Manuscript #192

1. Title (length 26):
Social Ties - Age: CHS & ARIC

2. Writing Group (list individual with lead responsibility first):
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3. Timeline:
Analysis of the CHS data is complete. Analysis of the ARIC data could begin immediately after the proposal is approved by ARIC.

4. Rationale:
Basic descriptive data on social ties are rare. This is especially true for the lifespan from middle age to very old age. Yet, there is mounting evidence that poor social ties constitute a significant, independent risk factor for all cause mortality, IHD mortality, and morbidity from a wide range of causes. Data are needed on large samples of men and women, whites and blacks, and young and old to describe in detail patterns of social ties for different sociodemographic groups. These data will provide the basis for prospective analyses linking social ties with a variety of endpoints including quality of life, risk factors such as high blood pressure, physiologic conditions such as ECG abnormalities, morbidity, and mortality. ARIC and CHD are uniquely suited to the task.

5. Main Hypothesis:
It is expected that levels of social support and size of network will not vary as a function of age but that components of social support will vary with age. However, this paper has its focus on presenting basic descriptive data, not on hypothesis testing.

6. Data (variables, time window, source, inclusions/exclusions):
Sociodemographic variables and data from the social factors questionnaire. See attached draft of the paper (presently with CHS data, only). ARIC analyses should be identical; the CHS Coordinating Center can make the source code available to the ARIC analyst. After consultation with Drs. Heiss and Folsom, it is suggested that the Division of Epidemiology, University of Minnesota, conduct the analyses, with final official analyses to be done by the ARIC Coordinating Center.