

# SLS Newsletter

NEWS FROM THE SEATTLE LONGITUDINAL STUDY

THE PENNSYLVANIA STATE UNIVERSITY

FALL 1995

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## THE SLS HEALTH BEHAVIOR SURVEY

This newsletter continues our efforts to inform you of the SLS study findings in a succinct and readable form. We focus in this issue on results of the Survey on Health Behaviors, including nutritional and other preventive health practices, that you completed by mail during 1993-94. In this newsletter you will find several articles summarizing the results of this survey.

The Health Behavior Questionnaire (HBQ) was completed in 1993-94 by approximately 83 percent of SLS participants -- an excellent response rate! Eighty-five percent of the SLS Longitudinal participants (1,568) returned the survey and seventy-eight percent (923) of the Family Study members participated. The age of participants ranged from 24 to 96 years; the mean age of those completing the survey was 59.8 years. Approximately 57.9 percent were women.

Older participants rated their health somewhat less positively than did younger participants. However, men and women did not differ in their rating of their health. There were no significant differences between those who participated and those who did not with regard to age, educational level or intellectual ability scores. The HBQ findings can therefore be generalized to all SLS participants.

For those who might be interested in the technical details of other recent findings from the SLS, further information is available in technical publications, which are cited on Page 4 of this newsletter.

As we told you in our last newsletter, the National Institute on Aging has approved continuation of the SLS for another cycle. In line with our usual 7-year intervals, we will reassess members of the family study beginning in 1996, those who participated in the training study beginning in 1997, and those in the longitudinal study in 1998.

In the mean time we will continue to stay in touch via an occasional newsletter to tell you about results of our ongoing data analyses.

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### What Did We Study?

In 1993 all SLS participants were contacted by mail and asked to complete the Health Behavior Questionnaire. All participants who had taken part in the 1990-91 wave of the SLS were sent a questionnaire. The questionnaire focused on eight domains of health behaviors which are described below:

**Smoking Behavior** Questions focused on current and prior smoking behavior. If a participant smoked, he/she was asked whether they had quit or attempted to quit smoking, when they quit smoking, how much they smoked, and what form of tobacco was used.

(Continued on Page 2)

(Continued from Page 1)

**Alcohol Consumption** Participants were asked whether they drank, how much they drank, how frequently they drank, and what forms of alcohol were used (e.g., beer, wine).

**Unhealthy Foods** Eating habits related to foods considered to be primary sources of fat or cholesterol were studied. Participants were asked how frequently they ate certain types of meat (e.g. organ meat, beef) and dairy products, such as egg yolks.

**Food Preparation** Participants were asked whether they read the nutritional information on food labels regarding fat or sodium, whether they bought foods low in sodium or fat, and whether they prepared foods taking into account sodium and fat.

**Exercise** Questions focused on how many times during a week one participated in exercise and how much time was spent in exercise activities.

**Seat Belts** Participants answered questions regarding how regularly they used seat belts both in town and on the highway.

**Dental Care** Dental habits were examined, including frequency of dental visits, teeth brushing, flossing, and denture cleaning.

**Medical Checkups** Participants were asked to report on how regularly they carried out routine medical exams. These checkups included vision and hearing exams, cholesterol and colon/rectal exams, flu shots, and general physical checkups.

In addition to questions regarding health behaviors, we also asked participants about their health status. Two types of questions were asked. One type of question focused on frequency of contacts with health professionals -- number of doctor visits in the past year, days in the hospital, etc. The other type of question dealt with the participants own feelings or perception of their health. Participants were asked to rate their health compared to other people their age and to indicate whether they thought their health had changed (for the better or worse) in the past few years.

## AGING AND HEALTHFUL LIFE STYLES

Who is most likely to carry out health behaviors -- young, middle aged, or older adults? More older adults reported regularly performing

health behaviors than young or middle aged adults. Other major health surveys have reported similar findings.

