

## **Aging in the Eighties, Age 65 Years and Over and Living Alone, Contacts With Family, Friends, and Neighbors Preliminary Data From the Supplement on Aging to the National Health Interview Survey: United States, January–June 1984**

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### **Introduction**

The National Health Interview Survey is the National Center for Health Statistics' large continuing survey of the health of the civilian noninstitutionalized population of the United States. Each year people in about 42,000 households are interviewed by U.S. Bureau of the Census interviewers to obtain information about their health and use of health care. Demographic information that is needed to interpret the data is also obtained. The interviewers have special training on this survey in addition to their regular training, and response rates are high—about 97 percent. The only item with a relatively low response rate is family income, which is not used for this analysis.

In 1984 a special supplement was added to the questionnaire to obtain information about older people who were living in the community. This supplement, the Supplement on Aging (SOA), was designed to collect information about physical limitations, chronic conditions, housing, retirement status, interactions with family and organizations, use of community services, and other health-related and social information about middle-aged and older people. All household members age 65 years and over and a half sample of those 55–64 years of age were asked the questions on the supplement themselves where possible. Another household member was interviewed only when the selected person was unable to answer either because of physical or mental problems or was going to be away from the household for a longer period than the interviewer would be in the area. Response rates to the SOA were also high. Of the 1,809 people age 65 years and over who were in the survey January–June 1984 and who were living alone, 96 percent

gave a complete interview to the SOA and 99 percent of those answered the questions for themselves.

The data in this report are from the interviews that were completed during the first 6 months of 1984. The data are preliminary because only one-half of the year is included and because the data from the SOA have not been edited. Including the full year will double the size of the sample and make estimates more reliable. It will also reduce any possibility of bias because of seasonality. Editing will change some of the estimates because information from other parts of the questionnaire will be used to correct missing or inconsistent information. *The approach used to make the estimates in this report was to be conservative.* If the information was missing, which it rarely was for people living alone and answering for themselves, it was treated as if the response was "No" or "None." That is, the number of living children was treated as if the person had no children, and the number of telephone contacts with relatives was treated as if there were none if there were no entries.

The purpose of this report is to provide information about one segment of the older population—those people 65 years of age and over who were living alone. They are of particular interest (1) because there are so many of them (about 31 percent of all people age 65 years and over and living in the community, or about 8 million people who had had a 65th birthday, lived alone), (2) because of concern that alienation and loneliness decreases the quality of their lives, and (3) because research<sup>1,2</sup> has suggested that they are at especially high risk of need for long-term care and of institutionalization. The preliminary data are being published because of these concerns and because there is so little information available about older people living alone.

There are two points to remember when interpreting the data.

- First, this is a report about people who have, so far, successfully survived living alone in the community. Were they badly disabled, many might already have moved in with family or into institutions. They are, in a sense, a select group of people.
- Second, the estimates are based on a sample and they may differ from estimates based on a complete census using exactly the same questions and interviewing techniques. The reader should read the technical notes and consider the size of the sampling error before making inferences.

## Background

About 26.3 million Americans who had had their 65th birthday were living in communities outside nursing homes or other institutions in the first half of 1984. About one-third of them, an estimated 8.0 million people, were living alone.

Before considering the special characteristics of the people who have had a 65th birthday and live alone, it is useful to recognize how they differ as a group from their peers who live with other people.

Senior people who live alone are, on the average, older than those over 65 years of age who live with others. Their average age was 75.2 years in contrast with 73.4 years. Half were age 75 years and over; 11 percent were age 85 years or over (table A). In contrast, only a third of those who lived with others were age 75 years and over; 6 percent were age 85 years and over.

**Table A. Percent distribution of people age 65 years and over by age, sex, and marital status, according to whether they lived alone or with others: United States, January–June 1984**

<i>Age, sex, and marital status</i>	<i>Total</i>	<i>Living alone</i>	<i>Living with others</i>
		Number	
Sample .....	5,982	1,809	4,173
		Number in thousands	
Estimated population .....	26,290	8,018	18,272
		Percent distribution	
Total .....	100.0	100.0	100.0
Age			
65–74 years .....	61.7	50.2	66.8
75–84 years .....	30.7	38.6	27.2
85 years and over .....	7.6	11.2	6.0
Sex			
Male .....	40.8	20.2	49.9
Female .....	59.2	79.8	50.1
Marital status			
Married .....	54.7	0.0	78.6
Widowed .....	34.1	77.1	15.2
Divorced .....	6.3	14.1	2.9
Never married .....	4.4	8.1	2.8

They were, being older, more likely to be widowed. They were also more likely to be divorced or separated, or never married. For example, 77 percent of the people living alone but only 15 percent of those living with others, were widowed, 14 percent, in contrast with 3 percent, were divorced or separated; and 8 percent, in contrast with 3 percent, had never married.

