves of the GSOEP data, including the first twelve waves of individuals living in the eastern states of Germany, and the first eight waves of the immigrant data. All data contain English variable and value labels that are translations of the original information provided by the German Institute for Economic Research (DIW). These data are available in SAS-Windows \*.SD2, SAS Transport \*.V5X, SPSS-Windows \*.SAV, SPSS Transport \*.POR, Stata 4.0, and ASCII formats.
- Dictionary files that include the variable names, labels, and positions, as well as value labels and formats
- Adobe Acrobat version of *The GSOEP Study: Desktop Companion To The German Socio-Economic Panel (GSOEP)*, edited by John Haisken-DeNew and Joachim Frick.

- English Translations of all questionnaires, from 1985 through 2002, in HTML format.
- The first 41 working papers in the Cross-National Studies in Aging Program Project Working Paper Series and Aging Studies Program Paper Series in Adobe Acrobat formats.

Included on the CD-ROM with the English User Package for the GSOEP 1984-2001 is the Cross-National Equivalent File 1980-2001.

For users who have already signed a contract with DIW and have received earlier releases of these data, registers users receive updated data for a nominal fee of \$30. Contact Cornell University at the address below.

For new users, the dissemination of the GSOEP public-use file is a two-step process. It is first necessary to sign a contract with the original producer of the data, the DIW. After the contract is signed, contact for Cornell to receive the data. The charge for the CD-ROM is \$125. Contact DIW and Cornell at the addresses below.

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<b>Dataset Name:</b>	<b>Health and Retirement Study (HRS)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Principal Investigator:</b>	<b>Robert J. Willis</b>
<b>Data Collection Organization:</b>	<b>Institute for Social Research, University of Michigan</b>

**Purpose:**

Dramatic and important changes are taking place that are likely to affect the age at which people choose to retire and their economic security during retirement. These changes affect us as individuals and as a country. Examples include: mismatches between physical or cognitive status and job demands; the increased flexibility of work schedules; changes in the structure of private pensions away from defined benefit plans; the availability and cost of retiree health insurance; the increased importance of intergenerational transfers of both money and time; the recent pattern of labor force participation of women, blacks, and Hispanics; changes in longevity and in health status during old age; and workplace accommodation to disability. The Health and Retirement Study (HRS) provides data with which these changes can be analyzed.

**Description:**

Begun in 1990 through cooperative agreement with the National Institute on Aging, the HRS is a longitudinal data collection effort intended to provide data for researchers, policy analysts, and program planners who are making major policy decisions that affect retirement, health insurance, saving and economic well-being. Funding has been secured for continued data collections in 2002 and 2004, including the enrollment of the 1948-53 birth cohort in 2004. In addition, the HRS is parent to two innovative supplements – the Aging Demographics and Memory Study (ADAMS) and the Off Year Mail Out (OYMO).

The Aging, Demographics, and Memory Study (ADAMS) was funded as a competitive supplement to the HRS. For this project the University of Michigan is teaming with Duke University to conduct an in-home clinical assessment of dementia status of people in the HRS sample aged 70+, administered by a nurse and a psychometric technician. The data are then evaluated by a case conference of physicians from appropriate disciplines, with some effort to sort out Alzheimer’s disease from other forms of dementia. A primary goal of the ADAMS study involves obtaining a national prevalence measure of dementia, and studying the burden of dementia in terms of expenditures as well as the process of care and impact on caregivers. Another important goal is to leverage the wealth of cognitive impairment data in the HRS to study dementia, making it possible, for example, to validate the HRS self-reported measures against clinical measures. If measures are quite close, as they are believed to be, then it will be possible to impute dementia status for nonrespondents with the advantages of a large study population.

The Off Year Mail Out (OYMO) was funded as a competing supplement to the HRS to field three mail surveys in 2003: one to obtain information on conducting the HRS online by about 2500 respondents; one on consumption and time to about 5000 respondents, as was done in 2001; and one to 2,150 HRS respondents who reported having diabetes in the 2002 wave of HRS.

**Objectives:**

- Explain the antecedents and consequences of retirement
- Examine the relationship between health, income, and wealth over time
- Examine life cycle patterns of wealth accumulation and consumption
- Monitor work disability
- Provide rich source of interdisciplinary data, including linkages with administrative data
- Examine how the mix and distribution of economic, family and program resources affect key outcomes, including retirement, dissaving, health declines and institutionalization

### **Study Design:**

- National panel study
- Initial sample of over 12,600 persons in 7,600 households
- Oversamples (100%) of Hispanics, Blacks, and Florida residents
- Baseline: in-home, face-to-face in 1992 for the 1931-41 birth cohort (and their spouses, if married, regardless of age); in 1998 for 1924-1930 (CODA: Children of the Depression Age) and 1942-47 (War Babies) birth cohorts
- Incorporation of study of Asset and Health Dynamics Among the Oldest Old (AHEAD – pre-1924 birth cohort) in 1998, with combined survey instrument and field data collection
- Follow-ups by telephone every second year, with proxy interviews after death

### **Questionnaire Topics:**

- Health and cognitive conditions and status
- Retirement plans and perspectives
- Attitudes, preferences, expectations, and subjective probabilities
- Family structure and transfers
- Employment status and job history
- Job demands and requirements
- Disability
- Demographic background
- Housing
- Income and net worth
- Health insurance and pension plans
- Experimental modules

### **Links with Administrative Data:**

- Employer Pension Study (1993, 1999)
- National Death Index
- Social Security Administration earnings and projected benefits data; W-2 self-employment data
- Medicare files

### **Future Plans:**

The HRS and AHEAD studies were merged into a single data collection effort and instrument (HRS 1998). HRS 1998 includes Wave 4 of HRS and Wave 3 of AHEAD, as well as the addition of baseline information on two new cohorts, CODA (1924-30) and War Babies (1942-47). Currently, we are in the third year of a 6-year renewal to collect three additional waves of data in 2000, 2002 and 2004, including the enrollment of a new birth cohort representing the leading edge of the Baby Boomers (1948-1953) in 2004. The 2002 data collection is complete and the Early Release data has been released.

### **Data Availability:**

All publicly available data may be downloaded after registration from <http://hrsonline.isr.umich.edu>. This currently includes final release versions of HRS Wave 1 (1992), HRS Wave 2 (1994), HRS Wave 3 (1996), HRS 1998, HRS 2000, AHEAD Wave 1 (1993) and AHEAD Wave 2 (1995); and, early release data files from the HRS 2002 data collection. Early Release data files are typically available within three months of the end of each data collection, with the Final Release following at 24 months after the close of data collection activities.

Wave 1 data have been merged with administrative records such as pension plan provisions and formulas obtained from coding employer pension documents, Social Security earnings and benefits records and the NDI. Most merged files are available as Restricted Files through an application process described on the website.

A number of workshops have been and will continue to be held to evaluate the data and design of the instrument, and to inform users how to manipulate the dataset for their own research interests.

### **Bibliography:**

HRS has a growing bibliography of works assessing the data quality and adequacy of the content, design and methodology used in the study, as well as analytical works. HRS also has a contributed working  
August 2003

paper series distributed through the University of Michigan's Population Studies Center with support from the Michigan Center on the Demography of Aging. Additionally, a special issue of the *Journal of Human Resources* (Volume 30, Supplement 1995) was published based on results from the first wave of HRS data collection.

**Agencies and Organizations involved in planning the HRS:**

NIA, ASPE, AARP, Department of Labor Pension and Welfare Benefits Administration, SSA, HCF, NCHS.

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**Dataset Name:** Human Mortality Database

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** John R. Wilmoth

**Data Collection Organization:** University of California, Berkeley

**Purpose:**

The Human Mortality Database is being created to provide detailed mortality and population data to researchers, students, journalists, policy analysts, and others interested in the history of human longevity. The main goal of the database is to document the longevity revolution of the modern era and to facilitate research into its causes and consequences.

**Description:**

When the dataset went online in May 2002, it contained data for 17 countries. For each country, the database includes calculated death rates and life tables by age, time, and sex, along with all of the raw data (vital statistics, census counts, population estimates) used in computing these quantities. Data are presented in a variety of formats with regard to age groups and time periods. The project is a collaborative effort involving researchers at the department of demography of the University of California in Berkeley (USA) and at the Max Planck Institute for Demographic Research in Rostock (Germany). It replaces an earlier NIA-funded project, known as the Berkeley Mortality Database (see [demog.berkeley.edu/Wilmoth/mortality](http://demog.berkeley.edu/Wilmoth/mortality)).

**Objectives:**

We seek to provide open, international access to historical and contemporary data on human mortality. The database will promote both policy analysis and basic scientific research by providing access both to calculated death rates and life tables and to all relevant raw data.

**Future Plans:**

We plan to add several more countries to the collection over the next few years. We are also developing an interactive web interface to give more options to database users.

**Data Availability:**

All data is freely available over the internet at [www.mortality.org](http://www.mortality.org) and [www.humanmortality.de](http://www.humanmortality.de). Users are required only to complete a brief registration form before gaining access to the database.

**Bibliography:**

Users will be requested to submit information about publications using data from the database.

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**Dataset Name:** Indonesian Family Life Survey (IFLS)

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** John Strauss

**Data Collection Organization:** RAND/UGM

**Purpose:**

The purpose of this project is to design, field and place into the public domain an innovative, longitudinal survey of individuals, families, and communities in Indonesia. The Indonesia Family Life Survey (IFLS) will support scientific research on issues related to understanding the social, economic, demographic and health transitions that are taking place in the context of a rapidly changing low-income country. The first wave of IFLS was fielded in 1993 and collected information on over 30,000 individuals living in 7,200 households. The sample covers 321 communities in 13 provinces in Indonesia and is representative of about 83% of the population. These households were revisited in 1997 (IFLS2) and again in 2000 (IFLS3). A 25% sub-sample of households was re-interviewed in 1998 (IFLS2+). The survey is ideally suited for research on topics related to important dynamic aging processes such as the transition from self-sufficiency to dependency, the decline from robust health to frailty, labor force and earning dynamics, wealth accumulation and decumulation, living arrangements and intergenerational transfers.

**Description:**

IFLS is an on-going multi-level longitudinal survey that collects extensive information on socio-economic and demographic characteristics of respondents. Special attention is paid to the measurement of health, including the collection of biomarker data. In addition to comprehensive life history data on education, work, migration, marriage and child bearing, the survey collects very detailed information on economic status of individuals and households. This includes consumption, earnings, non-labor income and wealth. Recognizing that families and households are not synonymous, links with non co-resident family members are spelled out in conjunction with information on borrowing and transfers. Information is gathered on participation in community activities and in public assistance programs. Measurement of health is a major focus of the survey. In addition to detailed information about use of private and public health services along with insurance status, respondents provide a self-reported assessment of health status. Moreover, a nurse or doctor visits every household and conducts a physical health assessment of each respondent. This includes measurement of anthropometry, blood pressure, lung capacity, a mobility test and level of hemoglobin in the blood. Dry blood spots have also been collected.

In each wave of IFLS, the individual and household surveys are complemented by an extremely comprehensive community and facility survey. This survey involves interviews with local leaders regarding services available in the community, visits to multiple private and public health service providers and visits to multiple schools in every community. Detailed information on the local economy and prices of goods and services are also collected. These data may be matched with the individual and household -level data.

Considerable attention has been placed on minimizing attrition in IFLS. In each re-survey, about 95% of households have been re-contacted. Around 10-15% of respondents have moved from the location in which they were interviewed in the previous wave. In addition, individuals who "split-off" from the original households have been followed. They have added around 1,000 households to the sample in 1997 and about 3,000 households in 2000.

As we were completing fieldwork for the 1997 wave of IFLS, the Asian Crisis hit Indonesia. We re-interviewed a sub-sample of households a year later in 1998 in order to provide solid scientific evidence on the immediate impact and responses to this major shock. IFLS2+ surveyed households in 25% of the IFLS enumeration areas and covered about 2,000 households (10,000 individuals).

## Objectives:

The primary objectives of IFLS are to contribute to the information infrastructure in the social sciences in order to support research on critical topics confronting scientists and policy makers. IFLS is designed to support analyses of such aging-related topics as:

- the timing of the transition into frailty
- the relationship among income, wealth, education, and family support networks and health status
- the timing of transitions out of the labor force & co-incident events associated with those transitions
- links between income, education, family support networks, health and labor market outcomes
- the effects of changes in social safety nets on welfare of the elderly and their adult children.

With the advent of the Asian Crisis, IFLS is an extraordinarily rich resource for understanding the immediate and medium term impacts of a major, arguably unanticipated, shock on the lives of Indonesians, their families and their communities. It is also possible to examine responses to the crisis by these people and, exploiting the panel dimension of the survey, evaluate the effectiveness of these responses.

## Study Design and Future Plans:

### Panel study

- 1993 (baseline): In-home, face-to-face interview with household head, spouse and sample of their children and sample of other adult household members.
- 1997: Follow-up all households, all 1993 "main" respondents and all 1993 household members born before 1967.
- 1998: Follow-up of 25% sub-sample (not funded by NIA) Interview selected household members (1993) and all household members (1997 & 1998).
- 2000: Follow-up all households, all 1993 "main" respondents, all 1993 household members born before 1967, sample of other 1993 household members.
- 2004: Next follow-up planned.

### Sample Sizes

- 1993: 7,200 households; 22,000 individual interviews
- 1997: 7,500 households; 33,000 individual interviews
- 1998: 2,000 households, 10,000 individual interviews
- 2000: 10,400 households, 37,000 individual interviews

## Questionnaire Topics:

Consumption	Tobacco consumption
Knowledge of health care providers	Acute Morbidity
Labor earnings and work histories	Ability to perform ADL's
Household and individual assets	Self-treatment
Education and migration history	Health service utilization
Marriage and pregnancy histories	Health Insurance
Links with non co-resident kin	Height, weight, waist/hip, hemoglobin
Transfers and borrowing	Lung capacity, blood pressure, mobility
Household decision-making	Dry blood spots
Community support network	Nurses' assessment of health status

## Agencies involved in implementing the survey:

- MSU, RAND, UCLA
- University of Gadjah Mada, University of Indonesia
- Indonesian Ministries of Economic Planning, Education, Family Planning and Health
- Input from experts at European, Indonesian, international and U.S. institutions

**Data Availability:**

Download from <http://www.rand.org/FLS/IFLS>, or ICPSR. (See appendix for ICPSR information.) See <http://www.rand.org/FLS/IFLS> for full documentation and more information.

**Bibliography:**

- Frankenberg E. and L. Karoly. 1995. "The 1993 Indonesia Family Life Survey: Overview and Field Report." Santa Monica, CA: RAND.
- Frankenberg E. and D. Thomas. 2000. "The Indonesia Family Life Survey (IFLS): Study design and results from Waves 1 and 2." Santa Monica, CA: RAND.
- Frankenberg, E., D. Thomas and K. Beegle. 2000. "The real costs of an economic crisis: Preliminary results from the Indonesia Family Life Surveys." Santa Monica, CA: RAND.
- Thomas, D., E. Frankenberg and J.P. Smith. 2001. "Lost but not forgotten: Attrition in the Indonesia Family Life Survey", *Journal of Human Resources*, 36.3 556-592.

**Principal Investigators:**

IFLS1: Paul Gertler, UC Berkeley; Lynn Karoly, RAND; Elizabeth Frankenberg, UCLA

IFLS2: Elizabeth Frankenberg, UCLA; Duncan Thomas, UCLA

IFLS2+: Elizabeth Frankenberg, UCLA; Duncan Thomas, UCLA, Kathleen Beegle, World Bank

IFLS3: John Strauss, Michigan State University and RAND; Kathleen Beegle, World Bank;  
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**Dataset Name:** **International Database on Aging (IDBA)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Richard Suzman, NIA**  
**Victoria Velkoff, IPC**

**Data Collection Organization:** **US Census Bureau, International Programs Center (IPC)**

**Purpose:**

In response to the need for reliable and internationally comparable statistics on population aging, the National Institute on Aging (NIA) and the International Programs Center (IPC), US Census Bureau, have created a computerized data base which provides detailed demographic and socioeconomic information about the aged in the United States and other countries, both industrialized and developing. The intent of this effort is twofold: to promote a better understanding of the aging process in disparate societies, and to afford researchers and policymakers in the US a better opportunity to gain insights and formulate responses to demands generated by an aging American population.

**Description:**

The International Data Base on Aging (IDBA) is a subset of a larger International Data Base (IDB) that is maintained and updated by the IPC. The IDB contains the IPC's population projections for all countries of the world, as well as information for as many as 51 demographic and socioeconomic variables for each country. The initial IDB design included virtually no statistics for elderly age groups; as was common until recent years, the elderly typically were aggregated into a broad open-ended age group (e.g., 60 or 65 years old and over). The primary goal of the IDBA is to expand the age coverage of the IDB by assembling census, survey, administrative, and population-projection data for 5-year age groups up to the oldest available grouping.

The detailed IDBA statistics include not only numbers of people in each age cohort, but also their marital statuses, labor force participation and occupation, mortality rates, and related characteristics. Another goal of the IDBA is to broaden the temporal coverage of statistics on the elderly; data for 1950 to the present are included, with population projections running through the year 2050. Information about cohorts over time allows researchers to go beyond mere cross-sectional comparisons to analyses of the same age cohorts in different countries.

Data base contents have been reviewed for internal consistency and international comparability. Source documentation accompanies all information, and additional notation of conceptual definitions and/or data irregularities is provided where necessary. The initial geographic coverage of 31 countries was expanded to 42 in 1989, to 85 in 1994, and to 101 countries in 1996, and currently covers all 227 countries of the world.

**Bibliography:**

- *An Aging World: 2001*. 2001. US Census Bureau, P95/01-1
- *Gender and Aging: Caregiving*. 1998. An 8-page brief that gives an overview of caregiving, gender, and aging.
- *Gender and Aging: Mortality and Health*. 1998. An 8-page brief that gives an overview of health aspects of aging and gender in 42 countries.
- *Aging in the Americas into the XXI Century*. 1998. A wallchart which highlights statistics and comparative indicators for the Western Hemisphere.
- *Gender and Aging: Demographic Dimensions*. 1997. An 8-page brief that highlights the demographic dimensions of gender and aging in 42 countries.
- *Global Aging into the 21st Century*. 1996. A wallchart which highlights statistics and comparative indicators for 100 countries.

- *Older Workers, Retirement and Pensions. A Comparative International Chartbook.* 1995. US Bureau of the Census, IPC95/2.
- *Aging Trends.* A series of 4-page publications on dimensions of population aging in individual countries (Issued periodically 1989-1997).
- *Aging in Eastern Europe and the Former Soviet Union.* 1993. US Census Bureau, P95/93-1.
- *An Aging World II.* 1993. US Census Bureau, P95/92-3.
- *Population and Health Transitions.* 1992. US Census Bureau, P95/92-2.
- *Aging in the Third World.* 1988. US Census Bureau, P95/79.
- *An Aging World.* 1987. US Census Bureau, P-95/78.

In addition to these formal publications, many other IDBA-based products (book chapters, staff papers, journal articles, presentations, etc.) were generated during the period 1985-2003. A list may be obtained from the address below.

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**Dataset Name:** Iowa 65+ Rural Health Study

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Robert B. Wallace

**Data Collection Organization:** University of Iowa College of Medicine

**Purpose:**

- Identify a wide range of risk factors for disease, disability and death among older persons;
- Better understand the natural history of health and disease problems in older persons;
- Identify potential areas of intervention;
- Enhance disease prevention and health promotion in older persons;
- Contribute to health and health services policy (in order to improve the delivery of public health and clinical services to older persons); and
- Improve methodological approaches to the population and clinical study of older persons.

**Description:**

This cohort was founded in 1981 as a sister study of the Established Populations for Epidemiologic Study of the Elderly (EPESE). It complements the findings of the three other EPESE sites (East Boston, MA; New Haven, CT; and north-central North Carolina) and has common items and methods in many domains. The target population was all persons 65 years and older in two rural counties in east central Iowa: Iowa and Washington counties. In 1981 a census of older persons in the target area was conducted by the investigators, creating an ascertainment list having 99% of the persons identified in the previous year by the US Decennial Census. The baseline survey was conducted between December 1991 and August 1992. Overall, 3,763 persons, or 80% of the target population were interviewed. The population is virtually entirely Caucasian. Subsequently, personal follow-up surveys were conducted 3, 6, and 10 years after the baseline survey. Telephone surveys were conducted 1, 2, 4, 5, and 7 years after the baseline survey.

Data collected from respondents was nearly all from structured questionnaires. At follow-up #6, there were a series of physical function performance tests, the so-called NIA-MacArthur Battery, and blood was drawn for biochemical tests and potentially other determinations. In addition, some datasets were linked to the EPESE dataset under appropriate restrictions, including Iowa state driving records and clinical diagnoses and medical care utilization from the Health Care Financing Administration.

**Questionnaire Topics:**

- Demographics
- Major health conditions
- Health care utilization
- Hearing and vision
- Weight and height
- Elements of nutrition
- Sleep problems
- Depressive and anxiety symptoms
- Alcohol and tobacco use
- Cognitive performance and dementia screening measures
- Incontinence
- Social networks and support
- Life satisfaction index
- Medication use
- Worries
- Dental problems
- Activities of daily living
- Life events

**Questionnaire Topics (continued):**

- Satisfaction with medical care
- Automobile driving habits
- Brief economic status
- Blood pressure
- Multiple measures of physical and disability status

**Future Plans:**

Data collection was completed in 1992 although continued linking with various indirect data sources may continue under appropriate restrictions. Active analysis is continuing.

**Data Availability:**

The dataset has been shared with several investigative teams under special arrangement with the Principal Investigator. Early surveys are available from ICPSR. A small storage of blood is available for exploratory analyses.

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**Dataset Name:** **Longitudinal Employer Household Dynamics (LEHD)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **John Abowd, John Haltiwanger  
Julia Lane, and Ronald Prevest**

**Data Collection Organization:** **US Census Bureau**

**Purpose:**

The mission of LEHD is to combine federal and state administrative data on employers and employees with core Census Bureau censuses and surveys to improve the quality and understanding of survey products, and to conduct or facilitate research on emerging social and economic policy issues. Of particular importance is the development of a data infrastructure of integrated household and firm datasets that relate employers to their employees and vice-versa. This data infrastructure facilitates longitudinal research applications in both the household/individual and firm/establishment dimensions. The specific research is targeted at filling an important gap in the available data on older workers by providing information on the demand side of the labor market.

**Description:**

These datasets comprise Title 13 protected data from the Current Population Surveys, Surveys of Income and Program Participation, Surveys of Program Dynamics, American Community Surveys, the Business Register and Economic Censuses and Surveys. We have built employer-employee data relations based on universe state records from eighteen states: California, Colorado, Florida, Idaho, Illinois, Kansas, Maryland, Minnesota, Missouri, New Jersey, New Mexico, North Carolina, Oregon, Pennsylvania, Texas, Virginia, and West Virginia. LEHD's second method of developing employer-employee data relations through the use of federal tax data has been completed.

LEHD achieves its objective by:

1. Producing summary tables on accessions, separation, job creation, destruction and earnings by age and sex of worker – by industry and geographic area. These tables are available for pilot states and now on the website at <http://lehd.dsd.census.gov>.
2. Providing state-level micro data to approved researchers at Census facilities as of October 2003. The data files will be analytical subsets of the following:
  - a. Longitudinal datasets on all firms in each participating state (quarterly data, 1991- 2001), with information on age, sex, turnover, and skill level of the workforce as well as standard information on employment, payroll, sales and location
  - b. Administrative or survey datasets that could be folded into LEHD's data infrastructure enhancing, if appropriate relational information is provided. Fully documented data files are available.
3. Creating new public use files that are derived from the integration of the Survey of Income and Program Participation with detailed earnings histories. A first version of the inference valid synthetic data files will be available in early 2004.
4. Creating new data products (summary tables and enhanced public use data files) by linking worker information to the Business Register that is enhanced by detailed and universal firm pension and benefit information from the 5500 file. This file provides information on whether firms cover employees on a plethora of pension plans, including profit-sharing, 401(k), 403(b)s, IRA's, and defined contribution plans. This work is reported as LEHD Technical Paper No. TP-2003-05, "Describing the Form 4400-Business Register Match" new data products include:
  - a. Current Population Survey (1973-1999) enhanced by detailed information on pension plans offered by previous and current employers, the firm take-up rate, and financial characteristics of the firm,

- b. Survey of Income and Program Participation (1984, 1990-1993, 1996) enhanced by detailed information on pension plans offered by previous and current employers, the firm take-up rate, and financial characteristics of the firm,
- c. American Community Survey (pilot sites, 1998-present) enhanced by detailed information on pension plans offered by previous and current employers, the firm take-up rate, and financial characteristics of the firm, or
- d. Summary information on pension plan coverage by firm type and workforce characteristics from the SSEL.

**Data Availability:**

Research conducted on the LEHD data and other products developed under this proposal at the Census Bureau takes place under a set of rules and limitations that are considerably more constraining than those prevailing in typical research environments:

- The solicitation of research proposals using the LEHD data is a public process, but with a strict peer review process.
- Successful peer-reviewed proposals to carry out research using the LEHD data must be approved by the Census Bureau which will confirm that the Bureau would benefit from the proposed research (a requirement for granting access to Title 13 protected data), that the proposed research is feasible using the LEHD data, that the variables and cases requested can be supplied, and that appropriate resources exist to undertake the analysis.
- If state data are requested, the successful peer-reviewed proposals must also be approved by the participating state; if federal tax data are requested, the successful peer-reviewed proposals must also be approved by the Internal Revenue Service.
- Researchers using the LEHD data will be required to obtain Special Sworn Status from the Census Bureau and be subject to the same legal penalties as regular Census Bureau employees for disclosure of confidential information. The penalties are a fine of up to \$250,000, imprisonment for up to five years, or both.
- All data analysis will be performed at the LEHD secure research facilities, with access from the LEHD offices in Federal Building 3 or the Center for Economic Studies in Washington Plaza. Access is strictly limited to researchers and staff authorized by the Census Bureau. The computers and local area network connected to the LEHD secure facilities are not accessible from outside the Census Bureau's firewall.
- Researchers may not remove any Title 13 confidential data—whether recorded on any medium or merged with non-confidential data—from the LEHD facility. All research findings must be submitted to Census Bureau personnel for disclosure review prior to public release of any kind.
- All analyses of the LEHD microdata will be conducted using the Title 13 secure facility that the Bureau has provided for LEHD with access from Federal Building 3 and the Center for Economic Studies. Only a handful of Census Bureau employees will have access to the data files that contain the personal identifiers required to do the most sensitive part of the data linking. Specially processed research versions of these files, which contain no personal identifiers, will be used on the LEHD computer system. Researchers working on approved projects will be provided with extracts from the LEHD data containing only the variables and cases required for their analyses.

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**Dataset Name:** **Longitudinal Studies of Aging (LSOAs)**  
**Supplement on Aging, 1984**  
**Longitudinal Study on Aging, 1984-1990**  
**Second Supplement on Aging, 1994**  
**Second Longitudinal Study of Aging, 1994-2000**

**Sponsoring Organization:** **National Center for Health Statistics (NCHS)**  
**National Institute on Aging (NIA)**

**Principal Investigator:** **Julie Dawson Weeks (NHCS)**  
**Richard M. Suzman (NIA)**

**Data Collection Organization:** **U.S. Census Bureau, National Opinion Research Center at the University of Chicago**

**Purpose:**

The LSOAs, a collaborative project of NCHS and NIA, is a family of surveys designed to measure changes in health status, health-related behaviors, health care, and the causes and consequences of these changes within and across two cohorts of elderly Americans. The surveys also provide a mechanism for monitoring the impact of proposed changes in Medicare and Medicaid and the accelerating shift toward managed care on the health status of the elderly and their patterns of health care utilization.

**Description:**

**Supplement on Aging**

The Supplement on Aging (SOA) was conducted as part of the 1984 National Health Interview Survey (NHIS). The SOA was based on a probability 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 contracts
- Use of community services
- Occupation and retirement (income sources)
- Health conditions and impairments
- Functional status, assistance with basic activities
- Utilization of health services, nursing home stays
- Health opinions

**Longitudinal Study of Aging**

The 1984 SOA served as the baseline for the LSOA, which followed all persons who were 70 years of age and over in 1984 through three follow-up waves, conducted in 1986, 1988 and 1990. All follow-up interviews were conducted over the telephone by interviewers from the U.S. Census Bureau. The major focus of the follow-up interviews was on functional status and changes that had occurred between interviews. Information was also collected on housing and living arrangements, contact with children, utilization of health services and nursing home stays, health insurance coverage, and income. The interview data are augmented by linkage to the Centers for Medicare and Medicaid Services' Medicare enrollment and utilization records, the National Death Index, and multiple cause-of-death records. **Second**

**Supplement on Aging**

The Second Supplement on Aging (SOA II) was conducted as part of the 1994 NHIS. Interviews for the SOA II were conducted during a follow-up visit with NHIS respondents between October 1994 and March 1996. The SOA II sample is comprised of 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 cohort to the 1984 SOA, and most of the questions from the SOA were repeated in the SOA II. Topics new to the SOA II include:

- 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)

#### Second Longitudinal Study of Aging

The SOA II serves as the baseline for the Second Longitudinal Study of Aging (LSOA II). Data collection for the first follow-up wave of the LSOA II was conducted between May 1997 and March 1998. The second follow-up wave of interviewing was fielded in June 1999 and was completed in July 2000. A third follow-up is not scheduled to occur. Many of the questions included in the SOA II are repeated in the follow-up interviews. In addition, the follow up questionnaires include items on cognitive functioning, income and assets, family and childhood health, and more extensive health insurance information.

### **Data Availability:**

#### SOA

Data from the full SOA sample of persons 55 years of age and older is available on CD-ROM: Series 10, No. 16H (issued July 2001). This CD-ROM also includes data obtained during the 1984 NHIS interview and all related documentation. The study is fully documented in Vital and Health Statistics, Series 1 Number 18.

#### LSOA

The complete set of data from all four interview waves and corresponding documentation is available on CD-ROM: The Longitudinal Study of Aging, 1984-1990, No. 1 (issued September 1993). The study is fully documented in three Vital and Health Statistics monographs: Series 1, Numbers 18, 21 and 28.

#### SOA II

The SOA II is available on CD-ROM: The Second Supplement on Aging, 1994, Version 2, No. 1 (issued September 1998).

#### LSOA II

The complete set of LSOA II data is available on four CD-ROMs: a) LSOA II, 1994-1998, Wave 2 Survivor File, Version SF 1.2 (issued June 2002); b) LSOA II, 1994-1998, Wave 2 Decedent File, Version DF 1.2 (issued August 2002); c) LSOA II, 1994-2000, Wave 3 Survivor File, Version SF 2.2 (issued November 2002); and d) LSOA II, 1994-2000, Wave 3 Decedent File, Version DF 2.2 (issued December 2002).

To request copies of the LSOA CD-ROMs mentioned above, email [nchsquery@cdc.gov](mailto:nchsquery@cdc.gov) or telephone (301) 458-INFO. The ROMs are also available from NIA by contacting Julie Dawson Weeks at NHCS or emailing [lsa@cdc.gov](mailto:lsa@cdc.gov). Members of ICPSR at the University of Michigan (see appendix) may obtain the data free of charge through ICPSR.

### **Contacts:**

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**Dataset Name:** Longitudinal Study of Generations

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Vern L. Bengston

**Data Collection Organization:** University of Southern California, Andrus Gerontology Center

**Purpose:**

The Longitudinal Study of Generations (LSOG) investigates the effects of recent socio-historical change on family interactions and the aging of successive family generations. The goal is to examine (1) how the structure, functions, and consequences of intergenerational relationships may have changed across recent decades, and (2) how intergenerational relationships influence well-being in the context of life-course transitions. The focus of data collection is on inter-generational dynamics over a period of rapid changes in American society, in terms of the well-being of individual family members in three- and four-generation families.

**Description:**

This study began collecting data in 1971 with 2,044 adult members of some 300 three- (and later four-) generation families. Since 1985, data have been collected every three years. The great-grandchildren have been added to the study as they turn age 16. With data over 30 years it will be possible to realize the first fully-elaborated generation-sequential design, comparing sets of parents and adult-children at the same age across different historical periods.

**Objectives:**

(1) To track life-course trajectories of family intergenerational solidarity and conflict over three decades of adulthood, and across successive generations of family members; (2) To identify how intergenerational solidarity, and conflict influence the well-being of family members throughout the adult life course and across successive generations; (3) To chart the effects of socio-historical change on families, intergenerational relationships, and individual life-course development during the past three decades; (4) To examine women's roles and relationships in multigenerational families across 32 years of rapid change in the social trajectories of women's lives. These data can extend understanding of the complex interplay among macro-social change, family functioning, and individual well-being over the adult life-course and across successive generations.

**Study Design:**

The original respondents (in 1971) were identified from a random selection of 840,000 members of the major HMO in southern California at the time. This resulted in a study sample of grandparents, middle-aged parents, and young adult grandchildren (aged 16 and over), and their spouses. These individuals have provided responses at three-year intervals since 1985. In addition, beginning in 1991, the great-grandchildren were added to the longitudinal study when they turned 16. Response rates by survey wave are available from the PI.

**Questionnaire Topics:**

The study investigates: (1) six dimensions of solidarity (associational solidarity, affectual solidarity, structural solidarity, functional solidarity, normative solidarity, consensual solidarity); (2) family conflict; (3) four types of well-being (psychological well-being, physical well-being, social well-being, and socioeconomic well-being); (4) life events as well as structured life course transitions; and (5) individual manifestations of social change.

**Future Plans:**

To collect Wave-8 data in 2003 and Wave-9 data in 2006.

## Data Availability:

Survey data from Wave-1 through Wave-5 are archived at the Murray Research Center at Radcliffe College. See "Contacts".

## Bibliography:

List of LSOG Research Team Publications by Year and Dissertations using LSOG data

### In Press

Bengtson, V. L., & Lowenstein, A. (Eds.), (In press). *Global aging and it's challenge to families*. Hawthorne, NY: Aldine de Gruyter.

Bengtson, V. L., Lowenstein, A., & Gans, D. (In press). Challenges of global aging to families in the 21<sup>st</sup> century. In V. L. Bengtson, & A. Lowenstein Eds., *Global aging and it's challenge to families*. Hawthorne, NY: Aldine de Gruyter.

Bengtson, V. L., Lowenstein, A., Putney, N. M., & Gans, D. (In press). In V. L. Bengtson, & A. Lowenstein Eds., *Global aging and it's challenge to families*. Hawthorne, NY: Aldine de Gruyter.

Giarrusso, R. (forthcoming). Grandparents: A new look at the supporting generation, by Falk and Falk. Book Review. *Contemporary Sociology*.

Giarrusso, R., Silverstein, M., & Bengtson, V. L. (forthcoming). Caregiving grandparents. *Marriage and Family Review. Special Issue: The impact of aging on families in the U.S.*

King, V., Silverstein, M., Elder, G., & Bengtson, V. L. (In press). Relations with grandparents: Big city versus rural heartland. *Journal of Family Issues*.

Litwak, E., Silverstein, M., Bengtson, V. L., & Hirst, Y. W. (In press). Theories about families, organizations, and social supports. In V. L. Bengtson, & A. Lowenstein Eds., *Global aging and it's challenge to families*. Hawthorne, NY: Aldine de Gruyter.

Mabry, J. B., & Bengtson, V. L. (In press). Disengagement theory. In E. Palmore (Ed.), *Concise encyclopedia of agesim*. Binghamton, NY: Haworth Press.

Mabry, J. B., Giarrusso, R., & Bengtson, V. L. (In press). Generations, the life course, and family change. In J. Scott, J. Treas, & M. Richards (Eds.), *Companion to the sociology of families*. Cambridge: Blackwell.

Putney, N. M., & Bengtson, V. L. (In press). Generational dynamics of the life course: A longitudinal study of five cohorts of women. *International Journal of sociology and Social Policy, Special Issue*.

Reynolds, S., & Silverstein, M. (In press). Observing the onset of disability in older adults. *Social Science and Medicine*.

Silverstein, M., Giarrusso, R., & Bengtson, V. L. (forthcoming). Aging parents and adult children. In M. Johnson (Ed.), *The Cambridge handbook of age and aging*. Cambridge University Press.

Silverstein, M., Giarrusso, R., & Bengtson, V. L. (In press). Grandparents and grandchildren in family systems: A social-developmental perspective. In V. L. Bengtson & A. Lowenstein (Eds.), *Global aging and it's challenge to families*. Hawthorne, NY: Aldine de Gruyter.

Silverstein, M., Bengtson, V. L., & Litwak, E. (In press). Theoretical and conceptual approaches to problems of families, aging, and social support, In A. Lowenstein, S. Biggs, & J. Hendricks (Eds.) *The*

*need for theory: Critical approaches to social gerontology for the 21st century.* Amityville, NY: Baywood Publishing Company.

Bengtson, V. L., Biblarz, T. J., & Roberts, R. E. L. (In press). *How families still matter: A longitudinal study of youth in two generations.* New York: Cambridge University Press.

Mabry, J. B., Giarrusso, R., & Bengtson, V. L. (In press). Generations, the life course, and family change. In J. Scott, J. Treas, & M. Richards (Eds.), *Companion to the sociology of families.* Cambridge: Blackwell.

### 2003

Putney, M. M., & Bengtson, V. L. (2003). Intergenerational relations in changing times. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the life course* (pp. 149-164). New York: Kluwer Academic/Plenum.

### 2002

Bengtson, V. L., Biblarz, T. J., & Roberts, R. E. L. (2002). *How families still matter: A longitudinal study of youth in two generations.* New York: Cambridge University Press.

Bengtson, V. L., Giarrusso, R., Mabry, J. B., & Silverstein, M. (2002). Solidarity, conflict, and ambivalence: Complementary or competing perspectives on intergenerational relationships? *Journal of Marriage and the Family*, 64(3), 568-576.

Putney, N., & Bengtson, V. L. (2002). Socialization and the family: A broader perspective. In R. A. Settersten, Jr., & T. J. Owens (Eds.), *Advances in life-course research: New frontiers in socialization.* New York: JAI Press.

Silverstein, M., & Yang, F. (2002). Coresidence of the aged. In G. L. Maddox (Ed.), *Encyclopedia of aging, 3<sup>rd</sup> edition.* New York: Springer.

### 2001

Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational relationships in American society. 1998 Burgess Award Lecture. *Journal of Marriage and the Family*, 63(1), 1-16.

Bengtson, V. L., & Boss, P. (2001). What living longer means to families. In National Council of Family Relations. *Sustaining families in the 21<sup>st</sup> century.* Minneapolis, MN: NCFR.

Bengtson, V. L., Burgess, E. O., Parrott, T. M. & Mabry, J. B. (2001). Ingenting äär mer praktiskt anväändbart ään en god teori. Föörklaring och föörstååelse inom socialgerontologin. Chapter 1 in Andersson, L. (Ed.). *Socialgerontologi.* pp 1743. Lund: Studentlitteratur.

Bengtson, V. L., & Mabry, J. B. (2001). Family. In G. L. Maddox (Ed.), *The encyclopedia of Aging, 3<sup>rd</sup> Edition.* New York: Springer.

Bengtson, V. L. Mabry, J. B. (2001). Theories in Social Gerontology. In G. L. Maddox (Ed.), *The encyclopedia of Aging, 3<sup>rd</sup> Edition.* New York: Springer.

Bengtson, V. L., Mabry, J. B., & Schmeckle, M. (2001). Intergenerational Relations. In G. L. Maddox (Ed.), *The encyclopedia of Aging, 3<sup>rd</sup> Edition.* New York: Springer.

- Bengtson, V. L., Silverstein, M., Giarrusso, R., & Schmeeckle, M. (2001). The Longitudinal Study of Generations. In G. Maddox (Ed.) *The encyclopedia of aging, 3<sup>rd</sup> edition*. New York: Springer.
- Charles, S. T., Reynolds, C. A., & Gatz, M. (2001). Age-related differences and change in positive and negative affect over twenty-three years. *Journal of Personality and Social Psychology, 80*, 136-151.
- Giarrusso, R. (2001). Intergenerational stake hypothesis. In G. Maddox (Ed.), *The encyclopedia of aging, 3<sup>rd</sup> edition*. New York: Springer.
- Giarrusso, R., Feng, D., Silverstein, M., & Bengtson, V. L. (2001). Grandparent-adult grandchild affection and consensus: Cross-generational and cross-ethnic comparisons. *Journal of Family Issues, 22*(4), 456-477.
- Giarrusso, R., Mabry, J. B., & Bengtson, V. L. (2001). The aging self in social contexts. *Handbook of aging and the social sciences, 5<sup>th</sup> edition* (pp. 295-312). New York: Academic Press.
- Giarrusso, R., & Silverstein, M. (2001). Grandparent-grandchild relationships. In G. Maddox (Ed.), *The encyclopedia of aging, 3<sup>rd</sup> edition*. New York: Springer.
- Mills, T. L. (2001). Cormorbid depressive symptomology: Isolating the effects of chronic illness on self-reports of depression among older adults. *Social Science and Medicine, 53* (5), 569-578.
- Putney, N., & Bengtson, V. L. (2001). Families and intergenerational relations at midlife. In M. E. Lachman (Ed.), *Handbook of midlife development* (pp. 528-570). NY: J. Wiley.
- Schmiege, C. J., Richards, L. N., & Zvonkovic, A. (2001). Remarriage: For Love or Money? *Journal of Divorce and Remarriage, 36*(1-2), 123-140.
- Silverstein, M., & Bengtson, V. L. (2001). Intergenerational solidarity and the structure of adult child-parent relationships in American families. In A. J. Walker, M. Manoogian-O'Dell, L. A. McGraw, & D. L. G. White (Eds.), *Families in later life: Connections and Transitions*, (pp.53-61). Thousand Oaks, CA: Pine Forge Press.
- Silverstein, M., Conroy, S., Wang, H., Giarrusso, R., & Bengtson, V. L. (2001). Reciprocity in parent-child relations over the life course. *Journals of Gerontology: Social Science, 56B*, S1-S11.
- Stacey, J. & Biblarz, T. J. (2001). (How) does the sexual orientation of parents matter? *American Sociological Review, 66*(2), 159-183.
- Taylor, B., & Bengtson, V. L. (2001). Sociological perspectives on productive aging In N. Morrow-Howell, J. Hinterlong, & M. Sherraden (Eds.), *Productive aging: Concepts and challenges* (pp. 120-144). Baltimore, MD: Johns Hopkins University Press.

## 2000

- Bengtson, V. L., Biblarz, T., Clarke, E., Giarrusso, R., Roberts, R. E. L., Richlin-Klonsky, J., & Silverstein, M. (2000). Intergenerational relationships and aging: Families, cohorts, and social change. In J. Claire & R. Allman (Eds.), *The gerontological prism: Developing interdisciplinary bridges*, (pp.115-147). Amityville, NY: Baywood
- Bengtson, V. L., Giarrusso, R., Silverstein, M., & Wang, H. (2000). Families and intergenerational relationships in aging societies. *Hallym International Journal of Aging, 2*(1), 3-10.
- Bengtson, V. L., Giarrusso, R., Silverstein, M., Wang, Q., & Wang, H. (2000). Families and intergenerational relationships in aging societies. In S. J. Choi, M-H. Chung, K-H. Cho, & B. G. Han (Eds.), *Intergenerational relationships in aging societies*. August 2003

(Eds.), *Proceedings of the 6<sup>th</sup> Asia/Oceania Regional Congress of Gerontology* (pp. 53-58). Seoul, Korea: The Organizing Committee for the 6<sup>th</sup> Asia/Oceania Regional Congress of Gerontology

Bengtson, V. L., Kim, K-D., Myers, G. C., & K-S. Eun (Eds.). (2000). *Aging east and west: Families, states and the elderly*. New York: Springer.

