1993 National Mortality Followback Survey Now Available to Researchers

The National Center for Health Statistics (NCHS) has announced the first release of provisional data from the latest National Mortality Followback Survey (NMFS)—the first study since the 1980s to examine detailed patterns of mortality by supplementing the information provided through death certificates with next-of-kin interviews. This is a new data resource for those interested in program evaluation and policy development and those studying trends in mortality, socioeconomic differentials, the etiology of disease, risk factors and causes of death, and health care utilization in the last year of life.

The 1993 NMFS is the latest in a series of followback surveys that supplement information on the death records of a sample of U.S. citizens who die in a given year with telephone or in-person interviews of the next of kin or other people familiar with the decedent’s life history. The 1993 survey is based on almost 23,000 records of individuals ages 15 years or older who died in 1993. All states (with the exception of South Dakota) and the District of Columbia participated in the survey. South Dakota declined to participate in the 1993 NMFS due to state law restricting the use of death certificate information. The survey oversampled several population subgroups—people younger than age 35 and older than age 99, women, and the black population—in order to obtain reliable estimates for those subgroups.

The first mortality survey, conducted in 1961, featured information on hospital and institutional care in the last year of life. Information from the 1962–1963 survey permitted an extensive analysis of socioeconomic differentials in mortality. Data from the 1964–1965 survey included expenditures for health care during the last year of life, sources of payment, and health insurance coverage of decedents. The 1966–1968 survey provided information on the link between smoking and cancer mortality. In 1986, the survey incorporated data on health conditions, disability, alcohol and tobacco use, and access to health care services. The 1993 NMFS continued many of these areas with a special emphasis on the following:

- Socioeconomic differentials in mortality, including differences by education, occupation, industry, income, and assets;
- Associations between risk factors (such as weight, smoking, co-morbid health conditions, alcohol and drug use) and cause of death;
- Disability—cognitive functioning problems, functional limitations, home help, use of assistive devices and medical device implants;
- Access and utilization of health care facilities in the last year of life—doctor visits, hospital stays, source of payment for care, insurance coverage, and barriers and problems in obtaining care;
- Injury mortality—place and circumstances related to deaths due to homicide, suicide, and unintentional injury, including fatal motor vehicle crashes; risk factors for intentional and unintentional injuries include: driving situations and behaviors, use of alcohol and drugs, firearm availability, problem behaviors (making violent threats, destroying property, causing complaints), and the occurrence of stressful events in the last year of life;
- Organ donation—including knowledge about and attitudes towards organ donation;
- Reliability of certain items reported on the death certificate.

Initial analysis of the findings provides insight into patterns of health care use and health care needs as well as risk factors associated with disease and external causes of death. Highlights of the data analysis:
last year of life, 39% of decedents took pain medication.
- Slightly more than half of all decedents were reported to have smoked cigarettes at some point during their lives. About one-quarter of all decedents used alcohol during their last year of life; 29% of drinkers used alcohol every day. About 2% used marijuana during their last year of life, and fewer than 1% were reported to have used other types of illicit drugs.
- For those who died of homicide, suicide, or unintentional injuries, 19% apparently had an alcoholic beverage within four hours of death and 17% apparently had taken drugs or medication within 24 hours of death. Of the 36,000 firearm-related deaths, almost three-quarters (72%) involved the use of handguns. One-third of decedents involved in fatal motor vehicle crashes were reported to not have been wearing safety belts.

Upcoming reports will focus on specific causes of death—HIV-AIDS, homicide, suicide, and heart disease—and other reports will examine firearm- and alcohol-related deaths. Supplemental data (scene investigations; toxicology and autopsy findings) obtained from medical examiners’ and coroners’ reports for a sub-sample of decedents who died of homicide, suicide, or accidental injury will be released in the summer or fall of 1998.

The 1993 NMFS was designed in collaboration with other agencies of the Department of Health and Human Services and the National Highway Traffic Safety Administration.

For more information on the survey, summary data tabulations, survey instruments, background information on sample design and survey methodology, public use data files, and documentation visit the survey on the NCHS Home Page at www.cdc.gov/nchswww/about/major/nmfs/nmfs.htm.