Eighty percent of the older people living alone were women, in contrast with 50 percent of those living with others. Of the 8 million people age 65 years and over and living alone, about 11 percent were men and 39 percent were women ages 65–74 years; 9 percent were men and 40 percent were women age 75 years and over.

Thus, the population of people age 65 years and over and living alone tends to be older, widowed women. Many of these characteristics result from the higher death rates and shorter life expectancies of men. Fewer males survive to age 65 years, and even at age 65 years, a man's expectation of life is less than that of a woman the same age. In 1983, the difference at age 65 years was 4.1 years.<sup>3</sup> In addition, women tend to marry men older than themselves, which increases their likelihood of being widowed.

Despite these characteristics, many of the people who were living alone were not at all disabled, in poor health, suffering from lack of medical care, or lacking family or companionship.

Although the potential for social isolation certainly exists, the evidence from the SOA is that the majority of the older people who were living alone lived close to family with whom they had frequent contact. Many of them had been living in exactly the same place for many years; 62 percent had not moved in the previous 10 years and 32 percent had lived in the same place for 25 years or more. Only 24 percent had moved into their current house, apartment, or mobile home within the previous 5 years. About 11 percent lived in retirement communities. The long residence in the same place and the relatively high proportion in retirement communities may account for their social contacts.

Another reason that these people living alone were not as isolated as they might have been is that 94 percent of them had telephones and most apparently used them. The telephone was a major means of contact with children and other relatives and with friends and neighbors.

Given the importance of the telephone for maintaining social contacts, it appeared that elderly men living alone were at greater risk of isolation than elderly women. While 97 percent of the women had telephones, only 84 percent of the men did.

## Children

One reason there is a potential for isolation is that a substantial fraction of the people age 65 years and over who lived alone had no living children (table B). Twenty-nine percent, by the conservative estimates used for this report, had no living children and an additional 19 percent had only one child.

However, most of those who did have children had frequent contact with them. They lived near their children, saw them frequently, and talked with them frequently on the telephone.

**Table B. Percent of people age 65 years and over living alone by whether they had living siblings and by number of living children: United States, January–June 1984**

Living children	Total	No living siblings	Living siblings	Percent of total			
				Total	No living siblings	Living siblings	Living children
Total	100.0	27.7	72.3				
No children	28.8	10.7	18.2				
1 child	19.1	5.4	13.7				
2–4 children	42.2	9.9	32.3				
5 children or more	9.8	1.8	8.1				

NOTE: Based on an estimated 8,018 thousand (1,809 in sample) people who lived alone.

When asked how quickly one or more of their children could get there if needed, an estimated 4 million (half of all the older people living alone) had at least one child who could get there in a matter of minutes. An additional 1.4 million had at least one child who could get there in a matter of hours—mostly within 3 hours. Of the 5.6 million people living alone who had at least one child, 72 percent said that at least one child could be there within minutes and almost all the rest said one could be there in a few hours (table C). The proportion saying that at least one child could be there within minutes was higher as the number of children increased—56 percent of those with only one child, 75 percent of those with two through four children, and 85 percent of those with five children or more.

Of the people living alone who had children, 23 percent saw a child daily. An additional 40 percent saw a child at least once a week, and half of those saw a child more than once during the week. Another 16 percent saw a child at least once a month, and again they were about evenly split between those who saw a child only once and those who saw one more often. Most of the remainder saw their children several times during the year. Only 3 percent of the people who lived alone and had one child or more said they never saw a child or saw one less than once a year.

As could be expected, there was a strong association between the time it took a child to get there and how often they saw their children. Over 90 percent of the 3.5 million who saw

**Table C. People age 65 years and over who lived alone and had 1 child or more by frequency of seeing children and how quickly a child could get there: United States, January–June 1984**

Frequency of seeing children	Total	How quickly a child could get there		
		Minutes	Hours	Days
Total	100.0	71.6	25.1	3.4
Percent of total				
At least:				
Daily	23.4	22.9	0.0	0.0
Weekly	40.3	36.7	3.5	0.0
Monthly	16.2	9.4	6.7	0.0
Yearly	17.5	2.3	13.0	2.2
Never	2.7	0.0	1.5	1.0

NOTE: Based on an estimated 5.6 million (1,272 in sample) people with 1 child or more.

a child daily or weekly had a child who could get there within minutes. The majority of those who saw a child less often said the quickest a child could get there if needed was an hour or more. However, 13 percent of those who said it was less than once a month but more than once a year also said a child could be there if needed in less than an hour.