Bengtson, V. L., & Putney, N. (2000). Who will care for tomorrow's elderly? Consequences of population aging east and west. In V. L. Bengtson, K-D. Kim, G. C. Myers, & K-S. Eun (Eds.), *Aging in the east and west: Families, states and the elderly*. New York: Springer.

Bengtson, V. L., Schmeckle, M., & Taylor, B. (2000). Using theories to build bridges in social gerontology. In S. J. Choi, M-H. Chung, K-H. Cho, & B. G. Han (Eds.), *Proceedings of the 6<sup>th</sup> Asia/Oceania Regional Congress of Gerontology*. Seoul, Korea: The Organizing Committee for the 6<sup>th</sup> Asia/Oceania Regional Congress of Gerontology.

Chen, X., & Silverstein, M. (2000). Intergenerational social support and the psychological well-being of older parents in China. *Research on Aging, 22*, 43-65.

Giarrusso, R., Feng, D., Silverstein, M., & Bengtson, V. L. (2000). Self in the Context of the Family. In J. Hendricks & K. Warner Schaie (Eds.), *Societal impact on the aging self* (pp. 63-98). New York: Springer.

Giarrusso, R., Feng, D., Silverstein, M., & Marengo, A. (2000). Primary and Secondary Stressors of Grandparents Raising Grandchildren: Evidence From a National Survey. *Journal of Mental Health and Aging, 6(4)*, 291-310. New York: Springer.

Giarrusso, R., Silverstein, M., & Feng, D. (2000). Psychological costs and benefits of raising grandchildren: Evidence from a National Survey of Grandparents. In C. Cox (Ed.), *To grandmother's house we go and stay: Issues, needs, and policies affecting grandparents raising grandchildren*. New York: Springer.

Knight, B. G., Gatz, M., Heller, K., & Bengtson, V. L. (2000). Age and emotional response to the Northridge earthquake: A longitudinal analysis. *Psychology and Aging, 15(4)*, 627-634.

Knight, B. G., Silverstein, M., McCallum, T. J., & Fox, L. S. (2000). A sociocultural stress and coping model for mental health outcomes among African American caregivers in Southern California. *Journal of Gerontology, 55b, Psychological Sciences*, P142-P150

Parrott, T. M., Mills, T. M., & Bengtson, V. L. (2000). Family care of the aged: Population demographics, changes in the family, and social policy in the United States. In V. L. Bengtson, K-D. Kim, G. C. Myers, & K-S. Eun (Eds.), *Aging in East and West*. New York: Springer.

Schmeckle, M., Burgess, E. O., & Bengtson, V. L. (2000). The sociology of aging. Electronic chapter in *The science of adult development: The fundamentals of gerontology*. Los Angeles, CA: Ethel Percy Andrus Gerontology Center. Website: <http://www.usc.edu/dept/gero/AgeWorks/>

Silverstein, M., Parrott, T. M., Angelleli, J. J. & Cook, F. L. (2000). Solidarity and Tension Between Age-Groups in the United States. *International Journal of Social Welfare, 9*, 270-284.

## 1999

Bengtson, V. L., Rice, C. J., & Johnson, M. L. (1999). Are theories of aging important? Models and explanations in gerontology at the turn of the century. In V. L. Bengtson & K. W. Schaie (Eds.), *Handbook of the theories of aging*. New York: Springer.

Clarke, E. J., Preston, M., Raksin, J., & Bengtson, V. L. (1999). Types of conflicts and tensions between older parents and adult children. *The Gerontologist*, 39(3), 261-270.

Feng, D., Giarrusso, R., Bengtson, V. L., & Frye, N. (1999). Intergenerational transmission of marital quality and marital instability. *Journal of Marriage and the Family*, 61(2), 451-464.

Knight, B. G., Gatz, M., Rose, T., Bengtson, V. L., & Heller, K.. (1999, October). Age and emotional response to the Northridge earthquake: A longitudinal analysis. *The Gerontologist*, 39, *Special Issue I*, 222.

Mills, T. L. (1999). When grandchildren grow up: Role transition and family solidarity among baby boomer grandchildren and their grandparents. *Journal of Aging Studies*, 13(2), 199-218.

Parrott, T. M. & Bengtson, V. L. (1999). The effects of earlier intergenerational affection, normative expectations, and family conflict on contemporary exchanges of help and support. *Research on Aging*, 21(1), 73-105.

Pyke, Karen (1999). The micropolitics of care in relationships between aging parents and adult children: Individualism, collectivism, and power. *Journal of Marriage & the Family Vol 61(3)*, 661-672.

Roberts, R. E. L., & Bengtson, V. L. (1999). The social psychology of values: Effects of individual development, social change, and family transmission over the life span. In C. Ryff & V. Marshall (Eds.), *The Self and Social Processes in Aging*, (pp. 453-482). New York: Springer.

Schmeeckle, M., & Bengtson, V. L. (1999). Successful Aging. Conclusions from a Longitudinal Study: Cross National Perspectives. Review of J. W. Rowe & R. L. Kahn, Successful aging. *Contemporary Gerontology*, 5(3), 87-92.

Silverstein, M., & Chen, X. (1999). The impact of acculturation in Mexican-American families on the quality of adult grandchild-grandparent relationships. *Journal of Marriage and the Family*, 61(1), 188-198.

## 1998

Burgess, E. O., Schmeeckle, M., & Bengtson, V. L. (1998). Aging individuals and societal contexts. In I. H. Nordhus, S. Berg, G. VandenBos, & P. Fromholt (Eds.), *Clinical geropsychology*. Washington, D. C.: American Psychological Association.

Dunham, C. C. (1998). Generation Units and the Life Course. *Journal of Political and Military Sociology*, 26 (2), winter, 137-155.

Miller, R. B., Peterson, C., & Bengtson, V. L. (1998). The effect of retirement on marital quality: A longitudinal analysis. *The Psychological Journal*, 19(4), 88 (Russian) Special Edition.

Silverstein, M., & Angelleli, J. J. (1998). Older parents' expectations of moving closer to children. *Journal of Gerontology: Social Sciences* 53B, S153-S163.

Silverstein, M., Burholt, V., Wenger, G. C., & Bengtson, V. L. (1998). Parent-child relations among very old parents in Wales and the United States: A test of modernization theory. *Journal of Aging Studies*, 12(4), 387-409.

Silverstein, M., Giarrusso, R., & Bengtson, V. L. (1998). Intergenerational solidarity and the grandparent role. In M. Szinovacz (Ed.), *Handbook of grandparenthood* (pp. 144-158). Connecticut: Greenwood.

Silverstein, M., & Long, J. (1998). Trajectories of solidarity in adult grandchild-grandparent relationships: A growth curve analysis over 23 years. *Journal of Marriage and the Family*, 60(4), 912-923.

### 1997

Bengtson, V. L., Burgess, E. O., & Parrott, T. M. (1997). Theory, explanation, and a third generation of theoretical development in social gerontology. *The Journal of Gerontology: Social Sciences*, 52B(2), S72-S88.

Greenwell, L., & Bengtson, V. L. (1997). Geographic distance and contact between middle-aged children and their parents: The effects of social class over twenty years. *Journal of Gerontology: Social Sciences*, 52B, S13-S26.

Lynott, P. P., & Roberts, R. E. L. (1997). The 'developmental stake hypothesis and changing perceptions of intergenerational relations, 1971-1985. *The Gerontologist* 37(3), 394-405.

Parrott, T. M., Reynolds, S. L., & Bengtson, V. L. (1997). Aging and social welfare in transition: The Case of the United States. *Scandinavian Journal of Social Welfare*, 6, 168-179.

Silverstein, M. (1997). Commentary: Emerging theoretical and empirical issues in the study of social support and competence in later life. In S. Willis & K. W. Schaie (Eds.) *Societal mechanisms for maintaining competence in old age*. New York: Springer.

Silverstein, M., & Bengtson, V. L. (1997). Intergenerational solidarity and the structure of adult child-parent relationships in American families. *American Journal of Sociology*, 103(2), 429-460.

Silverstein, M., & Parrott, T. M. (1997). Attitudes toward aging-policy: Does early involvement with grandparents moderate generational tensions? *Research on Aging*, 19(1), 108-132.

Stallings, M. C., Dunham, C. C., Gatz, M., Baker, L. A., & Bengtson, V. L. (1997). Relationships among life events and psychological well-being: More evidence for a two factor theory of well-being. *Journal of Applied Gerontology*, 16(1), 104-119.

### 1996

Bengtson, V. L. (1996). Continuities and discontinuities in intergenerational relationships over time. In V. L. Bengtson (Ed.), *Adulthood and aging: Research on continuities and discontinuities*. New York: Springer.

Bengtson, V. L., & Greenwell, L. (1996). Familien, armut und wandel des generationenvertrages. In W. Edelstein, K. Kreppner, & D. Sturzbecher, (Eds.), *Familie und kindheit im wandel* (pp. 67-99). Potsdam: Verlag für Berlin-Brandenburg.

Bengtson, V. L., Parrott, T. M., & Burgess, E. O. (1996). Progress and pitfalls in gerontological theorizing. *The Gerontologist*, 36(6), 768-772.

Biblarz, T. J., Bengtson, V. L., & Bucur, A. (1996). Social mobility across three generations. *Journal of Marriage and the Family*, 58, 188-200.

Giarrusso, R., & Bengtson, V. L. (1996). Self-esteem. In J. E. Birren (Ed.), *Encyclopedia of gerontology*. San Diego, CA: Academic Press.

- Giarrusso, R., Feng, D., Wang, Q. & Silverstein, M. (1996). Parenting and co-parenting of grandchildren: Effects on grandparents' well-being and family solidarity. *International Journal of Social Science Policy*, 16, 124-154.
- Giarrusso, R., Silverstein, M., & Bengtson, V.L. (1996). Family complexities and the grandparent role. *Generations*, 22(1), Spring, 17-23.
- Karel, M. J. & Gatz, M. (1996). Factors influencing life-sustaining treatment decisions in a community sample of families. *Psychology and Aging*, 11(2), 226-234.
- Pyke, K. D., & Bengtson, V. L. (1996). Caring more or less: Individualistic and collectivist systems of family eldercare. *Journal of Marriage and the Family*, 58(2), 1-14.
- Richlin-Klonsky, J., & Bengtson, V. L. (1996). Pulling together, drifting apart: A longitudinal case study of a four-generation family. *Journal of Aging Studies*, 10(4), 57-83.
- Roberts, R. E. L., & Bengtson, V.L. (1996). Affective ties to parents in early adulthood and self-esteem across 20 years. *Social Psychology Quarterly*, 59(1), 96-106.
- Silverstein, M., Chen, X., & Heller, K. (1996). Too much of a good thing? Intergenerational social support and the psychological well-being of aging parents. *Journal of Marriage and the Family*, 58(4), 970-982.

## 1995

- Bengtson, V. L., Mills, T. M., & Parrott, T. M. (1995). Ageing in the United States at the end of the century. *Korea Journal of Population and Development*, 24(2), 215-244.
- Bengtson, V. L., Parrott, T. M. & Burgess, E. O. (1995). Theories in social gerontology. In G. Maddox (Ed.), *Encyclopedia of aging*. New York: Springer.
- Bengtson, V. L., Rosenthal, C. J., & Burton, L. M. (1995). Paradoxes of families and aging. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences*, 4th edition (pp. 253-282). San Diego: Academic Press.
- Bengtson, V. L., Silverstein, M. & Giarrusso, R. (1995). The Longitudinal Study of Generations. In G. Maddox (Ed.), *Encyclopedia of aging*. New York: Springer.
- Burgess, E. O., & Bengtson, V. L. (1995). Social breakdown theory. In G. Maddox (Ed.), *Encyclopedia of aging*. New York: Springer.
- Dunham, C. C. (1995). A link between generations: Intergenerational relations and depression in aging parents. *Journal of Family Issues*, 16(4), 450-465.
- Gatz, M., Harris, J. R., & Turk-Charles, S. (1995). Older women and health. In A. L. Stanton & S. J. Gallant (Eds.), *Women's psychological and physical health: A scholarly and social agenda* (pp. 491-529). Washington D. C.: American Psychological Association.
- Giarrusso, R., Jendian, M., Feng, D., Shieh, B., & Bengtson, V. L. (1995). Commentary: A response to Rossi. In V. L. Bengtson, K. W. Schaie, & L. M. Burton (Eds.), *Intergenerational issues in aging: Effects of societal change* (pp. 289-296). New York: Springer.
- Giarrusso, R., Silverstein, M., & Bengtson, V. L. (1995). Relationships between grandparents and grandchildren in American society. In J. Heckhausen & L. Krappman (Eds.), *International Society for the Study of Behavioural Development Newsletter*. Berlin: Max Planck Institute.

Giarrusso, R., Stallings, M., & Bengtson, V. L. (1995). The "intergenerational stake" hypothesis revisited: Parent-child differences in perceptions of relationships 20 years later. In V. L. Bengtson, K. W. Schaie, & L. M. Burton (Eds.), *Intergenerational issues in aging: Effects of societal change* (pp. 227-263). New York: Springer.

Miller, R. B. & Wright, D. W. (1995). Correction for attrition bias in longitudinal analyses. *Journal of Marriage and the Family*, 57(4), 921-929.

Piña, D. L., & Bengtson, V. L. (1995). Division of household labor and the well-being of retirement-aged wives. *The Gerontologist*, 35(3), 308-317.

Rosenthal, C. J., & Bengtson, V. L. (1995). Family and aging. In G. Maddox (Ed.), *Encyclopedia of aging*. New York: Springer.

Schmeeckle, M., & Bengtson, V. L. (1995). Intergenerational relationships. In G. Maddox (Ed.), *Encyclopedia of aging*. New York: Springer.

Silverstein, M., Parrott, T. M., & Bengtson, V. L. (1995). Factors that predispose middle-aged sons and daughters to provide social support to older parents. *Journal of Marriage and the Family*, 57(2), 465-476.

### 1994

Bengtson, V. L., & Parrott, T. M. (1994). Intergenerational conflicts about social equity, expectations and obligations: Lessons from the United States. *Southern African Journal of Gerontology*, 3(2), 6-14.

Dunham, C. C., & Bengtson, V. L. (1994). Married with children: Protest and the timing of family life course events. *Journal of Marriage and the Family*, 56, 224-228.

Feng, D., & Baker, L. (1994). Spouse similarity in attitudes, personality, and psychological well-being. *Behavior Genetics*, 24(4), 357-363.

Silverstein, M., & Bengtson, V. L. (1994). Does intergenerational social support influence the psychological well-being of older parents? The contingencies of declining health and widowhood. *Social Science and Medicine*, 38, 943-957.

### 1993

Bengtson, V. L., & Allen, K. R. (1993). The life course perspective applied to families over time. In P. Boss, W. Doherty, R. LaRossa, W. Schumm, & S. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp.469-498). New York: Plenum Press.

Bengtson, V. L., & Murray, T. M. (1993). Justice across generations (and cohorts): Sociological perspectives on the life course and reciprocities over time. In L. Cohen (Ed.), *Justice across generations: What does it mean?* (pp. 111-138). Washington, DC: American Association of Retired Persons.

Bengtson, V. L., & Silverstein, M. (1993). Families, aging, and social change: Seven agendas for 21st century researchers. In G. Maddox & M. P. Lawton (Eds.), *Kinship, aging, and social change, Vol. 13, Annual review of gerontology and geriatrics* (pp. 15-38). New York: Springer.

Gatz, M., & Karel, M. J. (1993). Individual change in perceived control over 20 years. Special Issue: Planning and control processes across the life span. *International Journal of Behavioral Development*, 16(2), 305-322.

Mellins, C. A., Blum, M. J., Boyd-Davis, S. L., & Gatz, M. (1993). Family network perspectives on caregiving. *Generations* 17(1), Winter/Spring, 21-24.

Piña, D. L., & Bengtson, V. L. (1993). The division of household labor and wives' happiness: Ideology, employment, and perceptions of support. *Journal of Marriage and the Family*, 55, 901-912.

Richards, L. N., & Schmiede, C. (1993). Problems and strengths of single parent families: Implications for practice and policy. *Family Relations*, 42, 277-285.

Roberts, R. E. L., & Bengtson, V. L. (1993). Relationships with parents, self-esteem, and psychological well-being in young adulthood: A further examination of identity theory. *Social Psychological Quarterly*, 56(4), 263-277.

## 1992

Dunham, C. C., & Bengtson, V. L. (1992). Long-term effects of political activism on intergenerational relations. *Youth and Society*, 24(1), 31-51.

Hurwicz, M., Dunham, C. C., Boyd-Davis, S. L., & Gatz, M. (1992). Salient life events in three-generational families. *Journal of Gerontology: Psychological Sciences*, 47(1), P11-13.

Troll, L. E., & Bengtson, V. L. (1992). The oldest-old in families: A generational perspective. *Generations*, 17, 39-44.

## 1991

Bengtson, V. L., Marti, G., & Roberts, R. E. L. (1991). Age group relations: Generational equity and inequity. In K. Pillemer & K. McCartney (Eds.), *Parent-child relations across the lifespan*, (pp. 253-278). Hillsdale, NJ: Lawrence Erlbaum Associates.

Bengtson, V. L., & Roberts, R. E. L. (1991). Intergenerational solidarity in aging families: An example of formal theory construction. *Journal of Marriage and the Family*, 53, 856-870.

Burton, L. M., Dilworth-Anderson, P., & Bengtson, V. L. (1991). Creating culturally relevant ways of thinking about diversity: Theoretical challenges for the twenty-first century. *Generations*, 15, 67-71.

Dunham, C. C., & Bengtson, V. L. (1991). Generational continuity and change. In R. M. Lerner, A. C. Petersen, J. Brooks-Gunn (Eds.), *Encyclopedia of adolescence*. New York: Garland Publishing.

Giarrusso, R., & Bengtson, V. L. (1991). Parental influence. In R. M. Lerner, A. C. Petersen, J. Brooks-Gunn (Eds.), *Encyclopedia of adolescence*. New York: Garland Publishing.

Miller, R. B., & Bengtson, V. L. (1991). Grandparent-grandchild relations. In R. M. Lerner, A. C. Petersen, J. Brooks-Gunn (Eds.), *Encyclopedia of adolescence*. New York: Garland Publishing.

Roberts, R. E. L., & Bengtson, V. L. (1991). Assessing familial and non-familial sources of parent-child attitude resemblance over two measurement occasions. In J. Horn & L. Collins (Eds.), *Best methods for the study of change* (pp. 170-183). Washington, DC: APA Publications.

Roberts, R. E. L., Richards, L. N., & Bengtson, V. L. (1991). Intergenerational solidarity in families: Untangling the ties that bind. *Marriage and Family Review*, 16(1/2).

Scharlach, A. E., Sobel, E. L., Roberts, R. E. L. (1991). Employment and caregiver strain: An integrative model. *The Gerontologist*, 31(6), 778-787.

Silverstein, M., & Bengtson, V. L. (1991). Do close parent-child relations reduce the mortality risk of older parents? A test of the direct and buffering effects of intergenerational affection. *The Journal of Health and Social Behavior*, 32, 382-395.

Stacey, C. A., & Gatz, M. (1991). Cross-sectional age differences and longitudinal change on the Bradburn affect-balance scale. *Journal of Gerontology*, 46(2), 76-78.

### 1990

Bengtson, V. L., Rosenthal, C. J., & Burton, L. M. (1990). Families and aging: Diversity and heterogeneity. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (3rd edition) (pp. 263-287). New York: Academic Press.

Gatz, M., Bengtson, V. L., & Blum, M. (1990). Caregiving families. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (3rd edition) (pp. 404-426). New York: Academic Press.

Gatz, M., & Hurwicz, M. (1990). Are old people more depressed? Cross-sectional data on CES-D factors. *Psychology and Aging*, 5(2), 284-290.

Roberts, R. E. L., & Bengtson, V. L. (1990). Is intergenerational solidarity a unidimensional construct?: A second test of a formal model. *Journal of Gerontology: Social Sciences*, 45(1), S12-S20.

### 1989

Bengtson, V. L. (1989). The problems of generations: Age group contrast, continuities, and social change. In V.L. Bengtson & K.W. Schaie (Eds.), *The course of later life: Research and reflections*. New York: Springer.

Glass, J., & Dunham, C. C. (1989). Factors influencing intergenerational consensus in adulthood. In J. Mancini (Ed.), *Aging parents and adult children*. New York: Lexington Books.

Miller, R., & Glass, J. (1989). Parent-child attitude similarity across the life course. *Journal of Marriage and the Family*, 51(4), 991-997.

Richards, L. N., Bengtson, V. L., & Miller, R. B. (1989). The "generation in the middle": Perceptions of adults' intergenerational relationships. In K. Kreppner & R. M. Lerner (Eds.), *Family systems and life-span development*. Hillsdale, NJ: Erlbaum.

### 1988

Baker, L., Gatz, M., Mellins, C., & Cesa, I. (1988). The transmission of subjective well-being in twins and three-generation families. *Behavior Genetics*, 18.

Mangen, D. J., Bengtson, V. L., & Landry, P. H., Jr. (Eds.) (1988). *The measurement of intergenerational relations*. Beverly Hills: Sage Publications.

### 1987

Glass, J., & Polisar, D. (1987). A method and metric for assessing similarity among dyads. *Journal of Marriage and the Family*, 49(3), 663-668.

### 1986

Dunham, C. C., & Bengtson, V. L. (1986). Conceptual and theoretical perspectives on generational relations. In N. Danan, A. Greene & H. Reese (Eds.), *Life-span developmental psychology: Intergenerational networks* (pp. 1-27). Hillside, NJ: Erlbaum.

Glass, J., Bengtson, V. L., & Dunham, C. (1986). Attitude similarity in three-generation families: Socialization, status inheritance, or reciprocal influence? *American Sociological Review*, 51(5), 685-698.  
August 2003

## 1979

Gilford, R., & Bengtson, V. L. (1979). Measuring marital satisfaction in three generations: Positive and negative dimensions. *Journal of Marriage and the Family*, 41(2), 387-398.

## 1975

Bengtson, V.L. (1975). Generation and family effects in value socialization. *American Sociological Review*, 40(3), 358-371.

### DISSERTATIONS USING LSOG DATA

Enyedy, Karen Chicca (2002). Psychological, environmental, and background influences on educational aspirations: A longitudinal study.

Putney, Norella (2002). The Life Patterns of Three Cohorts of Women.

Rose, Tara (2002). Psychological Well-being in Nontraditional Families.

Schmeeckle, Maria H. (2001). What Makes Someone Family? Diverse Perceptions of Family Ties.

Marenco, Anne (2001). Predicting Divorce: Direct and Moderating Effects of Resources, Barriers, and Life Course Factors over the Last Quarter of the 20<sup>th</sup> Century.

Taylor, Brent. (2000). Tenuous Ties: Father-Child Relationships Across Adulthood.

Burgess, Elisabeth O. (1997). The Changing American Marriage: Marital Satisfaction Patterns of Men and Women from Different Birth Cohorts over Twenty-three Years.

Mills, Teheran L. (1997). Grandparents and their adult grandchildren: An analysis of the effects of role transition on intergenerational solidarity over time.

Polisar, Donna (1997). The private language of families: Bringing us news of ourselves.

Clarke, Edward J. (1996). Effects of Conflict on Adult Children's Relationship to Parents: A Multi-Dimensional Approach to Parent-Child Conflict.

Oum, Young-Rae (1995) Women's experiences of demands and rewards in work and family life and the impact of differential orientations on mental health.

Parrott, Tonya. (1995). Normative Expectations and Exchanges of Help and Support Between Adult Children and Their Parents.

Karel, Michele J. (1994). A Family Study of Factors Influencing Life-Sustaining Treatment Decisions.

Plume, Mark. (1994). Well-being among Adult Children of Alcoholics.

Kelly, Miriam E. (1993). A Prospective Study of Affection as a Predictor of Parent Care in a Sample of Adult Children.

Blum, Mindy J. (1992). A Study of Narcissism in Thirty- to Seventy-year Olds.

Piña, Darlene. (1992). The Division of Household Labor and Wives' Happiness: The Importance of Gender Ideology and Employment Status.

Schneider, John J. (1992). Religious commitment, denominational affiliation, and family solidarity.

Casey, Patricia C. (1991). Family Solidarity: The Inter-generational Transmission of Intimate Relationship Quality.

Roberts, Robert E. L. (1990). Intergenerational Affection and Psychological Well-Being: Implications of the Changing Salience of Work and Family over the Adult Life Course.

Dunham, Charlotte C. (1989). From Red Diapers to Dirty Diapers: An Event History Analysis of the Lives of 1960s Activists.

Martin, Mary E. (1989). Filial responsibility in three generation families: The influence of gender and generation.

Miller, Richard B. (1989). Role Transitions and Grandparent-Grandchild Solidarity: A Longitudinal Analysis.

Stacey, Candace A. (1987). Cross-Sectional Age Differences and Longitudinal Change on Psychological Wellbeing.

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**Dataset Name:** **Longitudinal Study of Mexican-American Elderly Health (The Hispanic EPESE)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Kyriakos S. Markides**

**Data Collection Organization:** **University of Texas Medical Branch, Galveston**

**Purpose:**

This is a longitudinal study of over 3,000 Mexican-American aged 65 or over living in five southwestern states. The objective is to describe the physical and mental health of the study group and link them to key social variables (e.g., social support, health behavior, acculturation, migration).

**Description:**

The Hispanic EPESE was funded in 1992 as part of a special initiative of the National Institute of Aging. There was a recognition at that time that while important epidemiological data on elderly Non-Hispanic Whites and African Americans had become available through the EPESE studies begun in the 1980's in East Boston, New Haven, North Carolina, and rural Iowa, comparable data were not available for the Hispanic elderly. A study focusing on the Mexican-American population of the Southwestern United States was proposed.

The main impetus behind the application was the basic information on the health of the Mexican-American elderly was simply not available. Much of the existing knowledge in that area was based on data from the Hispanic Health and Nutrition Examination Survey (HHANES) conducted in 1982-4. The HHANES covered Mexican-Americans in the Southwest, Cuban Americans in Dade County, Florida, and Puerto-Ricans in the greater New York City area. Unfortunately, the study was limited to persons under 75 years of age and the number of elderly in this study was too small to provide stable estimates of their health status. In addition, the HHANES did not include instruments measuring the physical functioning of subjects. Other available knowledge in the area was also limited in that it had been based on a number of small, regional studies.

In addition to providing basic data on the population's health and health care needs, a guiding principle behind the Hispanic EPESE was that the socioeconomic and health characteristics of Mexican-Americans, including the elderly, were different from those of non-Hispanic white Americans, African-Americans, and other major ethnic groups (Cotton, 1990). Knowledge on whether certain risk factors for mortality and morbidity operate differently in Mexican-Americans was not available. For example, it was not clear whether obesity, physical exercise, social support, and other variables had the same influence on health outcomes in Mexican-American as in other groups.

**Objectives:**

The primary purpose of the study was to provide estimates of the "prevalence of key physical health conditions, mental health opportunities, and functional impairments in older Mexican-Americans and compare this prevalence with that in other populations." In addition, the intent was to investigate predictors and correlates of these health outcomes cross-sectionally. A two-year follow-up was requested in order to examine predictors of mortality, changes in health outcomes, institutionalization and other changes in living arrangements, and changes in life situations and quality of life.

**Study Design:**

With this background in mind, the Hispanic EPESE was launched during 1993-4 when the baseline data were collected. To the extent possible, the study was modeled after the existing EPESE studies, especially the Duke EPESE, which included a large sample of African-Americans (Cornoni-Huntley et al.,

1990). Unlike the other EPESE studies that were restricted to small geographic areas, the Hispanic EPESE aimed at obtaining a representative sample of community-dwelling Mexican-American elderly residing in the five Southwestern states of Texas, New Mexico, Arizona, Colorado, and California. Approximately 85% of Mexican-American elderly reside in these states and data were obtained that are generalizable to roughly 500,000 older people (US Census Bureau, 1990). The final sample of 3,050 subjects at baseline is comparable to those of the other EPESE studies and is sufficiently large to provide stable estimates of most health characteristics of interest.

Interviewers screened a total of 175 households within each sampling unit. This screening (and the interviewing) was completed in two phases. One hundred households were screened during the first phase. The incidence of eligible respondents from these initial 30,000 screened households determined the size of phase two. They attempted to interview eligible respondents as they were identified. Up to four eligible adults were interviewed within each household. Any household with five or more eligible adults was considered a group home and was not eligible. For phase one, interviewers began by making contacts at the first 100 housing units they had listed. They only went beyond this point as needed, to replace households where screening could not be completed. The same procedure was followed with the second phase for up to an additional seventy-five contacts (households screened).

**Questionnaire Topics:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Ethnic algorithm</li> <li>• Living arrangements</li> <li>• Social support and family contacts</li> <li>• Employment history</li> <li>• Acculturation</li> <li>• Global health rating</li> <li>• Chest pain</li> <li>• Cardiovascular</li> <li>• Stroke</li> <li>• Hypertension</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Fractures</li> <li>• Gall bladder</li> <li>• Arthritis</li> <li>• Incontinence</li> <li>• Sleep problems</li> <li>• Hearing</li> <li>• Dental</li> </ul> | <ul style="list-style-type: none"> <li>• mobility assessment</li> <li>• Height</li> <li>• Weight</li> <li>• Health care services utilization</li> <li>• Income/financial strain</li> <li>• Medicare</li> <li>• Interviewer observations</li> </ul> |
|---|--|

Other Health Problems:

- Vision
- Cognition
- Smoking
- Alcohol consumption
- Medications
- IADLs/ADLs
- Blood pressures
- Stressors/life events
- Health locus of control
- Religion and social involvement
- Self-esteem
- Performance-oriented

**Future Plans:**

Both Wave I & II data sets and prescription medication files are currently archived at NACDA. Waves III and IV should be available within the next year. Also available through the NACDA is the Data Resource Book describing in detail the study and Wave I data.

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**Dataset Name:** Los Angeles Family and Neighborhood Survey (L.A.FANS)

**Sponsoring Organization:** NICHD, NIA, NIH/OBSSR, Los Angeles County, First 5 LA – the Los Angeles County Children and Families First Commission, DHHS/OASPE, Russell Sage Foundation

**Principal Investigator:** Anne R. Pebley  
Narayan Sastry

**Data Collection Organization:** Research Triangle Institute (RTI)

**Purpose:**

The purpose of the project is to examine the effects of neighborhood and family social and physical environments on individual behavior and well-being, both in childhood and adulthood. The aim is to provide data that allow researchers to examine a wide range of hypotheses about contextual effects on individual behavior and well-being using multilevel statistical models. Outcomes measured in the study include: cognitive and social development for children, health status, health care utilization and insurance coverage, child care utilization and quality, employment and residential mobility, and social welfare program participation. Future waves of the survey will add additional outcome measures.

**Description and Study Design:**

The Los Angeles Family and Neighborhood Survey (L.A.FANS) was fielded in a sample of 65 census tracts throughout Los Angeles County. Wave 1 of the L.A.FANS survey began in April 2000 and was completed at the end of 2001.

L.A.FANS is based on a multistage clustered sampling design. First, census tracts in Los Angeles County were divided into three strata based on the percent of the tract's population in poverty in 1997. The three strata are: very poor (those in the top 10 percent of the poverty distribution), poor (tracts in the next 30 percent of the poverty distribution), and non-poor (tracts in the bottom 60 percent of the distribution). To achieve an oversample of poor and very poor tracts, 20 tracts were sampled in the poor and very poor strata. An additional 25 tracts were sampled in the non-poor stratum, for a total of 65 tracts. In the second stage, census blocks were sampled within each tract and all dwelling units were listed in sampled blocks. In the third stage, households were sampled within each block and screened. Approximately 40-50 households were interviewed in each census tract, for a total sample size of 3,100 households.

In all households, one adult was chosen at random (designated the Randomly-Selected Adult or RSA). In households with children, one child was chosen at random (designated the Randomly-Selected Child or RSC) from all household members age 17 and younger. The RSA and RSC are the primary respondents in the survey and comprise the panel sample which will be followed over time. If the child had one or more siblings, one of these was chosen at random as a second sampled child (designated the Sibling or SIB). Interviews were conducted with sampled children's Primary Caregiver (or PCG, usually the child's mother) and with sampled children over age 9. L.A.FANS collected extensive information on the household socioeconomic status, family life, neighborhood life, residential mobility, program participation, health status, and many other topics. To permit comparisons with national-level survey data, the L.A.FANS employed standard, well-tested batteries of questions from the Panel Study of Income Dynamics, the National Longitudinal Survey, the National Survey of Families and Households, and other national surveys.

Among households that completed the roster, response rates for sampled and eligible respondents were 85 percent for RSAs, 89 percent for PCGs, 87 percent for RSCs, and 86 percent for Child respondents. Sample weights that adjust for the sample design and non-response are available on the public use data.

**Future Plans:**

The second wave of L.A.FANS is planned to begin in 2005. In this wave we will: (1) recontact and reinterview panel respondents (RSAs and RSCs) whether or not they have moved since wave 1, and (2) interview a new sample of respondents in each sampled neighborhood who have moved into the neighborhood since wave 1. Thus, L.A.FANS wave 2 combines the advantages of a panel study with those of a representative cross-sectional study of respondents in sampled neighborhoods.

**Data Availability:**

Data available at [www.lasurvey.rand.org](http://www.lasurvey.rand.org)

**Bibliography:**

Note: The following papers are available at [www.lasurvey.rand.org](http://www.lasurvey.rand.org).

- Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, Anne R. Pebley (2003). "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey," RAND Working Paper DRU-2400/1-1-LAFANS.
- Sastry, Narayan, and Anne R. Pebley (2003). "Non-Response in the Los Angeles Family and Neighborhood Survey," RAND Working Paper.
- Pebley, Anne R., and Narayan Sastry (2003). "Concentrated Poverty vs. Concentrated Affluence: Effects on Neighborhood Social Environments and Children's Outcomes," RAND Working Paper DRU-2400/10-LAFANS.  
Pebley, Anne R., and Narayan Sastry (2003). "Neighborhoods, Poverty and Children's Well-being: A Review," RAND Working Paper DRU-3001-NICHD.  
Pebley, Anne R., and Narayan Sastry (2002). "Socioeconomic Differentials in Health Outcomes and Health Behavior in Los Angeles," paper presented at the Annual Meeting of the Population Association of America, Atlanta, GA, May 2002.
- Sastry, Narayan, and Anne R. Pebley (2003). "Neighborhood and Family Effects on Children's Health in Los Angeles," RAND Working Paper DRU-2400/11-LAFANS. Paper presented at the Annual Meeting of the Population Association of America, Minneapolis, MN, May 2003.
- Sastry, Narayan, and Anne R. Pebley (Forthcoming). "Neighborhood Effects on Adult Health in Los Angeles," RAND Working Paper DRU-2400/9-LAFANS.  
Sastry, Narayan, Anne R. Pebley, and Michela Zonta (2002). "Neighborhood Definitions and the Spatial Dimensions of Daily Life in Los Angeles," RAND Working Paper DRA-2400/8-LAFANS. Paper presented at the Annual Meeting of the Population Association of America, Atlanta, GA, May 2002. (Available in

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**Dataset Name:** **The Luxembourg Income Study (LIS)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Timothy M. Smeeding**

**Data Collection Organization:** **Luxembourg Income Study, asbl**

**Purpose and Description:**

Since its beginning in 1983, the LIS has grown into a cooperative research project with a membership that includes countries in Europe, North America, and Australia. The database now contains information for 29 countries for one or more years. Negotiations are in the process of adding data from additional countries, including Korea, Japan and New Zealand. The LIS databank has a total of over 125 datasets covering the period 1968 to 2000. During 2002, the remaining fourth wave of data for the middle 1990's was added and we have begun to add a fifth wave of data for the late 1990s and 2000.

**Objectives:**

- Test the feasibility for creating a database containing social and economic data collected in household surveys from different countries
- Provide a method which allows researchers to use the data under restrictions required by the countries providing the data
- Create a system that allows research requests to be received from and returned to users at remote locations
- Promote comparative research on the social and economic status of various populations and subgroups in different countries

**Data Availability:**

The dataset is accessed globally via electronic mail networks (see chart on next page). Extensive documentation concerning technical aspects of the survey data and the social institutions of income provision in member countries is also available to users.

**Bibliography:**

Reports by participants in the LIS project have appeared in several books, articles and dissertations. Each completed study is published in the LIS working paper series, which currently numbers more than 350 papers. Abstracts of all and full text of many working papers are available on the Luxembourg Income Study home page <http://www.lisproject.org>. The project conducts annual summer workshops to introduce researchers to the database, and to give scholars experience in cross-national analysis of social policy issues related to income distribution. Over 470 students attended the 1988 through 2003 sessions. The LIS Newsletter is published twice yearly and mailed to over 1400 scholars in 38 nations.

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**LIS DATABASE LIST: Country and Year<sup>1</sup>**

<b>COUNTRY</b>	<b>CODE<sup>2</sup></b>	<b>HISTORICAL DATASETS</b>	<b>WAVE I around 1980</b>	<b>WAVE II around 1985</b>	<b>WAVE III around 1990</b>	<b>WAVE IV around 1995</b>	<b>WAVE V around 2000</b>
<b>Australia</b>	AS	•	1981	1985	1989	1994	•
<b>Austria</b>	OS	•	•	1987	•	1994/1995/1997	•
<b>Belgium</b>	BE	•	•	1985	1988/1992	1997	•
<b>Canada</b>	CN	1971/1975	1981	1987	1991	1994/1997/1998	•
<b>Czech Republic</b>	CZ	•	•	•	1992	1996	•
<b>Denmark</b>	DK	•	•	1987	1992	1995/1997	•
<b>Estonia</b>	EE	•	•	•	•	•	2000
<b>Finland</b>	FI	•	•	1987	1991	1995	2000
<b>France<sup>3</sup></b>	FR	•	1979/1981	1984A/1984B	1989	1994	•
<b>Germany<sup>4</sup></b>	GE	1973/1978	1981	1983/1984	1989	1994	2000
<b>Hungary</b>	HU	•	•	•	1991	1994	1999
<b>Ireland</b>	IR	•	•	1987	•	1994/1995/1996	•
<b>Israel</b>	IS	•	1979	1986	1992	1997	2001*
<b>Italy</b>	IT	•	•	1986	1991	1995	2000*
<b>Luxembourg</b>	LX	•	•	1985	1991	1994	2000*
<b>Mexico</b>	MX	•	•	1984	1989/1992	1994/1996/1998	2000*
<b>Netherlands</b>	NL	•	•	1983/1986*/ 1987	1991	1994	1999*
<b>Norway</b>	NW	•	1979	1986	1991	1995	2000*
<b>Poland</b>	PL	•	•	1986	1992	1995	1999
<b>R.O.C.-Taiwan</b>	RC	•	1981	1986	1991	1995	2000*
<b>Russia</b>	RL	•	•	•	1992	1995	2000*
<b>Slovak Republic</b>	SV	•	•	•	1992	1996	•
<b>Slovenia</b>	SI	•	•	•	•	1997	1999
<b>Spain</b>	SP	•	1980	•	1990	•	•
<b>Sweden</b>	SW	1967/1975	1981	1987	1992	1995	2000
<b>Switzerland</b>	CH	•	1982	•	1992	•	2000*
<b>United Kingdom</b>	UK	1969/1974	1979	1986	1991	1994/1995	1999
<b>United States</b>	US	1969/1974	1979	1986	1991	1994/1995/ State file: 199567	2000

1 Year given is reference year, not necessarily the year that the data were collected.

2 Codes are the LIS database country abbreviations.

3 France has an income survey (1979, 1984) and a budget survey (1984, 1989, 1994).

4 Germany has three different databases: an income and expenditure survey (1973, 1978, 1983); a transfer income survey (1981); and three cross-sections from the Socio-Economic Panel Study (GSOEP) (1984,1989,1994)

5 \*Anticipated that this will be available during 2003.