One of the happy findings of our survey is that relatively few SLS participants smoke. There are, however, age differences. Older adults were least likely to be current smokers -- about 5 percent of older adults said they currently smoked, compared to about 12 percent of young and middle aged adults. However, a greater proportion of older adults (than young or middle aged adults) reported having smoked in the past. Approximately 45 percent of older adults reported never smoking.

The relationship between alcohol use and age is quite complex. At all ages (young, middle and old age), there is a large proportion of adults who report never drinking or having drinks only a few times a year -- approximately 40 percent of young and middle age adults and 53 percent of older adults. On the other hand, approximately 15-17 percent of young, middle aged and older adults 65-74 years of age report having drinks two or more times a week. Fewer adults over the age of 75 report drinking several times a week. The remaining group of adults drink a few times a month. At all ages, almost twice as many men as women report having drinks two or more times a week.

One of the surprising findings was that older adults, particularly older men, reported spending more time in exercise than younger adults. The amount of time spent in exercise in an average week increased from young to middle to old age. The most active group was the young-old, those 65-74 years of age.

Older adults were also more likely to read nutritional information on food labels regarding sodium and fat content. A larger proportion of the elderly reported buying foods low in fat and sodium. Older adults ate less meat and dairy products high in cholesterol and fat.

Routine medical checkups were more common among the elderly -- including flu shots, cholesterol and colon/rectal exams, general physical exams, and hearing and vision checkups.

There are many possible explanations for why older adults are more likely to engage in various health behaviors. Unfortunately we did not ask in our survey why the participant carried out a particular health behavior. It may be that the elderly realize they are more vulnerable to health problems and thus engage

(Continued on Page 3)

(Continued from Page 2)

in more preventive activities. On the other hand, some older adults may be engaging in certain health behaviors in response to chronic diseases -- for example, exercise and dietary behaviors are carried out in response to cardiovascular health problems. Given that the elderly report more visits to health personnel, some routine health checkups (e.g., blood pressure exam, mammography) may be a spillover of visits initiated for other reasons. The physician suggests a routine checkup in conjunction with a visit for a particular health problem. The good news is that a majority of SLS participants are engaging in healthful life styles and avoiding at risk behaviors -- and older adults are leading the way!

### ARE WOMEN "HEALTHIER" THAN MEN?

One of the interesting, but puzzling findings from our survey deals with gender and health. Women at all ages report seeing a physician more frequently in the past 12 months than do men; more women than men also report having been in the hospital in the past year. However, men and women do not differ significantly in their ratings of their overall health. Seventy-three percent of men and women reported their health to be very good or good, compared to other people their age. More women report that their vision has declined over the past few years, while more men report a decline in hearing.

Women report more regularly engaging in most of the health behaviors that we studied than do men. Fewer women say they currently smoke than men, and 57 percent of women report never smoking. More younger women smoke than older women. Men, who smoke, also report smoking more cigarettes per day. The good news is that relatively few SLS participants, men or women, are current smokers -- 11 percent of men and 8 percent of women!

Another good finding is that most SLS participants are quite moderate in their consumption of alcohol. On average, men reported drinking 1.7 glasses of wine in the past week, compared to 1.3 glasses for women. Men, on average, drank 1.6 bottles of beer, with women reporting less than one bottle. However, there are wide individual differences

in use of alcohol. Ten percent of men and thirteen percent of women report never drinking in the past year, while 20 percent of men and 11 percent of women report some use of alcohol daily.

Exercise is the one health behavior domain in which men are more active than women. Men report exercising more hours per week and more times per week than do women.

With regard to dental care, women indicate that they clean their teeth (or dentures) more frequently than do men. However, there are no gender differences in having a regular dental checkup; over 50 percent of men and women report visiting a dentist in the past year.

A significantly greater proportion of women say that they ALWAYS use a seat belt when driving or riding in town and on the highway. When the difference between men and women is statistically significant, it is reassuring that over 80 percent of men and women report wearing a seat belt regularly!