Seventy-eight percent of those with children, 4.4 million of the 8.0 million people living alone, talked with at least one child on the telephone every week. Thirty-six percent of those with children talked with at least one child every day, another 21 percent did so two or more times a week, and an additional 20 percent talked with a child at least once a week. Only 9 percent of those with children talked with a child on the telephone less than once a month.

The combination of personal and telephone contacts meant that of the 8.0 million older people living alone, 5.1 million had contact with a child at least once a month, 4.5 million at least once a week, and 2.4 million had contact with a child in person or by telephone daily.

Four-fifths, 81 percent, of those with children had contact with a child in person or by telephone at least once a week; 57 percent had both personal and telephone contact. Two-fifths, 42 percent, had daily contact with a child in person or by telephone; 16 percent had daily personal and telephone contact. Most of the people who saw their children less frequently talked with them on the telephone more often than they saw them. Very few, perhaps 1–2 percent, of the older people living alone who had children never saw or talked on the telephone with them.

Mail is apparently not used now as the means for older people staying in touch with children. The older people who lived alone seldom received mail from their children. Forty-three percent of those with children never received any mail from them. Most of the rest reported mail several times during the year but not on a routine basis.

### Recent social contacts

Many of the older Americans who lived alone were living in exactly the same home they had lived in for years. A few, judging from the length of time they had lived in the same place, appeared to have spent their entire lives in the same house or apartment. Others, who were widowed, had apparently remained in the same household they had lived in with a spouse. This long residence in the same place may help account for their high rate of contact with family, friends, and neighbors.

Although 29 percent of the older people living alone had no living children and 28 percent had no living siblings, few were without any immediate family. Only 11 percent of the estimated 8 million Americans who had had a 65th birthday and were living alone had neither a child nor a sibling (table B). About 54 percent had at least one living sibling and one living child. Eighteen percent had one sibling or more but no child, and 17 percent had one child or more but no sibling.

Most had recent contact with family (table D). Within the 2 weeks prior to the interview, 73 percent of the older people who lived alone had gotten together with relatives; 84 percent had talked with relatives on the telephone; 69 percent had done both; and only 12 percent had done neither.

Those who had both children and siblings were even more likely to have had recent contact. Eighty-four percent had gotten together with relatives and 94 percent had talked with a relative on the phone. Even some of those without a child or sibling had had recent contact with relatives; 27 percent had gotten together with relatives, and 38 percent had talked with relatives on the phone within 2 weeks.

Seventy percent had gotten together with friends or neighbors within 2 weeks, and 81 percent had talked with friends or neighbors on the telephone.

Overall, 88 percent of the people living alone had gotten together either with family or with friends and neighbors during the 2 weeks prior to the interview. About 53 percent had gotten together with relatives and with friends or neighbors; 11 percent had done neither.

Overall, 90 percent of the people living alone had talked with either family or with friends and neighbors on the telephone within the 2 weeks prior to the interview. About 75 percent had talked with both relatives and others; 10 percent had talked with neither within the 2 weeks.

In sum, 84 percent of all the people living alone had talked with someone and gotten together with someone within the 2 weeks. Only 5 percent reported no contact with family or friends in person or by telephone within the 2-week period.

About half of the people age 65 years and over and living alone, 51 percent, had gone to a church or temple during that period. Fewer, only 27 percent, had attended a movie, sports event, or other such group event.

**Health**

On a five-point scale of excellent to poor, 70 percent of the people living alone rated their health as good or better. The perceived health status of about 18 percent was "excellent," 21 percent "very good," and 31 percent "good." Only 20 percent perceived their own health as "fair," and 10 percent perceived their health as "poor."

Sixty percent were not limited in their usual activity, 17 percent were limited in outside activities but not their usual one, 16 percent were limited in kind or amount of usual activity, and 8 percent were unable to perform their usual activity.

Their perceptions about their health were associated with their use of health care. About 18 percent had not seen a phy-

sician during the preceding year; 82 percent of those who had not seen a physician within a year perceived their health as good or better and 74 percent had no activity limitation.

Sixty-two percent had not spent an entire day in bed during the preceding year and an additional 14 percent had spent less than 7 days in bed. About 10 percent had spent 4 or more weeks in bed during the year.