## List of Variables:

### HOUSEHOLD LEVEL VARIABLES

#### File information

Unique country/year id number	<b>COUNTRY</b>
Unique household unit number	<b>CASENUM</b>
Sample weight	<b>HWEIGHT</b>
Deflation factor*	<b>DEFLATE</b>
Country specific household info*	<b>HSLOT1</b>
Country specific household information*	<b>HSLOT2</b>

#### Demographic variables

Married couple indicator	<b>MARRIED</b>
Age of head	<b>D1</b>
Age of spouse	<b>D2</b>
Sex of head	<b>D3</b>
Number of persons in household	<b>D4</b>
Family (unit) structure	<b>D5</b>
Number of earners in household	<b>D6</b>
Geographic location indicator A	<b>D7</b>
Ethnicity/Nationality of head	<b>D8</b>
Ethnicity/Nationality of spouse	<b>ETHNATSP</b>
Educational level of head	<b>D10</b>
Educational level of spouse	<b>D11</b>
Occupational training of head	<b>D12</b>
Occupational training of spouse	<b>D13</b>
Occupation of head	<b>D14</b>
Occupation of spouse	<b>D15</b>
Industry of head	<b>D16</b>
Industry of spouse	<b>D17</b>
Type (status) of worker head	<b>D18</b>
Type (status) of worker spouse	<b>D19</b>
Geographic location indicator B	<b>D20</b>
Marital status head	<b>D21</b>
Marital status spouse	<b>MARTSP</b>
Tenure (owned/rented housing)	<b>D22</b>
Disability status head	<b>D25</b>
Disability status spouse	<b>D26</b>
Number of children under age 18	<b>D27</b>
Age of the youngest child	<b>D28</b>
Number of persons aged 65 to 74	<b>NUM6574</b>
Number of persons aged 75 or more	<b>NUMGE75</b>
Activity Status Head *	<b>ACTIVHD</b>
Activity Status Spouse *	<b>ACTIVSP</b>
Immigration Status Head *	<b>IMMIGRHD</b>
Immigration Status Spouse *	<b>IMMIGRSP</b>
Labor force status head	<b>LFSHD</b>
Labor force status spouse	<b>LFSSP</b>
Weeks worked full time head	<b>WEEKHDFT</b>
Weeks worked full time spouse	<b>WEEKSPFT</b>
Weeks worked part time head	<b>WEEKHDPT</b>
Weeks worked part time spouse	<b>WEEKSPPT</b>
Weeks unemployed head	<b>WEEKHDUP</b>
Weeks unemployed spouse	<b>WEEKSPUP</b>
Hours worked per week head	<b>HRSHD</b>
Hours worked per week spouse	<b>HRSSP</b>

#### Expenditure variables

Food expenditures	<b>FOODEXP</b>
Housing expenditures	<b>HOUSEXP</b>
Clothing expenditures	<b>APPEXP</b>
Transportation expenditures	<b>TRANEXP</b>
Child care expenditures *	<b>CHCAREXP</b>
Education expenditures *	<b>EDUCEXP</b>

Out of pocket medical expenditures *	<b>MEDEXP</b>
Total family unit expenditures	<b>TOTEXP</b>

#### Income variables

Gross wages and salaries	<b>V1</b>
Net wages and salaries	<b>V1NET</b>
Mandatory employer contribution	<b>V2</b>
Non-mandatory employer contribution	<b>V3</b>
Farm self-employment income	<b>V4</b>
Self-employment income	<b>V5</b>
In-kind earnings	<b>V6</b>
Mandatory contribution for self-employment	<b>V7</b>
Cash property income	<b>V8</b>
Interest and dividends **	<b>V8S1</b>
Rental Income **	<b>V8S2</b>
Private savings plans **	<b>V8S3</b>
Royalties **	<b>V8S4</b>
Other cash property income **	<b>V8SR</b>
Non-cash property income	<b>V9</b>
Market value of residence (homeowners)	<b>V10</b>
Income taxes	<b>V11</b>
Property or wealth taxes	<b>V12</b>
Mandatory employee contribution	<b>V13</b>
Other direct taxes	<b>V14</b>
Indirect taxes	<b>V15</b>
Sick pay	<b>V16</b>
Accident pay	<b>V17</b>
Disability pay	<b>V18</b>
Social retirement benefits	<b>V19</b>
Basic old age benefit *	<b>V19S1</b>
Supplementary old age benefit *	<b>V19S2</b>
Early retirement benefit *	<b>V19S3</b>
Survivor's pensions *	<b>V19S4</b>
Other soc. retirem. not incl. in V19S1-V19S4 *	<b>V19SR</b>
Child or family allowances	<b>V20</b>
Child allowance *	<b>V20S1</b>
Advance maintenance (single parents) *	<b>V20S2</b>
Orphan's pension allowance *	<b>V20S3</b>
Other child allowance amounts *	<b>V20SR</b>
Unemployment compensation	<b>V21</b>
Unemployment insurance *	<b>V21S1</b>
Training or retraining allowance *	<b>V21S2</b>
Placement/resettlement benefits *	<b>V21S3</b>
Other unemployment benefits *	<b>V21SR</b>
Maternity allowances	<b>V22</b>
Pay replacement *	<b>V22S1</b>
Birth premium *	<b>V22S2</b>
Other maternity/paternity benefits *	<b>V22SR</b>
Military/vet/war benefits	<b>V23</b>
Other social insurance	<b>V24</b>
Invalid care premium *	<b>V24S1</b>
Non means-tested student premium *	<b>V24S2</b>
Child care benefit - Not means-tested *	<b>V24S3</b>
Other social benefits *	<b>V24SR</b>
Means-tested cash benefits	<b>V25</b>
Social assistance *	<b>V25S1</b>
Old age assistance *	<b>V25S2</b>
Unemployment assistance *	<b>V25S3</b>
Unmarried mother's allowance *	<b>V25S4</b>
Other means-tested allowance *	<b>V25SR</b>
All near cash benefits	<b>V26</b>

Near cash food benefits \* V26S1  
Near cash housing benefits \* V26S2  
Near cash medical benefits \* V26S3  
Near cash heating benefits \* V26S4  
Near cash education benefits \* V26S5  
Near cash child care benefits \* V26S6  
Other near cash means-tested benefits \* V26SR  
Value of non-cash food benefits V27  
Value of non-cash housing benefits V28  
Value of non-cash medical benefits V29  
Value of non-cash heating benefits V30  
Value of non-cash education benefits V31  
Value of non-cash care benefits \* V31A  
Alternate non-cash income ALTNCASH  
Private pensions V32  
Occupational pensions \* V32S1  
Opting out pensions \* V32S2  
Other private pension income \* V32SR  
Public sector pensions V33  
Alimony or child support V34  
Alimony/child support paid \* V34X  
Other regular private income V35  
Regular transfers from relatives \* V35S1  
Reg. transfers from private charitable organ. \* V35S2  
Other regular private income \* V35SR  
Transfers paid to relatives \*\* V35X  
Other cash income V36  
Realized lump sum income V37  
Capital gains and losses \* V37S1  
Other lump sum income \* V37SR  
Gross wage/salary head V39  
Net wage/salary head V39net  
Hourly wage rate head V40  
Gross wage/salary spouse V41  
Net wage/salary spouse V41net  
Hourly wage rate spouse V42  
(Near cash housing benefits) NEARCHB  
*note: variable discontinued after Wave 3*  
(Near cash except housing) NEARCOB  
*note: variable discontinued after Wave 3*  
**LIS income aggregates**  
Total self employment income SELFI  
Total earnings EARNING  
Total factor income FI  
Total occupational pensions PENSIOI  
Total market income MI  
Total means-tested income MEANSI  
Total social insurance (ex 19, 20, 21) OTHSOCI  
Total social insurance transfer SOCI  
Total social transfers SOCTRANS  
Total private transfers PRIVATI  
Total transfer income TRANSI  
Total gross income GI  
Total mandatory payroll taxes PAYROLL  
Net disposable income DPI

**PERSON LEVEL VARIABLES**

**File information**

Country id (unique) COUNTRY  
Unique unit number CASENUM  
Person number PPNUM

Person weight PWEIGHT  
Country specific person information \* PSLOT1  
Country specific person information \* PSLOT2  
**Demographic variables**  
Age PAGE  
Sex PSEX  
Marital status PMART  
Relationship PREL  
Ethnicity/nationality PETHNAT  
Immigration status \* PIMMIGR  
Educational level PEDUC  
Occupational training PTOCC  
Labor force status PLFS  
Activity code (occupation) \* PACTIV  
Occupation POCC  
Industry PIND  
Type (status) of worker PTYPEWK  
Hours worked per week PHOURS  
Weeks worked full time PWEEKFT  
Weeks worked part time PWEEKPT  
Weeks unemployed PWEEKUP  
Disability status PDISABL  
**Income variables**  
Gross wage/salary PGWAGE  
Net wage/salary PNWAGE  
Hourly wage rate PHRWAGE  
Mandatory employer contribution PMERC  
Self-employment income \*\* PSELF  
Income taxes PYTAX  
Property/wealth taxes PWTAX  
Mandatory employee contribution PMEEC  
Social retirement PSOCRET  
Basic old-age pension \*\* PSOCRET1  
Supplementary old-age benefit \*\* PSOCRET2  
Early retirement benefit \*\* PSOCRET3  
Survivors pension \*\* PSOCRET4  
Other social retirement income \*\* PSOCRETR  
Unemployment compensation PUNEMP  
Unemployment insurance \*\* PUNEMP1  
Training or retraining allowance \*\* PUNEMP2  
Placement or resettlement benefits PUNEMP3  
Other unemployment benefits \*\* PUNEMPR  
Private pensions PPRVPEN  
Occupational pensions \*\* PPRVPEN1  
Opting-out pensions \*\* PPRVPEN2  
Other private pension income \*\* PPRVPENR  
Public sector pensions PPUBPEN

**CHILD LEVEL VARIABLES**

**File information**

Unique Country Id COUNTRY  
Unique Unit Number CASENUM  
Person Number PPNUM  
Child weight CWEIGHT

**Demographic variables**

Age of child CAGE  
Sex of child CSEX  
Relationship of child CRE

**Note:**

**Variables \* are available as of Wave IV Variables**

**Dataset Name:** The Second Malaysian Family Life Survey (MFLS-2)

**Sponsoring Organization:** National Institute on Aging  
The National Institute of Child Health and Human Development

**Principal Investigator:** Julie DaVanzo

**Data Collection Organization:** RAND and the National Population and Family Development Board (NPFDB) of Malaysia

**Purpose:**

The second round of the Malaysian Family Life Survey (MFLS-2) is a follow-up of the 1976-1977 Malaysian Family Life Survey (MFLS-1). As in MFLS-1, the MFLS-2 covers both the respondents' and spouses' marriage, fertility, employment, education and migration histories as well as extensive information on the household economy. The MFLS-2 contains a supplementary sample of persons age 50 or older. The data permit analysis of intergenerational transfers to the elderly and their covariates; the living arrangements of the elderly; the health of the elderly; labor supply, occupation and retirement status of the elderly; and their migration patterns. This supplement fills the gap left by many standard sources of demographic and economic information about Third World populations, such as fertility surveys and labor force surveys, which effectively exclude the elderly.

**Description:**

Field work for MFLS-2 began in Aug. 1988 and was completed in Jan. 1989. The survey was fielded in four samples:

- *The Panel Sample* - Women who were the primary respondents to the First Malaysian Family Life Survey (MFLS-1), who at that time (1976) were ever-married women aged 50 or younger. There are 926 Panel households in MFLS-2, a follow-up rate of 72%.
- *The Children Sample* - Children aged 18 or older in 1988 of the women interviewed as primary respondents for MFLS-1; i.e. adult children of the women eligible for the MFLS-2 Panel sample. There were interviews with one child, selected at random, inside the Panel household and two children, selected at random, living elsewhere in Peninsular Malaysia. There are 1,136 respondents in the Children sample.
- *The New Sample* - A sample of households with a woman aged 18-49 (regardless of her marital status) or an ever-married woman under age 18. There are 2,184 respondents in MFLS-2 New Sample.
- *The Senior Sample* - Selected households with a person age 50 or over. There are 1,357 respondents in the Senior Sample.

**Future Plans:**

No update at this time.

**Data Availability:**

Information about how to obtain is available at <http://www.rand.org/labor/FLS/MFLS/index.html#order>.

**Bibliography:**

Chan, Angelique and Julie DaVanzo. 1994. "Living Arrangements of Older Malaysians--Who Coresides With Their Adult Children?" *Demography* 31(1); also available as RP-284, 1994, RAND.

Chan, Angelique, and Julie DaVanzo. "Ethnic Differences in Parents' Coresidence with Adult Children in Peninsular Malaysia," *Journal of Cross-Cultural Gerontology*, in press; (also available from RAND as DRU-852-NIA/WFHF, Labor and Population Program Working Paper Series 94- 26).

DaVanzo, Julie, "Living Arrangements of the Elderly," 1993. in J. Sine, Tey N. P., and J. DaVanzo (eds.), *Proceedings of the Seminar on the Second Malaysian Family Life Survey*, Kuala Lumpur, Malaysia, October 1991, CF-109-NICHD/NIA/WFHF, RAND, pp. 145-161.

Lillard, Lee A., and Robert J. Willis. 1997. "Motives for Intergenerational Transfers: Evidence from Malaysia," *Demography* 34 (1): 115-134.

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<b>Dataset Name:</b>	<b>Matlab Health and Socioeconomic Survey (MHSS)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Principal Investigator:</b>	<b>M. Omar Rahman</b>
<b>Data Collection Organization:</b>	<b>RAND, The Harvard School of Public Health, The University of Pennsylvania, and The International Centre for Diarrhoeal Disease Research, Bangladesh</b>

**Purpose:**

In the coming decades, declining fertility and increasing life expectancy will cause populations to age rapidly worldwide, but especially so in the (mostly rural) societies of the developing world. Despite the trend toward an older population, little empirical data has been collected to clarify how the old are faring and how their social and economic status will change as the population ages. Indeed, most sources of demographic information on developing countries exclude old people from the population to maximize efficiency for the primary task of estimating recent fertility and infant mortality rates. Also, most information on the economic status of households comes from labor force surveys and household budget surveys, which often exclude older people.

There have been some notable surveys examining aging populations in Asian countries, e.g., surveys by the University of Michigan, Population Studies Center; the World Health Organization; the United Nations University, and the Association of Southeast Asian Nations. While these surveys represent important first steps toward understanding the well-being of the older population, they typically do not contain enough information to assess the behavioral processes that must be analyzed for governments to develop fully informed policies.

**Description:**

This study addresses these concerns by means of a major family and community survey conducted in 1996 in Matlab, a region of rural Bangladesh in which there is an ongoing prospective Demographic Surveillance System (DSS). For a detailed description of the Matlab surveillance population, please refer to J. Menken and J.F. Phillips, 1990 "Population Change in a Rural Area of Bangladesh, 1967-87," *Annals of the American Academy of Political and Social Science*, 510:87-101. Further information about Matlab can be obtained from the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR) (<http://www.icddrb.org/>).

**Objectives:**

The ultimate goal of the survey effort is to enter into the public domain a new and unique microlevel dataset for research on aging. In particular, these new data will support in-depth analyses -- not possible with existing survey data -- on interrelated topics having to do with life-cycle investments in the physical, economic, and social well-being of the elderly. These topics include the effect of socioeconomic and behavioral factors on adult survival, health status, and health care utilization; the linkages among elderly well-being, kin characteristics and intergeneration of resource flows, and the impact of community services and infrastructure on adult health and other human capital acquisition.

**Study Design:**

It is important to note that the MHSS actually consists of four distinct and separate surveys that have different samples and serve different analytic objectives. These component surveys are:

- The Main survey consisting of household- and individual-level information on 4,364 households clustered in 2,687 baris, an approximately one-third random sample of the total number of baris in the Surveillance area. This component is likely to be the one that is most useful to the widest group of analysts. The Main data contains an additional 174 households clustered in 94 other baris that fell outside the prescribed sampling scheme and which should be dropped from analyses. Thus, the total number of households found in the Main sample data are 4,538.

- The Determinants of Natural Fertility Survey (DNFS), a specialized survey consisting of household- and individual-level information on a particular follow-up group of 1,790 households out of the 2,441 women who were originally interviewed about their health and pregnancy status in the mid 1970s. The available data on 1,806 DNFS women in these 1,790 households represents approximately an 80% sample of the surviving 2,273 DNFS women.
- The Outmigrant survey, another specialized survey consisting of household- and individual-specific information on 552 outmigrants who had left the households of the primary sample between 1982 and the date of the MHSS and had not returned to their original households or bars. This represents approximately an 8% sample of outmigrants who had left since 1982.
- The Community/Provider survey consists of information on community infrastructure and services on the 141 constituent villages of the primary sample respondents and detailed data on 254 health/family planning providers, and 100 educational facilities potentially serving (in the opportunity set of) the primary sample households in the MHSS. This constitutes a near census of schools and health and family planning clinics serving the study population and a sample of individual health/family planning providers.

### **Questionnaire Topics:**

#### Household Questionnaire Topics:

- |  |  |
|--|--|
| • Consumption                                | • Labor earnings                         |
| • Household and individual assets            | • Borrowing and lending histories        |
| • Agricultural and nonagricultural income    | • Transfers and remittances              |
| • Economic shocks                            | • Marriage histories                     |
| • Education and training histories           | • Employment histories                   |
| • Migration histories and residential change | • Pregnancy histories                    |
| • Non co-residential kin                     | • Children ever born                     |
| • Life styles and habits                     | • Ability to perform ADL's               |
| • Acute morbidity                            | • Chronic morbidity and disability       |
| • Self-treatment                             | • Outpatient health services utilization |
| • Inpatient health services utilization      | • Living arrangements history            |
| • Social support networks                    | • Other transfers                        |

#### Directly Observed Objective Measurements:

- Anthropometrics
- Physical performance measures
- Cognitive testing

#### Community Questionnaire Topics:

- Quality indicators of schools in risk set of households
- Quality indicators of health providers in risk set of households
- Village Characteristics

### **Agencies/ Organizations Involved in Planning the Survey:**

- RAND
- University of Pennsylvania
- Harvard School of Public Health
- International Centre for Diarrhoeal Disease Research, Bangladesh

### **Data Availability:**

The MHSS data and documentation have been sent to ICPSR for inclusion in their public NACDA holdings (see Appendix). Once the MHSS has been entered into the data archive at ICPSR, all documentation concerning the MHSS (codebooks, etc.) will be available in PDF format from ICPSR. The MHSS data are available in a sub-file format in which subsections of the survey questionnaire are stored in separate data files. Each sample described above (Main, DNFS, Outmigrant, and Community/Provider) has its own set of data subfiles.

The MHSS data and documentation are also available from RAND via anonymous FTP, and the following web site: <http://www.rand.org/FLS/MHSS/>. The actual questionnaires used in the survey are currently available only in hardcopy form from RAND for a minimal charge to cover handling and shipping.

*Requests to RAND for hardcopy versions of the MHSS documentation should be made to:*

RAND Distribution Services  
1700 Main Street, P.O. Box 2138  
Santa Monica, CA 90407-2138  
Phone: 310-451-7002  
Fax: 310-451-6915  
Email: [order@rand.org](mailto:order@rand.org)

Questions about the MHSS survey should be directed to [mhss-supp@rand.org](mailto:mhss-supp@rand.org).

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<b>Dataset Name:</b>	<b>Mexican Health and Aging Study</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Principal Investigator:</b>	<b>Beth J. Soldo</b>
<b>Data Collection Organization:</b>	<b>Mexican National Institute of Statistics, Geography and Informatics (<i>Instituto Nacional de Estadística, Geografía e Informática, INEGI</i>).</b>

**Purpose:**

The overall goal of the MHAS is to locate research on Mexico’s unique health dynamics in a broad socioeconomic context. The specific aims of the project are to:

- examine the aging processes and its disease and disability burden in a large representative panel of older Mexicans;
- evaluate the effects of individual behaviors, early life circumstances, migration and economic history, community characteristics, and family transfer systems on multiple health outcomes;
- compare the health dynamics of older Mexicans with comparably aged Mexican-born migrants in the U.S. and second generation Mexican-American using similar data collected by the HRS and the NHANES III to assess the durability of the migrant health advantage;
- assess the health of all components of the population from which migrants are selectively recruited: Mexican-born migrants living in the US, migrants who returned to Mexico after various length stays in the U.S., internal migrants, and older Mexicans who have aged-in-place; and,
- consider the ways in which intergenerational transfer systems affect old-age health dynamics in a country where migration is commonplace and remittances may repay prior investments or insure against uncertainty in old age.

**Description:**

MHAS is nationally representative of the 13 million Mexicans born prior to 1951; inferences can be drawn at the national and urban/rural levels. The six Mexican states which are home to 40% of all migrants to the U.S. were over-sampled at a rate of 1.7:1.

**Study Design:**

A total of 11,000 households with at least one person aged 50 or older were selected for the baseline study in 2001, based on the Mexican National Employment Survey 2000. Spouse/partners of eligible respondents were interviewed also, even if the spouse was born after 1950. Completed interviews were obtained in 9,862 households, for a total of 15,186 individual interviews.

All interviews were face-to-face, with average duration of 82 minutes. A direct interview (on the Basic questionnaire) was sought, and Proxy interviews were obtained when poor health or temporary absence precluded a direct interview.

The study was designed to ensure comparability with the U.S. Health and Retirement Study in many domains.

**Future Plans:**

Follow-up interviews are being conducted with surviving respondents in the Spring-Summer 2003; next-of-kin interviews are conducted for those deceased.

Respondent files will be linked to Mexican GIS data summarizing community amenities and socio-economic profiles and the location of nearby health facilities.

## Questionnaire Topics:

- *HEALTH MEASURES*: self-reports of conditions, symptoms, functional status, hygienic behaviors (e.g., smoking & drinking history), use/source/costs of health care services, depression, pain, reading and cognitive performance;
- *BACKGROUND*: Childhood health and living conditions, education, ability to read/write and count, migration history, marital history;
- *FAMILY*: rosters of all children (including deceased children); for each, demographic attributes, summary indicators of childhood and current health, education, current work status, migration. Parent and sibling migration experiences;
- *TRANSFERS*: financial and time help given to and received by respondent from children, indexed to specific child; time and financial help to parent;
- *ECONOMIC*: sources and amounts of income, including wages, pensions, and government subsidies; type and value of assets. All amount variables are bracketed in case of non-response.
- *HOUSING ENVIRONMENT*: type, location, building materials, other indicators of quality, and ownership of consumer durables;
- *ANTHROPOMETRIC*: for a 20% sub-sample, measured weight, height; waist, hip, and calf circumference; knee height, and timed one-leg stands.

## Data Availability:

Data from the study are public use. The 2001 baseline data and documentation can already be downloaded from the project website, [www.pop.upenn.edu/mhas](http://www.pop.upenn.edu/mhas).

## Agencies/Organizations Consulted:

- University of Michigan Institute for Social Research (ISR)
- Mexican National Institute of Public Health (INSP)
- Mexican Ministry of Health (SSA)

## Results (For individual waves):

Preliminary results based on the baseline 2001 survey:

- Both obesity and diabetes are at least as prevalent among 50+ Mexicans as they are among same-aged adults in the U.S. (HRS 98); diabetes may be 15 to 20 percent higher.
- As in other middle- and high- income countries, the self-assessed and functional health status of 50+ Mexican women is worse than that of their male counterparts.
- Functional health problems reduce *healthy* life expectancy by an average of five years for 50+ men and seven years for women, or, by about 18 % of total life expectancy at age 50 for males and 22% percent for women.
- Average monthly income of 50+ Mexicans is 3,578 pesos (~ \$400). Average wealth is less than 200,000 pesos (about \$22,000), mostly from home equity. The distributions of both income and wealth are highly skewed.
- Wages are the primary source of income for over half of Mexicans age 50+; 10% depend only on financial help from kin, 8% rely on pensions only, and 4% receive income only from unearned sources. One in six report receiving no income from any source.
- Individuals in good health have 1.6 times more assets than those in fair or poor health.
- Mexicans aged 50 and over with diabetes have on average 20% more assets than non-diabetics.
- One-third of MHAS respondents have no formal education. This segment receives 15% of the total income and owns 19% of total wealth controlled by persons 50+.
- Forty percent of older Mexicans have no health insurance of any type. Those with health insurance are covered primarily by IMSS, the federal program for private-sector workers, and ISSSTE, the system for federal workers.
- While most Mexicans age 50 and above with health insurance are workers, retirees or their spouses, 25% of those covered by IMSS and 35% of those by ISSSTE are parents of the insured.

- Fourteen percent of Mexican men aged 50 and over have either worked or lived in the United States.

### **Bibliography:**

Abstracts and/or full texts are available from the study website: [www.pop.upenn.edu/mhas](http://www.pop.upenn.edu/mhas)

- Palloni, A., and Soldo, B.J., “Health Status in a National Sample of Elderly Mexicans”, presented at the Gerontological Society of America Conference, Boston, November 2002.
- Palloni, A., Soldo, B.J., and Wong, R., “Health Status and Functional Limitations in a National Sample of Elderly Mexicans”, presented at the Population Association of America Conference, Atlanta, May 2002.
- Palloni, A., Soldo, B.J., and Wong, R., “The Accuracy of Self Reported Anthropometric Measures and Self Reported Diabetes in Nationally Representative Samples of Older Adults in Mexico”, presented at the Population Association of America Conference, Minneapolis, May 2003.
- Soldo, B.J., Wong, R., and Palloni, A., “Migrant Health Selection: Evidence from Mexico and the US”, presented at the Population Association of America Conference, Atlanta, May 2002.
- Soldo, B.J., Wong, R., and Palloni, A., “Why Should We Care About Aging in Mexico?”, presented at the Gerontological Society of America Conference, Boston, November 2002.
- Wallace, R.B., “Preventive Health Behaviors of Older Mexicans”, presented at the Gerontological Society of America Conference, Boston, November 2002.
- Wong, R., Soldo, B.J., and Palloni, A., “Wealth in Middle- and Old- Age: The Role of International Migration in Mexico”, presented at the Population Association of America Conference, Minneapolis, May 2003.
- Wong, R., “Migration and Socioeconomic Conditions of Older Adults” (La Migración y las Condiciones Socioeconómicas en Edades Mayores), published at DEMOS: a demographic letter concerning Mexico [Demos: carta demográfica sobre Mexico.] No. 14, Mexico, 2002.
- Wong, R., and Espinoza, M., “Economic Status of Middle and Old Age Population in Mexico: Preliminary Results from the Mexican Health and Aging Study”, presented at the Gerontological Society of America Conference, Boston, November 2002.
- Wong, R., “Socioeconomic Level and Health of Middle and Old Age Population in Mexico”, presented at REVES Meetings (International Network on Health Expectancy and the Disability Process); Guadalajara, México, May 2003.

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**Dataset Name:** National Long Term Care Survey (NLTC)

**Sponsoring Organization:** 1982: Assistant Secretary for Planning & Evaluation/Health Care Financing Administration  
1984: Health Care Financing Administration/National Center for Health Services Research  
1989: National Institute on Aging/Duke University/Assistant Secretary for Planning & Evaluation  
1994: National Institute on Aging/Duke University/Assistant Secretary for Planning & Evaluation  
1999: National Institute on Aging/Duke University/Assistant Secretary for Planning & Evaluation

**Principal Investigator:** Kenneth G. Manton

**Data Collection Organization:** US Census Bureau

**Purpose:**

The 1982, 1984, 1989, 1994, and 1999 National Long Term Care Surveys (NLTC) are surveys of the entire aged population with a particular emphasis on the aged who are functionally impaired. The samples drawn from aged Medicare beneficiary enrollment files are nationally representative of both community and institutional residents. As sample persons are followed through the Medicare record system, virtually 100% of cases can be longitudinally tracked so that declines, as well as increases, in disability may be identified as well as exact dates of death. NLTC sample persons are followed until death and are permanently and continuously linked to the Medicare record system from which they are drawn. Linkage to the Medicare Part A and B service use records extends from 1982 to 2001, so that detailed Medicare expenditures and types of service use may be studied. Through the careful application of methods to reduce non-sampling error, the surveys provide nationally representative data on:

- The prevalence and patterns of functional limitations, both physical and cognitive;
- Longitudinal and cohort patterns of change in functional limitation and mortality over 17 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 like 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 neighborhood characteristics.

**Description and Study Design:**

The 1982, 1984, 1989, 1994, and 1999 NLTC are designed to measure the point prevalence of chronic (90 days or more) disability in the U.S. elderly Medicare enrolled population and changes (both improvement and incidence) in chronic disability (and institutionalization) over time.

This list sample for the 1982 NLTC was randomly drawn from Medicare administrative files. 35,008 persons over age 65 who were Medicare eligible and alive on April 1, 1982 were drawn. A two-stage

procedure identified chronically disabled persons for household interviews. In the first stage, all 35,008 persons were screened (80% by phone, 20% in person). This identified 6,393 persons in 1982 with at least one chronic (duration of 90 days or more) impairment in seven Instrumental Activities of Daily Living (IADL) or nine Activities of Daily Living (ADL). Since residence was confirmed in the screening, 1,992 institutional residents can be separated from the 26,623 nondisabled community residents (of the 35,008 total) who reported no ADL or IADL impairments. The 6,393 chronically disabled community residents in 1982 were interviewed at home to assess health, functioning, social, economic, and other factors. Interviews were completed with 6,083 (95.2%) – 24.7% were conducted with the help of proxies. No institutional interviews were conducted in 1982.

The 1984 NLTCS had a complete longitudinal design with an institutional component. All persons surviving to 1984 who, in 1982, either reported chronic disability or were in institutions, were re-interviewed in 1984 with either a detailed community or institutional questionnaire. Consequently, not only disabled survivors were tracked, but also previously disabled survivors who had become nondisabled. In addition, 12,100 community residents (45.4% of 26,623) screened in 1982, and who were not chronically disabled, were re-screened with the same instrument in 1984 to determine disability incidence. A new sample of 4,916 persons who became age 65 between the 1982 and 1984 surveys and who survived to 1984 was drawn from Medicare files and screened. Incident cases of chronic disability from either screen sample component received either a detailed in-home or institutional interview. The 1984 sample provides estimates of two-year disability and mortality rates for a longitudinally followed population and representative cross-sectional prevalence estimates of disability and institutional residence of the total 1984 U.S. elderly Medicare enrolled population 65 and over.

The 1989 NLTCS was designed to estimate disability and institutionalization rates for the 1982-1984 and 1984-1989 periods. Persons in either 1982 (or 1984) who were institutionalized, or who received a detailed community survey and survived to 1989, were re-interviewed – either in the community or in an institution. An “aged-in” sample of 4,907 persons who became 65 between 1984 and 1989 and survived to 1989 were selected and screened for disability. In addition, 5,000 persons who were over 65 and had “screened out” as not chronically disabled in 1984 were re-screened. All non-disabled persons over age 75 (in 1989) from the 1984 sample were automatically screened in 1989.

The 1994 NLTCS was designed to precisely estimate disability and institutionalization rates for the 1982-1994 period. Persons in either the 1982, 1984, or 1989 surveys who received a detailed interview in the community or an institution and survived to 1994 were re-interviewed, where ever they might reside in the United States. An aged-in sample of approximately 4,500 persons who became 65 between 1989 and 1994 and survived to 1994 were selected and screened for disability. Furthermore, in 1994 a supplementary group of about 1,000 community interviews were conducted with nondisabled persons (the healthy supplement). This group will be followed like all other detailed interview persons in subsequent years. These persons augment the approximately 900 persons already in the 1994 detailed survey who report no disability; result of the longitudinal data collection procedure. Further, a group of 540 persons, age 95+ were also drawn in 1994 and screened for disability. This supplemental sample greatly increases the precision associated with estimates of the extremely aged.

The 1999 NLTCS was designed to precisely estimate disability and institutionalization rates for the 1982-1999 period. In 1999 NLTCS employed, for the first time, Computer Assisted Personal Interviewing (CAPI). CAPI is expected to reduce errors in the database and make public use files rapidly available. Persons in either the 1982, 1984, 1989, or 1994 surveys who received a detailed interview (in the community or in an institution) and survived to 1999 were reinterviewed if they resided in the United States. 3,891 of the 19,875 persons in the 1999 NLTCS sample had been interviewed previously with a detailed questionnaire. An “aged-in” sample of approximately 5,000 persons who became 65 between 1994 and 1999 and survived to 1999 were selected and screened for disability. A supplementary group of 1,545 persons were selected for detailed interviews as part of the “healthy supplement”. This group, 762 persons of whom were interviewed in 1994, will be followed like other detailed interview groups in future survey years. Also a group of 778 persons age 95+ were selected in 1999: 178 were selected for interview in a variety of ways and 600 of whom were selected as part of a supplementary sample of the extreme aged. 47 persons (of the 778) received the detailed interview in 1994. Quite precise estimates of

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the extreme aged population are thus available. Notably, several cognitive assessment batteries were added to the 1999 community interview questionnaire.

In each of the five surveys, large samples (N~20,000) of the oldest-old population (i.e., those 85 and over) are obtained. The survey data (i.e., detailed community and institutional interviews; screening surveys of nondisabled persons) were linked to Medicare service use files for the years 1982 to 1995. The linkage to Medicare enrollment files between 1982 and 1988 was 100%, i.e., there was complete follow-up of all cases (including survey non-respondents) for Medicare eligibility (and for most years, detailed Part A and B use), mortality, and date of death. Medicare mortality records (and dates of death) were used to estimate mortality rates for the five-year periods April 1, 1984 to April 1, 1989 and April 1989 to April 1, 1994, and for the two-year period April 1, 1982 to April 1, 1984. Further linkage to Medicare enrollment and mortality files is planned. Questions about disability and health were identical in 1982, 1984, 1989, 1994, and 1999 and found to be reliable and replicable between surveys.

The data were adjusted to ensure consistency across survey years with respect to data collection methods, non-response adjustment, mortality allocation and adjustment, and case classification. Any bias introduced by adjustments was designed to be “conservative,” i.e., against showing positive health trends.

One adjustment was for persons automatically interviewed in 1984 and 1989 who were not disabled according to the 1982 screening interview criteria. This is obvious when no disability is reported. However, the ability to perform “heavy” housework was an IADL not included in the screening instrument. It was an item on the detailed household instrument. Thus, a person who reported only problems with heavy housework would not be disabled on the screen (and would not be recruited to the disabled subsample). Thus, persons who automatically screened in, but who reported only problems with heavy housework were classified as nondisabled. This required determining disability from individual items (and not “check” items).

Non-respondents were allocated across disability and institutional residence categories. An alternate allocation of non-response (less than 5% in each year) might change the distribution of persons on disability level but would not affect the estimated size of the combined community disabled and institutionalized population. Thus, non-response allocation is unlikely to produce bias in the total population estimate.

In the new 1982, 1984, 1989, 1994, and 1999 NLTCs file linked to Medicare data 1982 to 1999, a number of ancillary analytic variables and special longitudinal weights were appended to aid the investigator in dealing with the complex cross temporal studies of the survey. This will become increasingly important as, with the 1999 file, meaningful cohort analyses can be conducted. The file is beginning to be lengthy enough to identify period effects. The number of deaths (i.e., about 17,000 1982 to 1995) is large enough that detailed mortality analyses can be done. Further, over the 12 years spanned by the four surveys a total of 35,848 distinct individuals were followed from and linked to Medicare records. The 1994 survey file was added to the public use linked file during 1996. The 1999 survey’s public use file is available for the Center for Demographic Studies. A future wave is planned for 2004.

### **Data Availability:**

The 1982, 1984, 1989, 1994 and 1999 National Long Term Care Survey Public Use Files are now available on CD-ROMs. This CD-ROM may be requested by printing out the data request letter which can be obtained at [http://www.cds.duke.edu/pdf/NLTCs\\_Data\\_Use\\_Agreement.pdf](http://www.cds.duke.edu/pdf/NLTCs_Data_Use_Agreement.pdf). This letter must be notarized. After receipt of your notarized letter, the CD-ROM will be shipped. Detailed information on the application procedure is available from the Center for Demographic Studies’ web site: [http://www.cds.duke.edu/NLTCs/FAQ\\_Data.htm#Q1.2](http://www.cds.duke.edu/NLTCs/FAQ_Data.htm#Q1.2).

Continuously linked Medicare data (1982 thru 1994) for the persons in the 1982, 1984, 1989, and 1994 National Long Term Care Surveys have been placed on CD-ROM. 1999 data will be added during 2001. These were the data that were previously available from the Center for Demographic Studies. All records

have a unique sequence number to link to the National Long Term Care Survey respondents. Documentation for all years has been included on the CD for ease of use. See <http://www.cms.gov/data/requests/default.asp> for more information.

Unicon has developed software called *NLTCS Utilities* for use with the dataset. Above-mentioned request letters are also required with the software, which is described below.

### **Bibliography:**

Articles have been published in the *Journal of Gerontology*, the *Gerontologist*, and the *Proceedings of the National Academy of Science*, which report both descriptive and analytic findings on functional limitations, medical conditions, and the correlates of aging.

### **NLTCS Utilities:**

*NLTCS Utilities* makes the dataset more accessible and easier to use for researchers. Version 3.1 of *NLTCS Utilities*, the first post-beta version, was released on March 14, 2003. It includes CDS's Final Version 1.0 data, released March 3, 2003, and the corresponding CDS Analytic file.

The *NLTCS Utilities* includes many other features facilitating access to the NLTCS, including spreadsheets, all the questionnaires, 'How-to' guides, discussions of age variables, person numbers, and weights, and of course the data extraction utilities allowing values of selected variables to be retrieved from selected records in a wide variety of formats. Extractions are formatted as Stata datasets, or as raw ASCII files with SAS and SPSS input code. Each extraction is documented in a report file. Options allow selection of observations, renaming of variables, smart recoding, and more.

Access to NLTCS data is restricted to persons who have a current Data Use Agreement (DUA) with CDS. The *NLTCS Utilities* Version 3.1 has therefore been produced in two versions, one fully functional, for researchers with a DUA, and a demonstration-only version with no data access, for all others. The demonstration version contains all the features except data access, including the documentation for all the variables, the discussions, the search utilities, and so on.

*NLTCS Utilities* is priced at \$400. Contact Unicon to request a copy of either version. Version 3.1 is the current version number.

Phase II funding was received in March 2002. Phase II plans include addition of linked Medicare data, creation of metadata variables defining the reason for values being missing, and logical imputation of suitable values to substitute for missing values when appropriate. Improvements and enhancements recommended by users will also be implemented, as feedback is encouraged. More information can be found at [www.unicon.com](http://www.unicon.com)

### **Contact(s):**

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*NATIONAL LONG TERM CARE SURVEY*

*Data Use Agreement*

The Center for Demographic Studies understands the importance of maintaining the confidentiality of all survey participants. To that end, CDS has made every attempt to remove any data that could be used singly or in combination with other data to identify an individual. However, certain demographic data, e.g., sex, year of birth, race, are necessary for research, and have been retained. Since it is impossible for us to anticipate every contingency, it is mandatory that users of this data make no attempt to identify individuals from any computer file or to link with a computer file containing identifiers. It is also mandatory that all research be presented or published in a manner that ensures that no individual can be identified.

In order for you to receive the 1982-Current National Long Term Care Survey data, the CDS Analytic Data, and the 1999 NLTCS Supplemental Studies data you must agree to the following provisions.

1. You will not use nor permit others to use the data in any way other than for statistical reporting and analysis.
2. You will not present or publish data from which an individual can be identified.
3. You will not attempt to link nor permit others to link this data with individually identified records in another database.
4. You will not attempt to learn the identity of any person whose data is contained in these files.
5. If the identity of any person is discovered inadvertently, or a technique for doing so is discovered, you will do the following:
  - a. Ensure that no use is made of this knowledge,
  - b. Report immediately to the National Long Term Care Study at [NLTCS@cds.duke.edu](mailto:NLTCS@cds.duke.edu),
  - c. Inform no one else of the discovered identity or procedure.
6. You will not release nor permit others to release NLTCS data to any third party other than staff or students for whom you are directly responsible except as indicated in the User Notes section.
7. If accessing the data from a centralized location on a time-sharing computer system or any intranet or Internet connection, you will not share your logon name and password with any other individuals. You will also not allow any other individual access to your computer account after you have logged on.
8. For all data provided by CDS, you will not distribute it, profit from its sale or use, or incorporate it with any other data set for distribution.
9. You will certify the destruction of any Public Release data file as well as any data files derived from the downloaded file when requested to do so by the National Long Term Care Study or when you complete your use of the data.

10. You will include the following citation in any research reports, papers, or publications based on Public Release data:
11. *In text*: "The NLTCS (National Long Term Care Study) is sponsored by the National Institute of Aging and conducted by the Duke University Center for Demographic Studies."
12. *In references*: "National Long Term Care Study, (Wave [x]/Year [yyyy]) public use dataset. Produced and distributed by the Duke University Center for Demographic Studies with funding from the National Institute on Aging."
13. You will include the following citation in any research reports, papers, or publications based on any Public Release data file tagged as "Early" or "Preliminary":
14. "This Analysis uses Early Release data from the National Long Term Care Study, Wave [x]/Year [yyyy]), sponsored by the National Institute of Aging and conducted by the Duke University Center for Demographic Studies. These data have not been cleaned and may contain errors that will be corrected in the Final Public Release version of the dataset."
15. You will immediately report any discovery of flaws or errors in the data or documentation files to the National Long Term Care Study at [NLTCS@cds.duke.edu](mailto:NLTCS@cds.duke.edu)
16. You will provide information about publications that are based on data obtained from the National Long Term Care Study by sending a copy of any papers or publications using NLTCS public files or datasets to:  
National Long Term Care Study  
2117 Campus Drive  
Box 90408  
Durham, NC 27708-0408
17. You will notify the National Long Term Care Study of changes in your electronic mail address, postal address, telephone number, organizational affiliation or organizational status by using the update function provided at this site or by electronic mail directed to [NLTCS@cds.duke.edu](mailto:NLTCS@cds.duke.edu)

**To receive 1982-Current National Long Term Care Survey data, the CDS Analytic Data, and the 1999 NLTCS Supplemental Studies data, please complete the following form, attach your NOTARIZED signature indicating your agreement with the above provisions, indicate the years desired, and mail to:**

Dr. Kenneth G. Manton  
ATTN: Edward Hanson  
Duke University  
Center for Demographic Studies  
2117 Campus Drive  
Box 90408\*  
Durham, NC 27708-0408  
Phone: (919) 684-6126

We must receive the original NOTARIZED copy. A facsimile copy is unacceptable.

**\* Data requests sent via an overnight carrier should drop "Box 90408" from the CDS address.**

**To receive shipment by FedEx, please supply your FedEx Charge Code**

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Print Name

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Signature

Date

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Corporate or Academic Affiliation

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Address Line 1

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Address Line 2

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City

State

Country

Postal Code

(Area Code) Phone Number (Ext)

FAX number

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e-mail address

(NOTARY SEAL)

*CDS Use Only:* Date Sent \_\_\_\_\_ Initials: \_\_\_\_\_

1.23.04

**Dataset Name:** National Longitudinal Mortality Study (NLMS)

**Sponsoring Organization:** National Heart, Lung, and Blood Institute  
National Cancer Institute  
National Institute on Aging  
National Center for Health Statistics

**Principal Investigator:** Each sponsoring has a PI/Rep on the NLMS Steering Committee, which oversees the operation and research efforts of the NLMS

**Data Collection Organization:** U.S. Census Bureau

**Purpose:**

To study the effect of differences in demographic and socio-economic characteristics on differentials in U.S. mortality rates.

**Description:**

The NLMS is a longitudinal mortality study consisting of U.S. Census Bureau data from the Current Population Survey and the 1980 Census. These data are linked to death certificate information to identify mortality status and cause of death. The study is nearing completion of an expansion phase and contains approximately 2.25 million records with 250,000 identified mortality cases.

**Objectives:**

Provide an analytical research database to study the effect of socio-economic differentials on mortality.

**Study Design:**

The study consists of 26 Current Population Survey cohorts and one 1980 Census Bureau cohort with mortality information obtained from death certificates for deceased persons through administrative record linkage techniques. All information collected by these instruments is available for analyses. The Current Population Surveys are the March Supplements covering the time period from March 1973 to March 1998.

**Links with Administrative Data:**

Mortality information is obtained through record linkage to the National Death Index, a file of death certificate information on all deaths in the United States, maintained by the NCHS. Upon request information from any available source may be linked to NLMS records. The NLMS routinely links geographical and demographic information from Census Bureau surveys and censuses to the NLMS database. The process is currently underway to link Medicare information to NLMS records. Census Bureau approval of the linkage protocol is currently underway and a formal application to CMS is in development.

**Future Plans:**

The plan for the NLMS is to link information on mortality to the NLMS every two years. This effort would also include expanding the NLMS population base by incorporating new March Supplement Current Population Survey data into the study as they become available.

**Data Availability:**

Due to the confidential nature of the data used in the NLMS, only restricted public use files are available. Copies are available to interested users from NLMS-Census Bureau contacts. NIA does not make the data available directly. However, research access to the entire NLMS database can be obtained through first contacting the NIA program contact named below. Interested investigators should email the NIA contact and send in a one page prospectus of the proposed project. NIA will approve projects based

on their relevance to the NIA Behavioral and Social Research (BSR) Program's Areas of Emphasis (see <http://www.nia.nih.gov/research/extramural/behavior/emphasis.htm>), and will give priority to:

1. Current NIA/BSR grantees
2. Affiliates of NIA/BSR Centers programs, particularly those who have received pilot project funds for the proposed work
3. Pre- and post-doctoral trainees on NIA/BSR training grants or individual fellowships
4. And, on a case-by-case basis, to those planning on submitting a grant application to NIA/BSR for use of the NLMS.

Once approval from NIA is received, the proposal is forwarded to the NLMS steering committee which grants final approval. This method must be followed to both obtain the public use files and to achieve access to the larger database.

(Researches funded by THE OTHER SPONSORING IC'S should contact their Project Officers or NLMS contacts.)

Approved projects are then assigned to NLMS statisticians at the Census Bureau who work directly with the researcher to interface with the database. Investigators receive the reference manual for the full database and information on previous analyses that the database has been used for. Results are delivered to researchers on a short-turnaround flow basis. This is the most efficient method to use the data as the Census Bureau programmer will conduct the specific analyses required by the investigator. A modified edition version of the public use data files is available also through the Census restricted Data Centers; however, since the database is quite complex, many investigators have found that the most efficient way to access it is through the Census programmers.

*Note: The reason for potential limits on users is because of constraints on the Census programmers' time.*

**Contact:**

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**Dataset Name:** **National Longitudinal Survey: 1990 Resurvey of Older Males (NLS-Older Males)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Herbert Parnes**

**Data Collection Organization:** **The NLS are sponsored by the Bureau of Labor Statistics (BLS) of the U.S. Department of Labor. The National Longitudinal Surveys program is housed within the Office of Employment and Unemployment Statistics at BLS.**

**Purpose:**

This project has made available to gerontological researchers a rich longitudinal data bank spanning a quarter of a century in the lives of a representative national sample of men who were 69-84 years of age when last interviewed in 1990.

**Description:**

The original sample of 5,020 men, first interviewed in 1966, was re-interviewed periodically until 1983 under a contract with the US Department of Labor. The study provided a detailed longitudinal record of their labor market activity, health, financial status, family structure, and attitudes toward and experience in retirement. The NIA grant made possible a re-interview in 1990 with the surviving men and the widows (or other next-of-kin) of the decedents. Interviews were obtained with 2,092 surviving men, with 1,341 widows, and, in the absence of a widow, with 865 other relatives of decedents--an astonishing 86 percent of the original number of sample cases.

