

THE NATIONAL HEALTH AND AGING TRENDS STUDY

2021 RESEARCH BRIEF

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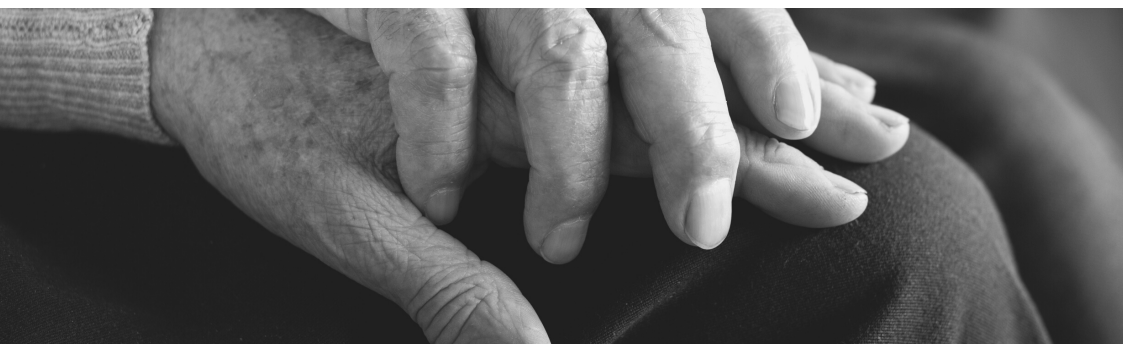
how daily life changes as we age

WHAT IS NHATS?



Background

The National Health and Aging Trends Study (NHATS) was launched in recognition of the shifting landscape of late-life and the need for data to support the scientific study of how daily life changes as we age. Funded by the National Institute on Aging, NHATS began conducting annual interviews with a nationally representative sample of Medicare beneficiaries ages 65 or older in 2011. Periodically caregivers to NHATS participants also are interviewed in the National Study of Caregiving (NSOC) to provide the perspective of family and friends who help older adults experiencing limitations in daily life. Intended as a platform for research to guide efforts to reduce disability, maximize functioning, and enhance quality of life, NHATS and NSOC data are available at www.nhats.org.



Study Design Overview

NHATS gathers information from a nationally representative sample of Medicare beneficiaries ages 65 and older. Annual, in-person interviews collect detailed information on the disablement process and its consequences. The sample is refreshed periodically, allowing researchers to study national-level disability trends as well as individual trajectories. The NHATS interview is guided by a conceptual framework that recognizes individual-level physical and cognitive capacity is distinct from the environments in which activities take place and the accommodations made in response to limitations. Among the specific content areas included are: the physical, social, technological and service environment; tests and self-reports of physical and cognitive capacity; use of assistive devices and rehabilitation services; help received with daily activities (self-care, household, and medical); participation in valued activities; and wellbeing. Other topics focus on chronic conditions, symptoms, sensory impairments, transportation, subjective and economic wellbeing, and demographic factors. A last month of life interview focuses on quality of end of life care. NHATS data are supplemented by linkages to Medicare data and geographic information.

NHATS is intended as the primary platform for scientific inquiry to guide efforts to reduce disability, maximize functioning, and enhance quality of life of older Americans.



Study Aims

NHATS has two primary scientific aims:

1 To promote scientific study of late-life disability trends and dynamics

2 To advance our understanding of the social and economic impact of late-life functional changes for older people, their families, and society

Study Design Overview

NHATS has been designed to answer a variety of late-life disability-related questions including:

- Are trends in late-life functioning and disability changing over time, and how is this affecting family caregiving?
- Who experiences gaps in needed assistance with everyday activities?
- What is the impact of Alzheimer's Disease and related dementias (ADRD) on older adults and their families?
- How is the quality of end-of-life care changing for older adults?
- What do social engagement and participation look like for older adults?
- How is medical care and health care spending changing in later life?