Most of them felt that if they needed care, there was someone to take care of them for a few days. The majority, 69 percent, said that family would; 17 percent had someone else. However, 14 percent said there was no one.

They were less sanguine about there being someone to care for them for a few weeks if needed. The majority, 67 percent, had family, but only 10 percent had someone else. Twenty-four percent said there was no one to care for them that long.

Those who responded for themselves entirely, about 98 percent of the people living alone, were asked additional questions about their own health. Most thought they were doing well.

When asked how good a job they were doing taking care of their own health, 90 percent said good or better including 24 percent who said "excellent" and 33 percent who said "very good"; most of the others said they were doing a fair job.

When asked how their health was compared with their health a year ago, 71 percent said it was about the same, 13 percent reported it was better, and 16 percent said it was worse.

Most did not worry about their health. Forty-nine percent said they had not worried at all during the past year, and 15 percent said they had hardly any worry. Twenty-six percent had had some worry, and 10 percent a great deal.

Four-fifths of the people living alone felt they had some control over their future health, including 37 percent who thought they had a lot of control. About 8 percent thought they had very little control, and 7 percent felt they had no control.

They felt they were as active as (41 percent) or more active than (47 percent) other people their own age. Two-thirds of those who felt they were more active thought they were a lot more active.

Most (71 percent) said they were about as active now as they had been a year before, but 21 percent were less active. Two-thirds of those who were less active said it was only a little less.

**Discussion**

The likelihood that older people will be living alone is higher at older ages as spouses, siblings, and even children die. There is a risk of being left without a support network. However, if the support network is there, people can be helped to maintain themselves in the community, and rates of institutionalization can be decreased to the benefit of both individuals and public programs.

The evidence from these preliminary data is that many of the people who had had a 65th birthday and were living alone did see, or at least talk with, family frequently. They were not alienated and without social contacts. Also, they perceived themselves as in generally good health and felt they had some control over their health.

**Table D. Percent of people age 65 years and over who lived alone by contacts with relatives, friends, and neighbors within the previous 2 weeks and whether by person or telephone: United States, January-June 1984**

Immediate family	Relatives		Friends or neighbors	
	In person	Telephone	In person	Telephone
	Percent with contact			
Total . . . . .	72.8	84.0	69.5	81.4
No child or sibling . . . . .	26.8	37.8	50.5	56.6
Sibling(s) only . . . . .	66.6	80.7	71.0	83.4
Child(ren) only . . . . .	72.8	85.8	69.2	81.5
Both . . . . .	84.0	93.5	39.4	85.6

It is not news that older people living alone are generally in better health than those living with others. The usual explanation is that they are able to live alone *because* they are in good health. Were they in poor health and unable to care for themselves, they would have moved in with family or been institutionalized.

These data do not refute that explanation; however, they do raise the possibility that other factors are also contributing to the ability of these older people to live alone. The perception of many of them that their health was good and the close relationships that many seemed to have with family may be additional explanations of their ability to live alone.

There is evidence from longitudinal data that older people who perceive themselves to be in good health have lower mortality rates than people the same age who perceive their health as poor.<sup>4,5</sup> Although the people in this study who were living alone were no different from those living with others in the frequency of their use of health services or the number of days they had spent in bed during the year despite their being older, their perception of their health, whether measured on a scale of excellent to poor or by limitation of activity, was better.

There is also evidence from population-based longitudinal studies that people who have a lot of friends and relatives and who see a lot of them are likely to live longer than those who seldom visit with friends and relatives<sup>6</sup> and that elderly people who perceive a high level of social support have lower mortality rates.<sup>7</sup> Other studies have failed to confirm that relationship for women.<sup>8</sup> The number of living children was a significant predictor of mortality in a study of elderly urban poor regardless of health status.<sup>9</sup> Many of these studies have been reviewed and the results found to vary with the definitions of social support.<sup>10</sup>

None of them focused on older people who lived alone. Nevertheless, the preponderance of the evidence is that there is some relationship between social contact and support and mortality.

The data from the SOA are cross-sectional and cannot be used to demonstrate causality. However, the research from these longitudinal studies does suggest that many of these older people who were living alone may *not* be at unusually high risk of death. They may not even be at unusually high risk of institutionalization. They had frequent contact with family and neighbors. They had lived in the same place for many years. Those who had children lived near them and saw them frequently. Almost all had telephones and used them to stay in touch with family and neighbors.