The merging of the 1990 data (including death certificate information for the decedents) brings into being an unprecedented longitudinal data bank that allows the current state of physical and psychological well-being and the socioeconomic status of the men to be explored in the light of their earlier records. The fact that blacks were over-represented in the original sample in a ratio of about three or four to one means that there is a sufficient number of surviving black men (about 500) for statistically reliable interracial comparisons (the oversample of Blacks is 19.3%). As a bonus, there is current information on labor market activity, income, and assets for a sample of about 1,350 widows, 90 percent of whom are between 60 and 89 years of age. This information can be linked to earlier data on the women's health and work activity that was reported by their late husbands.

Due to the original sample selection, other NLS cohorts contain wives and daughters of the older men. These other surveys also hold a wealth of detailed information on aging and retirement issues. For example, the Mature Women answered questions about receipt of pension income for themselves and their spouses in the income section (some of these spouses are respondents in the Older Men's survey). In 1989, a pension matching project was conducted for the Mature Women and their spouses. In 1993, a short section collected information on transfers from the Young Women to their parents (some of whom were their fathers as respondents in the Older Men's survey). In 1997 there was a longer section on transfers from Mature and Young Women to their parents, and in 1999 there was a section on transfers from Mature and Young Women to their children. In 2001 the Mature and Young Women answered questions about transfers from themselves to their parents, and from their parents to them. In 2003, The Mature Women and Young Women are to be asked about transfers from them to their children, and from their children to them. Also, there are a few questions about health insurance after retirement and attitudes toward retirement.

The sample size for each interview year is in the following table:

YEAR	TOTAL	YEAR	TOTAL
1966	5020	1976	3487
1967	4744	1978	3219
1968	4648	1980	3001
1969	4381	1981	2832
1971	4175	1983	2633
1973	3951	1990	2092 <sup>1</sup>
1975	3732		

<sup>1</sup> Interviews were completed during 1990 with 2,092 surviving members of the original sample and with 1,341 widows and 865 next-of-kin of deceased respondents.

### Objectives:

- Examine the progression of disability from middle to old age
- Examine male mortality in the pre- and post-retirement years
- Examine patterns of economic adjustment to widowhood in old age
- Examine the adequacy of post-retirement medical care benefits
- Examine the extent of interest in and ability to work among aged males
- Examine the extent and character of labor market activity among aged males
- Examine the adjustment to retirement
- Examine the quality of life of the elderly
- Examine changes in economic well-being in the retirement years

### Data Availability:

The merged data and documentation for the Older Men are publicly available to the research community via download from [www.nlsinfo.org](http://www.nlsinfo.org).

### Bibliography:

The NIA grant supported only the collection and preparation of the data files. However, in the process of checking and editing the data files, the Center for Human Resource Research prepared a series of cross-tabulations representing most of the major content areas listed above. These, with accompanying text, are available to potential users of the data as a means of illustrating relationships that invite more sophisticated analysis (Herbert S. Parnes, et. al. 1992. *The NLS Older Male Sample Revisited: A Unique Data Base for Gerontological Research*. Columbus: The Ohio State University, Center for Human Resource Research). The following are illustrative of the generalizations appearing in that publication:

- Self-ratings of health in 1966 appear to be predictive of mortality between then and 1990.
- Self-evaluations as well as three other measures of current health status are each related to three different psychological scales measuring emotional well-being.
- A "global" measure of total net assets (in which the respondent selects a category in which he falls) yields a distribution very similar to that derived from a detailed series of questions on the value of various types of assets.
- Even when home equity is not included, median net assets for the total sample of retirees were higher in 1990 (adjusting for inflation) than prior to retirement.
- About one-fifth of the total sample of men worked in 1989. The likelihood of labor market activity bore a strong *positive* relationship with level of assets and educational attainment.

### Contact:

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NLS Homepage: <http://www.bls.gov/nls/>; NLS Bibliography: <http://www.nlsbibliography.org/>

<b>Dataset Name:</b>	<b>National Nursing Home Survey Follow-up (NNHSF)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Project Officers:</b>	<b>Richard Suzman, National Institute on Aging Jennifer Madans, National Center for Health Statistics</b>
<b>Data Collection Organization:</b>	<b>National Center for Health Statistics, DHHS/APSE</b>

**Purpose:**

The primary purpose of the NNHSF is to provide data on the flow of persons in and out of long-term care facilities and hospitals.

**Description:**

The National Nursing Home Survey Follow-up (NNHSF) is a longitudinal study which follows the cohort of current residents and discharged residents sampled from the 1985 National Nursing Home Survey (NNHS). The NNHSF builds on the data collected in the 1985 NNHS by providing longitudinal information on nursing home and hospital utilization. The study was conducted in three waves. Wave I of the NNHSF was conducted from August through December 1987. Wave II of the NNHSF was conducted from July through November 1988, approximately 12 months after the completion of Wave I. Wave III, the final wave of the study, began in January 1990 and ended in April 1990. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) collaborated with NCHS and NIA in conducting Wave III of the NNHSF.

The 1985 NNHS collected a variety of information about long-term care facilities and their residents. Data were collected on a sample of patients who were current residents at the time of contact with the facility as well as a sample of discharges that occurred 12 months prior to the facility contact. There were 5,243 current residents and 6,023 discharges. For the current residents, detailed information was collected regarding dependence in activities of daily living, functional impairments, diagnoses, the receipt of services, cognitive and emotional status, charges, source of payments, history of nursing home use and a number of other topics of considerable prognostic significance. For the discharged residents, detailed information was obtained regarding diagnoses and services, source of payments, nursing home and hospital use prior to the sampled nursing home stay, hospitalization during the sample stay, and nursing home re-admissions subsequent to the sample stay. To supplement the current and discharged resident components, the 1985 NNHS included a new component - the Next-of-Kin (NOK). The NOK, using a Computer Assisted Telephone Interviewing (CATI) system, was designed to collect information about current and former nursing home residents that is not generally available from patient records or other sources in the nursing home.

The NNHSF obtains additional information on a portion of the residents for whom a Current Resident Questionnaire (CRQ) or a Discharged Resident Questionnaire (DRQ) was completed. The Wave I follow-up cohort is comprised of two types of cases. All cases with a completed NOK interview who were not known to be deceased as of the NOK are included. Cases that were eligible for the NOK but did not result in a completed interview were also included in Wave I. Interviews were completed for 6,001 subjects. At the time of contact, 1,998 subjects were found to be deceased. The NNHSF Wave II obtained additional information on those surviving subjects for whom a Wave I interview had been completed. In addition, interviews were attempted for Wave I subjects for whom no interview attempt was made through interviewer error at the time of Wave I but who were not known to be deceased. Wave II interviews were completed for 3,868 subjects. At the time of contact, 723 subjects were found to be deceased.

Information on the vital status of the subject (alive/deceased) at the time of the Wave II interview and the response status of the Wave II questionnaire (completed/not completed) was used to identify subjects eligible for a Wave III interview. A total of 3,160 subjects for whom some information was obtained during Wave II and who were alive at the time of the interview were initially identified as potentially eligible for Wave III, and 3,121 subjects were finally eligible.

In September 1994, the National Nursing Home Survey Follow-up Mortality Public Use Data Tape was released, covering the years 1984-1990. It contains the multiple cause-of-death information for 6,507 subjects from the NNHSF found to be deceased after linking and matching of files with the National Death Index. Information on the mortality tape includes the date of death, region of occurrence and residence, etc. All NNHSF tapes include a patient identification number common across files to allow linkage among them.

### **Data Availability:**

Public Use data tapes for each wave and the mortality tape are available through the National Technical Information Office (NTIS), NACDA and the ICPSCR at the University of Michigan (see Appendix). The 1985 survey tape includes eight files: the facility questionnaire, nursing staff questionnaire, current resident questionnaire, discharged resident questionnaire, expense questionnaire, nursing staff sampling list, current resident sampling list, discharged resident sampling list. The next-of-kin questionnaire is available on a separate tape.

### **Bibliography:**

Data are published in *Vital and Health Statistics*, Series 13 and *Advance Data* reports. A summary report of the 1985 survey is found in *Vital and Health Statistics*, Series 13, no. 97.

#### Related reports include:

Gottfried IB, Bush MA, Madans JH, et al. 1993. "Plan and Operation: National Nursing Home Survey Followup, 1987, 1988, 1990." *National Center for Health Statistics Vital Health Statistics* 1 (30).

Jonas BS, Madans JM, Rothwell ST, Bush MA, Feldman JJ. 1992. "A Method to Redefine Stays on the 1985 National Nursing Home Survey". *National Center for Health Statistics Vital Health Statistics* 2 (115).

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**Dataset Name:** **The National Survey of Families and Households Reinterview (NSFH-Reinterview)**

**Sponsoring Organization:** **National Institute on Aging  
National Institute of Child Health and Human Development**

**Principal Investigator:** **Larry L. Bumpass**

**Data Collection Organization:** **The University of Wisconsin Survey Center**

**Description:**

The National Survey of Families and Households, conducted during 1987 and 1988, is a national sample survey that covers a wide variety of issues on American family life. The first wave interviewed 13,017 respondents, including a main cross-section sample of 9,643 persons aged 19 and over plus an oversample of minorities and households containing single-parent families, stepfamilies, recently married couples, and cohabiting couples. In each household, a randomly selected adult was interviewed. In addition, a shorter, self-administered questionnaire was filled out by the spouse or cohabiting partner of the primary respondent. Interviews averaged about 100 minutes, although interview length varied considerably with the complexity of the respondent's family history. Topics covered included detailed household composition, family background, adult family transitions, couple interactions, parent-child interactions, education and work, economic and psychological well-being, and family attitudes. The original sample was re-interviewed in 1992-93, five years after the original interview. The third wave of interviews has been completed and the preparation of files and documentation is underway. Public release is expected in late 2003.

**Objectives:**

- Gather life history information for the period since the prior interview, including marriages, marital dissolutions, births, work experience, and other transitions
- Measure health and well-being in a variety of domains
- Measure the family process, including parenting and spousal relationship questions
- Examine kinship, social support, and interhousehold exchanges
- Examine current labor force involvement, income sources, assets and debt

**Study Design:**

Baseline, 1987-88; Follow-up, 1992-94:

- Interview of all surviving members of the original sample via face-to-face personal interview
- Personal interview with the current spouse or cohabiting partner almost identical to the interview with the main respondent
- Personal interview with the original spouse or partner of the primary respondent in cases where the relationship has ended
- Telephone interview with "focal children" who were originally 13-18, who will be age 18-23
- Short telephone interview with children who were originally age 5-12, who will be age 10-17
- Short proxy interviews with a surviving spouse or other relative in cases where the original respondent has died or is too ill to interview
- A telephone interview with a randomly selected parent of the main respondent

Follow-up 2001-02. Telephone interviews with:

- Surviving members of the original respondents who had a "focal child" age 5 or over at the first interview
- The spouse/partners of these original respondents, whether or not the union is still intact
- The "focal children," most of whom were interviewed by telephone in the second wave, and who will be ages 18-32 at wave 3.

- All other original respondents and their spouses if they are age 45 or older at the time of the third wave  
Oversamples: Blacks, 9.2%; Mexican-Americans, 2.4%; Puerto Ricans, 0.7%

**Data Availability:**

The dataset is freely available by FTP. Extensive information about the content and availability of the data can be found at: <http://www.ssc.wisc.edu/nsfh/home.htm>. Contact: [NSFHHELP@SSC.WISC.EDU](mailto:NSFHHELP@SSC.WISC.EDU) for further information.

**Bibliography:**

The previously mentioned web site also contains an extensive bibliography of publications using NSFH data.

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Web Site: <http://www.ssc.wisc.edu/nsfh/home.htm>

**Dataset Name:** National Survey of Midlife Development in the United States (MIDUS I), 1995-1996

**Sponsoring Organization:** The John D. and Catherine T. MacArthur Foundation

**Principal Investigator:** Brim, Orville G. [PI], Paul B. Baltes, Larry L. Bumpass, Paul D. Cleary, David L. Featherman, William R. Hazzard, Ronald C. Kessler, Margie E. Lachman, Hazel Rose Markus, Michael G. Marmot, Alice S. Rossi, Carol D. Ryff, and Richard A. Shweder

**Data Collection Organization:** DataStat, Inc.  
3975 Research Park Drive  
Ann Arbor, MI 48108

**Description:**

The National Survey of Midlife Development in the United States (MIDUS) is a collaborative, interdisciplinary investigation of patterns, predictors, and consequences of midlife development in the areas of physical health, psychological well-being, and social responsibility. Respondents were drawn from a nationally representative random-digit-dial sample of non-institutionalized, English-speaking adults, aged 25-74, selected from working telephone banks in the coterminous United States. Those queried participated in an initial telephone interview and responded to a mail questionnaire.

Part 1, Main Data, contains responses from the main survey of 4,242 respondents (3,485 of whom were obtained via random digit dialing, and 757 of whom were obtained via over-sampling in five select metropolitan areas). Respondents were asked to provide extensive information on their physical and mental health throughout their adult lives, and to assess the ways in which their lifestyles, including relationships and work-related demands, contributed to the conditions experienced. Those queried were asked to describe their histories of physical ailments, including heart-related conditions and cancer, as well as the treatment and/or lifestyle changes they went through as a result. A series of questions addressed alcohol, tobacco, and illegal drug use, and focused on history of use, regularity of use, attempts to quit, and how the use of those substances affected respondents' physical and mental well-being. Additional questions addressed respondents' sense of control over their health, their awareness of changes in their medical conditions, commitment to regular exercise and a healthy diet, experience with menopause, the decision-making process used to deal with health concerns, experiences with nontraditional remedies or therapies, and history of attending support groups. Respondents were asked to compare their overall well-being with that of their peers and to describe social, physical, and emotional characteristics typical of adults in their 20s, 40s, and 60s. Information on the work histories of respondents and their significant others was also elicited, with items covering the nature of their occupations, work-related physical and emotional demands, and how their personal health had correlated to their jobs. An additional series of questions focusing on childhood queried respondents regarding the presence/absence of their parents, religion, rules/punishments, love/affection, physical/verbal abuse, and the quality of their relationships with their parents and siblings. Respondents were also asked to consider their personal feelings of accomplishment, desire to learn, their sense of control over their lives, their interests, and their hopes for the future.

Part 2, Siblings Data, contains data from a survey of 951 respondents, each of whom was a sibling of a respondent in Part 1, the Main file. These siblings participated in the same assessments as the respondents. Part 3, Twins Data, presents data from a separate national survey unrelated to the main MIDUS survey. From this separate national survey, a total of 1,996 twins agreed to participate. The Twins respondents were given the same assessments as the Main and Siblings samples. Additionally, the

Twins sample was asked a series of questions about their birth, shared physical characteristics, childhood and adult relationships with their twin, whether they were dressed alike as children, and whether others experienced difficulty identifying them correctly. Part 4, Weights for Respondents Completing Both the Telephone Survey and Mail Questionnaire, contains respondent weights for those who completed both the initial telephone survey and the mail questionnaire in the Main sample, while Part 5, Weights for Respondents Completing at Least the Telephone Survey, contains respondent weights for those who completed at least the telephone survey in the Main sample. Information in Part 6, Siblings: ID Match, enables the user to link a respondent in the Siblings file with his/her sibling in the Main file by ID number. Background information on respondents includes age, sex, education, religion, marital status, employment status, age of children, household income, race, ethnicity, sexual orientation, height, weight, insurance coverage, spouse's employment status and occupation, parents' occupation history and age of death, and respondents' childhood experiences.

### **Study Design:**

Telephone interview and self-administered mail questionnaire.

### **Satellite Projects:**

MIDUS included creative use of satellite studies – investigations built onto the Main and Twin samples that provided greater depth in key areas. For example, diary studies of daily stress were conducted on a sub-sample of 1,400 respondents, and an over-sample of respondents in the Boston area afforded the opportunity to investigate life management in greater depth. These satellites – effectively “studies within a study” – provided a novel solution to frequently encountered disciplinary trade-offs between sampling scope and generalizability, on the one hand, and in-depth assessments of core constructs, on the other. The MIDUS design encompassed both.

### **Future Plans:**

An NIA-funded program project will carry out a return to respondents in the National Survey of Midlife Development in the U.S. (MIDUS I) for a second wave of data collection. The primary aim is to collect a second wave of data, approximately 9-10 years later, on the core MIDUS I Main sample, Twins, and Siblings. At T<sub>2</sub>, respondents will be 34 to 85 years of age, thus providing unique opportunities to investigate, in a population sample, longitudinal change in behavioral, psychosocial, and experiential factors hypothesized to influence unfolding profiles of positive health and well-being, on the one hand, and disability, morbidity, and mortality, on the other. Data collection will largely repeat T<sub>1</sub> assessments (45 minute phone interview, 100 page self-administered questionnaire) plus additions in select areas (e.g., cognitive functioning, optimism and coping, life events, caregiving).

The satellite projects will also conduct a second round of data collection. The disciplinary breadth of study will be expanded by the incorporation of biological biomarker data collection, which will be carried out at 3 General Clinical Research Centers (GCRCs) on sub-samples of the MIDUS II sample, with the overarching purpose of permitting the linkage among psychosocial experience, biological indicators of physiological function, and health. A neuroscience component has been added that will test a subsample of MIDUS respondents on EEG measures of activation asymmetry, along with measures of emotion-modulated startle. Adding to the scope of the original study, MIDUS II will also include new data collection on a sample of African Americans in the Milwaukee, Wisconsin area. Data collection will begin during 2003. (Please refer to the more detailed discussion on MIDUS II elsewhere provided in this document.)

### **Data Availability:**

The data are available via the Inter-university Consortium for Political and Social Research (ICPSR) website: <http://www.icpsr.umich.edu>. The data files are provided as SPSS export files and as SAS transport files that were created using the SAS XPORT engine. The codebooks and data collection instruments are provided as Portable Document Format (PDF) files. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided through the ICPSR Website on the Internet. Additional information about MIDUS, the principal investigators, and related research can be found at <http://midmac.med.harvard.edu>.

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**Dataset Name:** National Survey of Self-Care and Aging: Baseline and Follow-up

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Gordon H. DeFries

**Data Collection Organization:** Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

**Purpose:**

This follow-up to the “National Survey of Self-Care and Aging: Baseline, 1990-1991” (archived at NACDA as ICPSR Study No. 6718) was conducted in 1994 to continue examination of the health status and self-care practices of individuals aged 65 or older who were interviewed at baseline during 1991.

**Description:**

NIA funded a seven-year cooperative agreement with UNCCCH to conduct a two-wave survey of over 3,000 persons 65 and older, with 1000 respondents being 85plus. The purpose of this survey was to collect data on older people’s functional status, their use of three types of self-care practices, and clinical, social and behavioral antecedents and consequences of different patterns of self-care. These data were linked to Medicare/Medicaid health utilization records. Funding for this study is officially over, but with archiving of the data, this represents a rich resource for those interested in self-care and aging research. Data from this follow-up has been linked with the baseline data (ICPSR Study No. 6718) using the variable ARCHIVID.

**Study Design:**

The stratified random sample of non-institutionalized Medicare beneficiaries 65 years of age and older in 1990 was drawn from 50 primary sampling units (PSUs), 38 urban and 12 rural. Stratification was by gender and three age groups (65-74, 75-84, 85 or older). Telephone interviews (Part 1) were conducted with individuals who were interviewed at baseline. A proxy was interviewed if the subject was too ill or cognitively unable to respond. Included were questions about the type and extent of self-care behaviors for activities of daily living, management of chronic conditions (through self-care activities, equipment use, and environmental modifications), and medical self-care for acute conditions, along with questions regarding change in health status since baseline, health service utilization, nursing home visits, and sociodemographic/economic status. For subjects who had been institutionalized since baseline (Part 2), interviews were conducted with proxies. Information was gathered regarding demographic status, living arrangements prior to institutionalization, and reasons for institutionalization. For subjects who had died since baseline (Part 3), information was again gathered through interviews with proxies. Questions covered nursing home admissions and date and place of death. Part 4 consists of data from interviews conducted at baseline (ICPSR 6718) merged with interviews conducted at this follow-up.

**Data Availability:**

Archived at NACDA as ICPSR Study No. 2592.

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**Dataset Name:** **New Beneficiary Survey (NBS) and  
New Beneficiary Follow-up (NBF)**

**Sponsoring Organizations:** **National Institute on Aging  
Social Security Administration  
Health Care Financing Administration  
Assistant Secretary for Planning and  
Evaluation  
Office of the Assistant Secretary for Health  
Agency for Health Care Policy and  
Research**

**Principal Investigator:** **Richard Suzman, National Institute on  
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Howard M. Iams, Social Security  
Administration**

**Purpose:**

The New Beneficiary Data System (NBDS), developed over the past decade, is an increasingly important source of information on the changing circumstances of aged and disabled beneficiaries. Based initially on a survey of new beneficiaries conducted in 1982, the dataset was subsequently enhanced with information from administrative records, and in 1991, through follow-up interviews with survivors from the original survey. The result is a longitudinal data file - a rich source of information on these cohorts of aged and disabled persons during the first decade after they began receiving benefits.

**Description:**

The Initial Data Base: The NBS

The New Beneficiary Survey (NBS) was conducted in late 1982 with a sample representing nearly 2 million persons who had begun receiving Social Security benefits during a 12-month period in 1980-81. Interviews were completed with three types of beneficiaries: 9,103 retired workers, 5,172 disabled workers, and 2,417 wife or widow beneficiaries. (These sample numbers are slightly lower than the numbers previously reported in some publications. During the course of analysis, several hundred respondents were found to have received Social Security benefits prior to 1980-81. These respondents are excluded here and in later stages of the NBDS). In addition, interviews were obtained from 1,444 persons aged 65 or older who were covered by Medicare but were not receiving Social Security payments because of high earnings. The NBS interviews covered a wide range of topics, including demographic characteristics, marital and childbearing history, employment history, current income and assets, and health. Selected data were also gathered from spouses and added from administrative records.

The New Beneficiary Follow-up

Designed to meet a growing need for longitudinal data on the dynamics of disability and aging, follow-up interviews were conducted throughout 1991 with surviving respondents from the NBS. By the time of the 1991 survey, four-fifths of the original respondents were still alive. Interviews were completed with 87% of these survivors - 3,428 of the original retired-worker men, 2,811 retired-worker women, and 1,754 wife or widow beneficiaries. By 1991, almost all of these persons were in their early- to mid-seventies.

Survival Rates. Preliminary data reveal that 24 percent of the original respondents had died by the time of the NBF. The wife or widow beneficiaries had the highest survival rate (84.3%), followed by the Medicare-only and retired-worker groups (78.9% and 78.1%, respectively). Although disabled-worker beneficiaries were the youngest group, they had experienced the highest mortality, with only 69 percent surviving.

**Links with Administrative Data:**

Since the 1982 survey, selected information on the NBS respondents has been compiled periodically from Social Security, Supplemental Security Income (SSI), and Medicare records. These administrative data -- which can be linked to the earlier survey data -- make it possible to analyze changes in respondents'

covered earnings, cash benefits, and health expenditures. The SSA annual administrative earnings extend from 1951 through 1999. SSA benefits, SSI benefits, and mortality status refer most recently to Dec. 2001.

### **Questionnaire Topics:**

The NBF questionnaire was designed with an emphasis on measuring changes over time. It updated the profile of economic circumstances obtained in the NBS, and added or expanded sections on health, family contacts, and post-retirement employment. The interviews also explored major changes in life circumstances that might underlie changes in economic status (for example, death of a spouse, an episode of hospitalization, or a change in residence). In addition, disabled-worker beneficiaries were asked about their efforts to return to work experiences with rehabilitation services, and knowledge of SSA work incentive provisions.

### **Data Availability:**

The 1982 NBS and the 1991 NBF data are publicly available through NACDA (see Appendix). The NBS and NBF are also available from the Social Security Administration at a cost of \$150. The NBF data can be linked to the public use NBS and administrative files.

The New Beneficiary Data System as described, the 1982 New Beneficiary Survey, the 1991 New Beneficiary Follow-up and Administrative record data are available on the Internet location for the Social Security Administration. The Address is: <http://www.socialsecurity.gov/policy/docs/datasets/nbds.html>.

### **Bibliography:**

First findings from the NBS, with emphasis on the recent follow-up survey, have been presented in a series of brief statistical reports published by the Social Security Administration. The initial set - Notes 1 through 5 - was published in the fall 1993 *Social Security Bulletin*. The first report provided an overview of the NBS data files, describing the original sample, the 1991 survivors, and the kind of information available in the NBS. Notes 2 through 5 focused on persons in the disabled-worker cohort, describing their death rates, recovery rates, health and functional status, work attempts, and marital status. The next set of reports - Notes 6 through 11 - was published in the spring 1994 *Bulletin*. This set focuses on the cohort of aged beneficiaries in the NBS who first received Social Security benefits on the basis of old age in mid-1980-81. These notes examine the surviving aged cohort in 1991 in terms of their health and functional status, marital status, employment experience and earnings, income sources, changes in pensions, and their feelings of "well-being".

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**Dataset Name:** Panel Study of Income Dynamics (PSID)

**Sponsoring Organization:** National Institute on Aging  
National Science Foundation  
Department of Health and Human Services/  
APSE  
United States Department of Agriculture

**Principal Investigator:** Frank Stafford

**Data Collection Organization:** University of Michigan, Institute for Social Research

**Purpose:**

The Panel Study of Income Dynamics, begun in 1968, provides a wide variety of information about families and individuals, as well as some information about the locations in which sample families reside. The central foci of the data are economic and demographic, with substantial detail on income sources and amounts, employment, family composition changes, childbirth and marriage histories, and residential location. Content of a more sociological or psychological nature is also included in some waves of the study.

**Description:**

Over the life of the PSID, the National Institute on Aging has funded supplements on wealth, health, parental health and long term care, and the financial impact of illness. The NIA has also funded health and housing supplements to the PSID database in order to identify and predict situations of dependent care among individuals aged 55 and above and to model retirement and residential mobility. Global health questions were asked in years prior to 1999. Starting in 1999, much greater detail on specific health conditions and health care expenses is included. In 2001, a question series about 30-day emotional distress was added. In 2003, the two stem questions from the Composite International Diagnostic Interview were added to assess symptoms of 12-month major depression.. PSID household wealth measures are included in the 1984, 1989, 1994 and 1999-2003 waves. Savings measures are incorporated in 1989, 1994 and 1999-2003. The 1999 wave contains extensive questions on pensions of the Head and Wife, and a special NIA-sponsored data collection of Head's and Wife's employer pension plans is currently being analyzed. The 2001-2003 waves added a supplement on philanthropic giving and volunteering. A question series on internet and computer use was added in 2003.

**Study Design:**

- Reporting unit is the family: single person living alone or sharing a household with other non-relatives; group of people related by blood, marriage, or adoption; unmarried couple living together in what appears to be a fairly permanent arrangement
- Respondent is usually the family Head, who is usually the major adult male earner
- Interviews conducted annually from 1968 through 1997, and since 1973 mostly by telephone (95%)
- Computer assisted interviewing began in 1993
- Event history calendar methodology added in 2001 to facilitate recall of employment spells
- Biennial interviewing began in 1999
- Oversample of Blacks (30%)
- Waves 1990 through 1995 included a 20% Hispanic oversample; within the Hispanic oversample, Cubans and Puerto Ricans were oversampled relative to Mexicans.

**Data Availability:**

Main data files, that is, cross-year individual files and annual family files, are updated with each subsequent wave of data. Other special public-release files include the 1968-1980 Retrospective Occupation-Industry Files; the 1985 Ego-Alter File; the 1968-1985 Relationship File; the 1988 Time and Money Transfers File; the 1985-2001 Childbirth and Adoption History File; the 1985-2001 Marriage

History File; the 2001 Parent Identification File; two 1990 Health Supplement Files; the 1991 Parent Health Supplement file; the 1993 Health Care Burden File; the 1984, 1989, 1994, 1999 and 2001 Wealth Supplement Files, which provide details on the level of various types of assets; and the 1994-2001 Hours of Work and Wage Files.

Restricted files include the Geocode Match File with information for 1968 through 2001, the 1968-2001 Death File, and the 1991 Medicare Claims File.

The Internet provides access to main release and archive files. All data from 1994 through 2001 are available as public release files; prior waves can be obtained in archive versions. No data were collected in 1998 or 2000 or 2002, as the study was moved to a two-year periodicity. The special files with weights for families are also available on the website.

Recent releases are updated Family 'Income Plus' Files for 1994 through 2001; these files contain data and documentation for Total Family Income and its components. Specifically, the components are Taxable Income of the Head and Wife, Transfer Income of the Head and Wife, Taxable Income of Other Family Unit Members, Transfer Income of Other Family Unit Members, and Social Security Income for the family. Also included are sub-components of taxable income: Farm Income, Business Income, Labor Income of the Head, Labor Income of the Wife, and (for 1994) whether the labor income of the Wife was assigned by imputation (as the product of 1994 Survey Year hours times 1993 Survey Year wage rate). The dataset contains not only the total business income but also the disaggregation of labor and asset portions of business income for Head and Wife, as well as the total number of businesses owned by the Head, the Wife, and the family. Sub-components of Head's labor income were added to the files. Sub-components are accompanied by variables that indicate the type of imputation used for missing amounts; these variables can assist users in identification of which part of income might be imputed, as well as the type of procedure used. The state of residence, as defined by PSID and FIPS state codes, is also included for each wave. Finally, both USDA and Census needs standards have been added for all available waves. At the time of their initial release, only the 1996 file included three-digit 1970 Census occupation and industry codes for Head's and Wife's current or most recent main jobs, but in April 2000 these variables were added to the 1994 and 1995 files as well.

The 1999 [Family Food Security Status Data File](#) is now available. It contains summary food security status information for families in the PSID 1999 Family Data File, calculated from responses to 18 questions in the U.S. Food Security Survey Module. Two sets of food security variables are included: one set is based on the Household Food Security Scale, and the other (for families with children) is based on the Children's Food Security Scale.

In 1996, the PSID began a special compilation of all persons ever in PSID families who were known to have died – information for more than 4,000 individuals through the 1997 wave, including death dates. Cause of death information from the National Death Index (NDI) will be added to the file. The resulting dataset will be released under confidential contract. For each wave from 1999 on, the PSID will update this file with newly discovered deaths and match these new cases to the NDI for cause of death. Because of its panel nature, the PSID is unique in having such a sizeable number of deceased individuals, yielding adequate power for analysis of the relative contributions of various factors to mortality hazards. This project will further the understanding of mortality and morbidity processes by providing dates and causes of death information in a well-established long-term longitudinal dataset that also contains information on generational links and socioeconomic and health conditions of individuals over time. These data will allow researchers to analyze the causal linkages among these measures. Moreover, with the availability of environmental measures in the PSID, such as the social and family history variables and GIS-linked environmental data, researchers will be able to investigate the impact of environmental factors on long-term health and eventual mortality. These kinds of studies will inform the persistent question of the relative power of different factors shaping health and mortality as illustrated by the recent study of Scandinavian twin cohorts (Lichtenstein, et.al., 2000 – *New England Journal of Medicine*, July, 2000).

The PSID has collected some basic health information over most waves, and in 1999 and going forward, these measures were expanded. In 1999, in addition to collecting Head's and Wife's health status, hospitalizations over the past year, height and weight, diet and exercise, and activities of daily living,

questions were added about the occurrence of 12 specific major health conditions over the life course. Updates to these health conditions were included for 2001 and 2003 and are planned for 2005. The measures apply to both the Head and Wife, irrespective of age. Coverage of the full age range, which has been in place since the 1999 wave, allows a life course perspective for researchers. The measures include health limitations in work and everyday life. In 2001, a six-item question series on 30-day non-specific emotional distress (i.e., a short method of creating an index for depression and anxiety, developed by Ronald Kessler & Daniel Mroczek) was added. Two stem questions assessing the symptoms of major depression over the past 12 months were included in 2003. This assessment of current emotional functioning will be useful in examining the interrelationships between mental and physical health and economic changes. Available online is a report assessing the quality of health data in the PSID and providing comparative analyses with NHIS, "[Analysis of the Quality of the Health Data in the PSID](http://www.isr.umich.edu/src/psid/q_inc_data/report_on_health_qsv2.pdf)": [http://www.isr.umich.edu/src/psid/q\\_inc\\_data/report\\_on\\_health\\_qsv2.pdf](http://www.isr.umich.edu/src/psid/q_inc_data/report_on_health_qsv2.pdf). This assessment revealed a high degree of comparability between PSID and NHIS in the prevalence estimates of a range of health conditions and health behaviors.

A planned separate release concerns data on pension plans. Basic pension information and the name of the employer of the Head and Wife were collected in the 1999 wave, and the named employers were contacted in 2000 for copies of Summary Plan Descriptions (SPD) of employee pensions. From this the PSID will use the individual characteristics of Head and Wife to impute pension wealth under different retirement assumptions and include these estimates on a public release Internet file. In 1999 the PSID also asked whether the Head and Wife were participating in the same pension plans as in 1994. This information can be used to determine whether the family held a pension with substantial reserves in the form of equities in 1994 as well as in 1999. The strong 1989–1999 rise in equity value could then be related to household non-pension wealth accumulation over the period to show whether strong growth of the value of defined contribution plans lowers non-pension savings and wealth accumulation by providing a stimulus to aggregate spending. Because of the long earnings histories available in the PSID, estimates of Social Security wealth could be constructed without resorting to confidential Social Security earnings records.

### Bibliography:

While PSID data are not routinely tabulated in any series publication, a wide variety of research studies making use of PSID data have been published. A continually updated and searchable bibliography assembles a listing of publications and working papers based on PSID data. An earlier summary of results from PSID analysis is presented in the book *Years of Poverty, Years of Plenty*, Greg J. Duncan, et al. Ann Arbor, MI: Institute for Social Research, 1984. Substantial information on the PSID is published in "The Panel Study of Income Dynamics," by Martha S. Hill, 1992 as part of the Sage Publication Series on *Guides to Major Social Science Data Bases*. An overview of the project and the PSID bibliography, as well as all data files and documentation, are available at the following Internet address: <http://www.umich.edu/~psid/>. An overview of the NIA wealth and active savings data are provided in "Wealth Dynamics of American Families, 1984-1994," 1998 *Brookings Papers on Economic Activity*, I. An examination of the quality of the PSID income data is provided in the recent document "The Quality of PSID Income Data in the 1990's and Beyond," which can be found at [http://www.isr.umich.edu/src/psid/q\\_inc\\_data/q\\_inc\\_data.html](http://www.isr.umich.edu/src/psid/q_inc_data/q_inc_data.html). An assessment using 2001 data entitled "[Trends in Household Wealth Dynamics, 1999-2001](#)" shows that there has been a slight increase in total family wealth, a decline in business values, and an increase in home equity values for American families since 1999. An assessment of the quality of health data in the PSID and providing comparative analyses with NHIS may be found here, entitled, "[Analysis of the Quality of the Health Data in the PSID](#)."

### Sample Characteristics based on 2001 data:

#### Sample Characteristics based on 2001 data:

Age Group	Sample Size* (as of 1999)
All ages	21,396**

Periodicity: Annual since 1968  
 Universe: 1968 U.S. household population  
 Lowest geography: Major regions  
 of Analysis: Person or Family

Unit

Characteristics of Sample:

25 – 54	9,279
55 – 59	673
60 – 64	459
65-69	417
70 – 74	440
75 – 79	311
80 – 84	175
85+	186
Other	28

Initial sample consisted of a national cross-section of 2,930 households in 48 states and 1,872 low-income families with Heads under age 60. Persons present in these original households are followed in each subsequent wave.

A separate sample of 2,043 Latino households was added in 1990 – 1995.

The total number of households in the sample was approximately 8,885 as of 1996. In 1997 the sample size was reduced by suspending a portion of the low income families and a new, post-1968 immigrant sample was added with a resulting sample size of 7,160.

**NOTE:**

\*Longitudinal nature of the PSID data makes sample sizes of individuals who were ever in these age ranges much larger.

\*\* The long-term cumulative response rate was approximately 60% as of 1994.

**Topical Modules**

**Conducted**

Housing utilities .....	1968-1972, 1977-1987, 1999, 2001, 2003
Commuting to work .....	1969-1986
Housing and neighborhood characteristics .....	1968-1972
Attitudes and behavior patterns.....	1968-1972
Do-it-yourself activities .....	1968-1972, 1979
Saving (crude measure).....	1968-1972
Disability of family members .....	1968-1972
Fertility and family planning .....	1968-1972
Child care.....	1968-1974, 1977, 1979, 1980, 1997
Time use.....	1968-1972
Achievement motivation .....	1972
Cognitive ability (sentence completion test).....	1972
Neighborhood satisfaction and housing problems .....	1975
Attitudes.....	1975
Disability of family Head.....	1975, 1977, 1979, 1980
Wives' interview on employment history, fertility and family planning, job characteristics and training, labor force attachment, child care and attitudes.....	1976
Job training .....	1978
How got jobs.....	1978
Retirement plans and experiences.....	1978
Disability of family members .....	1978
Impact of inflation.....	1979
Savings (crude measure) .....	1979, 1980
Retirement plans .....	1979
Time and money help with emergencies.....	1980
Food stamp/SSI eligibility .....	1980
Impact of inflation.....	1980

Extended family .....	1980
Retirement plans (most detail in 1983).....	1981-1983
Spells of unemployment/out of labor force.....	1981-1982
Hospitalization over the year .....	1981-1983
Disability and illness of family members .....	1981-1983
Fringe benefits .....	1984
Pension plans and rights.....	1984, 1999, 2001, 2003
Retirement plans .....	1984
Inheritances .....	1984, 1989,1994, 1999, 2001, 2003
Job training .....	1984
Spells of unemployment/out of labor force.....	1984
Disability and illness of Head and Wife .....	1984, 1999, 2001, 2003
Wealth (level of assets of various types) .....	1984, 1989, 1994, 1999, 2001, 2003
Saving behavior .....	1984-1989, 1989-1994, 1994-2001
Educational history. ....	1985, 1995
Wives' interview on retrospective childbirth history, history of adoptions, history of substitute parenting, marital history, education history, child care, housework, family planning, disability and illness of Head and Wife, and job training.....	1985
General health of all family members.....	1986
Activities of daily living .....	1986-2003
Hospitalization over the year .....	1986, 1999, 2001, 2003
Height and weight .....	1986, 1990, 1999, 2001, 2003
Smoking and exercising behavior .....	1986, 1990, 1999, 2001
Kinship ties .....	1988
Financial situation of parents .....	1988
Health of parents .....	1988, 1989, 1991
Time and money help of most kinds.....	1988
Savings (flow measure).....	1989, 1994, 1999, 2001, 2003
Health and health care.....	1990-1995, 1999, 2001, 2003
Medical expenditures of elderly.....	1990
Links to Medicare records .....	1990-1995
Parent Health Supplement.....	1991, 1993-1995
Medical expenditures of all.....	1999, 2001, 2003
Time and money transfers.....	1993-1995
Expectation of longevity .....	1994
Child support details. ....	1997
Child Development Supplement (including health measures).....	1997, 2002-2003
Vehicle Supplement.....	1999, 2001, 2003
Emotional distress, 30-day .....	2001, 2003
Major depression stem questions, 12 mo. ....	2003
Philanthropic giving.....	2001, 2003
Internet/Computer use.....	2003

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**Dataset Name:** **The Cross National Equivalent Files 1980-2001 (BHPS-GSOEP-PSID-SLID)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **The Department of Policy Analysis and Management, Cornell University**

**Data Collection Organization:** **Richard V. Burkhauser**

**Purpose:**

The Cross-National Equivalent File 1980-2000 was created to increase the accessibility and use of panel data among cross-national researchers and to assist current Cross-National Equivalent File users in the creation of comparably defined cross-national variables. It provides a set of constructed variables (for example, pre- and post-government household income) that are not immediately available on either of the two surveys. The data permit researchers to track yearly changes in the health and economic well-being of older people relative to younger people in Great Britain, Canada, the United States and Germany from 1980 to the present.

**Description and Study Design:**

The Cross-National Equivalent File 1980-2001 is developed and administered by The Department of Policy Analysis and Management, Cornell University. It uses subsets of the original British Household Panel Study (BHPS), the Canadian Survey of Labour and Income Dynamics (SLID), the Panel Study of Income Dynamics (PSID), and the English Language Public Use Version of the German Socio-Economic Panel (GSOEP).

The most recent release of the Equivalent File includes twenty years of PSID data from 1980-1997, 1999, and 2001. These data come from over 57,000 individuals living in approximately 8,000 households. Not all members of the sample provided an interview each of the twenty years. The number of respondents in any particular year range from over 18,900 in 1980 to over 20,400 in 2001. Included in the data is any individual who was in the survey for at least one year between 1980 and 2001.

The first eighteen waves of the GSOEP (1984-2001) are also included in the Equivalent File. The eighteen year sample includes over 30,000 individuals living in approximately 7,000 households in Germany. As with the PSID, there are both respondents and non-respondents in each year.

The CNEF data also include ten waves of data from the BHPS (1991-2000) and eight waves of data from the SLID (1993-200). The BHPS data include information on more than 21,000 individuals living in approximately 12,000 households. The SLID data include information on more than 80,000 individuals living in approximately 32,000 households. The Canadian SLID data are not distributed on the CD but are available to CNEF registered researchers through special arrangements with Statistics Canada.

**Data Availability:**

Those who request data will receive:

- The current Cross-National Equivalent File 1980-2001, which includes BHPS data from 1991-2000, PSID data from 1980 to 1997, 1999, and 2001 and GSOEP data from 1984 to 2001. These data are available in **SAS-Windows \*.SD2, SAS Transport \*.V5X, SPSS-Windows \*.SAV, SPSS Transport \*.POR, Stata 4.0, and ASCII** formats.
- Dictionary files that include the variable names, labels, and positions, as well as value labels and formats.
- A codebook that describes the methods used to create each variable in each country, the algorithm for its creation based on the original PSID and GSOEP survey variable names, and descriptive statistics for each variable in **Adobe Acrobat** format.

- An explanatory paper that discusses the construction of comparable variables, supplies a list of supporting publications and working papers, and provides an example of how to use the data file for analyses. This paper is also available in **Adobe Acrobat** format.

Included on the CD-ROM with the Cornell University User Package for the current Cross-National Equivalent File 1980-2001 is the English User Package for the GSOEP 1984-2001.

The BHPS and GSOEP data are available to researchers who sign agreements to protect the confidentiality of the data. CNEF-BHPS users must register with the UK Data Archive, the administrator of the BHPS, at <http://www.data-archive.ac.uk/orderingData/register/regUserDetails.asp>. Researchers wishing to use the GSOEP must sign a contract with the Deutsches Institut für Wirtschaftsforschung (DIW). Registration information is available at [www.diw.de/english/sop/faq](http://www.diw.de/english/sop/faq).

For users who have already signed a contract with either the UK Data Archive or the DIW and have received earlier releases of the data, the charge for the CD-ROM is \$30. Contact Cornell University directly at the address below.

For new users, the dissemination of the current Cross-National Equivalent File 1980-2001 is a two-step process. First it is necessary to sign a contract with the UK Data Archive to use the BHPS or with the DIW to use the GSOEP. After the contract is signed, contact Cornell to receive the data. The charge for the CD-ROM is \$145. Cornell can be contacted at the address below.

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**Dataset Name:** **PHSE Ten-Year Follow-up of the North Carolina EPESE**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Dan G. Blazer**

**Data Collection Organization:** **Duke University Medical Center**

**Purpose:**

To perform a ten-year, fourth in-person follow-up of the North Carolina EPESE cohort originally interviewed in 1986/87. The purpose of this follow-up study is to obtain information on four primary outcome variables (cognitive status, depression, functional status, and mortality) and four primary independent variables (social support, social class, social location, and chronic illness).