One possible reason for why women report more physician visits during a year is that they are more likely to have regular health-related medical checkups than men. A greater proportion of women report having regular physical checkups and having colon/rectal exams. Women report having their blood pressure taken more frequently by medical personnel, again this finding may be related to having more contact with the medical establishment. Interestingly, men are somewhat more likely than women to take their own blood pressure, rather than depending on medical personnel.

Other studies have found similar findings regarding gender differences in health behaviors. There is, however, considerable debate over the reasons why women are more likely to carry out health behaviors, but also report more hospital and physician visits. One possibility is that women are more sensitive to their bodies and to health-related issues, perhaps associated with years of being a mother and serving as the caregiver in a family. Alternatively, there may be differences in health care for men and women; different treatments and medical routines may be recommended by health personnel for men and women.

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## NEXT PHASE OF THE STUDY

In our 1989-90 Family Study we assessed many adult children as well as sisters and brothers of the SLS family members to determine the extent of family similarity in mental abilities and other psychological characteristics. As we reported to you in our 1993 newsletter, we found quite a bit of similarity between family members. We also found that when we measured parents and their adult children at comparable ages, that the children typically performed at a somewhat higher level than their parents; perhaps because of more education and the practice of healthier life styles.

We now want to determine whether the family similarity in level of ability also extends to rate of change in abilities over time. In particular, we need to find out, by comparing two generations of biologically related persons, whether there has been any slowing in the rate of age-related decline in abilities. Demonstrating such slowing would be important, for example, in determining whether the proposed raising of social security eligibility ages (in the expectation of ability to work to an older age) is indeed realistic.

We will soon write to all persons who participated in the 1989-90 Family Study to invite them to participate in a follow-up testing which will be conducted during 1996 and early 1997. The next follow-up for the main study will begin in mid-1997 with those persons who participated in the cognitive training part of the study.

If you are a member of the main study panel, we have enclosed a form asking you to once again list the names, current addresses and telephone numbers of your adult children, sisters and brothers, to help us update our records so that we can include as many of your relatives as possible.

### HELP KEEP US UP TO DATE

If you have moved or changed your name please contact our office at 281-4050 or write us at 180 Nickerson, Suite 206, Seattle, WA 98109

### NEW BOOK ON SLS PUBLISHED BY CAMBRIDGE UNIVERSITY PRESS

Some of you may be interested in the technical details of the SLS, a full account of its 35-year history, as well as a comprehensive discussion of its many findings and their implications. All this material is becoming available in a book entitled **Adult Intellectual Development: The Seattle Longitudinal Study**, authored by Dr. K. Warner Schaie and published by Cambridge University Press of New York, to be released in October 1995. The book can be ordered through most university book stores.

### RECENT SLS PUBLICATIONS IN THE SCIENTIFIC LITERATURE

- Gruber-Baldini, A. L., Schaie, K. W., & Willis, S. L. (1995). Similarity in married couples: A longitudinal study of mental abilities and flexibility-rigidity. *Journal of Personality and Social Psychology: Personality Processes and Individual Differences*, 69, 191-203.
- Schaie, K. W. (1994). The course of adult intellectual development. *American Psychologist*, 49, 304-314.
- Schaie, K. W., & Willis, S. L. (1995). Perceived family environments across generations. In V. L. Bengtson, K. W. Schaie, L. M. Burton (Eds.), *Adult intergenerational relations: Effects of societal change* (pp. 174-209). New York: Springer.
- Schaie, K. W., Willis, S. L., & O'Hanlon, A. M. (1994). Perceived intellectual performance change over seven years. *Journal of Gerontology: Psychological Sciences*, 49, P108-P118.
- Willis, S. L., & Schaie, K. W. (1994). Cognitive training in the normal elderly. In F. Forette, Y. Christen & F. Boller (Eds). *Plasticité cérébrale et stimulation cognitive* [Cerebral plasticity and cognitive stimulation] (pp. 91-113). Paris, France: Fondation Nationale de Gérontologie.