Whether their closeness to family will have a protective effect is a hypothesis that will have to be confirmed. More extensive analysis from the full year of edited data may reveal more about the cross-sectional relationships. But testing such a hypothesis will not be possible until the records of the respondents to this survey have been matched with records in the National Death Index<sup>11</sup> for several years and their progress followed over time. That match is planned.

There did appear to be a small group of people living alone who did not have children or siblings, frequent social contact, recent medical care, or high self-perception of their health. There is some indication that men are more likely to be in this group than women, although, because there are more women living alone, the larger number of them are women. This may be the group at great risk of either death or institutionalization. Both the larger sample that will be available from the full year and the match with the National Death Index will provide more information about them.

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## Technical notes

Each week a probability sample of households in the United States is visited by U.S. Bureau of the Census interviewers to obtain a wide range of information about the health and health care characteristics of the people living in those households. A description of the survey design, methods used to make the national estimates, and general qualifications of the data are provided in *The National Health Interview Survey Design, 1973-84, and Procedures, 1975-83*.<sup>12</sup>

During January through June 1984 there were about 21,000 households in the sample. The total noninterview rate was about 3 percent—primarily because the interviewer was unable to locate an eligible respondent despite repeated calls.

Response rates were also high for the Supplement on Aging (SOA); 97 percent of the people age 65 years and over and living alone who responded to the basic questionnaire completed the SOA. A few refused to complete the SOA, which was an extensive questionnaire, following what may have been, if there were many illnesses or episodes of care to report, a long interview. Thus, the coverage was extremely high.

The estimates in this report are based on a sample rather than on the entire population of people age 65 years and over living alone in the civilian noninstitutionalized population of the United States during the first 6 months of 1984. Therefore, the estimates are subject to sampling error. In addition, the sample had a complex design that has the effect of making the sampling errors somewhat larger than they would be from a simple random sample of the same size using the same procedures.

Table I gives some of the sample numbers to enable the user to make estimates of the sampling errors that incorporate the complex sample design. To estimate the sampling errors, convert the percent to a proportion, calculate the variance of a proportion assuming simple random sampling, multiply that

NOTE: A list of references follows the text.

Table I. Population estimates and sample sizes for people age 65 years and over and who lived alone, by number of living children and immediate family: United States, January-June 1984

Characteristic	Population in thousands	Number in sample
Total .....	8,018	1,809
Living children		
No children .....	2,311	509
1 child .....	1,533	354
2-4 children .....	3,384	763
5 children or more .....	789	183
Immediate family		
No child or sibling .....	855	187
Living(s) only .....	1,457	322
Child(ren) only .....	1,367	311
Both .....	4,340	989

variance by the design effect to allow for the complex sample, then compute standard errors, confidence intervals, or significance tests. For example, the estimate of 8,018,000 people age 65 years and over and living alone was based on 1,809 people in the sample. Eighty percent were women; therefore,

$$\begin{aligned} \text{Variance (simple random sample)} &= \frac{pq}{n} \\ &= \frac{(0.80)(0.20)}{1,809} \\ &= 0.000088 \end{aligned}$$

The design effect is 1.2.

$$\begin{aligned} \text{Variance (complex sample)} &= (0.000088)(1.2) \\ &= 0.000106 \end{aligned}$$

$$\begin{aligned} \text{Standard error} &= (0.000106)^{1/2} \\ &= 0.0103 \end{aligned}$$

$$\begin{aligned} 95 \text{ percent confidence interval} &= 80 \pm (1.96)(1.03) \\ &= 80 \pm 2 \text{ percent} \end{aligned}$$

Perhaps more important for interpretation than sampling errors, however, is a thorough understanding of what data from this, or any other, cross-sectional survey can provide. There are two issues—one important for any cross sectional analysis and the other of especial importance for older people.

The National Health Interview Survey is a point-in-time study. Associations at one point in time should not be interpreted as causality. The difference among the age groups, for example, could be the result of aging or, alternatively, they could be the result of different cohorts moving through time. Based on external knowledge, one could interpret a difference in educational status as the result of cohort differences, but the data from a cross-sectional survey do not enable one to make that distinction.

The second factor is that this is a study of people who were living alone in the community at the time of the interview. Those elderly people who were in institutions were not in the scope of the survey. In addition, people who had formerly lived alone but because they had become badly disabled, no longer had financial resources to live alone, or for other reasons now lived with other people are no longer classified as living alone. They had left this population. This is a report about people who have, so far, successfully survived living alone in the community. Were they badly disabled, many might already have moved in with family or into an institution. They are, in that sense, a select group of older people.

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