By using data from the four in-person interviews across the ten years of follow-up, investigators will be able to characterize trajectories of the major dependent variables and their relationships to the independent variables over time, which will provide valuable information about change and stability as well as heterogeneity in the dynamics of change. The major goal is to examine the relationships between social factors and chronic disease on the one hand and health outcomes on the other.

**Description:**

The Piedmont Health Survey of the Elderly is one of four Established Populations for Epidemiologic Studies of the Elderly (EPESE), and complements the other three sites providing a population which is both urban and rural and contains approximately equal numbers of black and white participants across a broad socioeconomic base. The Duke site was originally funded by the National Institute on Aging, Epidemiology, Demography and Biometry Program (NIA/EDBP) to complete seven waves of data collection (three in-person and four telephone interviews) in order to examine the health of a sample of 4,162 elderly persons, their use of health services, and factors that influence their health and use of health services. The study was planned to provide data for researchers, policy makers and clinicians.

A Resource Data Book detailing results from the baseline survey has been distributed to medical school libraries and schools of public health around the country. Sixty-eight publications have resulted from this study to-date and an additional 90 analyses are under way. The Duke site has benefited from the planning process, which involved investigators from all of the EPESE sites plus the NIA/EDBP staff, in the development of questions and physical performance measures to be examined, to which Duke investigators have added questions reflecting their interests, and questions especially relevant to the Duke sample.

**Objectives:**

- To develop a ten-year, fourth in-person follow-up of the Piedmont Health Survey of the Elderly (Established Populations for Epidemiological Studies of the Elderly/Duke).
- See Cornoni-Huntley, J., Blazer, D.G., Everett, D.F., Brock, D.B. & Farmer, M.E. (eds.) 1990. *Established Populations for Epidemiologic Studies of the Elderly: Resource Data Book. Vol. II.*, NIH Publication No. 90-495.
- To attempt interviews with approximately 2,060 subjects (or proxy responders) estimated to be available for interview from the original cohort of 4,162 subjects.
- To obtain information on the primary outcome variables (cognitive status, depression, functional status, and mortality) and the primary independent variables (social support, social class, social location, and chronic illness) through a series of questions identical to questions administered during the first three in-person interviews.
- To obtain information on medication use, health behaviors, life changes and stress, weight and height, and blood pressure by using methods identical to those utilized during the first three in-person interviews.

- To test a series of hypotheses which consider longitudinal trajectories of these variables based in part on the view that functional status, cognitive status and depression are interrelated through time. These variables also predict mortality.

**Study Design:**

- A ten-year, in-person follow-up of a cohort of 4,162 persons 65 and older initially interviewed in 1986/87 and followed annually for six years thereafter.
- A random stratified household sample with an over-sampling of blacks.

**Questionnaire Topics:**

Demographics	Alcohol Use	Independence
Health Conditions	Cognition	Personal Mastery
Health Service Utilization	Activities of Daily Living	Social Support
Hearing and Vision	Incontinence	Social Interaction
Weight and Height	Smoking	Religion
Nutrition	Life Satisfaction	Self Esteem
Sleep	Medications	Economic Status
Depression	Life Changes	Blood Pressure

National Death Index files through 03/2000 have been searched and death certificates obtained for the members of this study. Sample members have been matched with HCFA Medicare Part A files to obtain information on hospitalizations, and will be matched on HCFA Medicare Part B (outpatient) files.

**Future Plans:**

There are no plans for additional waves of the Piedmont Health Survey of the Elderly. The ten-year follow-up interviews were completed in December 1997.

**Data Availability:**

As mentioned above, results from the first seven waves of data collection from the Piedmont Health Survey of the Elderly have resulted in a Resource Data Book and some 75+ publications in refereed journals. Data from the first wave of the survey is in the public domain and can be obtained from NACDA (see Appendix) at the University of Michigan or from the National Archives, Center for Electronic Records (<http://www.nara.gov/nara/electronic/>) in Washington, DC.

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**Dataset Name:** Precursors of Premature Disease and Death

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Michael J. Klag

**Data Collection Organization:** Johns Hopkins University School of Medicine (The Precursors Study)

**Purpose:**

This study was established in 1946 to identify precursors of premature cardiovascular disease and hypertension. The purpose of the study has broadened, however, as the cohort has aged.

**Description:**

This is a long-term prospective study, begun in 1946, of 1,337 former Johns Hopkins University medical students enrolled in graduating classes 1948 to 1964. Participants were an average of 22 years of age at entry and have been followed to an average age of 69 years. Data are collected through annual questionnaires, supplemented with phone calls and substudies. Self-reports of diseases and risk factors have been validated. Funded continuously for fifteen years.

**Objectives:**

Specific Aim I:

To continue a detailed description of the onset of disease and death in a standardized fashion in an ongoing cohort.

Specific Aim II:

To determine risk of disease (especially CVD) and death associated with alcohol intake, physical inactivity and other factors over the life course from young adulthood (mean age 22 years) to old age (mean age 72 years at end of grant period).

Specific Aim III:

To determine the relation of psychologic, social, and health behavioral factors and disease assessed at multiple times from youth to middle age to onset of mild functional difficulty and use of compensatory responses to preserve physical function. In addition, the relationship of use of compensatory mechanisms to the subsequent trajectory of decline in physical function will be determined.

Specific Aim IV:

To examine determinants of end-of-life planning, attitudes toward aggressive medical care, and end-of-life care that is consistent with previously expressed wishes of the study participants.

Prospective longitudinal cohort study with detailed information at baseline (1947-1964) during medical school and annual follow-up for events and exposures through annual questionnaires.

**Questionnaire Topics:**

1985 Questionnaires

- A. Morbidity Questionnaire
- B. Supplemental Illness Questionnaire

1986 Questionnaires

- A. Morbidity Questionnaire
- B. Health Behavior Questionnaire

1987 Family and Career Questionnaire

- A. Family
- B. Social Network
- C. Retirement
- D. Specialty/Practice Setting
- E. Job Satisfaction

F. Work Environment

1988 Questionnaires

- A. Morbidity Questionnaire
- B. John Henryism
- C. General Health Questionnaire
- D. Seigel Anger Inventory
- E. Electrocardiogram, Blood Pressure and Weight

1989 Questionnaires

- A. Health Behavior Questionnaire
- B. Blood Pressure and Weight
- C. Gout Questionnaire
- D. Lipid Profile Consent Form
- E. Validation of Self-reported Risk Factors Questnr. (Bicent.)
- F. Validation Study Measurements (Bicentennial)

1990 Questionnaire

Morbidity

1991 Med. Care/Career Update Questionnaire

- A. CVD Morbidity
- B. Medications
- C. Medical Care
- D. Retirement
- E. Practice Setting
- F. Job Satisfaction
- G. Work Environment

1992 Questionnaires

- A. Morbidity Questionnaire
- B. Habits of Nervous Tension
- C. MOS Short Form Health Survey (SF-36)
- D. Willet Diet Assessment (Validation Study)
- E. Physical Activity (Validation Study)

1993 Questionnaire

- A. Health Behavior Questionnaire
- B. Sleep Habit
- C. Blood Pressure and Weight
- D. Retirement
- E. Life Satisfaction (Self esteem)
- F. Job Involvement

1994 Questionnaire

- A. Morbidity Questionnaire
- B. Head Injury Survey
- C. Social Network
- D. MOS Social Support Survey
- E. Diabetes Questionnaire
- F. Osteoarthritis Questionnaire

1995 Questionnaire

- A. Retirement Survey
- B. MOS Short Form Health Survey (SF-36)
- C. Health Locus of Control Questionnaire

1996 Questionnaire

- A. Morbidity Questionnaire
- B. Physical Functioning Survey
- C. Retirement
- D. Job Satisfaction
- E. Work Environment
- F. Life Events

1997 Questionnaires

- A. Preventive Health Services Questionnaire
- B. Health Behavior Questionnaire
- C. General Health Questionnaire
- D. Retirement
- E. Career Update
- F. Trial Arrhythmia Questionnaire

#### 1998 Questionnaire

- A. Morbidity Questionnaire
- B. MOS Short Form Health Survey (SF-36)
- C. Advance Directives

#### 1999 Questionnaire

- A. Morbidity Questionnaire
- B. Functional Limitation
- C. Medication Use
- D. Retirement
- E. Physical Exam. (Meharry-Hopkins Study)

#### 2000 Questionnaire

- A. Morbidity Questionnaire
- B. General Health Questionnaire
- C. Health Behavior Questionnaire
- D. Memory Functioning Questionnaire
- E. Smoking Questionnaire
- F. Diabetes Questionnaire

#### 2001 Questionnaire

- A. Morbidity Questionnaire
- B. MOS Short Form Health Survey (SF-36)
- C. Advance Directives
- D. Recall Questions for Weight and Alcohol
- E. Religious Beliefs and Practices

#### **Links with Administrative Data:**

National Death Index searches for all nonrespondents.

#### **Data Availability:**

Collaborations have been established with investigators at a number of institutions. Annual questionnaire data for 1988 through 2001 will be archived at NACDA.

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**Dataset Name:** 1990 Public Use Microdata Sample for the Older Population (PUMS-O)

**Sponsoring Organization:** Administration on Aging  
US Census Bureau

**Data Collection Organization:** US Census Bureau

**Purpose:**

Public Use Microdata Samples (PUMS) and Public Use Microdata Samples on the Older Population (PUMS-O) are available on tape and as a custom produced CD-ROM. These allow investigators to design their own tabulations and look at relationships among variables not shown in the standard products offered by the Census Bureau.

**Description:**

Public-use microdata samples are computer data files that contain the edited responses from a sample of individual households. The records contain no identifying information, and only large geographic areas (with a minimum population of 100,000) are identified to protect the confidentiality of respondents.

A public-use microdata sample focusing on the older population (PUMS-O) was created from the 1990 census. This sample consists of 3 percent of households with at least one member aged 60 or older. Although, the highest age presented is age 90, this allows analysis of data on the very old for most states with a reasonable degree of reliability. Since data for all members in households containing a person 60 years and over will be on the file, users will be able to analyze patterns such as living arrangements and sources of household income from which older members may benefit. Additionally, users will be able to augment the PUMS-O sample with a PUMS file. The Census Bureau has issued two "regular" PUMS files for the entire population. One PUMS file will contain 1 percent of all households; the other PUMS file will contain 5 percent of all households. Both files have most sample data items, and differ only in geographical composition. The 1-percent file contains geographic areas that reflect metropolitan vs. non-metropolitan areas. The 5-percent file shows counties or groups of counties as well as large sub-county areas such as places of 100,000 or more.

The geography on the 5-percent PUMS file matches that of the PUMS-O file. Since data for different households are present on the two files, **users can merge the PUMS-O file with the 5-percent PUMS to construct an 8-percent sample.** However, weighted averages must be constructed for any estimates created because each sample yields state-level estimates. Thus, it is possible to analyze substate areas even for the very old. In states where the geographic areas identified on the PUMS-O and the 5-percent PUMS are coterminous with State Planning and Service Areas (used by service providers in relation to the Older Americans Act), the Planning and Service Areas are identified.

**Data Availability:**

PUMS and PUMS-O files are released on computer tape and CD-ROM. Information on these files is available from Customer Services at the Bureau of the Census at (301) 457-4100. These files can be obtained through ICPSR at the University of Michigan (see Appendix).

**Contacts:**

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Phone: (301) 457-4100  
Fax: (301) 457-4174

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**Items in the 1990 Census - Present in the PUMS and PUMS-O files:**

I. Information collected from all households\*

Population

Household relationship  
Sex  
Race  
Age  
Marital status  
Spanish/Hispanic origin

Housing

Description of building  
Number of rooms in unit  
House/apartment owned or rented  
Business or medical office on property  
Value or monthly rent  
Meals included in rent

II. Information collected from a sample of households\*

Population

*Social Characteristics*  
Place of birth, citizenship, year of entry  
Education - enrollment and attainment  
Ancestry  
Migration (residence 5 years ago)  
Language spoken at home and  
ability to speak English  
Veteran status  
Work disability  
Mobility and self-care limitations  
Fertility (children ever born)

*Economic Characteristics*  
Employment and unemployment,  
year last worked  
Place of work and means of  
transportation to work  
Occupation, industry, and class of  
worker  
Work experience, income, and  
sources of income in 1989

Housing

Year moved into residence  
Number of bedrooms  
Complete plumbing and kitchen facilities  
Telephone  
Autos, light trucks and vans available  
House heating fuel  
Source of water and method of sewage  
disposal  
Year structure built  
Condominium status  
Farm residence  
Shelter costs, including utilities  
Real estate taxes and insurance  
Mortgages and loans

\* Persons in group quarters, including institutions, are asked population items only.

**Dataset Name:** **Social Environment and Biomarkers of Aging Study (SEBAS)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Noreen Goldman  
Maxine Weinstein**

**Data Collection Organization:** **Center for Population and Health Survey  
Research  
Bureau of Health Promotion  
Ministry of Health, Taiwan**

**Description:**

The Social Environment and Biomarkers of Aging Study (SEBAS) provides information regarding the health and well-being of older persons in Taiwan. Taiwan has undergone rapid demographic, social, and economic changes, becoming a highly urbanized and industrial society with a growing population of persons age 65 or older. SEBAS explores the relationship between life challenges and mental and physical health, the impact of social environment on the health and well-being of the elderly, and biological markers of health and stress. The study collected self-reports of physical, psychological, and social well-being, plus extensive clinical data based on medical examinations and laboratory analyses. Examination of health outcomes included chronic illnesses, functional status, psychological well-being, and cognitive function. Questions regarding life challenges focused on perceived stress, economic difficulties, security and safety, and the consequences of a major earthquake. Biological markers were used to identify cardiovascular risk factors, metabolic process measures, immune-system activity, the hypothalamic-pituitary adrenal axis, and sympathetic nervous system activity.

**Objectives:**

- To collect biological markers of risk factors for disease and chronic illness, particularly those associated with exposure to challenge
- To elaborate the relationship between life challenge and health
- To explore how the social environment affects the relationship between exposure to challenge and health

**Study Design:**

- Interview of random sub-sample of participants from 27 PSUs from the 1999 Survey of Health and Living Status of the Middle Aged and Elderly in Taiwan.
- Face-to-face interview with participant.
- Hospital visit and collection of blood and urine specimens.

**Data Availability:**

Data are available through the ICPSR at <http://www.icpsr.umich.edu:8080/NACDA-STUDY/03792.xml>

**Bibliography:**

- Beckett, M., M. Weinstein, N. Goldman and Y.-H. Lin. 2000. Do Health Interview Surveys Yield Reliable Data on Chronic Illness Among Older Respondents? *American Journal of Epidemiology* 151: 315-323.
- Beckett, M., N. Goldman, M. Weinstein, I-F. Lin, and Y.-L. Chuang. Social Environment, Life Challenge, and Health among the Elderly in Taiwan. *Social Science and Medicine* 55:191-209.
- Goldman, N., I.-F. Lin, M. Weinstein, and Y.-H. Lin, 2001. "Evaluating the Quality of Self-Reports of Hypertension and Diabetes." *J. Clinical Epidemiology* 56(2):148-54. 2003.

Goldman, N. 2001. "Social Inequalities in Health: Disentangling the Underlying Mechanisms." Chapter 9 in Population Health and Aging: Strengthening the Dialogue Between Epidemiology and Demography. Annals of the New York Academy of Sciences, Volume 954: 118-139. (Eds. Maxine Weinstein, Albert Hermlin, and Michael Stoto).

Lin, I-F., N. Goldman, M. Weinstein, Y.-H. Lin, T. Gorrindo, and T. Seeman 2000. "Gender Differences in Adult Children's Provision of Support to their Elderly Parents in Taiwan." Journal of Marriage and the Family 65:184-200. 2003.

Lin, I-F., N. Goldman, M. Weinstein, and Y.-H. Lin. 2001. "Stability and Change in Patterns of Intergenerational Transfers in Taiwan. Paper presented at the International Meeting on Age Structure Transitions and Policy Dynamics: The Allocation of Public and Private Resources across Generations," Taipei, Taiwan, December 6-8, 2001. Forthcoming in The Distribution of Private and Public Resources Across Generation (eds. A.H. Gauthier, C. Chu, and S. Tuljapurkar).

Weinstein, M. and R. Willis, 2000. "Stretching Social Surveys to Include Bioindicators: Possibilities for the Health and Retirement Study, Experience from the Taiwan Study of the Elderly." In Cells and Surveys, C. Finch, J. Vaupel, K. Kinsella (editors). National Research Council, National Academy Press, Washington, DC.

Weinstein, M., N. Goldman, A. Hedley, Y.-H. Lin, and T. Seeman, 2003. "Social Linkages to Biological Markers of Health Among the Elderly." Journal of Biosocial Science 35(3):433-53.

Cornman, J.C., N. Goldman, M. Weinstein, D. Gleib, and M.C. Chang, 2003. "Social ties and perceived support: Two dimensions of social relationships and health among the elderly in Taiwan," forthcoming, Journal Aging and Health.

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<b>Dataset Name:</b>	<b>Resources for Enhancing Alzheimer's Caregiver Health (REACH)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging National Institute of Nursing Research</b>
<b>Principal Investigator:</b>	<b>Richard Schulz</b>
<b>Data Collection Organization:</b>	<b>Reach Coordinating Center, University of Pittsburgh</b>

**Purpose:**

This initiative is designed to carry out social and behavioral research on interventions designed to enhance family caregiving for Alzheimer's disease and related disorders (ADRD). It is designed to examine the feasibility and outcomes of different intervention approaches rather than to provide definitive information on the one best intervention strategy for enhancing dementia-specific family caregiving.

**Description:**

Resources for Enhancing Alzheimer's Caregiver Health (REACH) is an initiative that was established in 1995 by the National Institutes of Health. Six research projects have been funded through cooperative agreements with the National Institute on Aging and the National Institute of Nursing Research. These projects focus on characterizing and testing the most promising home and community based interventions for enhancing family caregiving, particularly with minority families. A unique feature is the examination of AD burdens and interventions in three ethnic groups (Caucasians, Hispanics, and African Americans).

In order to facilitate coordination and cooperation across sites, funds have also been set aside for a Coordinating Center. Along with ensuring the successful administration of cooperative activities, the Coordinating Center developed and maintains a common database from measures selected jointly by the six sites. Thus, a major outcome of this initiative will be the availability of a pooled database, forming the basis for future analysis of the feasibility and outcomes of different intervention approaches. PIs: Schulz (Coordinating Center); Burgio; Burns; Eisdorfer; Gallagher-Thompson; Gitlin; Mahoney.

**Objectives:**

The study goals shared by all the REACH sites include (1) the design of theory-driven caregiving interventions to test hypotheses about intervention processes and their effect on family caregivers, (2) the specification of intervention components to understand the pathways through which interventions actually produce desired outcomes and to examine the effectiveness of a variety of psychosocial, behavioral, and technological interventions to strengthen family members' capacities to care for individuals with ADRD, (3) the development of standardized outcome measures to assess the impact of comparable strategies on caregivers and their care recipients, and (4) the creation of a common database to help compare the effectiveness of these different interventions across the range of identified populations.

**Study Design:**

The five general types of REACH interventions are: (1) Individual Information and Support strategies that increase caregivers' understanding of dementia and their particular caregiving situation, (2) Group Support and Family Systems efforts that provide caregivers with multiple forms of social support, (3) Psychoeducational and Skill-Based Training approaches that teach caregivers coping and behavioral management strategies, (4) Home-Based Environmental interventions that modify the home environment's effect on the care recipient and support the caregiver, and (5) Enhanced Technology Systems such as home-centered computer/telephone networks that are designed to reduce caregiver distress and isolation.

Caregiver/care recipient dyads are entered into the study using standardized eligibility criteria. The dyads are randomized at each intervention site using site-specific procedures. Standardized assessment batteries

are administered at baseline, 6, 12, and 18 months.

### **Questionnaire Topics:**

- Demographics
- Care recipient physical health
- Care recipient physical impairment
- Care recipient behavior
- Care recipient cognition
- Caregiver burden
- Caregiver physical health
- Cost
- Caregiver medications
- Care recipient medications
- Caregiver depression
- Caregiver mental health/well-being
- Caregiver social support
- Caregiver Religiosity
- Caregiver Social activities
- Service Utilization

### **Links with Administrative Data:**

Links with HCFA Medicare data possible with both caregivers and care-recipients

### **Future Plans:**

All sites have completed data collection for all follow-up time points (6-month, 12-month, 18-month) based on individual projected completion dates, with the last site finishing in December, 2001. All data have been cleaned and transferred to the Coordinating Center, analysis of site-specific data are being finalized and writing of papers, based on site-specific and multi-site data, are in final stages of completion.

The Coordinating Center continues to undertake all data management and analysis for multi-site manuscripts. In addition, the Coordinating Center is currently participating in the writing of all multi-site manuscripts, providing oversight and consultation on the writing of site-specific manuscripts, fully testing the conceptual and analytic framework developed for the REACH project, and archiving the multi-site core data for the project along with appropriate documentation.

This past year, an overview paper and four related manuscripts from the REACH project were accepted for a special section of Psychology and Aging. These manuscripts represent the first major outcome papers from the REACH endeavor and will be published in September. An overview and six site-specific manuscripts were accepted by *The Gerontologist* as well. These papers will be published together in the August volume. Other dissemination activities included several in press journal publications and chapters, numerous symposia and other professional presentations, and dozens of REACH related journal publications.

In June, 2002 REACH II started recruitment. REACH II was funded, in 2001, to test a single multi-component intervention among family caregivers of persons with Alzheimer's disease or related disorders. Built upon the findings of REACH, the overall objectives of REACH II are to 1) identify and reduce modifiable risk factors among diverse family caregivers of patients with Alzheimer's disease or a related disorder, 2) enhance the quality of care of the care recipients, and 3) enhance the well-being of the caregivers. Within the last year, 5 participating sites recruited a combined 354 participants. The sites are executing the intervention and follow-up data (6-months) are being collected.

### **Data Availability:**

In a cooperative agreement with the Inter-University Consortium for Political and Social Research (ICPSR), at the University of Michigan, the REACH baseline data have been archived and are available to the public at their site. All 6-month, 12-month, and 18-month data are currently being prepared to be archived and have been submitted to ICPSR. The complete REACH dataset should be available at the ICPSR site as of July 2003.

## **Bibliography:**

### **REACH Journal Publications:**

Argüelles, S., Loewenstein, D., Eisdorfer, C., & Argüelles, T. (2001). Caregivers' judgments of the functional abilities of Alzheimer's disease patient: Impact of caregivers' depression and perceived burden. *Journal of Geriatric Psychiatry and Neurology*, *14*, 91 – 98.

Argüelles, S., & Von Simson, A. (1999). Innovative family and technological interventions for encouraging leisure activities in caregivers of persons with Alzheimer's disease. *Activities, Adaptation, & Aging*, *24*(2), 83-97.

Belle, S.H., Zhang, S., Czaja, S. J., Burns, R. (Submitted). Cognitive Enhancement Medication Utilization Among Persons with Alzheimer's Disease who have a Family Caregiver: Results From the Resources for Enhancing Alzheimer's Caregiver Health (REACH) Project. *American Journal of Geriatric Psychiatry*

Belle, S. H., Czaja, S. J., Schulz, R., Zhang, S., Burgio, L., Gitlin, L., Jones, R., Mendelsohn, A. B., & Ory, M. (In press). Using a new taxonomy to combine the uncombinable: Integrating results across diverse caregiving interventions. *Psychology and Aging*.

Burgio, L., Corcoran, M., Lichstein, K. L., Nichols, L., Czaja, S. J., Gallagher-Thompson, D., Bourgeois, M., Stevens, A., Ory, M., & Schulz, R. (in press). Judging outcomes in psychosocial interventions for dementia caregivers: The problem of treatment implementation. *Psychology and Aging*.

Burgio, L., Corcoran, M., Nichols, L., Czaja, S., Gallagher- Thompson, D., Lichstein, K., Bourgeois, M., Stevens, A., Ory, M & Schulz, R. (2001). Psychosocial Intervention for Dementia Caregivers: The Problem of Treatment Implementation. *The Gerontologist*, *41* (4), 481-489.

Burns, R., Nichols, L. O., Martindale-Adams, J., Graney, M. J., & Lummus, A. (in press). Primary Care Interventions for Dementia caregivers: Two Year Outcomes from the REACH Study. *The Gerontologist*.

Corcoran, M. A., Gitlin, L. N., Levy, L. Echhardt, S., Vause Earland, T., Shaw, G, & Kearny, P. (2002). An occupational therapy home-based intervention to address dementia-related problems identified by family caregivers. *Alzheimer's Care Quarterly*, *3*, 82-89.

Cornman-Levy, D., Gitlin, L. N., Corcoran M., & Schinfeld, S. (2001). Caregiver aches and pains: The role of physical therapy in helping families provide daily care. *Alzheimer's Care Quarterly*, *2*, 47-55.

Cotter, E. M., Burgio, L. D., Stevens, A. B., Roth, D. L., & Gitlin, L. N. (2002). Correspondence of the functional independence measure (FIM) self-care subscale with real-time observations of dementia patients' ADL performance in the home. *Clinical Rehabilitation*, *16*, 36-45.

Czaja, S. J., & Rubert, M. (in press). Telecommunications technology as an aid to family caregivers of persons with dementia. *Psychosomatic Medicine*.

Czaja S. J., Schulz R., Lee C. C., & Belle S. H. (In press). A Methodology for Describing and Decomposing Complex Psycho-Social Interventions. *Psychology and Aging*.

Davis, L. L., Burgio, L. D., Bucklwalter, K. C., & Roth, D. L. (Under review). A comparison of in-home and telephone-based skill training interventions with caregivers of persons with dementia. *Nursing Research*.

Eisdorfer, C., Loewenstein, D. A., Czaja, S. J., Rubert, M. P., Argüelles, S., Mitriani, V. B., Szapocznik, J. (in press). The Effect of a family Therapy and technology-Based Intervention on Caregiver Depression. *The Gerontologist*.

Gallagher-Thompson, D., Coon, D. W., Solano, N., Ambler, C., Rabinowitz, Y., Thompson, L. W. (in press). Change in Indices of Distress among Caucasian and Latina Caregivers of Elderly Relatives with dementia: Site Specific Results From the REACH National Collaborative Study. *The Gerontologist*.

Gallagher-Thompson, D., Haley, W. E., Guy, D., Rubert, M., Argüelles, T., Tennstedt, S., & Ory, M. (in press). Tailoring psychosocial interventions for ethnically diverse dementia caregivers. *Clinical Psychology: Science and Practice*.

Gitlin, L. N., (2001) Effectiveness of Home Environmental Interventions for Individuals with Dementia and Family Caregivers. *Home Health Care Quarterly*, 8, 22-26.

Gitlin, L. N., Burgio, L., Czaja, S., Mahoney, D., Gallagher-Thompson, D., Burns, R., Hauck, W. W., Belle, S. H., Schulz, R., & Ory, M. G. (In press). Effect of multi-component interventions on caregiver burden and depression: The REACH multi-site initiative at six months follow-up. *Psychology and Aging*.

Gitlin, L. N., Corcoran, M. (2002). Making homes safer: Environmental adaptations for people with dementia. *Alzheimer's Care Quarterly*, 1, 50-58.

Gitlin, L. N., Roth, D. L., Burgio, L., Loewenstein, D. A., Winter, L., Argüelles, S., Corcoran, M., Burns, R., & Martindale, J. (Under review). Assessment of dependence in individuals with Alzheimer's disease and dependence-associated burden: Psychometric evaluation of a new measure for use with caregiver-care recipient dyads. *The Journals of Gerontology: Psychological Sciences*.

Gitlin, L. N., Winter, L., Corcoran, M. Dennis, M., Schinfeld, S. & Hauck, W. (in press). Effects of the Home Environment Skill-building Program on the Caregiver-Care Recipient Dyad: Six-month Outcomes from the Philadelphia REACH Initiative. *The Gerontologist*.

Gitlin, L. N., Schinfeld, S., Winter, L., Corcoran, M., & Hauck, W. (2002). Evaluating home environments of person with dementia: Interrater reliability and validity of the home environmental assessment protocol (HEAP). *Disability and Rehabilitation*, 24, 59-71.

Gitlin, L. N. Winter, L., Dennis, M., Corcoran, M, Schinfeld, S., & Hauck, W. (2002). Strategies used by families to simplify tasks for individuals with Alzheimer's disease and related disorders: Psychometric analysis of the task management strategy index (TMSI). *The Gerontologist*, 42, 61-69.

Haley, W., Gitlin, L. N., Coon, D., Wisniewski, S., Mahoney, D., Winter, L., Corcoran, M., Schinfeld, S., & Ory, M. (submitted). Well-being, coping, and social resources in White and African-American dementia caregivers: A multisite study. *Journal of Aging and Mental Health*.

Harrow, B., Mahoney, D., Mendelsohn, A., Ory, M., Coon, D., Belle, S., Nichols, L. (submitted). The Cost of Informal Caregiving and Formal Service Use for People with Alzheimer's Disease. *Health Affairs*.

Loewenstein, D. A., Argüelles, S., Czaja, S. J., Rubert, M., & Eisdorfer, C. (submitted). Coping style and other predictors of depressive symptoms among Cuban American and White Non-Hispanic spouses and daughters caring for an Alzheimer's disease patient. *Journal of Gerontology*.

Mahoney, D., Jones, R., Coon, D., Mendelsohn, A., Gitlin, L., Ory, M. (submitted). Caregiver Vigilance – Instrumentation and Use with Alzheimer's Family Caregivers. *International Journal on AD*.

- Mahoney, D., Tarlow, B., & Jones, R. J., (in press). Effects of an Automated Telephone Support System on caregiver Burden and Anxiety: Findings from the REACH for TLC Intervention Study. *The Gerontologist*.
- Mahoney, D., Tarlow, B., Jones, R.J., Tennstedt, S., & L. Kasten. (2001). Factors affecting the use of a telephone based intervention for caregivers for people with Alzheimer's disease. *Journal of Telemedicine and Telecare*, 7: 139-148.
- Mahoney, D. (2000). Developing technology applications for intervention research: a case study. *Computers in Nursing*, 18(6), 260 -264.
- Mahoney, D. (1998). A content analysis of an Alzheimer family caregivers virtual focus group. *American Journal of Alzheimer's Disease*, 13(6), 309 - 316.
- Mahoney, D., Tarlow, B., & Sandaire, J. (1998). A computer based program for Alzheimer's caregivers. *Computers in Nursing*, 16(4), 208 - 218.
- Martindale, J; Nichols, L; Burns, R; Malone, C. (2002). Telephone support groups: A lifeline for isolated Alzheimer's Disease Caregivers. *Alzheimer's Care Quarterly*, 3(2).
- Mausbach, B., Coon, D. W., Cardenas, V., & Thompson, L. W. (in press). Religious coping among Caucasian and Latina Dementia Caregivers. *Journal of Clinical Geropsychology*.
- Mitrani, V. B., & Czaja, S. J. (2001). Family-based therapy for family caregivers: Clinical observations. *Journal of Aging and Mental Health*, 4(3), 200-209.
- Roth, D. L., Burgio, L. D., Gitlin, L. N., Gallagher-Thompson, D., Coon, D. W., Belle, S. H., Stevens, A. B., & Burns, R. (Under review). Psychometric analysis of the Revised Memory and Behavioral Problems Checklist: Factor structure of occurrence and bother ratings. *Journal of Gerontology: Psychological and Social Sciences*.
- Rubert, M., & Czaja, S. J. (submitted). Telecommunications technology as an aid to family caregivers of persons with dementia. *Rehabilitation Psychology*.
- Rubert, M., Wisniewski, S., Loewenstein, D., Czaja, S. (submitted). A Brief Measure of Anxiety for Family Caregivers: Reliability and Validity. *Journal of Mental Health and Aging*.
- Schulz, R., Burgio, L., Eisdorfer, C., Gallagher-Thompson, D., Gitlin, L. N., Mahoney, D. F. (in press). Resources for Enhancing Alzheimer's Caregiver Health: Overview and Site Specific Outcomes. *The Gerontologist*.
- Schulz, R., Belle., S. H., Czaja, S., Gitlin, L. N., Wisniewski, S., Ory, M. G. (In press ). Introduction and overview of REACH papers. *Psychology and Aging*.
- Schulz, R., Mendelsohn A. B. , Haley, W. E., Mahoney, D., Allen, R. S., Zhang S., Thompson L., and Belle, S. H. (Submitted) End of Life Care and the Effects of Bereavement Among Family Caregivers of Persons with Dementia. *New England Journal of Medicine*.
- Schulz, R., O'Brien, A., Czaja, S., Ory, M., Norris, R., Martire, L. M., Belle, S. H., Burgio, L., Gitlin, L., Coon, D., Burns, R., Gallagher-Thompson, D., & Stevens, A. (in press). Dementia caregiver intervention research: In search of clinical significance. *The Gerontologist*.
- Schulz, R. & Ory, M. (1999). Reaching out to dementia caregivers. *National Council on Aging: Innovations*, 28, 8 - 10.

Solano, N., Rubert, M., Coon, D., Mausbach, B., Kraemer, H., Arguelles, T., Haley, W., Thompson, L. W., Gallagher-Thompson, D. (submitted). Well-being, appraisal, and coping in Latina and Caucasian dementia Caregivers: Findings from the REACH study. *Journal of Aging and Mental Health*.

Stevens, A. B., Owen, J., Roth, D., Clay, O., Bartolucci, A., & Haley, W. (2002). Predictors of Nursing Home Placement in White and African American Individuals with Dementia. Submitted to the *Journal of Gerontology: Social Sciences*.

Switzer, G. E., Wisniewski, S. T., Belle, S. H., Dew, M. A., & Schulz, R. (1999). Selecting, developing, and evaluating research instruments. *Social Psychiatry and Psychiatric Epidemiology*, 34, 399-409.

Tarlow, B., Belle, S., Wisniewski, S., Ory, M., Gallagher-Thompson, D., & Rubert, M. (submitted). Developing improved measures: Positive Aspects of caregiving. *Journal of Clinical Psychology*.

Tarlow, B., & Mahoney D. (2000). The Cost of Recruiting Alzheimer's Disease Caregivers for Research. *Journal of Aging and Health*, 12(4), 490-510.

Thompson, L.W. (in press). Pleasurable Activities and Mood: Differences Between Latina and Caucasian Family Caregivers of Dementia Victims. *Journal of Mental Health and Aging*.

Thompson, L.W., Solano, N., Kinoshita, L., Coon, D. W., Mausbach, B., & Gallagher-Thompson, D. (under review). Pleasurable Activities and Mood: Differences Between Latina and Caucasian Family Caregivers of Dementia Victims. *Journals of Gerontology: Social Sciences*.

Toth-Cohen, S., Gitlin, L. N., Corcoran, M., Eckhardt, S., Johns, P., & Lipsett, R. (2001). Providing services to family caregivers at home: Challenges and recommendations for health and human service professions. *Alzheimer's Care Quarterly*, 2, 23-32.

Wisniewski, S. R., Belle, S. H., Coon, D. W., Marcus, S. M., Ory, M. G., Burgio, L., Burns, R., & Schulz, R. (In press.) The resources for enhancing Alzheimer's caregiver health (REACH) project design and baseline characteristics. *Psychology and Aging*.

## **REACH BOOKS**

Coon, D. W., Gallagher-Thompson, D., & Thompson, L. W. (2003). Innovative Interventions to Reduce Dementia Caregivers' Distress: A Sourcebook and Clinical Guide. New York: Springer Publishing Company.

Schulz, R., (Ed.). (2000). Handbook on Dementia Caregiving: Evidence-Based Interventions for Family Caregivers. New York: Springer Publishing Company.

## **REACH Book Chapters**

Bookwala, J., Yee, J. L., & Schulz, R. (2000). Caregiving and detrimental mental and physical health outcomes. In G. M. Williamson & D. R. Shaffer (Eds.), Physical illness and depression in older adults: A handbook of theory, research, and practice (pp. 93-131). New York: Plenum.

Burgio, L. D., Gallagher-Thompson, D., Fisher, S. E., Coon D., & Stevens, A. (2003). Skill building: Psychoeducational strategies for dementia caregivers. Innovative Interventions to Reduce Caregiver Distress: Sourcebook and Clinical Guide, Springer: New York.

Coon, D. W., Schulz, R., & Ory, M. (1999). Innovative intervention approaches for Alzheimer's disease caregivers. In D. Biegel & A. Blum (Eds.), Innovations in practice and service delivery across the lifespan (pp. 295-325). New York: Oxford University Press.

Czaja, S. J. (in press). Technology and family caregiving. In W.A. Rogers and A.D. Fisk (Eds.), Human Factors Interventions for the Health Care of Older Adults. New Jersey: Lawrence Erlbaum Association, Inc.

Czaja, S., Eisdorfer, C., & Schulz, R. (2000). Future directions in caregiving: Implications for intervention research. In R. Schulz et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 283-319). New York: Springer Publishing Company.

Gallagher-Thompson, D., Arean, P., Coon, D., Menéndez, A., Takagi, K., Haley, W., Argüelles, T., Rubert, M., Loewenstein, D., & Szapocznik, J. (2000). Development and implementation of intervention strategies for culturally diverse caregiving populations. In Schulz, R. et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 151-185). New York: Springer Publishing Company.

Gitlin, L., Corcoran, M., Martindale-Adams, J., Malone, C., Stevens, A., & Winter, L. (2000). Identifying mechanisms of action: Why and how does intervention work? In R. Schulz et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 225-248). New York: Springer Publishing Company.

Gitlin, L.N. & Gywther, L.P. (2003). In-Home Interventions: Helping Caregivers Where They Live. In D. Coon et al. (Eds). Innovative Interventions to Reduce Caregiver Distress: Sourcebook and Clinical Guide, Springer: New York.

Kennet, J., Burgio, L., & Schulz, R. (2000). Interventions for in-home caregivers: A review of research 1990 to present. In R. Schulz et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 61-125). New York: Springer Publishing Company.

Mahoney, D., Burns, R., & Harrow, B. (2000). From intervention studies to public policy: Translating research into practice. In R. Schulz et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 249-281). New York: Springer Publishing Company.

Martire, L. M., & Schulz, R. (in press). Informal caregiving to older adults: Health effects of providing and receiving care. In A. Baum, T. Revenson, & J. Singer (Eds.), Handbook of health psychology. Hillsdale, N.J: Lawrence Erlbaum.

Nichols, N., Malone, C., Tarlow, B., & Loewenstein, D. (2000). The pragmatics of implementing intervention studies in the community. In R. Schulz et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 127-150). New York: Springer Publishing Company.

Ory, M., Yee, J., Tennstedt, S., & Schulz, R. (2000). The extent and impact of dementia care: Unique challenges experienced by family caregivers. In R. Schulz et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 1-32). New York: Springer Publishing Company.

Schulz, R., Czaja, S.J., & Belle, S. (2001). Overview and intervention approaches to family caregiving: Decomposing complex psychosocial interventions. In W.A. Rogers and A.D. Fisk (Eds.), Human factors interventions for the health care of older adults. New Jersey: Lawrence Erlbaum Association, Inc.

Schulz, R., Gallagher-Thompson, D., Haley, W., & Czaja, S.J. (2000). Understanding the intervention process: A theoretical/conceptual framework for intervention approaches to caregiving. In R. Schulz and et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 33-60). New York: Springer Publishing Company.

Schulz, R., & Martire, L. M. (1999). Intervention research with older adults: Introduction, overview, and future directions. In R. Schulz, M. P. Lawton, & G. M. Maddox, (Eds.). Intervention research with older adults (pp. 1-16). New York: Springer Publishing Company.

Switzer, G., Wisniewski, S., Belle, S., Burns, R., Winter, L., Thompson, L., & Schulz, R. (2000). Measurement issues in intervention research. In R. Schulz et al. (Eds), Handbook on dementia caregiving: Evidence-based interventions for family caregivers (pp. 187-224). New York: Springer Publishing Company.

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**Dataset Name:** Trends in Health and Aging Data Warehouse

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** James Lubitz

**Data Collection Organization:** National Center for Health Statistics

**Purpose:**

The major purpose of the Trends in Health and Aging Data Warehouse (Data Warehouse) is to provide up-to-date information on the trends in behaviors, health status, socio-economic status, health care utilization, health care insurance, and cost of care for the older population of the United States. The Data Warehouse is a web-based system intended for use by policy and program analysts, researchers, and the general public. The Data Warehouse contains information from NCHS surveys and other data systems in a format easily accessible to users. The list of topics and measures grows based on users' suggestions.

**Description:**

The Data Warehouse draws upon the considerable statistical resources of NCHS and other Federal agencies to provide current and historical information on health and well-being of the elderly population in the United States.

In the Data Warehouse, trend data on the elderly population in the United States are organized under eight general topic areas: demography (or population composition), vital statistics, health status and well-being, functional status and disability, risk factors and health behavior, health care utilization, and health care expenditures and insurance, and injuries.

The target population is persons 65 years of age and older, but the majority of the tables also contain data on 25-45-64 year olds for comparison purposes and representation of the "baby boomer" generation. Most of the newly added and updated tables contain 50-64 or 50 years and over age groups. Recently updated and added tables contain upper and lower bounds of 95% confidence intervals based on the standard error due to the survey design. Open-age intervals (50 and 65 years and over) can be seen both in a crude and age-adjusted form. The 2000 standard residential population of the United States is typically used to age adjust the data.

The data are aggregated in interactive tables developed using user-friendly beyond 20/20 dissemination tools. Beyond 20/20 tables are capable of presenting the data in the form of charts and maps by the exact variables needed by the user, and the data from the table can be extracted in formats acceptable by most software packages.

Each table displays the selected measure(s) by sex, age interval, and race or Hispanic origin, for as many years as the data from the particular system are available. Where possible, the tables present the information by states. Metadata accompanying each table provide important information on 1) data sources, 2) statistical methods used to get the information, and 3) references to corresponding publications and supporting Internet sites. The data on the website are continually updated and expanded based on the current expansion plan, the availability of new data, and users' suggestions.

The Data Warehouse is designed as a website, <http://www.cdc.gov/nchs/agingact.htm>. This site contains an overview of Aging Activities in NCHS, a "General Instructions for Online Tables", a "General Instructions for Using Tables in the Browser" tutorials on using Beyond 20/20 software, a "Tables on Trends in Health and Aging" page listing the topics and tables, and a "Let Us Know" page for user feedback. Each message posted on the "Let Us Know" page is sent directly to the Data Warehouse group mailbox and answered in a timely manner.

Currently, the Spanish version of the Data Warehouse is being developed. This version will contain the text of web-pages, explanatory messages and the names of the variables and the character values in Spanish.

On the basis of the Data Warehouse, with the help from America Society on Aging and SSDAN from the University of Michigan, the pilot package of the teaching modules on the Trends in Aging is being developed. The teaching modules are intended for university settings (students and instructors), as well as professionals working in health and human service organizations, such as health care providers, community clinic administrators, community developers, and non-profit organizations and associations, who might use the data in their activities, such as planning, evaluating their services/programs, writing proposals, etc.