CURRENT NHATS RESEARCH



FAMILY AND UNPAID CAREGIVING

Researchers have taken advantage of the unique linkages between NHATS and the National Study of Caregiving (NSOC), which interviews family and other unpaid helpers of NHATS participants. NHATS-NSOC was featured in a report from the National Academies on Families Caring for an Aging America (NASEM 2016) and has provided unique insights on end of life caregiving (Ornstein 2017); the disproportionate share of care provided to individuals with dementia (Kasper 2015); caregiver involvement in health care activities (Wolff 2016); adequacy of training (Burgdorf 2019, 2021); and race-based differences in caregiving (Fabius 2020).

UNMET NEED FOR ASSISTANCE

NHATS provides innovative measures of unmet need that reflect consequences of not receiving adequate care, such as having to stay inside or in bed because no one was there to help. The prevalence of these types of adverse consequences due to unmet need is substantial. Among community-dwelling older adults who have difficulty or receive help, 32% had an adverse consequence in the last month related to an unmet need (Freedman 2014). Investigators have found that adverse consequences are more prevalent among Black older adults (Berridge 2018), those with elevated depressive symptoms (Xiang 2016), and high-need/high-cost older adults (Beach 2018).

ALZHEIMER'S DISEASE AND DEMENTIA

NHATS has become an important national resource for studying disability and care needs related to Alzheimer's Disease and Related Dementias (ADRD) and consequences for families. NHATS offers researchers an annual dementia classification measure (Kasper 2013). Drawing on this measure, researchers have found that a substantial majority of older adults with probable dementia in the United States have never been professionally diagnosed or are unaware that they have been (Amjad 2018). Researchers have used NHATS to examine safety and quality of life considerations (Amjad 2016; Reckrey 2020) and trends in dementia incidence (Freedman 2018).



CURRENT NHATS RESEARCH

END OF LIFE CARE

With its annual design and last month of life interview, NHATS is well-suited for studying quality of end-of-life care. Teno (2015) finds that respondents are more likely in 2011 to report unmet need for pain management and that the overall rating of quality of care has decreased since 2000. NHATS can also be used to examine the effect of transitions at the very end of life (i.e. “late” transitions; see Makaroun 2018). Several NHATS papers have examined the role of advanced care planning (ACP) on the quality of end of life care (Cudjoe 2020; Grace Yi 2019; Harrison 2016; Kale 2016). NHATS and NSOC are also valuable resources for exploring the role of family caregivers in end-of-life care. Ornstein (2017) reports that nearly 9 in 10 end-of-life caregivers are family members and other unpaid caregivers. Additional papers look at the role of caregiving strain in end of life care (Vick 2019; Pristavec 2020).

SOCIAL ENGAGEMENT & PARTICIPATION

NHATS provides new estimates of social engagement and participation in valued activities. Cudjoe (2020) finds that 24% of older adults can be characterized as socially isolated. Several studies have identified risk factors for social engagement and/or isolation, including driving cessation (Qin 2020), fall worry (Choi 2020), and neighborhood disorder and perceived social cohesion (Latham 2018). Szanton (2015) used NHATS’ open-ended question to describe older adults’ favorite activities. Other studies indicate that older adults’ participation in valued activities is adversely affected by limitations in cognitive and physical capacity (Parisi 2017), poor self-rated health (Choi 2016), and symptoms of insomnia (Endeshaw 2016; Spira 2014). Older individuals who are unable to leave their home are an especially vulnerable group. Ornstein (2015) published a groundbreaking paper on the epidemiology of the elderly homebound population (see also Xiang 2017; Soones 2017).

MEDICAL CARE & HEALTH CARE SPENDING

Because NHATS participants are drawn from the Medicare enrollment file, survey data may be linked to Medicare claims and assessment files. Using Medicare claims, Wolff (2019) quantifies differences in total Medicare spending among older adults with disability by whether they have unmet needs in their daily activities. Other studies have merged survey and claims data in order to evaluate claims-based algorithms of frailty (Segal 2017; Wu 2020). In addition, NHATS has developed and implemented the first module on use of rehabilitation services to be included in a national study of older adults. Freedman (2018) examined the accuracy of rehabilitation service use reports by comparing self-reports with Medicare claims and found that survey-based measures of rehabilitation accurately captured actual use over the past year. Other researchers have used NHATS to investigate deprescribing (Reeve 2018), frailty (Bandeem-Roche 2015), and stroke (Skolarus 2016).

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