**Measures currently available from Trends in Health and Aging Data Warehouse:**

Measures	Geography	Age Groups	Other Variables	Years	Data Systems
<b><u>Resident Population, National and State</u></b>					
<b>Population:</b> number of people, Percent	National, State	0-95 and older: <u>20 age groups</u> 0-85 and older: <u>12 age groups</u> 0-65 and older: 6 age groups	Sex; Race	1981-1999	Census Bureau
<b>Population:</b> number of people, Percent	National, State	Same	Sex; Hispanic origin	1981-1999	Census Bureau
<b>Population:</b> number of people, Percent	National	Same	Sex; Race	1950-1980	Census Bureau
<b><u>Socio-Economic Status</u></b>					
<b>Money Income:</b> Mean and median, ratio by the annual average national income	National	25-34, 35-44, 55-64, 65 and over, 65-74, 75 and over	Sex; Race; Hispanic origin	1974-2001	Current Population Survey
<b>Insurance Coverage by Education:</b> Number of Medicare beneficiaries, percent enrollment, with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex; Race; Hispanic origin	1992-2001	Medicare Beneficiary Survey (CMS)
<b><u>Vital Statistics</u></b>					
<b>Life expectancy:</b> Years	National	At birth, At 65 years, At 85 years	Sex; Race	1900, 1920, 1950, 1960, 1970-2000	NCHS publications
<b>Mortality:</b> Rates; Number of deaths; Population	National	45-85 and over 5 year age groups	Sex; Race; Underlying cause of death	1981-1998	National Vital Statistics System
<b>Mortality:</b>	National;	45-85 and over	Sex;	1981-1998	National Vital

Rates; Number of deaths; Population	state	10 year age groups	Race; Underlying cause of death		Statistics System
<b>Mortality:</b> Rates; Number of deaths; Population	National	45-85 and over 5 year age groups	Sex; Hispanic origin <sup>1</sup> ; Underlying cause of death	19841-1998	National Vital Statistics System
<b>Mortality:</b> Rates; Number of deaths; Population	National ; state	45-85 and over 10 year age groups	Sex; Hispanic origin; Underlying cause of death	19842-1998	National Vital Statistics System
<b>Mortality:</b> Rates; Number of deaths; Population	National	45-85 and over 10 year age groups	Sex; Race; Underlying cause of death	1968-1980	National Vital Statistics System
<b>Living Arrangement:</b> Number of people, percent, standard error, lower and upper boundaries of 95% CI, relative standard error	National	25-34, 35-44, 45-54, 55-64, 65 and over, 65-74, 75 and over, 75-84, 85 and over	Sex; Race; Hispanic origin	1980-2000	March current population survey
<b>Injuries</b>					
<b>Injury mortality:</b> Rates Number of Deaths; Population	National	25-85 and over; 10-year age groups	Sex; Race; Intent; Cause	1981-1998	Vital Statistics
<b>Injury mortality:</b> (3-year average) Rates Number of Deaths Population	National and State	25-85 and older; 10-year age groups	Sex; Race; Intent; Cause; State	1982-1997	Vital Statistics
<b>Health Status and Chronic Conditions</b>					
<b>Respondent - Assessed Health</b> Percent; st. error; lower and upper boundaries of 95% conf. interval. Rel. st. error	National	25-44; 45-54; 50 and over; 50-64; 55-64; 65 and over; 65-74; 75-84; 85 and over	Sex; Race; Health status (Fair/Poor, Excellent/Very Good)	1982-2001	National Health Interview Survey
<b>Self-Assessed health:</b> Percent; st. error; lower and upper boundaries of 95% conf. interval. Rel. st. error	National	25-44; 45-64; 50 and over; 50-64; 65 and over; 65-74; 75 and over	Sex; Race Hispanic origin	1993-2001 3-year average	Behavioral Risk Factors Surveillance System

<sup>1</sup> States started to record Hispanic origin on the death certificates in different years from 1983 to 1997  
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<b>Total Tooth Loss:</b> Percent St.error, lower and upper boundries of 95% CI	National	25-44; 45-64; 50-64; 65-74; 75 and over	Sex; Race Hispanic origin	1983-1997. selected years	National Health Interview Survey
<b>Mental Health Status of nursing home residents:</b> Percent, rates, number of people, with st. error, lower and upper boudries of 95% Conf. Interval, rel.st.error	National	Under 65; 65 and over; 65-74; 75-84; 85 and over	Sex; Race; Type of disorder (any mental, organic brain, mood/anxiety, Other)	1985; 1995; 1997; 1999	National Nursing Home Survey
<b>Selected chronic conditions:</b> prevalence, number of people, population	National	25-44; 45-64; 50-64; 65-74; 75 and over	Sex; Race; Type of condition	1984-1996	National Health Interview Survey
<b>Hypertension:</b> Percent of people, with st.error, lower and upper boundaries of 95% CI, rel.st.error	State	45-64; 50 and over; 50-64; 65 and over; 65-74; 75 and over	Sex; Race- Hispanic Origin	1993-2001 3-year average	Behavioral Risk Factors Surveillance System
<b>Diabetes:</b> Percent of people with st.error, lower and upper boundaries of 95% Conf. Interval,	State	45-64; 50 and over; 50-64; 65 and over; 65-74; 75 and over	Sex, Race- Hispanic origin	1993-2001, 3-year average	Behavioral Risk Factors Surveillance System
<b>Functional Status and Disability</b>					
<b>Functional status of older adults:</b> Difficulties with ADL (%), Need help with ADL(%)	National	70 and over; 70-74; 75-84; 85 and over	Sex; Race; Activities of Daily Living	1984; 1994	Supplement on Aging; National Health Interview Survey
<b>Functional limitation:</b> Need help with at least one ADL(%), Not limited (%)	National	65-85 and over; 10-year age groups	Sex; Race	1983-1996; two year average	National Health Interview Survey
<b>Limitation of Activity:</b> Nursing home residents receiving assistance in ADL. Percent, rates, number of	National	Under 65; 65 and over; 65-74; 75-84; 85 and over	Sex; Race; Type of ADL	1977; 1985; 1995; 1999	National Nursing Home Survey

people, with st. error, lower and upper boundaries of 95% Conf. Interval, rel.st.error					
<b>Limitation of Activity:</b> Home Health care discharges receiving assistance in ADL. Percent, rates, number of people, with st.error, lower and upper boundaries of 95% Conf. Interval, rel.st.error	National	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75-84, 85 and over	Sex, race. Type of ADL	1992-2000, selected years	National Home and Hospice Survey
<b>Limitation of Activity:</b> Difficulty Performing ADL Activities;  Number of Medicare beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Residence (community/facility), Type of ADL activity	1992-1999	Medicare Current Beneficiary Survey
<b>Limitation of Activity:</b> Home Health care discharges receiving assistance in IADL. Percent, rates, number of people, with st.error, lower and upper boundaries of 95% Conf. Interval, rel.st.error	National	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, Type of IADL	1992-2000, selected years	National Home and Hospice Survey
<b>Limitation of Activity:</b> Difficulty Performing IADL Activities;  Number of Medicare	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Residence (community/facility), Type of IADL activity	1992-1998	Medicare Current Beneficiary Survey

beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error					
<b>Limitation of Activity:</b> Difficulty Performing NAGI Activities;  Number of Medicare beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Residence (community/ facility), Type of NAGI activity	1992-1998	Medicare Current Beneficiary Survey
Functional status:  Number of Medicare beneficiaries, Percent, , Enrollment, with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Residence (community/ facility), Functional status	1992-1998	Medicare Current Beneficiary Survey
<b>Risk Factors and Disease Prevention</b>					
<b>Immunization:</b> Percent immunized, with standard error, lower and upper boundaries of 95% CI, relative standard error	State	25-44, 45-64, 50+, 50-64, 65 and over, 65-74, 75 and over	Sex, Race-Hispanic origin, Type of Immunization	1993-2001, 3-year average	Behavioral Risk Factors Surveillance System
<b>Fruit and Vegetable Consumption</b> Percent Lower and upper bounds of 95% CI	State	25-44, 45-64, 50+, 50-64, 65 and over, 65-74, 75 and over	Sex, Race, Number of servings (less than three, five or more)	1994-2000, 3-year average	Behavioral Risk Factors Surveillance System
<b>Current cigarette smoking:</b> Percent of people	National	25- 75 and over. 10 year age groups	Sex, Race	1974-1998, selected years	National Health Interview Survey
<b>Current, former and never cigarette smoking:</b> Percent of people,	State	25-44, 45-64, 50 and over, 50-64, 65 and over,	Sex, Race, Smoking status	1993-2001, 3-year average	Behavioral Risk Factors Surveillance System

with standard error, lower and upper boundaries of 95% CI, relative standard error		65-74, 75 and over			
<b>Obesity:</b> Percent of people, Lower and upper bounds of 95% CI	National	25-85 and over	Sex, Race, Overweight/ Obese Status	1982-1999	National Health Interview Survey
<b>Obesity:</b> Prevalence	National	65-74	Sex	1960-1994	National Health and Examination Survey
<b>Obesity:</b> Percent of people, with standard error, lower and upper boundaries of 95% CI, relative standard error	State	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75 and over	Sex, Race-Hispanic origin, type of obesity (obese, overweight)	1993-2001, 3-year average	Behavioral Risk Factors Surveillance System
<b>Exercise:</b> Percent of persons who exercise	National	25-85 and over, 10 year age groups 50-64	Sex, Race, Type of Exercise	1985-1995, selected years	National Health Interview Survey
<b>Exercise:</b> Percent of persons who exercise, with standard error, lower and upper boundaries of 95% CI, relative standard error	State	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75 and over	Sex, Race	1994-2000, 3-year average	Behavioral Risk Factors Surveillance System
<b>Health Care Utilization</b>					
<b>Home Health Care use:</b> Number of discharges, Percent, standard error, lower and upper boundaries of 95% CI, relative standard error	National	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, Type of Service	1992, 1994, 1996, 1998	National Home and Hospice Care Survey
<b>Home Health and Hospice Care use:</b> Number of discharges, Rates, with standard error, lower and upper boundaries of 95% CI, relative standard error; Population	National	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, Type of Care	1992, 1994, 1996, 1998	National Home and Hospice Care Survey
<b>Home Health Care use:</b> Discharges	<b>National</b>	25-44, 45-64, 50 and over,	Sex, Race, Type of ADL	1992-2000, selected years	National Home and Hospice Survey

receiving assistance in ADL. Percent, rates, number of people, with st.error, lower and upper boundaries of 95% Conf. Interval, rel.st.error		50-64, 65 and over, 65-74, 75-84, 85 and over			
<b>Home Health Care use:</b> Discharges receiving assistance in IADL. Percent, rates, number of people, with st.error, lower and upper boundaries of 95% Conf. Interval, rel.st.error	<b>National</b>	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, Type of IADL	1992-2000, selected years	National Home and Hospice Survey
<b>Nursing home use:</b> Number of residents, Resident Rates, Population	National	65-85 and over, 10-year age groups	Sex, Race	1977, 1985, 1995, 1997, and 1999.	National Nursing Home Survey
<b>Nursing home use:</b> Number of residents, Resident Rates, Percent Distribution, with standard error, lower and upper boundaries of 95% CI, relative standard error Population	National	Under 65, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, Marital Status	1977, 1985, 1995, 1997, and 1999.	National Nursing Home Survey
<b>Nursing home use:</b> Number of residents, Resident Rates, Percent Distribution, with standard error, lower and upper boundaries of 95% CI, relative standard error	National	Under 65, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, Primary Source of Payment	1977, 1985, 1995, 1997, and 1999.	National Nursing Home Survey
<b>Nursing home</b>	National	Under 65, 65 and over,	Sex, Race,	1977, 1985,	National Nursing Home Survey

<p><b>use:</b></p> <p>Nursing home residents receiving assistance in ADL.</p> <p>Percent, rates, number of people, with st.error, lower and upper boundaries of 95% Conf. Interval, rel.st.error</p>		65-74, 75-84, 85 and over	Type of ADL	1995, 1999	
<p><b>Hospital discharges by first-listed diagnosis:</b></p> <p>Number of discharges, Rates, Population</p>	National	45-54, 50-64, 55-64, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, First-listed Diagnosis	1970-2000	National Hospital Discharge Survey
<p><b>Average length of stay and days of care for hospital discharges:</b></p> <p>Average length of stay, Total Days of Care, Number of discharges</p>	National	45-54, 50-64, 55-64, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, First-listed Diagnosis	1970-2000	National Hospital Discharge Survey
<p><b>All-listed procedures for hospital inpatients:</b></p> <p>Number of all procedures performed, Rates, Population</p>	National	45-85 and over, 10-year age groups	Sex, Race, Type of Procedure	1970-1999	National Hospital Discharge Survey
<p><b>Visits to Emergency Departments</b></p> <p>Number, percent distribution, annual rates, with standard errors, upper and lower boundaries of 95%CI, and relative standard. error</p>	National	25-44, 45-64, 50 and over, 50-64, 65 and over, 65-74, 75-84, 85 and over	Type of visit (injury- or illness-related), Sex, Race	1992-1999 (2-years average)	National Hospital Ambulatory Medical Care Survey
<p><b>Numbers and Rates of Visits to Office -Based Physicians.</b></p> <p>Number of all</p>	National	25-44, 45-54, 50 and over, 50-64, 55-64,	Physician Specialty, Patient's Sex, Race	1975-2000, selected years	National Ambulatory Care Survey

visits, Rates, Percent, with standard errors, upper and lower boundaries of 95%CI, and relative standard. error		65 and over, 65-74, 75-84, 85 and over			
<b>Distribution of Drugs Mentions in Physicians Offices.</b> Percent Number of Mentions, with standard errors, upper and lower boundaries of 95%CI, and relative standard. error boundary of 95% CI	National	25-44, 45-54, 50 and over, 50-64, 55-64, 65 and over, 65-74, 75-84, 85 and over	Drug Therapeutic Classification, Patient's Sex, Race	1989-2000	National Ambulatory Care Survey
<b>Health Care Expenditures</b>					
<b>Personal Health Care Expenditures:</b> Number of Medicare beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Hispanic Origin, Residential Status (facility, community), Type of Service, Type of payment	1992-2001	Medicare Beneficiary Survey (CMS)
<b>Medicare Expenditures</b> Number of enrollees, Payment and Payment per Capita in nominal \$ and in \$1998	National	65 and over, 65-69, 70-74, 75-79, 80-84, 85 and over, 85-89, 90 and over	Sex, Race, Type of Service	1974-1998	Continuous Medicare History Sample
<b>Medicare Expenditures</b> Number of enrollees, Payment and Payment per Capita in nominal \$ and in \$1998	State	65 and over, 65-69, 70-74, 75-79, 80-84, 85 and over	Sex, Race, Type of Service	1974-1998	Continuous Medicare History Sample
<b>Health Care Insurance</b>					
<b>Health Care Insurance in nursing homes:</b> Number of nursing home residents, Resident Rates, Percent	National	Under 65, 65 and over, 65-74, 75-84, 85 and over	Sex, Race, Primary Source of Payment	1977, 1985, 1995, 1997, and 1999.	National Nursing Home Survey

Distribution, with standard error, lower and upper boundaries of 95% CI, relative standard error					
<b>Insurance Coverage by Education:</b> Number of Medicare beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Hispanic Origin, Type of Insurance, Years of Education	1992-2001	Medicare Beneficiary Survey (CMS)
<b>Insurance Coverage by Marital Status:</b> Number of Medicare beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Hispanic Origin, Type of Insurance, Marital Status	1992-2001	Medicare Beneficiary Survey (CMS)
<b>Insurance Coverage by Perceived Health:</b> Number of Medicare beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Hispanic Origin, Health Status (Fair, Poor, Good, Very Good, Excellent)	1992-2001	Medicare Beneficiary Survey (CMS)
<b>Insurance Coverage in Long-Term Facility:</b> Number of Medicare beneficiaries, Percent, Enrollment , with standard error, lower and upper boundaries of 95% CI, relative standard error	National	65 and over, 65-74, 75-84, 85 and over	Sex, Race, Hispanic Origin	1992-2001	Medicare Beneficiary Survey (CMS)

## Future Plans:

All indicators in the Data Warehouse will be updated as soon as new data become available. The new indicators are planned to be added to the Data Warehouse:

- Incontinence among Medicare beneficiaries, nursing home residents, and home health care patients
- HIV/AIDS among aging, based on the CDC Surveillance system, National Hospital Discharge Survey and mortality data
- Mortality table based on the updated list of underlying causes of death and ICD-10
- The functionality of the site will be enhanced to enable users to
  1. Faster access to the tables
  2. Test trends statistical validity, differences between two estimates, and slopes of two trends

Annual Aging Trends reports will be posted on the website highlighting some of the major trends that emerge each year. The Data Warehouse will also be used to continue to produce special reports on subjects such as mental health status and prescription drug use by the elderly.

- A Spanish version of the website will be posted.
- Teaching modules will be distributed for evaluation purposes
- Annual CD-ROM will be produced

## Data Availability:

All tables in the Data Warehouse are available for viewing and/or downloading from the website: <http://www.cdc.gov/nchs/agingact.htm>. The data can be accessed on the screen (expedited query), or downloaded on the users' machine as a Beyond 20/20 expanded table.

Expedited queries are intended for users who are interested only in one series of numbers for a particular measure and a single population group—for example, death rates from diabetes for older women.

Expanded tables provide a full range of data presentation options, including graphics. To view the table, the Beyond 20/20 browser has to be downloaded. The Beyond 20/20 browser, the viewing software (similar to the Acrobat Reader) is free of charge and available on the tutorial page “How to...” of the Data Warehouse website. With the browser, the user can customize a table, combining the years and demographic groups; print the table or graphic; or transfer the data into a variety of other common database or spreadsheet packages. Once the browser is downloaded and saved on the hard drive one can access tables time and time again by clicking on them. Data Warehouse is also distributed on annual CD-ROMs with user-friendly interface.

## Bibliography:

- Desai M, Pratt LA, Lentzner H, Robinson KN. *Trends in Vision and Hearing Among Older Americans*. Aging Trends; no. 2. Hyattsville, MD: National Center for Health Statistics. 2001.
- National Center for Health Statistics. *Health, United States, 1999 with Health and Aging Chartbook*. Hyattsville, MD: 1999.
- Sahyoun NR, Lentzner H, Hoyert D, Robinson KN. *Trends in Causes of Death Among the Elderly*. Aging Trends; no. 1. Hyattsville, MD: National Center for Health Statistics. 2001.
- Sahyoun NR, Pratt LA, Lentzner H, Dey A, Robinson KN. *The Changing Profile of Nursing Home Residents: 1985-1997*. Aging Trends; no. 4. Hyattsville, MD: National Center for Health Statistics. 2001.
- Vargas CM, Kramarow EA, Yellowitz JA, Robinson KN. *The Oral Health of Older Americans*. Aging Trends; no. 3. Hyattsville, MD: National Center for Health Statistics. 2001.

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**Dataset Name:** **The Wechsler Adult Intelligence Scale Archives (NIA-WAIS) on Aging and Multiple Cognitive Abilities**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **John J. McArdle  
John L. Horn**

**Data Collection Organization:** **Department of Psychology, University of Virginia**

**Purpose:**

The broad purpose of the research is to evaluate a variety of theoretical propositions about the dynamic of growth and change over age in cognitive abilities. A variety of existing data collected in other studies have been organized. Added to this collection are new longitudinal data. A new method for analyzing these data was developed. From 1980 to 1998, test protocols and demographic information about the *Wechsler Adult Intelligence Scale* (WAIS) were collected. A database has been formed which accumulates the data from over 100 independent research studies and over 40,000 individual persons from cross-sectional, longitudinal, and family research. During the past four years of this project (AG07407) additional data has been added using a strategically selected set of adults who had been tested before on a wider battery of ability measures, including three-wave longitudinal retest data on the *National Growth and Change Study* (NGCS) sample, and a seventh-wave of longitudinal data on the smaller *Bradway-McArdle Longitudinal Study* sample.

**Description:**

The *Wechsler Adult Intelligence Scale* (WAIS) has been widely used in psychological research and clinical applications. Results from WAIS studies on age differences and age changes define much of what is believed to be known about adult intellectual development (see Botwinick, 1977; Horn, 1988; Aitken, 1996; McGrew & Flannagan, 1998). However, due to variations in data collection and data analysis methods, the substantive conclusions that can be drawn from the WAIS literature are often clouded and sometimes contradictory (e.g., Matarazzo, 1972, 1980; Kaufman, 1990).

In 1980, Jack McArdle and John L. Horn started an NIA sponsored project to collect raw score information on the WAIS. This research was initially motivated by three issues: (1) The meta-analysis summary of research studies of the WAIS showed that many important age related results were inconsistent. This included inconsistent interpretations of common factors and inconsistent descriptions of age-related growth and decline on the subscales. (2) The techniques of meta-analysis made several untested assumptions, including the requirement of an invariance of factor measurement patterns, and the assumption of no “ecological fallacy” in data aggregation. So, while the popular techniques of meta-analysis have been greatly improved, even these newer techniques afford only one approach to research synthesis. (3) There was a possibility that new methods of linear structural modeling using raw data, an approach termed a “mega-analysis,” could be used to bring together these previously inconsistent results.

A variety of new statistical methods have made it clear how the raw data from different studies can be effectively combined and reliably used as a collective. These structural modeling techniques have been used by many other researchers during the past decade. Many of these newer techniques were initially developed as statistical solutions to problems of “missing data,” “selection bias,” “factorial invariance,” “test bias,” or “multilevel analyses.” In general, all these new statistical methods focus on the *convergence* or *linkages* among the variables or participants from seemingly different studies, or parts of studies. It seemed likely that more could be accomplished if *all raw data from separate studies* are evaluated for comparability and then used together.

In the approach termed “*mega-analysis*” (McArdle & Horn, 1983, 1999), the degree to which the raw data from different data collections can be combined is raised as a statistical question. To the degree that a

form of multivariate convergence is obtained, subsequent analyses permit unique estimation of parameters with more breadth, precision, and reliability than can be achieved by any single study. These increases in sample size have permitted the development of dynamic models focusing on unraveling patterns of leading and lagging indicators in patterns of change across multiple intelligences.

### **Study Design:**

To initiate this kind of research synthesis the PIs wrote letters to about 100 researchers, made in-person visits to about 20 laboratories and researchers, and basically requested copies of any available WAIS data. These requests were successful largely due to the cooperative nature of the scientists, and a large archive of available WAIS data ( $N > 40,000$  cross-sectional,  $N > 5,000$  longitudinal;  $N > 3,000$  relatives) was created. The large collection is described below.

These WAIS data include demographic information on (a) age at testing, (b) date of testing, (c) gender, (d) ethnicity, (e) educational level, (f) individual codes for repeated testing, (g) family codes for relatives, and (h) WAIS testing form. Information on most of the sub-scales of the WAIS were coded and stored, including: Information, Comprehension, Similarities, Arithmetic, Digit Span, Vocabulary, Digit Symbol Substitution, Picture Completion, Block Design, Picture Arrangement, and Object Assembly. Different features of the original study dictated the limits of data storage (i.e., subscale, items, demographic variables).

During the last several years, a maximally informative set of new intellectual abilities data under the heading of the *National Growth and Change Study* (NGCS) has been collected. These new data were collected on  $N > 500$  persons from all over the USA to fill in notable age-related gaps in the available life-span archive. In all recent data collections multiple measures were included on the *Woodcock-Johnson Revised* (WJ-R) tests of intellectual abilities. In recent data collections, only a few marker variables on each longitudinal participant were measured. Among the WAIS scales consistently measured were Vocabulary, Block Design, Memory Span, and Digit Symbol Substitution. The WJ-R factors were also measured using only Comprehension-Knowledge (*Gc*), Analysis-Synthesis (*Gf*), Cross Out (*Gs*), Visual Closure (*Gv*), Memory for Names (*Glr*), Memory for Sentences (*Gsm*), Incomplete Words (*Ga*), and Applied Problems (*Gq*). In addition, Horn's Power Letter Series and Matrices were used in a new WJ-R format. A final set of measurements includes four additional WAIS measures and four additional WJ-R measures *randomly* chosen from the full set of remaining WAIS and WJ-R scales. Also included is a 30 minute demographic questionnaire based on questions about "Successful Aging" in the areas of (a) educational status, (b) health status, and (c) social status, and participants also completed the (d) 16PF Personality Inventory, and (e) each session ended with an open-ended questionnaire designed to obtain quantitative information about their self-reported mental activities and changes and qualitative information about relevant life experiences.

### **Currently Archived Data:**

A brief listing of the current collection of NIA-WAIS data (in Table 1) illustrates how a large amount of individual information about multiple intelligences ( $N > 40,000$ ) can be accumulated by combining the information from many different studies.

The WAIS data from fifteen large sets of longitudinal data ( $N > 5,000$ ) that have already been archived are summarized in Table 2. These data come from entirely different sources but have some comparable sets of ability measures. This overlap of measurement permits selected combinations of datasets, and these selected combinations will be used as a main focus of analyses in the current research. More detailed descriptions of these longitudinal data are described in the longitudinal codebooks and research publications (see below).

WAIS data have been collected and organized from twelve large samples of family relationships data ( $N > 3,000$ ), and nine large studies with cross-cultural WAIS data ( $N > 3,800$ ). These WAIS data were collected in as much detail as possible, including copies of the item-level raw data ( $N > 4,500$ ) and the additional archiving of any other measurement scales used. Longitudinal WISC data on adolescents and

children from the same studies ( $N > 2,500$ ) was also collected. Any researcher can apply to use subsets or combinations of these restricted data sets.

**Table 1: Current Cross-sectional Data Archived in the NIA-WAIS Databank (Total N > 40,000)**

BROAD DATABASE CATEGORY	SIZE (N)
Assorted Healthy Adults	5,463
High School & College Students	5,942
WAIS-R (1980) Standardization	1,880
Wechsler Bellevue Form I	1,330
WISC-R (1973) Standardization	1,998
Assorted Relative Groupings	3,180
Longitudinal & Retest Data	1,018
Australian Longitudinal Data	1,780
Mixed Longitudinal & Relative Data	699
WISC Longitudinal	528
Puerto Rican Standardization	1,320
South African English Standardization	1,596
South African Afrikan Standardization	1,121
Japanese Standardization	620
Korean Standardization	442
Mentally Impaired (WB I)	5,101
Mentally Impaired (WAIS)	3,530
Physically Impaired	1,650
Social Deviants	938
Drug & Alcohol Problems	813
<b>Total Useable WAIS Protocols</b>	<b>40,877</b>

**Table 2: Current Longitudinal Data Archived in the NIA-WAIS Databank (Total N > 5,000)**

Study -Yr	Source	Location	Linkage	Total N	Age Range	WAIS Forms
BGL-71	Bayley	Berkeley, CA	Longit(6) Families	53	16-36	WB-I, WAIS
MAL-84	Weinberg & Scarr	Minnesota, MN	Longit(2) Ado Families	222	16-46	WAIS(4)
GSL-81	Eichorn, et al	SF Bay Area, CA	Longit(2) Families	156	18-40	WB-I, WAIS
BML-84	Bradway & McArdle	SF Bay Area, CA	Longit(3)	110	28-58	WAIS, WAIS+
BVL-63	Berkowitz & Green	Rochester, NY	Longit(2)	197	50-70	WB-I
HBL-74	Rudinger & Thomae	Bonn, Germany	Longit(5)	100	59-75	HAWIE
DAL-80	Botwinick & Siegler	Duke, NC	Longit(11)	267	60-90	WAIS
NTL-72	Jarvik et al	New York, NY	Longit(4) Twins	268	60-90	WB-I(6)
BVL-72	Reimanis & Green	Rochester, NY	Longit(2)	187	62-80	WAIS
NEL-71	Granick & Birren	Philadelphia, PA	Longit(3)	47	70-87	WAIS
HCF-76	DeFries, et al	Honolulu, HI	Biological Families	416	16-64	WAIS
TAF-79	Horn, et al	Austin, TX	Adoption Families	647	25-54	WAIS
MHL-76	Elias, et al	Orono, MN	Longit(4)	1,226	17-83	WAIS+
HML-77	Albert	Boston, MA	Longit(2)	229	30-80	Wechsler Memory+
SWL-99	Peterson, et al	Stockholm, Sweden	Longit(7) Twin	1,023	44-95	WAIS (3)

### **Future Plans:**

This is an ongoing research project and the data are updated frequently. The current research is designed to carry out age-sensitive multivariate dynamic analyses of the data already collected. These WAIS data continue to be used in a variety of novel structural and dynamic analyses, and most of these analyses include more than one of these WAIS datasets (see bibliography).

### **Data Availability:**

The NIA-WAIS data archive website is currently under construction as a branch of our UVA website (<http://kiptron.psyc.virginia.edu>) and plans are to add additional links to other relevant websites, including NACDA. Comments on this website are welcome.

### **Bibliography:**

(Publications using data from the NIA-WAIS Archive):

1. Horn, J.L. & McArdle, J.J. (1980). Perspectives on Mathematical and Statistical Model Building (MASMOB) in Research on Aging. In L. Poon (Ed.), *Aging in the 1980's: Psychological Issues*. Washington, D. C.: American Psychological Association, 503-541.
2. McArdle, J.J. & Prescott, C.A. (1992). Age-based construct validation using structural equation models. *Experimental Aging Research*, 18 (3), 87-115.
3. Horn, J.L. & McArdle, J.J. (1992). A practical guide to measurement invariance in research on aging. *Experimental Aging Research*, 18 (3), 117-144.
4. McArdle, J.J. (1994). Structural factor analysis experiments with incomplete data. *Multivariate Behavioral Research*, 29 (4), 409-454.
5. McArdle, J.J. & Anderson, E. (1990). Latent variable growth models for research on aging. In J.E. Birren & K.W. Schaie (Eds.), *The Handbook of the Psychology of Aging*, New York: Plenum Press, pps. 21-43.
6. Boker, S.M. & McArdle, J.J. (1995). A statistical vector field analysis of longitudinal aging data. *Experimental Aging Research*, 21, 77-93.
7. McArdle, J.J. & Hamagami (1996). Multilevel models from a multiple group structural equation perspective. In G. Marcoulides & R. Schumacker (Eds.), *Advanced Structural Equation Modeling: Issues and Techniques*. Hillsdale, N.J.: Erlbaum, 89-124.
8. McArdle, J.J. & Prescott, C.A. (1996). Contemporary models for the biometric genetic analysis of intellectual abilities. In D.P. Flanagan, J.L. Genshaft & P.L. Harrison (Eds.), *Contemporary Intellectual Assessment: Theories, Tests and Issues*. New York: Guilford Press. 403-436.
9. McArdle, J.J. & Woodcock, J.R. (1997). Modeling components of change from time-lagged test-retest data. *Psychological Methods*, 2 (4), 403-435.
10. Aggen S. (1998). Interbattery convergent measurement models applied to the WAIS and WJ-R. In J.J. McArdle & J. R. Woodcock (Eds.), *Human Abilities in Theory and Practice*. Mahwah, N.J.: Erlbaum, (pps. 197-214).
11. Hamagami, F. (1998). Developmental-based item factor analyses. In J.J. McArdle & J. R. Woodcock (Eds.), *Human Abilities in Theory and Practice*. Mahwah, N.J.: Erlbaum, (pps. 231-246).
12. Hulick, P. (1998). A structural factor analysis of gender and age differences in cognitive ability. In J.J. McArdle & J. R. Woodcock (Eds.), *Human Abilities in Theory and Practice*. Mahwah, N.J.: Erlbaum, (pps. 247-261).

13. McArdle, J.J., Prescott, C.A., Hamagami, F. & Horn, J.L. (1998) A contemporary method for developmental-genetic analyses of age changes in intellectual abilities. *Developmental Neuropsychology*, 14 (1), 69-114.
14. McArdle, J.J. , Hamagami, F., Meredith, W., & Bradway, K.P. (2001). Modeling the dynamic hypotheses of Gf-Gc theory using longitudinal life span data.. *Learning and Individual Differences*, 12, 53-79.
15. McArdle, J.J. (2001). A latent difference score approach to longitudinal dynamic structural analyses. In R. Cudeck, S. du Toit, & D. Sorbom (Eds.). *Structural Equation Modeling: Present and future*. Lincolnwood, IL: Scientific Software International (pp. 342-380).
16. McArdle, J.J., Ferrer-Caja, E., Hamagami, F. & Woodcock, R.W. (2002). Comparative longitudinal multilevel structural analyses of the growth and decline of multiple intellectual abilities over the life-span. *Developmental Psychology*, 38 (1) 115-142.
17. McArdle, J.J. & Nesselroade, J.R. (2003). Growth curve analyses in contemporary psychological research. In J. Schinka & W. Velicer (Editors), *Comprehensive Handbook of Psychology, Volume Two: Research Methods in Psychology*. (pp. 447-480). New York: Pergamon Press.
18. Ferrer-Caja, E. (2002). *An examination of the dynamics of fluid and crystallized abilities and their influence on academic achievement*. Unpublished doctoral dissertation, University of Virginia, Charlottesville, VA.
19. McArdle, J.J., Grimm, K., Hamagami, F., Bowles, R., & Meredith, W. (2002). A dynamic structural equation analysis of vocabulary abilities over the life-span. Annual meeting of the *Society of Multivariate Experimental Psychology*, Charlottesville, VA, October 2002 (in publication preparation).
20. McArdle, J.J. & Horn, J.L. (2002). The benefits and limitations of sharing research data in psychology. *International meeting of CODATA*. Montreal, QE: October, 2002 (in publication preparation).
21. McArdle, J.J. & Hamagami, F. (2003). Structural equation models for evaluating dynamic concepts within longitudinal twin analyses. *Behavior Genetics*, 33 (3), 137-159.
22. McArdle, J.J. & Hamagami, F. (2003). Longitudinal tests of dynamic hypotheses on intellectual abilities measured over sixty years. In S.M. Boker et al (Editors), *Quantitative Methods in Contemporary Psychology*. Mahawah: Erlbaum. (in press).
23. McArdle, J.J., Hamagami, F., Jones, K., Jolesz, F., Sandor, T, Kikinis, R., Spiro, A. & Albert, M.S. (2003). Modeling Memory and Brain Structure Dynamic Changes Using Longitudinal Data from the Massachusetts General Hospital Aging Study. *Journal of Gerontology: Psychological Sciences* (under revision).

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**Dataset Name:** **Wisconsin Longitudinal Survey (WLS)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Robert M. Hauser**

**Data Collection Organization:** **University of Wisconsin Survey Center  
University of Wisconsin-Madison**

**Purpose:**

The WLS cohort of men and women, mainly born in 1939, precedes by about a decade the bulk of the baby boom generation that continues to tax social institutions and resources at each stage of life. For this reason, the study can provide early indications of trends and problems that will become important as the larger group passes through its fifties. This adds to the value of the study in obtaining basic information about the life course as such, independent of the cohort's vanguard position with respect to the baby boom. In addition, the WLS is also the first of the large, longitudinal studies of American adolescents, and it thus provides the first large-scale opportunity to study the life course from late adolescence through the mid-50s in the context of a complete record of ability, aspiration, and achievement.

**Description:**

The WLS is a long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957 and of their randomly selected brothers and sisters. Survey data were collected from the original respondents or their parents in 1957, 1964, 1975, and 1992 and a selected sibling in 1977 and 1993. These data provide a full record of social background, youthful aspirations, schooling, military service, family formation, labor market experiences, and social participation of the original respondents. The survey data from earlier years have been supplemented by mental ability tests (of primary respondents and 2000 of their siblings), measures of school performance, and characteristics of communities of residence, schools and colleges, employers, and industries. The WLS records for primary respondents are also linked to those of three, same-sex high school friends within the study population. Social background measures include earnings histories of parents from Wisconsin state tax records. In 1977 the study design was expanded with the collection of parallel interview data for a highly stratified subsample of 2000 siblings of the primary respondents. In the 1992-93 round of the WLS, the sample was expanded to include a randomly selected sibling of every respondent (with at least one brother or sister), and the content was extended to obtain detailed occupational histories and job characteristics; incomes, assets, and inter-household transfers; social and economic characteristics of parents, siblings, and children and descriptions of the respondents' relationships with them; and extensive information about mental and physical health and well-being.

The WLS sample is broadly representative of white, non-Hispanic American men and women who have completed at least a high school education. Among Americans aged 50 to 54 in 1990 and 1991, approximately 66 percent are non-Hispanic white persons who completed at least 12 years of schooling. The sample is mainly of German, English, Irish, Scandinavian, Polish, or Czech ancestry. Some strata of American society are not well represented. Everyone in the primary sample graduated from high school; about 7 percent of their siblings did not graduate from high school. It is estimated that about 75 percent of Wisconsin youth graduated from high schools in the late 1950s. Minorities are not well-represented; there are only a handful of African American, Hispanic, or Asian persons in the sample; given the longitudinal design of the WLS, and the miniscule numbers of minorities in Wisconsin at the time the study began, there is, unfortunately, no way to remedy this omission. About 19 percent of the WLS sample is of farm origin, and that is consistent with national estimates of persons of farm origin in cohorts born in the late 1930s. As in the later, large, longitudinal studies of school-based samples, age variation occurs in repeated observations, rather than in cross-section. Also, siblings cover several adjoining cohorts; they were mainly born between 1930 and 1948. In 1964, in 1975, and again in 1992, about two thirds of the sample lived in Wisconsin, and about one third lived elsewhere in the U.S. or abroad.

The 1992/93 follow-up survey of about 9,000 men and women who were first interviewed as seniors in Wisconsin high schools in 1957 and have subsequently been followed up in 1957, 1964, and 1975 has

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been completed; most respondents were 53 or 54 years old when interviewed. Other members of the original sample who were not interviewed in 1975 (475 of 850 surviving non-respondents) have also been interviewed. In all, 8493 of the 9741 surviving members of the original sample have been interviewed. In 1993/94 randomly selected siblings of the high school graduates were interviewed. Some 2000 siblings were previously interviewed in 1977, and they and approximately 2800 more siblings were interviewed in this round of the study. The surveys included a 1-hour telephone interview, followed by a 20-page, self-administered questionnaire. Brief, close-out interviews have been carried out with a relative of respondents who have died, and, in cases where the selected sibling has died, close-out data from the original respondent have been obtained.

New modules with college characteristics, company characteristics, and female job histories have been added. There is a new section with updated variables for occupational aspiration and additional high school test scores for brothers and sisters of graduates have been located. Multiple cause of death data from NDI-Plus have been linked for graduates and siblings, and links are now being created for parents of the graduates and siblings.

These new follow-up data, linked with the existing files, are a valuable public resource for studies of aging and the life course, inter-generational transfers and relationships, family functioning, social stratification, physical and mental well-being, morbidity, and mortality.

### **Future Plans:**

We have received funding to continue the Wisconsin Longitudinal Survey (WLS) with a major round of data collection in 2002-2003, 45 years after the high school graduation of the original 10,317 participants. We want to exploit the unique scientific value of the WLS to pursue a broad agenda of research on social and economic factors in health and aging. The follow-up is being designed by scholars in diverse scientific fields – sociology, demography, epidemiology, economics, social and cognitive psychology, industrial engineering, neuroscience, social work, psychiatry, nursing, and medicine. The plan for data collection – of which the surveys are only the first phase – will span many modes: telephone and mail surveys, brain imaging, personal interview, anthropometric measurement, bio-indicators, content analysis of recorded interviews, and linked administrative records. These new data, along with the rich data presently available from the WLS, should resolve old questions and open new areas of interdisciplinary inquiry about health, aging, and the life course. All WLS data will be released to the research community as soon as they have been collected, cleaned, and documented. The survey will include one-hour telephone and 48 page mail surveys in 2002-03 of more than 9600 surviving graduates; they will be 63-64 years old when they are surveyed. (b) The new round of surveys also includes parallel telephone and mail surveys of 7150 randomly selected siblings of the graduates; they vary widely in age and most were first surveyed in 1994; about 2100 were first interviewed in 1977. (c) Shorter (30 minute) telephone interviews with spouses (N = 10,150) and widows of graduates and their siblings (N = 850) will also be conducted. Our goal is to extend and enrich our observations of the WLS cohort since their adolescence in ways that will answer important research questions in aging for decades to come.

### **Data Availability:**

Data and documentation from the WLS are now available on the World Wide Web, accessible from <http://dpls.dacc.wisc.edu/WLS/wlsarch.htm>, including on-line codebooks, flow charts, and publication lists. In addition to background information about the WLS and downloading information, the WLS site includes instructions for joining a WLS listserv, which is maintained by the IPSCR at the University of Michigan (see Appendix). The study description, cumulative bibliography, and documentation may be downloaded without restriction. Data may be downloaded through a web browser or anonymous FTP after registration and agreement with a simple licensing policy. Most geography and institutional identifiers have been removed from the data, but the WLS is open to requests for special licensing arrangements. Data are available in modular form for users with limited disk space. Documentation and data are available in compressed form for PC (executable zip files) or UNIX (tar) platforms. In addition, a program (WLSGV) is provided for PC, and UNIX platforms that will generate code in SPSS or SAS to extract variables and merge data from different modules. The WLSGV package includes FORTRAN source code. Within the next year SAS, SPSS and Stata .SAV files will be available.

Additional source materials about the WLS are available from the Center for Demography of Health and Aging, The University of Wisconsin-Madison, 1180 Observatory Drive, Madison, Wisconsin 53706, or

send email to [cdepubs@ssc.wisc.edu](mailto:cdepubs@ssc.wisc.edu). For additional information about the WLS, send email to [wls@ssc.wisc.edu](mailto:wls@ssc.wisc.edu).

Currently available data and documentation include the ninth addition of Wave 1, Graduates and Siblings 1957-77 (including modules on colleges and companies, and complete work histories for women from 1957-1993) (updated 12/2000); the eighth addition of Wave 2, Telephone and Mail Surveys of Graduates 1992-93 (updated 12/2000); and the fourth addition of Wave 3, Telephone and Mail Surveys of Siblings 1993-94 (updated 12/2000). Current editions of WLS data are also available from the Data and Program Library Service (DPLS) of the UW-Madison:

Data and Program Library Services  
University of Wisconsin-Madison  
3313 Social Sciences Building  
1180 Observatory Drive  
Madison, WI 53706  
Phone: (608) 262-0750  
Fax: (608) 262-7962  
Email: [dpls@dpls.dacc.wisc.edu](mailto:dpls@dpls.dacc.wisc.edu)  
www: <http://dpls.dacc.wisc.edu>

Previous editions of the WLS data and documentation are archived at ICPSR (#6163).

### **Bibliography:**

(Also available at <http://dpls.dacc.wisc.edu/WLS/wlsarch.htm> ):

- Hauser, Robert M., Taissa S. Hauser, Deborah Carr, Jennifer Sheridan. 1996. "Wisconsin's Class of 1957 and their Families in the 1990s." CDE Working Paper 96-12. Center for Demography and Ecology, University of Wisconsin-Madison.
- Hauser, Robert M., Deborah Carr, Taissa S. Hauser, Jeffrey Hayes, Margaret Krecker, Hsiang-Hui Daphne Kuo, William Magee, John Presti, Jennifer Sheridan, Diane Shinberg, Megan Sweeney, Theresa Thompson-Colon, S.C. Noah Uhrig, and John Robert Warren. 1993. "The Class of 1957 after 35 Years: Overview and Preliminary Findings." CDE Working Paper 93-17. Center for Demography and Ecology, University of Wisconsin-Madison.
- Hauser, Robert M., William H. Sewell, John A. Logan, Taissa S. Hauser, Carol Ryff, Avshalom Caspi, and Maurice M. MacDonald. "The Wisconsin Longitudinal Survey: Adults as Parents and Children at Age 50." 1992. CDE Working Paper 92-02. Center for Demography and Ecology, University of Wisconsin-Madison.
- William H. Sewell, Robert M. Hauser, Kristen Springer, Taissa S. Hauser. "As We Age: The Wisconsin Longitudinal Survey, 1957-2001." CDE Working Paper 2001-09. Center for Demography and Ecology, University of Wisconsin-Madison.
- H.-H. Daphne Kuo, Hyunjoon Park, Taissa S. Hauser, Robert M. Hauser, and Nadine F. Marks. "Surveys of the Life Course and Aging: Some Comparisons." CDE Working Paper 2001-06. Center for Demography and Ecology, University of Wisconsin-Madison.

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## SECTION II

DATASETS EXPECTED TO BE ARCHIVED IN THE  
FUTURES; CURRENTLY AVAILABLE THROUGH  
PRINCIPAL INVESTIGATOR

**Dataset Name:** The Charleston Heart Study

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Paul J. Nietert

**Data Collection Organization:** Medical University of South Carolina

**Purpose:**

Originally, the purpose of the Charleston Heart Study as stated in the original 1958 NIH application, was “to attempt to establish a causal relationship between atherosclerosis and the incidence of thrombotic complications in cerebral and coronary arteries. This will be done by explaining the paradoxical difference in the Negro and White races.”

**Description:**

The Charleston Heart Study (CHS) is a cohort study of 2,283 subjects (1,394 whites, 889 blacks) in which risk factors of coronary disease have been examined for the past 43 years. The CHS began enrolling a random selection of community residents who in 1960 were then 35 years of age and older – including men and women, black and white. A unique feature of this cohort is the fact that 102 high socio-economic status (SES) black men were purposefully included. The primary hypothesis of the original study was to investigate racial differences in the manifestation and risk factors for coronary disease. Over the ensuing 40+ years, a variety of outcome measurements were incorporated into the re-examination of the participants, including psychosocial, behavioral, aging and functional measures.

The table below indicates the vital status of the CHS study participants through 12-31-2000

Group	Dead	Presumed Alive*	Total
White men	540 (82.7%)	113 (17.3%)	653 (100%)
White women	498 (67.2%)	243 (32.8%)	741 (100%)
Black men	282 (84.7%)	51 (15.3%)	333 (100%)
High SES black men	62 (60.8%)	40 (39.2%)	102 (100%)
Black women	346 (76.2%)	108 (23.8%)	454 (100%)
<b>Total</b>	<b>1728 (75.7%)</b>	<b>555 (24.3%)</b>	<b>2283 (100%)</b>

\* Subjects who have not been definitively linked to a death in the National Death Index are presumed for this purpose to be alive.

**Objective:**

The primary objective was to examine risk factors for heart disease, focusing specifically on whether risk factors are quantitatively similar between whites and blacks.

**Study Design:**

Prospective cohort study

**Data Collection:**

Subjects were initially interviewed and examined in 1960 and 1963. Subsequent interviews and examinations took place during the following time periods: 1974-1975, 1984-1985, 1987-1989, and 1990-1991. A search of the National Death Index was completed through the year 2000, matching individuals with date and cause of death.

## **Future Plans:**

Future plans include more permanent archiving of the original data forms, augmentation of the data with additional data, such as inpatient admissions and emergency room visits, Medicare data, nursing home data, and further National Death Index searches. Future studies will examine associations between subject characteristics and end-of-life healthcare costs.

## **Questionnaire Topics:**

Questionnaires have covered many subject areas throughout the years. During the most recent questionnaire (1990-1991), the following topics were examined: general health, smoking, functional disability, physical disability, cardiovascular health, sexual dysfunction, cognitive disability, depression, coffee consumption, medication history, medical history, nutrition, and body image. In addition, serum samples and blood pressure measurements were taken, and a physical exam was performed by a physician.

## **Data Availability:**

Datasets are planned to be stored within the National Archive of Computerized Data on Aging (NACDA) within the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan. The estimated date on which these datasets will be available there is July 1, 2004. Prior to that date, some data is available from the principal investigator.

## **Agencies/Organizations Consulted:**

National Archive of Computerized Data on Aging within the Inter-university Consortium for Political and Social Research at the University of Michigan, and the National Death Index within the National Center for Health Statistics

## **Results:**

### Selected Findings from Previous CHS Aging Studies

Using a composite score of physical disability, based on the Nagi scale which measures physical performance, the Rosow-Breslau scale which determines gross mobility capacity and the Katz-Branch scale which estimates performance in activities of daily living, we calculated the prevalence for each race-gender group at the 1984/85 recall. The prevalence of disability was highest in black women (558/1000), followed by white women (432/1000), black men (390/1000), white men (258/1000), high SES black men (223/1000). When individuals with extant cardiovascular disease were excluded from the analyses, the race-sex group rankings of disability remained unchanged. Baseline variables, measured in 1960, which were significant predictors of disability 24 years later were: elevated systolic blood pressure in white women, black men and black women; elevated cholesterol and obesity in black women; and low educational level in white women. Regression analyses indicated that obesity in 1960 accounted for 10.9% and 2.9% respectively of the variability in physical disability scores in 1985 for black and white women (Keil et al., 1989) After adjustment for potential confounders we also found physical disability to be a significant predictor of all-cause mortality within the subsequent 5 year period for all race-gender groups. Among those with a negative cardiovascular history, physical disability was a significant predictor of 5-year cardiovascular mortality in white women and high SES black men (Sutherland 1992). Analyses of cognitive functioning measures have also demonstrated racial variations. Using the Short Portable Mental Status Questionnaire and the Wechsler Memory Scale, elderly blacks in the CHS had greater impairment in memory function than elderly whites or high SES black men. Given the performance of the latter group, the difference cannot be attributable solely to race. The presence of coronary disease consistently related to poorer performance on cognitive measures. No consistent relationship was found between blood pressure and cognitive performance. However, a perception of poorer health status and greater physical disability was significantly related to the presence of CHD and hypertension. Performance on cognitive measures was inversely related to ratings of physical disability and perception of health across all race and gender groups (Waid, Swavely, Sutherland et al., 1990).

While sexual functioning has a psychological component, it is believed that it also speaks to one's physical functioning. In the 1985/1985 recall, two questions were asked of respondents; one dealt with

sexual arousal problems and the other with frequency of sexual activity. Based on this self-reported activity, it was found that nearly 50% of the older participants (>60 years) reported problems with sexual arousal. Although the problem was age-related, 40% of those 80 years and older reported no problems. Significant predictors of arousal problems were older age, lower pulmonary function, physical disability, an increased usage of prescription drugs, and a fair or poor perception of health. Among the respondents reporting no problems with arousal, the age adjusted proportion of those reporting a frequency of sexual activity three or more times per month were white men 36%, black men 29%, high SES black men 47%, and white and black women 14%. After considering age and arousal problems, the most consistent and significant predictors of sexual activity across all race-sex groups were marital status and education or income (Keil, Sutherland, Knapp, Waid et al., 1992).

### **Bibliography:**

Arnett DK, Rautaharju P, Sutherland S, Usher B, Keil J. Validity of electrocardiographic estimates of left ventricular hypertrophy and mass in African Americans (The Charleston Heart Study). *American Journal of Cardiology* 1997; 79:1289-1292.

Austin H, Keil JE, Cole P. A prospective follow-up study of cancer mortality in relation to serum DDT. *Am J Public Health* 1989; 79:43-46.

Benard VB, Sutherland SE, Knapp RG. A twenty year follow-up study of cancer mortality and serum levels of DDT. *Am J Epi* 1997; 145:S20.

Boyle E, Jr. Biological pattern in hypertension by race, sex, body weight, and skin color. *JAMA* 1970; 213:1637-1643.

Boyle EB, Griffey WP, Nichaman MZ, Talbert C.R. An epidemiologic study of hypertension among racial groups of Charleston County, South Carolina. The Charleston Heart Study, Phase II. In: Anonymous *Epidemiology of Hypertension: Proceedings from an International Symposium*. New York: Gruen & Stratton, 1967:193-203.

Gazes PC, Keil JE, Savage DD, Rust PF. Left ventricular mass by echo in white and black men: Correlation with blood pressure. *Circulation* 1986; 74:76.

Keil JE, Gazes PC, Gross AJ, Hames CG, Knowles M, Loadholt CB, et al. Predictors of ischemic heart disease and all-cause mortality in Charleston County blacks over a 20 year period. *Am J Epi* 1985; 122:530-531.

Keil JE, Gazes PC, Loadholt CB, Tyroler HA, Sutherland SE, Gross JJ, et al. Coronary heart disease mortality and its predictors among Charleston, South Carolina women. In: Tyroler HA, Eaker E, editors. *Proceedings on Coronary Heart Disease in Women*. NHLBI, 1987.

Keil JE, Gazes PC, Sutherland SE, Rust PF, Branch LG, Tyroler HA. Predictors of physical disability in elderly blacks and whites of the Charleston Heart Study. *J Clin Epidemiol* 1989; 42:521-529.

Keil JE, Gazes PC, Tyroler HA. Predictors of coronary disease in blacks. In: Brest AN, editor. *Cardiovascular Diseases in Blacks*. Philadelphia: FA Davis Co., 1991.

Keil JE, Loadholt CB, Weinrich MC, Sandifer SH, Boyle E, Jr. Incidence of coronary heart disease in blacks in Charleston, South Carolina. *Am Heart J* 1984; 108:779-786.

Keil JE, Sandifer SH, Loadholt CB, Boyle, Jr E. Skin color and education effects on blood pressure. *Am J Public Health* 1981; 71:532-534.

Keil JE, Saunders DE, Jr. Urban and rural differences in cardiovascular disease in blacks. In: Brest AN, editor. *Cardiovascular Diseases in Blacks*. Philadelphia: F.A. Davis Co., 1991.

Keil JE, Sutherland SE, Gazes PC, Weinrich MC, Tyroler HA. Predictors of mortality and physical disability in the Charleston Heart Study. In: Anonymous Transactions of the Association of Life Insurance Medical Directors of America 97th Annual Meeting, October 17-19, 1988. Tampa, FL: Joe B. Clay & Sons, Inc., 1989.

Keil JE, Sutherland SE, Hames CG, Lackland DT, Gazes PC, Knapp RG, et al. Coronary disease mortality and risk factors in black and white men. Results from the combined Charleston, SC, and Evans County, Georgia, heart studies. *Arch Intern Med* 1995; 155:1521-1527.

Keil JE, Sutherland SE, Knapp RG, Gazes PC. Serum cholesterol: risk factor for coronary disease mortality (The Charleston Heart Study 1960-1988). *Circulation* 1990; 82:III-346.

Keil JE, Sutherland SE, Knapp RG, Gazes PC. Serum cholesterol--risk factor for coronary disease mortality in younger and older blacks and whites. The Charleston Heart Study, 1960-1988. *Annals of Epidemiology* 1992; 2:93-99.

Keil JE, Sutherland SE, Knapp RG, Lackland DT, Gazes PC, Tyroler HA. Mortality rates and risk factors for coronary disease in black as compared with white men and women. *New Engl J Med* 1993; 329:73-78.

Keil JE, Sutherland SE, Knapp RG, Tyroler HA, Gazes PC. Equal socioeconomic status in black and white men equals equal risk of mortality. *Circulation* 1991; 84:II-70 .

Keil JE, Sutherland SE, Knapp RG, Tyroler HA, Pollitzer WS. Skin color and mortality. *Am J Epi* 1992; 136:1295-1302.

Keil JE, Sutherland SE, Knapp RG, Tyroler HA. Does equal socioeconomic status in black and white men mean equal risk of mortality? *Am J Public Health* 1992; 82:1133-1136.

Keil JE, Sutherland SE, Knapp RG, Waid LR, Gazes PC. Self-reported sexual functioning in elderly blacks and whites: The Charleston Heart Study experience. *Journal of Aging and Health* 1992; 4:112-125.

Keil JE, Tyroler HA, Sandifer SH, Boyle, Jr E. Hypertension: effects of social class and racial admixture: the results of a cohort study in the black population of Charleston, South Carolina. *Am J Public Health* 1977; 67:634-639.

Keil JE. Hypertension: effects of social class and racial admixture in a Negro community of Charleston, South Carolina. Doctoral dissertation. Chapel Hill, NC: University of North Carolina, 1975.

Knapp RG, Keil JE, Sutherland SE, Rust PF, Hames C, Tyroler HA. Skin color and cancer mortality among black men in the Charleston Heart Study. *Clinical Genetics* 1995; 47:200-206.

Knapp RG, Schreiner PJ, Sutherland SE, Keil JE, Gilbert GE, Klein RL, et al. Serum lipoprotein(a) levels in elderly black and white men in the Charleston Heart Study. *Clinical Genetics* 1993; 44:225-231.

Knapp RG, Sutherland SE, Keil JE, Rust PF, Lackland DT. A comparison of the effects of cholesterol on CHD mortality in black and white women: twenty-eight years of follow-up in the Charleston Heart Study. *J Clin Epidemiol* 1992; 45:1119-1129.

Knapp RG, Sutherland SE, Keil JE, Rust PF, Lackland DT. A comparison of the effects of cholesterol on coronary heart disease mortality in black and white women. *Circulation* 1991; 84:II-1144.

Knapp RG, Sutherland SE, Keil JE, Schreiner PJ, Klein RL. Lipoprotein(a) and all-cause mortality among elderly black and white men. *Circulation* 1993; 88:part 2.

Lackland DT, Keil JE, Gazes PC, Hames CG, Tyroler HA. Outcomes of black and white hypertensive individuals after 30 years of follow-up. *Clinical & Experimental Hypertension (New York)* 1995; 17:1091-1105.

Manton KG, Stallard E, Wing S. Analyses of black and white differentials in the age trajectory of mortality in two closed cohort studies. *Stat Med* 1991; 10:1043-1059.

Stevens J, Gautman SP, Keil JE. Body mass index and fat patterning as correlates of lipids and hypertension in an elderly, biracial population. *Journal of Gerontology* 1993; 48:M249-M254

Stevens J, Keil JE, Rust PF, Tyroler HA, Davis CE, Gazes PC. Body mass index and body girths as predictors of mortality in black and white women. *Arch Intern Med* 1992; 152:1257-1262.

Stevens J, Keil JE, Rust PF, Verdugo RR, Davis CE, Tyroler HA, et al. Body mass index and body girths as predictors of mortality in black and white men. *Am J Epi* 1992; 135:1137-1146.

Stevens J, Keil JE, Waid LR, Gazes PC. Accuracy of current, 4-year, and 28-year self-reported body weight in an elderly population. *Am J Epi* 1990; 132:1156-1163.

Stevens J, Knapp RG, Keil JE, Verdugo RR. Changes in body weight and girths in black and white adults studied over a 25 year interval. *International Journal of Obesity* 1991; 15:803-808.

Stevens J, Lissner L. Body weight variability and mortality in the Charleston Heart Study. *International Journal of Obesity* 1990; 14:385-386.

Stevens J, Plankey MW, Keil JE, Rust PF, Tyroler HA, Davis CE. Black women have smaller abdominal girths than white women of the same relative weight. *J Clin Epidemiol* 1994; 47:495-499.

Sutherland SE, Austin HA, Benard VB, Keil JE, Knapp RG, Baron P, et al. Serum DDT levels and incidence of breast cancer in the Charleston Heart Study. Submitted for publication 2001;

Sutherland SE, Benard VB, Keil JE, Austin H, Hoel DG. Pesticides and twenty year risk of breast cancer. *Am J Epi* 1996; 143:S34.

Sutherland SE, Gazes PC, Keil JE, Gilbert GE, Knapp RG. Electrocardiographic abnormalities and 30-year mortality among white and black men of the Charleston Heart Study. *Circulation* 1993; 88:2685-2692.

Sutherland SE, Gazes PC, Keil JE, Usher B, Carabello BA, Knapp RG. Echocardiography: Distributions and correlates of left ventricular mass in an elderly biracial cohort. *Circulation* 1993; 88:I-358.

Sutherland SE, Keil JE, Gazes PC, Saunders DE, Jr., Summerall CP, Nichaman MZ, et al. Coronary disease and its risk factors in blacks and whites. *Primary Cardiology* 1994; 20:49-53.

Sutherland SE, Knapp RG, Lou Y, Gazes PC, Keil JE. Expression of anger and CHD mortality among women in the Charleston Heart Study. *Canadian Journal of Cardiology* 1997; 13:55-56B.

Sutherland SE. *Physical Disability in the Elderly: An Epidemiological Study of Functional Changes and Mortality*. Charleston, S.C.: Medical University of South Carolina, 1992.

Waid LR, Swavely SM, Keil JE, Sutherland SE, Gazes PC. Cognitive function, cardiovascular status and physical disability in elderly blacks and whites of the Charleston Heart Study. *Am J Epi* 1990; 132:780.

Waid LR, Swavely SM, Sutherland SE, Keil JE, Gazes PC. Cognitive functioning and cardiovascular status in elderly blacks and whites. American Psychological Association Presentation 1990.

Waid LR, Urbanczyk SA, Sutherland SE, Keil JE, Gazes PC. Cardiovascular status and cognitive performance: The Charleston Heart Study. Am J Epi 1988; 130:815.

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**Dataset Name:** NIA Collaborative Studies on Dementia Special Care Units

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Douglass Holmes

**Data Collection Organization:** National Alzheimer Center

**Purpose:**

1. To coordinate the analyses of cross-site data collected during the 10-site collaborative studies
2. To conduct meta-analyses of emergent data, as a means to determining whether the effort, as a totality, had an appreciable impact on nursing home residents with dementing illness.
3. To prepare all cross-site, common-core data for archiving.

**Description:**

This was a 10 site collaborative effort begun in 1991. The National Evaluation of Special Care Units (PI: Leon) represents the largest sample of nursing homes for evaluating SCU/non-SCU features and their effects (data from nearly 1500 SCU facilities was collected). A follow-up Trends in Special Care Survey examined the status of special care in 1995-1996 in over 3,000 nursing homes. A common database was developed to characterize SCUs and their outcomes on residents, family and staff. Coordinating Center PI: Holmes and Site PIs: Evans; Grant; Holmes; Kutner; Lawton; Leon; Lindeman; Montgomery; Morris; Sloane).

**Objectives:**

The aim of the collaborative studies was to evaluate the possible impacts of special dementia care upon nursing home residents suffering from dementing illness.

**Study Design:**

Varies according to project.

**Questionnaire Topics:**

Varies, according to project. The common-core dataset, used by all sites in the measurement of common topics, has been discussed at length elsewhere.

**Links with Administrative Data:**

Many of the sites collected administrative data as part of their respective projects. Statistical techniques for addressing data reflecting different units of measurement (e.g., residents, v. units, v. nursing home, v. nursing homes in a state) were explored, selected, and adapted.

**Future Plans:**

To publish the meta analyses, and to archiving of data. In addition, a special edition of *Research and Practice in Alzheimer's Disease*; this edition deals exclusively with findings relating to special dementia care.

**Data Availability:**

The data are not archived as yet. However, meta-analyses are ongoing; they are being conducted by meta-analysts at Columbia University. There are plans to archive all data by December 2003.

**Bibliography:**

- Petkova, E. & Teresi, J. (2002). Some statistical issues in the analyses of data from longitudinal, intervention studies of elderly chronic care populations. *Journal of Psychosomatic Medicine*, 64: 531-547.

- Sloane, P.D., Mitchell, C.M., Weissman, G., Zimmerman, S.I., Long, K.M., Lynn, M., Calkins, M., Lawton, M.P., Teresi, J., Grant, L., Lindeman, D., Montgomery, R. (2002). The Therapeutic Environment Screening Survey for Nursing Homes (TESS-NH): An observational instrument for assessing the physical environment of institutional settings for persons with dementia. *Journal of Gerontology: Social Sciences Vol. 57B, No.2: 569-578.*
- Holmes, D. (2001) The added value of additional nursing aides in Special Dementia Care Units and in traditional nursing units. *Alzheimer's Care Quarterly, 2(3), 33-37*
- Holmes, D. (2002) Nursing Homes: Special Care Units in the *MacMillan Encyclopedia of Aging* (David Eckerdt, Editor).
- Teresi, J.A. (2001). Statistical methods for examination of differential item functioning (DIF) with applications to cross-cultural measurement of functional, physical and mental health. *Journal of Mental Health and Aging, 7, 31-40.*

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**Dataset Name:** **Origins of Variance in the Old-Old: Octogenarian Twins (The OCTO Twin Study)**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Gerald E. McClearn**

**Data Collection Organization:** **Institute of Gerontology, University College of Health Sciences, Jönköping, Sweden.**

**Purpose:**

The overall aim is to estimate the relative contributions of environmental and genetic influences to variability in late life in age-related variables of health, physical and cognitive functioning, interpersonal relations, personal control, life satisfaction and mental health. By using a genetically informative sample, the genetic and environmental bases of individual differences in late life health and functioning are addressed.

**Description:**

Participants are drawn from the entire population of intact, like-sexed pairs of twins 80 years and older in the Swedish Twin Registry. The first wave involved 351 pairs (149 identical and 202 same-sex fraternal). The second wave involved 235 pairs, the third involved 144 pairs, and the fourth involved 51 pairs. Participation rates are somewhat higher than original projections due to lower non-response and mortality rates than expected. The fifth wave of testing began recently.

**Study Design:**

The twin pairs are followed longitudinally at 2-year intervals, using 5 measurements. In-person testing is conducted by registered nurses using a broad-based biobehavioral battery. The biomedical portion includes a battery of tests designed to assess general health status with a focus on measures sensitive to age changes which might serve as useful biomarkers of aging. The cognitive battery included domains of crystallized and fluid intelligence, memory, spatial ability, perceptual speed, problem solving, and verbal ability.

**Topics in dataset:**

Health and functional capacity  
Cognitive functioning  
Personality and personal control  
Psychological well-being  
Interpersonal functioning

**Links with Administrative Data:**

Swedish Census Statistics

**Future Plans:**

Longitudinal follow-ups of survivors, record keeping of death certificates, medical and dental records. Autopsy of individuals with dementia.

**Data Availability:**

This is a longitudinal study for which data collection will continue at least through 2003, with primary data analysis continuing at least through 2005. Archiving after that time will conform to the rules and regulations of the Swedish Data Inspection Authority and the Swedish Twin Registry. Requests for collaboration on data analyses are considered on individual bases.

**Agencies/Organizations involved in project development:**

National Institute on Aging  
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**Dataset Name:** Swedish Adoption/Twin Study of Aging (SATSA)

**Sponsoring Organization:** National Institute on Aging  
Swedish Social Research Council

**Principal Investigator:** Nancy L. Pedersen

**Data Collection Organization:** Karolinska Institutet, Sweden

**Purpose:**

SATSA is a longitudinal program of gerontological genetics designed to address issues of the relative importance of genetic and environmental influences on biobehavioral aging.

**Description:**

The Swedish Adoption/Twin Study of Aging (SATSA) is a longitudinal program of research in gerontological genetics to study individual differences in behavioral and functional capabilities of aging human beings. The SATSA sample of twins separated early in life and matched twins reared together was identified from the Swedish Twin Registry, which includes nearly 70,000 pairs of twins born in Sweden between 1886 and 1990.

Four longitudinal waves of questionnaires (personality, health, environment) were conducted at three-year intervals. Four waves of in-person testing of cognition and health-related measures were conducted at rolling 3-year intervals. Questionnaires were also given to the participants just prior to the in person testing. There are raw data sets for each of the data collection occasions, as well as SAS datasets that have measures, such as factor or scale scores, computed from the raw data. SATSA started in 1984 and is ongoing. There are 2020 individuals with information from the questionnaire and 820 individuals with cognitive and in-person testing data. A fifth wave of in person testing was completed in December, 2001, and a sixth wave of in person testing was recently started. A fifth questionnaire will be mailed in October, 2003.

**Questionnaire Topics:**

Personality, childhood environment, current environment, working environment, health and health related behaviors, life events, social support. In person testing includes: General and specific cognitive abilities (13 cognitive tests and reaction time), MMSE, spirometry, blood pressure, functional abilities and measured ADL, nutritional status, clinical chemical profiles (lipids and lipoproteins), metal assays, MAO, H.pylori status.

**Links with Administrative Data:**

Swedish National Cancer Registry, Swedish Cause of Death Registry, Swedish Inpatient Discharge Registry, regular updates (monthly) with national population registry for current address and status.

**Future Plans:**

Data are still being collected, and a sixth wave of in-person testing is being planned. Plans are to coordinate data set management with OCTO-Twin and the Study of Dementia in Swedish Twins.

**Data Availability:**

The data are in the process of being archived. Copies of the data are currently available at NIA and can also be obtained by submitting a written request to the PI. No information that can be manipulated to identify specific individuals will be provided.

**Bibliography:**

Over 170 publications (see website for the Swedish Twin Registry, below)

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**Dataset Name:** Victoria Longitudinal Study

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Roger A. Dixon

**Purpose:**

The Victoria Longitudinal Study, which began in 1986, examines changes in cognitive functioning in late life. It was originally designed specifically to evaluate the magnitude and direction of normal aging-related changes, individual differences in changes, and a wide range of correlates of differential changes. A focus is on profiles and correlates of changes in several systems of memory. As the samples age, new initiatives pertaining to neurodegenerative impairment are being formulated.

**Study Design:**

Three independent samples of adults (initially ranging in age from 55 to 85 years) are followed at three-year intervals. Sample 1 has now been tested on six occasions, and Sample 2 has been tested on three occasions. The first wave of testing for Sample 3 (n=560) was completed in 2003. A broad range of measures are employed pertaining to health (self-report) and medications, cognition and memory, metacognition, memory compensation, personality and affect, and sensory and physical status. Patterns of change, individual differences in change, and predictors of differential change have been examined.

**Questionnaire Topics:**

Metamemory, Personal Health History, Functional Health, Personality, Well-being, Demographic Background, Lifestyle/Activities, and Memory Compensation.

**Future Plans:**

Scoring of Sample 3 data will continue into 2004. Completion of final participants in Wave 6 of Sample 1 will be completed in September 2003. Testing of Wave 4 of Sample 2 will begin in Winter 2003-04.

**Data Availability:**

The data are not archived. An initial partial dataset will be archived in the foreseeable future. The PI has collaborated extensively with other investigators interested in using these data, and has provided data and measures to numerous researchers. The PI is currently considering whether to make specific parts of the dataset available to non-collaborating researchers.

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# **SECTION III**

**DATASETS NOT EXPECTED TO BE ARCHIVED, BUT  
AVAILABLE THROUGH PRINCIPAL  
INVESTIGATOR**

**Dataset Name:** The UNC Alumni Heart Study  
(not a dataset per se, but rather a set of interlocking studies on 3 different cohorts)

**Sponsoring Organization:** NHLBI, NCI, NIA and the MacArthur Foundation

**Principal Investigator:** Ilene C. Siegler

**Data Collection Organization:** Behavioral Medicine Research Center at Duke University

**Purpose:**

This study was originally designed to test the hypothesis that hostility measured in adolescence predicts coronary disease in midlife. The study also provides the opportunity to study normal aging in a cohort of early baby boomers (born 1946-1949) and their spouses.

**Description:**

The project began with MMPI taken in 1964-1966 on 7008 persons enrolled at UNC 1964-1966. In 1986, 5000 persons were located and enrolled. A small longitudinal pre-test sample was developed. In 1992, 1100 spouses of participants were enrolled. Currently, the ninth questionnaire (a mail survey designed to take approximately one-half to one hour every 18 months) is being completed.

**Objectives:**

To understand personality, health and disease in adulthood.

**Study Design:**

Prospective/retrospective – limited repeated measures at unequal intervals.

Questionnaire Topics:

- Q1 – BASELINE RISK INDICATORS FOR CORONARY HEART DISEASE (CHD)
- Q2 – NEO-PI AND LIPIDS [NEO Personality Inventory]
- Q3 – SOCIAL FACTORS
- WQ1 – WOMEN’S HEALTH ON MAMMOGRAPHY AND MEDICAL HISTORY
- Q4 – ITEMS FOR NEW NEO FACET SCALES FOR AGREEABLENESS AND CONSCIENTIOUSNESS
- SPQ – ENROLLED SPOUSES WITH BRIEF q1-q4
- Q5 – WEIGHT & EXERCISE
- Q6 – NUTRIENT INTAKE AND DEPRESSION AND HRT USE FOR WOMEN (WQ2)
- Q7 – RE-MEASURE OF ADULT PERSONALITY WITH NEO-PI-R [NEO Personality Inventory Revised]
- Q8 – UPDATE OF MEDICAL HISTORY AND UPDATE MENOPAUSAL STATUS (WQ3)
- Q9 – UPDATE OF CHD RISK INDICATORS, HOSTILITY, SES, AND WELL-BEING
- WQ4 - UPDATE ON MENOPAUSAL STATUS AND RESPONSE TO WHI FINDINGS ON HRT

**Future Plans:**

Monitor changing risk profiles, morbidity and mortality and study normal aging.

**Data Availability:**

This is an ongoing study. Respondents have been promised complete confidentiality. The data are not archived. Investigators may access the data via collaboration, but the data may not be removed from the laboratory.

## **Bibliography:**

- Siegler, I.C., Zonderman, A.B., Barefoot, J.C., Williams, R.B., Jr., Costa, P.T., Jr., & McCrae, R.R. (1990). Predicting personality from college MMPI scores: Implications for follow-up studies in psychosomatic medicine. *Psychosomatic Medicine*, 52, 644-652.
- Siegler, I.C., Peterson, B.L., Barefoot, J.C., & Williams, R.B. (1992). Hostility during late adolescence predicts coronary risk factors at midlife. *American Journal of Epidemiology*, 136(2), 146-154.
- Siegler, I.C., Peterson, B.L., Barefoot, J.C., Harvin, S.H., Dahlstrom, W.G., Kaplan, B.H., Costa, P.T. Jr., & Williams, R.B. (1992). Using college alumni populations in epidemiologic research: The UNC Alumni Heart Study. *Journal of Clinical Epidemiology*, 45(11), 1243-1250.
- Zonderman, A.B., Siegler, I.C., Barefoot, J.C., Williams, R.B. Jr., & Costa, P.T. Jr. (1993). Age and gender differences in MMPI content scales. *Experimental Aging Research*, 19(3), 241-257.
- Lipkus IM & Siegler IC (1995). Do comparative self-appraisals during young adulthood predict adult personality? *Psychology and Aging*, 10, 229-237.
- Siegler, I.C., Feaganes, J.R., & Rimer, B.K. (1995). Predictors of adoption of mammography in women under age 50. *Health Psychology*, 14, 274-278.
- Siegler, I. C., Feaganes, J.R., & Rimer, B. K. (1996). Awareness of and responses to changes in the National Cancer Institute's guidelines for mammography in women aged 35-49. *Journal of Women's Health*, 5, 33-41.
- VonDras, D.D., Williams, R.B., Kaplan, B.H., & Siegler, I.C. (1996). Correlates of perceived social support and equality of interpersonal relationships at midlife. *International Journal of Aging and Human Development*. 43(3), 199-217.
- Siegler IC, Blumenthal JA, Barefoot JC, Peterson BL, Saunders, W.B., Dahlstrom WG, Costa PT, Suarez EC, Helms MJ, Maynard KE Williams RB (1997). Personality factors differentially predict exercise behavior in men and women. *Women's Health: Research on Gender, Behavior, and Policy*, 3, 60-71.
- VonDras, D. D. & Siegler, I. C. (1997). Stability in extraversion and aspects of social support at mid-life. *Journal of Personality and Social Psychology*. 72 (1), 233-241.
- Bastian LA, Couchman G, Rimer BK, McBride C, Feaganes JR & Siegler IC (1997). Perceived stages of menopause and patterns of hormone replacement therapy. *Journal of Women's Health*, 6(4), 467-475 .
- Barefoot, J.C., Heitmann, B.L., Helms, M. J., Williams, R. B., Surwit, R. S. & Siegler, I. C. (1998). Symptoms of depression and changes in body weight from adolescence to mid-life. *International Journal of Obesity*, 22, 688-694.
- Brummett, BH, Barefoot JC, Feaganes, JR, Williams RB, Yen S, Bosworth HB & Siegler IC (2000). Associations of self and spouse hostility to predict depression. *Journal of Behavioral Medicine*, 23, 95-105.
- Siegler, I. C., & Brummett, B. H. (2000). Associations between NEO Personality Inventory Assessment and Well-Being at Mid-life: Facet level analysis. *Psychology and Aging*, 15, 710-714.
- Costa, P. T., Herbst, J. H., McCrae, R. R., & Siegler, I. C. (2000). Personality at midlife: Intrinsic maturation, and responses to life events. *Assessment*, 7, 365-378.

Herbst, J. H., McCrae, R. R., Costa, P. T., Feaganes, J. R., & Siegler, I. C.. (2000). Self perceptions of stability and change in personality at midlife: The UNC Alumni Heart Study. *Assessment*, 7, 379-388.

Brummett, B. H., Barefoot, J. C., Feaganes, J. R., Yen, S., Bosworth, H. B., Williams, R. B., & Siegler, I. C. (2000). Hostility in marital dyads: Associations with depressive symptoms. *Journal of Behavioral Medicine*, 23, 95-105.

McPherson, R. S., Feaganes, J. R., & Siegler, I. C. (2000). Measurement of Dietary Intake in the UNC Alumni Heart Study. *Preventative Medicine*, 31, 56-67.

Barefoot JC, Grønbaek M, Feaganes JR, McPherson RS, Williams RB, Siegler IC (2002). Alcoholic beverage preference, diet, and health habits in the UNC Alumni Heart Study. *The American Journal of Clinical Nutrition*, 76:466-472.

Yen & Siegler (2003). Assessing the likelihood of suicide completers: Self-blame and social introversion as predictors. *Archives of Suicide Research*, 7, 17-27.

Brummett , BH, Barefoot JC, Vitaliano PP & Siegler, IC (2003) Income moderates the association between social support and symptoms of depression. *International Journal of Behavioral Medicine*, 10, 239-250.

Siegler IC, Costa PT, Brummett BH, Helms MJ, Barefoot JC, Williams RB, Dahlstrom WG, Kaplan BH, Vitaliano PP, Nichaman MZ, Day RS & Rimer BK (in press). Patterns of change in hostility from college to midlife in UNC Alumni Heart Study predict high risk status. *Psychosomatic Medicine*.

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**Dataset Name:** **Epidemiology of Aging and Physical Functioning**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Ira B. Tager**

**Data Collection Organization:** **University of California –Berkeley, School of Public Health**

**Purpose:**

This longitudinal study was undertaken to address: 1) the relationships between self-reported physical activity, directly measured aerobic capacity and lung function and tests of physical performance on self-reported physical functioning in the elderly; 2) the explore the role of social factor in the maintenance of self-reported physical functioning in the elderly and in the modification of the underlying factors of physical activity, aerobic capacity and performance on objective tests of function.

**Description:**

A community based sample of 2092 persons aged 55 years and older was recruited in Sonoma, CA—a city with a large number of retired persons. The cohort was followed for four surveys approximately 18 months apart.

**Objective:**

The overall objective is to unravel the complex relationships between the physiological factors that affect the ability to perform leisure time physical activity (aerobic capacity, lung function, muscle strength, balance) and the social factors that influence the ability to engage in leisure time physical activity and levels of functional capacity in the elderly. Over the last several years, an additional objective has been added: the application of methods of cause statistical inference (e.g., use of marginal structural models, and structural nested failure-time models) to explore the complex relationships that constitute the hypothesized “disablement process”.

**Study Design:**

A community census was conducted to recruit a representative sample of persons age 55 years and older in the city of Sonoma, CA. Between May 1993 and December, 1994, 2092 subjects were recruited and the cohort was observed for a baseline evaluation and three subsequent surveys approximately 18 months apart. At each evaluation the following occurred: 1) a detailed home evaluation with questionnaire, measures of functional performance, vision and anthropometrics; and 2) a laboratory evaluation that included ECG, blood pressure, treadmill exercise testing with real-time gas analysis, spirometry, bioelectric impedance and stereoscopic vision. All cohort members’ vital status is tracked on an ongoing basis. Several special sub-studies were conducted: measures of isokinetic muscle function; DEXA measurements to generate study-specific equations for conversion of bioelectric impedance to lean body mass and fat mass.

**Data Collection:**

Data are obtained from: 1) in-person and telephone-administered questionnaires; 2) objective measurements of functional performance transcribed to forms; 3) directly from computer data files for treadmill exercise testing and lung function data. All data are entered into SAS data bases the contain range and logic checks at entry 10% of records are double data entered. After data entry all data are evaluated for values that are out or range or are inconsistent based on content rather than on the format of the questionnaires or instrumentation output. At changes to data are documented with signatures and/or specific computer programs. Primary data sets are never changed once they have been “closed”. All secondary data sets created for specific analyses are retained.

### **Future Plans:**

Four surveys have been completed. No further field work is planned except for continued observation of the vital status of the cohort. The emphasis now is on data analysis and the publication of papers.

### **Questionnaire Topics:**

General medical health (symptoms and diagnoses and procedures), general self-reported health assessments, leisure time physical activity (current and past), physical functioning, social environment (living arrangements, hobbies, etc.), medications; cognitive function, smoking, second hand tobacco smoke exposure, alcohol use.

### **Data Availability:**

Currently not available, specific requests to the PI will be considered.

### **Results for Individual Waves:**

Survey 1: N= 2092 (ages 55 and older, median age 70 years)

Survey 4: 1345 under follow-up (479 deaths, 216 refused further follow-up but being followed for mortality status; 52 moved away) Median length of follow-up to last interview: 6.3 years (25<sup>th</sup> – 75<sup>th</sup> percentile 5.1-6.8). Median length of follow-up for mortality (as of February, 2003): 8.8 years (8.2-9.3).

### **Bibliography:**

1. Satariano WA, Smith J, Swanson A, Tager IB: A census-based design for recruitment of community sample of older residents: Efficacy and costs *Ann Epidemiol* 1998; 8:278-82.
2. Hollenberg, M, Ngo, L, Turner, DR, Tager IB: Treadmill exercise testing in a epidemiologic study of aging and physical activity: Application of the Cornell protocol *J Geront: Biol Sci* 1998; 53B:B259-B267.
3. Tager IB, Hollenberg M, Satariano WA: Self-reported leisure time physical activity and measures of cardiorespiratory fitness in an elderly population. *Am J Epidemiol* 1998; 147:921-31.
4. Tager IB, Swanson A, Satariano WA: Reliability of physical performance and self-reported functional measures in the elderly. *J Gerontol: Med Sci* 1998; 53A:M295-M300.
5. Forastiere F, Balmes J, Scarinci M, Tager IB: Occupation, asthma and chronic respiratory symptoms in a community sample of older women. *Amer J Respir Crit Care Med* 1998; 157:1864-70.
6. Satariano WA, Haight TJ, Tager IB: Reasons given by older people for limitation or avoidance of physical exercise. *J Amer Geriatr Soc* 2000; 48:505-12.
7. Hollenberg, M., Tager IB. Oxygen uptake efficiency slope: An index of exercise performance and cardiopulmonary reserve requiring only submaximal exercise. *J Amer College Cardiol* 2000; 36:194-201.
8. Sternfeld B, Satariano WA, Tager IB: Associations of body composition and fat distribution with physical performance and self-reported functional limitation in the elderly. *Amer J Epidemiol* 2002; 156:110-21.
9. Satariano WA, Haight TJ, *Tager IB*: Living arrangements and participation in leisure-time physical activities in an older population. *J Aging Health* 2002; 14:427-51.
10. Parise C, Sternfeld B, Samuels S, LeBlanc P, Tager I: Physiologic, performance, and behavioral factors associated with observed brisk walking speed and self-reported frequency and duration of walking. *JAGS* (Accepted for publication)
11. Tager IB, Haight TJ, Hollenberg M, Satariano WA: Physical Functioning, Physical Activity and Mortality in Elderly Females. *J Clin Epidemiol* (In press)
12. Balfour J: Neighborhood, Environment and Loss of Physical Function in Older People: Evidence from Three Studies of Aging in the San Francisco Bay Area; Doctoral dissertation filed with Graduate Division, UC, Berkeley, July, 1999; W. Satariano Dissertation Committee Chair
13. Barnes D: Does Physical Activity Protect Against Cognitive Decline in Older Adults; Doctoral dissertation filed with Graduate Division, UC, Berkeley, December, 2001; I. Tager Dissertation Committee Chair
14. Hollenberg M, Haight T, Tager IB: Depression decreases cardiorespiratory fitness in older women. *J Clin Epidemiol* (In press).

15. Barnes DE, Yaffe K, Satariano WA, Tager IB: A longitudinal study of cardiorespiratory fitness and cognitive function in healthy older adults. JAGS 2003; 459-65..
16. Ragland DR, Satariano WA, MacLeod KE. Reasons given by older people for limitation or avoidance of driving. The Gerontologist (In press)
17. Tager IB, Haight T, Yu Z, van der Laan M, Sternfeld B: Longitudinal study of the effects of physical activity and body composition on functional limitation in the elderly. Epidemiology (under revision)
18. Barnes DE, Tager IB, Satariano WA, Yaffe K: High literacy is associated with high cognitive function in well-educated elders. J Geront Med Sci (In press)

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**Dataset Name:** Hypertension, Aging, and Intellectual Functioning

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Merrill F. Elias

**Data Collection Organization:** University of Maine

**Purpose:**

To assess the relationships between hypertension and performance on the Wechsler Adult Intelligence Scale.

**Objectives:**

- 1) To examine interactions between age cohort membership and hypertension with respect to performance on the Wechsler Adult Intelligence Scale (WAIS).
- 2) To determine relationships among hypertension, education, occupational status, sex, mood state, and longitudinal decline in WAIS test performance over time.

**Study Design:**

Longitudinal, Cross Sectional and Cross-Sequential

**Questionnaires:**

- 1) Wechsler Adult Intelligence Scale
- 2) Cornell Medical Index
- 3) State-Trait Anxiety Inventory
- 4) Zung Depression Scales

**Future Plans:**

This project ended on July 1, 2000. Data analysis is continuing.

**Data Availability:**

The data are not publicly archived, but are available through collaboration with the Principal Investigator and his colleagues. After approval of the project in concept, investigators should be prepared to submit a brief proposal (6 pages single spaced) which will be evaluated for scientific quality using criteria established for NIH review. The research must also meet NIH guidelines for the protection of human subjects, use of minorities, women and children in research and be approved by the applicants' Institutional Review Board as well as the University of Maine. Researchers submitting proposals must be prepared to support the costs of the research. Investigators should be prepared to establish their scientific credentials and to support the fact that their background and training is commensurate with the research proposed. Contact with the Principal Investigator is advisable before submitting a formal proposal. Studies dealing with the relationship of mood state or social psychological variables to longitudinal change in WAIS Test performance are strongly encouraged as are studies dealing with methodological and quantitative issues in longitudinal data analysis, e.g., creative uses of dynamic structural equation modeling or survival analysis.

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<b>Dataset Name:</b>	<b>Odense Archive of Population Data on Aging</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging Danish Research Council</b>
<b>Principal Investigator:</b>	<b>James W. Vaupel (Program Director) James R. Carey, James W. Curtsinger, Anatoli I. Yashin, Kenneth G. Manton, Thomas E. Johnson, Niels Holm, Kaare Christensen, Vaino Kannisto, A. Roger Thatcher, Hans Lundstrom, Axel Skyeehe and Kirill Andreev</b>
<b>Data Collection Organization:</b>	<b>Duke University, University of Southern Denmark, University of California Davis, University of Minnesota, University of Colorado at Boulder</b>

**Purpose:**

The Odense Archive of Population Data on Aging includes several databases of relevance to studies of oldest-old mortality.

**Description:**

The Odense Archive of Population Data on Aging currently consists of the following six databases:

- Kannisto-Thatcher Oldest-Old Database
- Lundstrom Database for Sweden
- Andreev-Skytthe Database for Denmark
- The Danish Twin Registry
- Carey Database on Medflies
- Curtsinger Database on Drosophila

The Kannisto-Thatcher Oldest-Old Database consists of population counts and death counts by single year of age, by year of birth, and by calendar year for males and females in 28 developed countries (not including the United States), mostly since 1950, at ages 80 and above. A description of this database can be found in Vaino Kannisto, *Development of Oldest-Old Mortality, 1950-1990: Evidence from 28 Developed Countries* (Odense University Press, 1994).

The Lundstrom Database for Sweden consists of population counts and death counts by single year of age, by year of birth, and by calendar year for males and females in Sweden since 1861, for ages 51 and above. The Andreev-Skytthe Database for Denmark is similar, except it starts at age 0 and year 1870.

The Danish Twin Registry consists of individual level data on twin pairs born in Denmark between 1870 and 1930. For each twin pair, date of birth and dates of death (if dead), sex, and zygosity are available. Furthermore, survey data from the Longitudinal Study of Aging Danish Twins (LSADT) are available (see <http://www.pubpol.duke.edu/centers/ppa/index.html>).

The Carey Database on Medflies consists of daily death counts for large, genetically heterogeneous cohorts of Medflies followed until extinction. About 5 million Medflies are included. The Curtsinger Database on Drosophila consists of similar data but on smaller cohorts of Drosophila that are classified by genotype. About 50,000 Drosophila are included.

**Bibliography:**

In addition to the Kannisto book cited above, various articles have been published in *Science*, *Population and Development Review*, and elsewhere.

**Data Availability:**

All of the above data are available and will be sent to qualified researchers on request. The investigator responsible for each dataset will review such requests.

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# **SECTION IV**

**DATASETS EXPECTED TO BE ARCHIVED, BUT  
CURRENTLY UNAVAILABLE**

<b>Dataset Name:</b>	<b>Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE)</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Principal Investigator:</b>	<b>Karlene Ball (University of Alabama-Birmingham), Michael Marsiske (University of Florida), John Morris (Hebrew Rehabilitation Center for Aged, Boston), George Rebok (Johns Hopkins University), Sharon Tennstedt (New England Research Institutes), Frederick Unverzagt (Indiana University), and Sherry Willis (Pennsylvania State University)</b>
<b>Data Collection Organization:</b>	<b>University of Alabama-Birmingham, Wayne State University/University of Florida, Hebrew Rehabilitation Center for Aged, Boston, Johns Hopkins University, Indiana University, Pennsylvania State University, and New England Research Institute (data coordinating center).</b>

**Purpose:**

The long-term goal of the ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly) study is to reduce the increasing public health problems of need for formal care, hospitalization, and substantial loss of independence in the nation’s growing older population. Persons over the age of 65 account for almost half of all days of care in short stay hospitals and constitute the majority of residents of nursing homes. Interventions that can postpone or prevent hospitalization or need for formal care, therefore, have much to contribute both to public health and to the quality of life among older people. The immediate goal of this study was to examine the effects of cognitive interventions on more proximal outcome measures that are associated strongly with hospitalization and need for formal care.

**Description:**

ACTIVE was a randomized controlled trial of cognitive interventions designed to maintain functional independence in elders by improving basic mental abilities. Several features made ACTIVE unique in the field of cognitive interventions: (a) use of a multi-site, randomized, controlled, single-blind design; (b) intervention on a large, diverse sample; (c) use of common multi-site intervention protocols, (d) primary outcomes focused on long-term, cognitively demanding functioning as measured by performance-based tests of daily activities; and (e) an intent-to-treat analytical approach. The clinical trial ended with the second annual post-test in January 2002. Subsequently a third annual post-test was completed in December 2003.

**Objectives:**

1. To test the effectiveness and durability of three distinct cognitive interventions (memory, inductive reasoning, speed of processing) in improving the performance of a diverse sample of older adults on basic measures of cognition.
2. To investigate if training in specific cognitive abilities could improve or maintain the cognitively demanding daily living skills (e.g., food preparation, driving, medication use, financial management) of a diverse sample of older adults.
3. To investigate the impact of intervention effects on everyday mobility, health-related quality of life and health service utilization.

## **Study Design:**

ACTIVE was a randomized controlled, single-blind trial utilizing a four-group design, including three treatment arms and a no-contact control group. Each treatment arm consisted of a 10-session intervention for one of three cognitive abilities – memory, reasoning, and speed of processing. Testers were blind to participant treatment assignment. Training exposure and social contact were standardized across interventions so that each intervention served as a contact control for the other two interventions. Therefore, the design allowed for testing of both social contact effects (via the contact control group) and retest effects (via the no-contact control group) on outcomes. Booster training (four sessions) was provided in each treatment arm to a 60% random subsample prior to first annual post-test.

## **Data Collection:**

Measurements consisted of baseline tests, immediate post-test (following the intervention), and two annual post-tests. At baseline, data were collected by telephone for eligibility screening, followed by three in-person assessment sessions, including two individual sessions and one group session, and a self-administered questionnaire. At post-tests, data were collected in-person in one individual session and one group session as well as by self-administered questionnaire.

The target population for the study consisted of older adults who were at increased risk for loss of independence through hospitalization, need for formal care, or other major restrictions in quality of life. The area population and recruitment strategies at the six field sites provided a study sample varying in racial, ethnic, gender, socioeconomic, and cognitive characteristics. Recruitment started in March 1998, and ended in January 2000 with 2,832 enrolled in the trial and 2,802 included in the analytical sample. (Thirty persons were randomized inappropriately and are excluded from the analytical sample.) The sample was 73% White, 26% African –American, and 1% other races. Women comprised 76% of the sample. The average age was 73.6 years, and participants had an average of 13.5 years of education. Male participants have slightly more education (14.4 years) than did women (13.2 years) ( $p < .001$ ). 36% of the respondents were married with women being much more likely to be not married than men ( $p = .001$ ). Participants were independent in functioning with the majority (84%) reporting their health as good or better. Other data suggest that the participants are independent and vital: high MMSE score (mean=27.3, s.d.=2.0), and independence on IADLs and ADLs. At the same time, many of the participants have chronic diseases: arthritis (57%), diabetes (13%), osteoporosis (18%), hypertension (51%), and hypercholesterolemia (45%). These data indicate that the sampling strategy was successful in recruiting older adults who are living independently of formal care but who are at risk of loss of functional independence.

## **Future Plans:**

Phase II of ACTIVE started in July, 2003 as a followup study focused on measuring the long-term impact of training effects on cognitive function and cognitively demanding everyday activities. The Phase II followup consists of one assessment to include the Phase I post-test battery. Phase II will be completed in late 2004. The Aims of Phase II are:

1. *To determine whether the cognitive interventions (as initial treatment or as a consequence of booster training) have long-term protective effects on functional outcomes.* A subgoal is to investigate the longitudinal durability of training effects on cognitive abilities.
2. *To document any delayed transfer of the cognitive training effects to secondary outcomes.* Subgoals are to determine if cognitive training: a) limits or reduces health service utilization including long-term care; b) maintains or improves health related quality of life (HRQL); and c) maintains or improves mobility as assessed by lower frequency of falls, larger life space, the continued ability to drive, and less frequent motor vehicle crashes.
3. *To identify individual factors that affect response to intervention.* Such factors include: chronic disease(s), sensory impairments, depressive symptoms, physical characteristics, sociodemographic and psychosocial characteristics.

## Questionnaire Topics:

There were four major categories of measures: *proximal outcomes* (measures of cognitive abilities that were direct targets of training), *primary outcomes* (measures of everyday functioning, both self-report and performance), *secondary outcomes* (measures of health, mobility, quality of life, and service utilization), and *covariates* (chronic disease, physical characteristics, depressive symptoms, cognitive impairment, psychosocial variables, and demographics).

## Data Availability:

The Phase I clinical trial dataset has not yet been archived for public use.

## Results:

The vast majority (89%) of participants completed treatment (8+ training sessions). Furthermore, retention at the two-year follow-up was maintained at 80% despite the advanced age of the cohort. Overall, this large-scale study demonstrated that cognitive interventions helped normal elderly individuals to perform better on multiple measures of the specific cognitive ability on which they were trained. It did not, however, demonstrate the generalization of such interventions to improve everyday performance in the initial two years of followup. Significant improvements for all three cognitive interventions on their associated proximal outcomes were found. The achieved effect sizes at immediate post-test are for the most part consistent with previous research. Moreover, these effect sizes are comparable to or greater than the amount of prior longitudinal decline that has been reported in previous studies with this age group, suggesting that such interventions have the potential to reverse age-related decline (at least temporarily).

Although training impact on the proximal composites decreased somewhat over time, it remained statistically significant, attesting to the durability of the intervention training effects. This is an important finding, since prior interventions (especially Memory training) have not shown two-year durability. Furthermore, a very high percentage of trained participants achieved reliable improvement on the cognitive abilities, and baseline ceiling effects on the cognitive measures explain lack of reliable improvement for most others.

Of further note, the tests of training effects were conservative compared to those in prior cognitive aging research. That is, prior cognitive training research has not used intent-to-treat analyses, instead excluding participants who dropped out or who were non-compliant with training. In addition, prior research has not used diverse samples in terms of education and ethnicity, nor targeted individuals at risk of cognitive decline. Thus relative to prior work, training effects on the cognitive abilities in this study are very strong.

In summary, it is clear that the training effects on cognitive abilities occurred, and that they continued (albeit at lower levels) through 24 months, and that a significant segment of trained individuals went forward through two years of their life with better cognitive skills than did the controls. Due to lack of functional decline at two years, it is not yet clear whether differential functional decline across treatment groups will be observed in the future as this select cohort enters more fully into an age of functional loss.

Analyses of the proximal (cognitive abilities) and primary (function) outcome measures at baseline showed that:

- All of the functional outcome measures had significant associations with two, if not all three, of the cognitive abilities trained.
- While approximately 40% of variance on several functional outcome measures can be accounted for by basic cognitive skills, the majority of the variance remains unaccounted. However, the amount of variance accounted for by a single cognitive ability is small. This questions whether training limited to one basic cognitive ability can sufficiently impact performance on measures of everyday function that are known to require multiple cognitive skills.

- Self-reported measures of function were only weakly associated with the trained cognitive abilities, in contrast to the performance-based functional measures.
- Sociodemographic characteristics of participants did not substantially mediate the age-related variance in cognition. That is, gender, ethnicity and education all had effects that were relatively independent of age or cohort. For tasks of complex reasoning (domains labeled as Reasoning and Everyday Problem Solving), education and African American status were equally or more predictive than age (that is, African Americans and those less educated performed more poorly). Conversely, for measures of speed (both on an abstract laboratory task, the Useful Field of View, and in speeded tasks designed to capture more everyday content), age was much more important as a predictor. Thus, although all of the measures showed generally negative effects of aging, some appeared to be more sensitive to "cultural" or "environmental" sources of individual differences.

### **Bibliography :**

Ball, K., Berch, D., Helmers, K., Jobe, J., Leveck, M., Marsiske, M., Morris, J., Rebok, G., Smith, D., Tennstedt, S., Unverzagt, F, Willis, S. (2002) Effects of cognitive training interventions with older adults. A randomized controlled trial. *Journal of the American Medical Association*. 288 (18): 2271-2281.

Jobe, J.B., Smith, D.M., Ball, K., Tennstedt, S.L., Marsiske, M., Willis, S.L., Rebok, G.W., Morris, J.N., Helmers, K.F., Leveck, M.D., Kleinman, K. (2001). ACTIVE: A cognitive intervention trial to promote independence in older adults. *Controlled Clinical Trials*, 22, 453-479.

Marsiske, M., Johnson, K., Jones, R., Kasten L., Doherty M., Willis, S, Whitfield, K., Slaone, M., Davis, A. (2003) ACTIVE: Sociodemographic Correlates of Cognition. *Journal of Gerontology: Psychological Sciences*. In review.

Tennstedt, S., Smith, D., Morris, J., Talbot, L., Willis, S., Helmers, K., Owlsey, C, Horgas, A. (2003) ACTIVE: A randomized trial of cognitive interventions. Eligibility and enrollment. *Journal of Gerontology: Psychological Sciences*. In review.

Willis, S., Marsiske, M., Ball, K., Rebok, G. Unverzagt, F., Rosenberg, A., Kasten L., Jobe J., Helmer, K., Berch D. (2003) ACTIVE: Relation of trained abilities and functional outcome measures. *Journal of Gerontology: Psychological Sciences*. In review.

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<b>Dataset Name:</b>	<b>Religion, Aging, and Health Survey</b>
<b>Sponsoring Organization:</b>	<b>National Institute on Aging</b>
<b>Principal Investigator:</b>	<b>Neal Krause</b>
<b>Data Collection Organization:</b>	<b>Harris Interactive, New York</b>

**Purpose:**

The purpose of this study is to assess the relationship between multiple dimensions of religion, psychological well-being, and self-rated health in late life. In the process, an emphasis is placed on assessing whether the relationships among religion, health, and well-being differ significantly for older whites and older African Americans.

**Description:**

The data for this cross-sectional study come from a nationwide survey of older whites and older African Americans. The study population is defined as all household residents who were either white or black, noninstitutionalized, English-speaking, and at least 66 years of age. Geographically, the study population was restricted to the coterminous United States (i.e., residents of Alaska and Hawaii were excluded). Finally, the study was restricted to people who were currently practicing Christians, individuals who were Christians in the past but no longer practice any religion, and people who were not affiliated with any faith at any point in their lifetime. Individuals practicing a religion other than Christianity (e.g., Jews or Muslims) were excluded because it would be difficult to devise a set of religion measures that are suitable for persons of all faiths.

The sampling frame consisted of eligible persons contained in the Health Care Financing Administration (HCFA) Medicare Beneficiary Eligibility List (HCFA is now called the Centers for Medicare and Medicaid Services - CMS). A five-step procedure was used to draw the sample. First, once each year researchers at CMS draw a 5 percent sample of names from their master file with a simple random sampling procedure. The sampled names include individuals who were 65 years of age or older. However, by the time the field period for the study began, subjects in the 5 percent file were at least 66 years of age. This is why the study population was defined above as all persons 66 years of age and older. In the second step of the sampling procedure, the 5 percent file was split into two subfiles - one contained older whites and the other contained older blacks. Each file was sorted by county, and then by zip code within each county. Then in the third step, an nth interval was calculated for each file based on the total number of eligible records. Following a random start, 75 nth selections were made in each subfile. In the fourth step of the sampling strategy, primary sampling units (PSUs) were formed by selecting approximately 25 names above and 25 names below each case identified in step three. Finally, in the last step, sampled persons from each PSU were recruited for an interview with the goal of obtaining approximately 10 cases per PSU.

Interviewing began in March 2001 and concluded in August 2001. The data collection was performed by Harris Interactive (formerly Louis Harris and Associates). All interviews were conducted face-to-face in the homes of the study participants. A total of 1,500 interviews were completed. Older blacks were oversampled so that sufficient statistical power would be available to fully explore race differences in religion. Consequently, the final sample was comprised of 748 elderly whites and 752 older blacks. The overall response rate for the study was 62 percent.

**Future Plans:**

A grant application has been submitted to the National Institute on Aging to seek funds to re-interview the older adults who participated in the baseline survey. The funding status of this application is pending. The purpose of gathering additional longitudinal data is to evaluate the relationships among religion, health, and well-being over time.

### **Questionnaire Topics:**

Based on extensive qualitative research, closed-ended survey items were developed to assess approximately fourteen dimensions of religion. Among the dimensions of religion are formal activities and involvement in the church, social support in the church, religious music, prayer, religious coping, God-mediated control, religious meaning, forgiveness, religious doubt, and religious commitment. Questions were also included to assess self-rated health, depressive symptoms, self-esteem, life satisfaction, optimism, and death anxiety.

### **Data Availability:**

The data are now in the process of being archived in the University of Michigan's ICPSR.

### **Bibliography:**

Neal Krause. "A comprehensive strategy for developing closed-ended survey items for use in studies of older adults". *Journal of Gerontology: Social Sciences* 57B: S263-S274, 2002.

Neal Krause. "Church-based social support and health in old age: Exploring variations by race". *Journal of Gerontology: Social Sciences* 57B: S332-S347, 2002.

Neal Krause. "Exploring race differences in a comprehensive battery of church-based social support measures". *Review of Religious Research* 44: 126-149, 2002.

Neal Krause & Christopher G. Ellison. "Forgiveness by God, forgiveness of others, and psychological well-being in late life". *Journal for the Scientific Study of Religion* 42: 77-93, 2003.

Neal Krause. "Exploring race differences in the relationship between social interaction with the clergy and feelings of self-worth in late life". *Sociology of Religion* 64: 183-205, 2003.

Neal Krause. "Religious meaning and subjective well-being in late life". *Journal of Gerontology: Social Sciences* 58B: S160-S170, 2003.

Neal Krause. "Race, religion, and abstinence from alcohol in late life". *Journal of Aging and Health* 15: 508-533, 2003.

Neal Krause. "Praying for others, financial strain, and physical health status in late life". *Journal for the Scientific Study of Religion* 42:377-391, 2003.

Neal Krause. "A preliminary assessment of race differences in the relationship between religious doubt and depressive symptoms". *Review of Religious Research* (In Press).

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**Dataset Name:** Seattle Longitudinal Study (SLS) of Adult Cognitive Development

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** K. Warner Schaie

**Data Collection Organization:** Pennsylvania State University

**Purpose:**

The general purpose of this study is to examine the patterns of changes in intelligence and various abilities throughout adulthood. The data provide a normative base to determine the ages of detectable decrements in ability and the magnitudes of the decrements. The study also seeks to examine patterns of generational differences and age-related differences and to determine the effects of educational intervention on intellectual decline.

**Description:**

This ongoing, longitudinal-sequential study of adult-cognitive development, which began in 1956, focuses on individual differences in age-related changes and differences across cohorts.

**Study Design:**

This study is a mixed cross-sectional, longitudinal, and time-lag design. Included are family studies of cognitive similarity, prospective studies of early signs of dementia via psychological and genetic markers, as well as the investigation of personality and demographic variables that affect cognitive change in adults from young adulthood to advanced old age.

**Questionnaire Topics:**

Health Behavior Questionnaire, Behavioral Rigidity Questionnaire, Family Environment Questionnaires, Life Complexity Inventory, CES-D Depression Questionnaire, Cognitive and Neuropsychology batteries.

**Links with Administrative Data:**

Groups Health Cooperative of Puget Sound Medical Records and Pharmacy Records.

**Data Availability:**

Information on this project including many downloadable documents and other items of interest to researchers is now available. The URL is <http://geron.psu.edu/sls>. Data sets, with identifiers removed, from the first four cycles of the study (1956, 1963, 1970, and 1977) will be made available on this site to qualified researchers in the fall of 2003.

**Agencies/Organizations consulted or involved in project development:**

Groups Health Cooperative of Puget Sound; University of Washington Alzheimer Center

**Bibliography:**

For most recent publications see <http://geron.psu.edu/research>

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**Dataset Name:** **Terman Life-Cycle Study, as supplemented**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Howard S. Friedman**

**Data Collection Organization:** **University of California, Riverside**

**Purpose:**

Study of predictors of longevity across the life-span from 1922 (when the participants were children) through the present.

**Description of project and dataset:**

The long-term objective of this project is the achievement of a sophisticated, developmentally-sensitive understanding of the roles played by key behavioral and psychosocial factors in human health and longevity, using the unique seven-decade Terman archive. The primary outcome variables are longevity, cause of death, and old-age well-being.

The Terman Gifted Children Study (later renamed the Terman Life Cycle Study) began in 1921-22 when most of the 1528 participants were in elementary school. Major efforts have been made to follow up on and improve the dataset. Data have been collected/refined on the subjects' social relations, education, personality, habits, careers, families, mental health, life stress, physical activities, physical health, date of death, and cause of death through 2000. Until the project began, the study aimed primarily to describe the life course of gifted individuals. That is, the study was originally focused on addressing such issues as whether bright children were neurotic, introverted, sickly eggheads. (It turned out they were not). As young adults, they were generally healthy and successful. In middle age, they were largely productive citizens, but with none clearly identifiable as a "genius." In short, the focus of previous studies (by others) had been on social and career success. Few predictive studies using the data had been undertaken, with little or no study of health as a function of individual differences. Especially noteworthy is that death certificates have been and are being collected from state agencies, and coded cause of death using a certified nosologist supervised by medical expert, Dr. Criqui, who has expertise in coding death certificates.

Terman's aim was to secure a reasonably random sample of bright California children, and so most public schools in the San Francisco and LA areas in the 1920's were searched for bright children, nominated by their teachers and tested by Terman. The sample was later characterized as a productive, intelligent segment of the 20<sup>th</sup> century middle-class American men and women. The average birth date was 1910, with a S.D. of four years. Most were pre-adolescent when first studied; those still living are now in their 90's.

**Study Design:**

Archival prospective cohort design.

**Topics (and Names of Surveys, as applicable):**

Hundreds of variables and indexes measured and created across seven decades.

**Future Plans:**

(1) To further extend, improve, and refine the Terman archival data-base, including collecting and coding death certificates from 1991-2000, so that it will be of greater value for addressing questions in health and aging, thus leveraging the existing investment in this project. (2) To analyze the correlates and effects of physical activity at each stage of life, and across time. (3) To examine if and how purpose and social connectedness affect successful aging in the very old. (4) To study validated archival personality scales within a modern five-factor framework, including their relationship to facets of each factor (assessed by

the NEO PI-R) and determine which facets are most related to longevity and cause of death. (5) To study healthy aging.

**Data Availability:**

The new data, including death certificates, will be archived and available, as permitted by law (increasingly restrictive), upon completion of the project at the University of California, Riverside. No data are available for release at this time, but the PI welcomes collaboration under certain circumstances.

**Bibliography:**

Friedman, H.S., Tucker, J.S., Schwartz, J.E., Tomlinson-Keasey, C., Martin, L.R., Wingard, D.L., Criqui, M.H. (1995). Psychosocial and behavioral predictors of longevity: The aging and death of the "Termites." *American Psychologist*, 50, 69-78.

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**Dataset Name:** **The UAB Study of Aging: Mobility Among Older African-Americans and Whites**

**Sponsoring Organization:** **National Institute on Aging**

**Principal Investigator:** **Richard M. Allman**

**Data Collection Organization:** **Center for Aging, University of Alabama at Birmingham**

**Purpose:**

This research is a longitudinal study designed to test the hypothesis that subject-specific factors predict mobility among African Americans (AAs) and whites, and that there are racial differences in potentially modifiable risk factors.

**Description:**

The UAB Study of Aging is an ongoing prospective, observational, cohort study of 1000 community-dwelling adults age 65 and older. Recruitment was based on a random sample of Medicare beneficiaries residing in five central Alabama counties, stratified by race, sex, and urban/rural residence. In-home assessments of factors hypothesized to predict mobility were conducted 1999-2001. The sample is 50% African American; 50% male, and 51% rural; mean age = 75.3 (S.D. = 5). Telephone interviews are obtained every 6 months to define subsequent mobility in terms of life-space (the area in which subjects move) over a three year follow-up period. Public death records will be used to confirm vital status after all subjects have completed three years of follow-up (February 2004).

**Objective:**

Short and intermediate term patterns of mobility change, predictors of mobility, nursing home placement, and mortality will be defined using 1999-2001 in-home assessments as the baseline. Subsequent telephone interviews will be conducted to define outcomes. Results of this research will lead to interventions to foster independence of older AAs and whites.

**Study Design:**

This is an ongoing longitudinal study of community-dwelling older adults.

**Data Collection:**

Baseline in-home assessments lasting approximately two hours were conducted by trained interviewers. Follow-up interviews are being conducted by telephone. Questionnaires were mailed to subject's physicians to verify medical diagnoses.

**Future Plans:**

Competitive renewal application pending at NIA will permit follow-up for an additional four years.

**Questionnaire Topics:**

Questions relate to hypothesized predictors of mobility limitation and include the following:

Sociodemographic Variables

- Age
- Gender
- Race/ethnicity
- Marital status
- Education
- Income

Geriatric Syndromes:

- Falls
- Urinary incontinence
- Constipation
- Poor visual acuity
- Hearing impairment
- Body mass index

- Residence (metro vs. rural)
- Social support
- Transportation

Diseases

- Hypertension
- Myocardial infarction
- Heart failure
- Stroke
- Fractures
- Osteoarthritis/ gout
- Liver disease
- Gall bladder disease
- Kidney failure
- Diabetes
- Parkinsons
- Peripheral neuropathy
- Macular degeneration
- Anemia

- Poor appetite
- Weight loss
- Vertigo/dizziness
- Syncope/fainting
- Pain

Neuropsychological Factors

- Cognitive status
- Depression
- Anxiety
- Fear of falling
- Fear of car crashes

Health Behaviors

- Dietary intake
- Never exercising
- Polypharmacy

Physical Performance

- Timed walk
- Timed chair stands
- Timed balance

**Data Availability:**

After baseline data is merged with all follow-up telephone interview data and three-year year vital status information it will be available on the UAB Center for Aging Website ([www.aging.uab.edu](http://www.aging.uab.edu)). Data will be provided in a raw ASCII or SPSS format with a complete data dictionary.

**Results:**

Interviewed	Dates Mo/Yr	Interviewed	Unknown Status	Cumulative Deaths	Cumulative Withdrawals
Baseline	12/99-2/01	1000	0	0	0
6-Month	6/00-9/01	943	37	18	2
12-Month	12/01-3/02	942	16	38	4
18-Month	6/01-9/02	904	34	58	4
24-Month	12/02-3/03	883	29	84	4
30-Month	In Progress				

**Bibliography:**

Published and Accepted for Publication:

- Baker, P.S., Bodner, E.V., and Allman, R.M. Measuring Life-Space Mobility in Community Dwelling Older Adults. (in press, November, 2003) Journal of the American Geriatric Society.
- Crowther, M.R., Baker, P. S., Larimore, W.L., Koenig, H.G., Parker, M.W., 2003. Spiritual and Emotional Well-Being: Emotional Tasks Associated with Elder Care. Journal of Geriatric Care Management 13:15-21
- Fuller, G.F., Baker, P.S., Larimore, W.L., Parker, M.W., Allman, R.M., and Martin, J.A. Helping Families Establish a Medical Care Plan for an Elderly Parent. Journal of Geriatric Care Management 13:22-28
- Parker, M., Baker, P.S., and Allman, R.M. 2001. A Life-Space Approach to Functional Assessment of Mobility in the Elderly. J. Gerontol. Soc. Work, 35 (4): 35-55.
- Parker, M., Roff, L.L., Klemmack, D.L., Koenig, H.G., Baker, P.S., and Allman, R.M. Religiosity and Mental Health in Southern, Community-Dwelling Older Adults. (in press, September, 2003, Journal of Aging and Mental Health

Submitted Papers:

- Allman, R.M., Baker, P.S. Maisiak, R.M., Sims, R.V., and Roseman, J.M., Racial Similarities and Differences in Predictors of Mobility Change Over Eighteen Months
- Locker, J., Baker, P.S., Ritchie, C., Bodner E.V., and Allman, R.M. Social Capital and Nutritional Risk: Ethnic and Gender Differences.
- Roff, L.L., Klemmack, D.L., Parker, M., Koenig, H.G., Crowther, M., Baker, P.S., and Allman, R. M. Depression and Religiosity in African American and White Community-Dwelling Older Adults.
- Rungruang, B.J, Baker, P.S., Zamrini, E., and Allman, R.M. 2002. Variations in Cognitive Test Performance by Socio-Demographic Factors.

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# SECTION V

## DATASETS UNDER DEVELOPMENT

**Dataset Name:** English Longitudinal Study of Ageing (ELSA)

**Sponsoring Organization:** National Institute on Aging (main sponsor)  
Also the following UK agencies:  
Department of Health  
Department of Social Security  
Department of Transport, Local Government and the Regions  
Department for Education and Skills  
Department for Culture, Media and Sport,  
HM Treasury  
Office for National Statistics

**Principal Investigator:** Professor Sir Michael Marmot

**Data Collection Organization:** University College London Department of Epidemiology and Public Health  
Institute for Fiscal Studies  
National Centre for Social Research  
University of Cambridge Department of Psychiatry  
University of Oxford Department of Clinical Gerontology  
University of Nottingham School of Economics

**Purpose:**

This is a study of aging and quality of life among older people that will explore the relationships between health and functioning, social networks, and resources, and economic position as people plan for, move into and progress beyond retirement.

**Description:**

The English Longitudinal Study of Ageing (ELSA) was launched as an interdisciplinary consortium in November 2000 and fieldwork for Wave I began in March 2002. ELSA's data collection effort has been closely modeled on the HRS in the US, with the crucial addition of biological markers and direct assessments of physical impairments. ELSA will involve face-to-face interviews with respondents age 50+ drawn from two years of the Health Survey for England. A sample of 12,000 respondents aged 50+ were interviewed at Wave I. The Wave I questionnaire topics include health and disability, inter-family transfers and family structure, social participation and networks, detailed economic circumstances and retirement.

**Objectives:**

- Construct two waves of accessible and well-documented panel data,
- Provide these data in a convenient and timely fashion to the scientific and policy research community,
- Describe health trajectories, disability and healthy life expectancy in a representative sample of the English population aged 50+,
- Examine the relationship between economic position and health,
- Investigate the determinants of economic position in older age,
- Describe the timing of retirement and post-retirement labor market activity,

- Understand the relationships between social support, household structure and the transfer of assets.

**Study Design:**

ELSA uses three years (1998, 1999 and 2000) of the existing cross-sectional Health Survey for England (HSE) as a sampling frame to set up a longitudinal survey of a representative sample of the English population aged 50 or more. We expect to conduct in the region of 12,000 interviews at Wave 1. The first wave of interviews has just been finished. Data were collected via face-to-face CAPI interviews in respondents' homes. Wave 2 is being planned for 2004 and will include a nurse visit to collect biomedical data, in addition to the usual CAPI interview.

**Questionnaire Topics:**

Wave 1:

General health, including cardiovascular disease and other major diagnoses

Disability and physical function, including a walking speed test at Wave 1

Cognitive function

Psychological health

Health behaviors, including smoking, physical activity, alcohol consumption (eating habits at HSE)

Current employment

Income & assets

Pensions

Consumption

Social support

Family structure

Financial transfers

Social participation

Social and cultural capital

Quality of life

Expectations

**Links with Administrative Data:**

Linked to mortality statistics, cancer register and NHS hospital episodes

**Future Plans:**

The intention is to conduct interviews every two years,

**Data Availability:**

Data will be made publicly available through the University of Essex Data Archive. There will be no restrictions on the use of anonymized data.

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**Dataset Name:** **The Longitudinal Study of Aging  
Danish Twins 1995-1997-1999-2001**

**Sponsoring Organization:** **National Institute on Aging  
The Danish National Research Council**

**Principal Investigator:** **James W. Vaupel and Kaare Christiansen**

**Data Collection Organization:** **The University of Southern Denmark**

**Description:**

The Longitudinal Study of Aging Danish Twins focuses on elucidating causes of variation in survival, health, diseases, loss of abilities, and cognitive functions among the elderly and the oldest-old. LSADT includes twins aged 70+ in the Danish Twin Registry, hereby creating a longitudinal study in a genetically informative population.

**Objective:**

- To obtain longitudinal data about health, functioning, cognitive abilities, depression, symptomatology, lifestyle, social factors, quality of life and survival among Danish twins aged 70+.
- To supplement the self-reported assessment of key outcomes such as physical functioning with behavioral measures of physical abilities, comprising strength, agility, speed and pulmonary peak-flow among the participants
- To obtain DNA samples from the LSADT- participants using cheek swabs or blood spot.
- To study sex differences in determinants of (healthy) life expectancy and the association between health and mortality using demographic and biometrical methods
- To study genetic and environmental determinants of old-age health, functioning and survival.

**Study Design:**

The LSADT sample was drawn from the older cohorts of the Danish Twin Registry, which includes all twins born between 1870 and 1910 and all like-sex twin pairs born between 1911 and 1930 in Denmark. LSADT began in 1955 with the assessment of members of like-sex twin pairs born in Denmark prior to 1920 (i.e., at least 75 years old at the beginning of 1995). The surviving members of the initial cohort were followed up every two years in 1997, 1999, and 2001. Additional cohorts were also added at the 1997, 1999, and 2001 assessments and subsequently followed at two-year intervals. Twins born between 1920 and 1923 (i.e., at least 73 years old at the beginning of 1997) were added in 1997; twins born 1924 to 1928 (i.e., at least 70 years old at the beginning of 1999) were added in 1999; and twins born between 1929 and 1930 (i.e., at least 70 years old at the beginning of 2001) were added in 2001. The surviving individuals from the 2001 survey are followed up in 2003. Thus, LSADT uses a cohort-sequential design. Participation rates among survivors at any given wave ranged from approximately 70-80%. A total of 4371 individual twins have completed LSADT intake assessment.

**Data Availability:**

Information about the content and availability of the data can be found at the following website:  
<http://www.pubpol.duke.edu/centers/ppa/>

**Bibliography:**

The previously mentioned website also contains a bibliography of selected publications using LSADT data.

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**Dataset Name:** National Survey of Midlife Development in the United States (MIDUS II) 2002-2008

**Sponsoring Organization:** National Institute on Aging

**Principal Investigator:** Ryff, Carol D. [PI], David M. Almeida, John Ayanian, Deborah S. Carr, Christopher L. Coe, Richard J. Davidson, Bob Krueger, Margie E. Lachman, Nadine Marks, Teresa Seeman, Marsha M. Seltzer, Burton H. Singer, Richard Sloan, Maxine Weinstein, David Williams.

**Data Collection Organization:** University of Wisconsin Survey Center

**Purpose:**

The second National Survey of Midlife Development in the United States (MIDUS II) is a program project that carries forward MIDUS I, a national survey conducted in 1994/95 by the MacArthur Midlife Research Network. MIDUS I (N = 7,189), included a random sample of adults aged 25 to 74, as well as oversamples of five metropolitan areas, a twin sample and siblings. Conceived by a multidisciplinary team, the first study investigated the role of behavioral, psychological, and social factors in accounting for age-related variations in health and illness. To date, MIDUS I findings have appeared in 42 journals covering numerous scientific fields (aging, demography, economics, epidemiology, family studies, health, medicine, psychology, psychiatry, sociology). MIDUS II, which consists of five projects as described below, involves a return to the original sample, plus enlistment a new sample of African Americans. Moreover, the second study will expand the breadth and depth of focus by incorporating detailed neurophysiological assessments on a large subsample covering three geographic regions.

**Description:**

**Project 1** has two primary aims. The first is to collect a second wave to the study, approximately 10 years later, on the MIDUS I core sample (N = 3,485), metropolitan over-samples (N = 757), twins (N = 998 pairs), and siblings (N = 951) of core respondents. At T<sub>2</sub>, respondents will be 35 to 84 years of age, thus providing unique opportunities to investigate, in a population sample, longitudinal change in behavioral, psychosocial, and experiential factors hypothesized to influence unfolding profiles of positive health and well-being, on the one hand, and disability, morbidity, and mortality, on the other. Data collection will include a repeat assessment of the original MIDUS telephone interview, approximately 45 minutes in length, and a 100 page self-administered questionnaire. These instruments will be augmented to include new assessments of cognitive functioning, optimism and coping, stressful life events, and caregiving. The second primary aim is to recruit a Milwaukee, Wisconsin over-sample of African Americans (N = 400) to participate in a lengthy field interview and questionnaire paralleling the above instruments, designed to maximize response rates.

The hypotheses to be investigated with MIDUS II are extensive, given the many investigators working with the data. An overarching theme across them is that behavioral and psychosocial factors are consequential for health (mental and physical). Illustrative examples: regarding age-related resilience, we predict that aging individuals who show delayed onset of health problems, have fewer disabilities, and lower mortality are those with psychological strengths (e.g., emotion regulation, coping, control, goals/purpose, cognitive abilities, religious/spiritual beliefs), quality ties to others (e.g., spouse, family, friends) and positive health practices. Regarding socioeconomic factors and health, we predict that behavioral and psychosocial factors are key mediators/moderators of SES-related effects on health. Regarding the African American sample, we predict that perceived discrimination and related measures of affect and coping will be linked with health outcomes, and intervening health practices. The neurobiological mechanisms through which these many behavioral and psychosocial variables influence

health will be elaborated in Projects 4 and 5. Given the guiding objective of integrating these many levels of analysis in understanding pathways to health and illness, Project 1 will also include emphasis on person-centered methodologies to accomplish such integration.

**Project 2** will use diary techniques to assess daily stressors in a subsample of MIDUS respondents, and their effects on health and well-being. MIDUS II will include the first large-scale longitudinal investigation of daily stressors and well-being during adulthood. The primary goal of this project is to examine how sociodemographic factors, health status, personality characteristics, and genetic endowment modify patterns of change in exposure to day-to-day life stressors as well as physical and emotional reactivity to these stressors. The aims are to: (1) describe how the links between multiple aspects of daily stressors (e.g., frequency, content, severity) and daily physical and emotional well-being change over 9-10 years during adulthood; (2) examine how personal factors, including sociodemographic factors and personality characteristics influence change in both exposure to as well as changes in physical and emotional reactivity to daily stressors; (3) investigate how exposure and reactivity to daily stressors correlate with physiological indicators of physical health and predict changes in global health reports; and (4) explore the relative genetic and environmental influences mediating change in exposure and physical and emotional reactivity to daily stressors throughout adulthood.

These aims will be addressed by collecting a second wave of the National Study of Daily Experiences (NSDE) approximately 9-10 years after the first data collection. The NSDE is a telephone diary study of a U.S. national sample of 1483 adults ranging in age from 25 to 74 years. Respondents in the NSDE are a representative subsample of the MIDUS (Midlife Development in the United States) survey. A rich set of prospective and concurrent sociodemographic, physical health, and personality measures assessed by the MIDUS survey will be used to predict change in exposure and physical and emotional reactivity to daily stressors from Time 1 to Time 2 of the NSDE. In addition, data from the proposed MIDUS biological project would allow us to examine how daily stress processes measured in the proposed NSDE collection are related to physiological indicators of health (e.g., allostatic load, immune functioning). All of these questions will be examined in a genetically informative sample to test how these processes are mediated by both genetic and environmental influences.

**Project 3** will focus on cognitive functioning and its connection to other psychological factors as well as health outcomes and will include in-depth laboratory analyses with a Boston over-sample. The maintenance of effective cognitive functioning across the life span is a crucial component of an individual's well-being and ability to function independently in society. Although there is a large literature on cognitive performance in older adulthood, there is limited information about cognitive functioning in midlife. This research will address that need by characterizing cognition across midlife and into old age on key domains that are hypothesized to be sensitive to age effects, including verbal memory, working memory, executive function, reasoning, and speed of processing. Cognitive testing will be carried out through telephone interviews as part of the MIDUS II study. This will create a unique opportunity to examine the performance of middle-aged adults in a large-scale, nationally representative sample. In addition, the MIDUS study will provide a rich data base that will enable us to examine the relationship between cognitive performance and a variety of biopsychosocial factors. The goal is to identify antecedents of effective cognitive function, in order to determine those factors that may serve a protective role in maintaining mental abilities, as well as those factors that serve as risk factors for exacerbating cognitive declines. We will investigate the links between cognitive performance and variables of interest, including SES, health, control beliefs, stressful life events, and menopausal status. Specifically, we predict that cumulative advantage (including high SES, good physical and mental health status, adaptive health behaviors, low stress, and a strong sense of mastery and control) will serve as a protective buffer against age decrements in cognitive performance in midlife and later life. Conversely, we expect that cumulative adversity (including low SES, chronic poor health, limited psychosocial resources) will be associated with greater vulnerability for cognitive deficits. We also will examine whether changes associated with the menopause are related to cognitive aging. A final goal is to carry out longitudinal analyses with an oversample from the Boston area, tested in 1996 on a multi-factor cognitive battery, stress reactivity measures, and control beliefs. This will provide valuable information on how changes over time in stress and psychosocial variables impact changes in cognitive performance during

midlife. Understanding the pathways to adaptive cognitive functioning in midlife may contribute to early detection and possible prevention of aging-related cognitive decline.

**Project 4** will collect biological data on a subsample of MIDUS respondents located in 3 geographic regions, with a focus on multiple indicators of physiological wear and tear that will be linked with multi-domain psychosocial experience. The data collection will include baseline biomarkers as well as laboratory challenge studies (both cognitive and orthostatic), with accompanying assessments of salivary cortisol, blood pressure, and heart-rate variability. The goal is to identify biomarkers that are individually, and in combination, associated with diverse forms of life challenges and psychological and social factors characterizing persons from young adulthood into old age. Cumulative adversity with limited compensating advantages is hypothesized to be reflected in multiple biological indicators of dysregulation. Conversely, the maintenance of high levels of well-being in the face of life's challenges is hypothesized to be reflected in biological indicators of high levels of functioning across multiple systems. Biomarker data collection will be carried out at 3 General Clinical Research Centers (UCLA, University of Wisconsin, and Georgetown University) on a sub-sample of the MIDUS population (N=1350) and on a sub-sample of the Milwaukee African-American sample (N=200). The biomarkers reflect functioning of the hypothalamic-pituitary-adrenal axis, the autonomic nervous system, the immune system, cardiovascular system, and metabolic processes. In addition to average/resting levels of such biomarkers, a laboratory cognitive and orthostatic challenge study is accompanied by assessments of salivary cortisol over time, heart-rate variability, and blood pressure dynamics. The quality of interpersonal relationships, the structuring of work experience and associated opportunities for career advancement, a personal sense of purpose and personal growth, and the possession of effective strategies for management of diverse and often unanticipated life challenges are all phenomena that have been associated with biological responses, usually focused on one, or at most two, measures at a time. We will assess associations between responses on multiple biomarkers individually, and in combination, complex profiles reflecting cumulative challenges and a diversity of psychosocial factors and health characteristics.

**Project 5** will focus on the central circuitry of emotion (affective neuroscience) and will include EEG measures of cerebral activation asymmetry and emotion-modulated startle. These measures have been previously linked to dispositional affect, depression, recovery from stressful events, and select biomarkers. This project builds upon previous work by the PI and others indicating that asymmetrical prefrontal activation derived from brain electrical activity recordings is associated with both psychological and biological indices that reflect affective style. We have found that subjects with greater left prefrontal activation report more dispositional positive affect, have lower levels of basal cortisol, recover more quickly from a laboratory stressor and show higher levels of antibody titer following vaccination with influenza vaccine. In MIDUS II, we propose to test 400 MIDUS respondents on measures of brain electrical activity under both baseline conditions and in response to affective stimuli. In addition, using emotion-modulated startle, we will assess startle modulation before, during and after the presentation of positive, negative and neutral pictures to derive indices of affective chronometry, or the time course of emotional responding. Brain electrical activity measures will be analyzed using both conventional spectral power estimates as well as source localization procedures. We predict that subjects with greater left prefrontal activation will show faster recovery following negative challenge. These individuals are also predicted to have lower cortisol (both basal and in response to challenge), lower levels of IL-6 and higher levels of psychological well-being. Analyses will also be conducted to ascertain the impact of cumulative adversity on these biological indices and to determine the extent to which measures of adversity account for variance in brain function and emotion-modulated startle over and beyond variance accounted for by contemporary measures of mood and well-being. The data from this project will provide significant clues to understanding the central mechanisms through which cumulative adversity and psychological well-being are instantiated in the brain and affect peripheral biology in ways that may be consequential for health.

### **Study Design:**

Telephone interview; Self-administered mail questionnaire; Daily diary telephone interview; Cognitive phone battery; Laboratory cognitive tests; Physical Examination; Medical history; Baseline biomarkers (cardiovascular, neuroendocrine, immune); Laboratory challenge tests with accompanying biomarker assessment; EEG assessments; Neuroimaging.

**Data Availability:**

The data will be available via the Inter-university Consortium for Political and Social Research (ICPSR) website: <http://www.icpsr.umich.edu>. The data files will be provided as SPSS export files and as SAS transport files. The codebooks and data collection instruments will be provided as Portable Document Format (PDF) files. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided through the ICPSR Website on the Internet. Additional information about MIDUS, the principal investigators, and related research can be found at <http://midmac.med.harvard.edu>.

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