



SOCIETY OF ACTUARIES

Article from:

The Actuary

November 1988 – Volume 22, No. 10

Blacksmith cont'd

university programs could help us bring in candidates we need but may not otherwise attract? Why do all the major professions rely on the universities and colleges for the pre-professional part of the education process? Why have our professional brethren in the United Kingdom and Australia already gone so far down the path that we are only timidly proposing to test in a limited way?

The only valid criticism of the Board's action is that it may be too little and too late.

Major SOA symposium addresses Future of Retirement

Experts from a variety of disciplines will look ahead to the baby boom retirement years of 2000 and beyond at the Future of Retirement Symposium November 29-30 in Chicago.

Speakers will address the major changes expected to hit the pension, life, and health fields at the turn of the century. In the year 2000, forecasters say, Americans will rush to retire before the expected ages of 60-65, and there will be more than one retiree for each two active employees.

Anna M. Rappaport is Chairperson of the Symposium, which is sponsored by the Society of Actuaries in cooperation with the American Academy of Actuaries, the Conference of Actuaries in Public Practice, the Employee Benefits Research Institute, and the Pension Research Council.

The symposium will help participants gain the broad perspective necessary to work with employers and clients on retirement-related issues and to enter the forthcoming public policy debates. The symposium will examine trends for public policy; financial security products and systems; and employment and the workplace. Speakers will be actuaries, economists, social scientists and consumer group representatives.

The conference format will include multidisciplinary panels and workshops, so that all participants will have a chance to discuss these issues. A multidisciplinary audience is expected.

Contact the Society office for more information and registration forms for the symposium.

NCHS: More than mortality, life expectancy statistics

by Manning Feinleib, M.D.

The National Center for Health Statistics (NCHS) serves as the focal point for U.S. health statistics. Many actuaries are aware of NCHS statistical reports on mortality and life expectancy and its many publications that present current, trend, and analytical studies of life expectancy. Recognized the world over as an indicator of health progress, NCHS life tables are used to plan pension and benefit programs and to conduct economic and demographic research.

The NCHS data collection program, however, goes beyond these important vital statistics. The Center produces data on the extent of illness and disability in the population, on the supply and use of health services, and on health behavior, attitudes, and knowledge.

From its start in 1960, NCHS has fielded an array of data collection programs — each collecting specific information to complete the nation's health profile. NCHS health statistics are used to set national health policy, to plan and administer health programs, and to conduct epidemiological and biomedical research. NCHS data form the basis of health education, disease prevention, and health promotion efforts.

Fortunately, in this era of limited resources, most NCHS data collection efforts are continuing as scheduled. For example, NCHS fielded the third National Health and Examination Survey (NHANES III) last month. During the next six years, the survey will reach 40,000 persons in 88 locations across the country, making it the most extensive national health examination survey.

NHANES III will use direct physical examination, clinical and laboratory tests, and related measurement procedures to collect data on the prevalence of chronic conditions, including heart disease, diabetes, hypertension, and gallbladder disease. The survey will emphasize four areas: child health, health of older Americans, occupational health, and environmental health. Blacks and Hispanics will be oversampled to

produce reliable statistics for these groups.

NHANES III also will provide standardized testing of height and weight, blood pressure, serum cholesterol, and other health and nutritional status indicators. Through data from these examinations, analysts determine population norms and changes in those norms.

Health care survey

The National Health Care Survey is a new, integrated survey designed to meet the data needs of a changing medical environment. One goal of the National Health Care Survey is to expand NCHS data collection from hospitals, nursing homes, and physicians' offices to include such alternative health care settings as hospices, home health agencies, freestanding surgical centers, and hospital emergency rooms and outpatient clinics. For each major survey component — Hospital and Surgical Care, Ambulatory Care, Long-Term Care, and Provider Inventory — medical and facility records provide the basic data.

Through an integrated cluster sample approach, the National Health Care Survey will provide greater opportunities for integrated data analyses among the various health care settings. The survey also will collect data annually in each setting and provide for patient follow-up studies on quality of care.

NCHS will implement the National Health Care Survey over a period of years as resources allow. All survey components are scheduled to be conducted annually by 1993. When fully operational, the survey will be a significant resource for monitoring health care costs, the impact of medical technology, and the quality of care provided to a changing American population.

AIDS questionnaire

NCHS is active in data collection efforts on AIDS. In August through December 1987, a questionnaire on AIDS Knowledge and Attitudes was added to NCHS's National Health Interview Survey to assess current levels of knowledge about AIDS and to measure change over time. The

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questionnaire revealed widespread misinformation about the risk of AIDS virus transmission through casual contact; however, knowledge steadily improved from August to December. For example, the percentage of adults who thought it definitely not possible to get AIDS or the AIDS virus from living near a hospital or home for AIDS patients increased from 33% in August to 45% in December. The "not possible" responses increased for other activities, including shaking hands with or touching someone with AIDS (up from 22 to 34 percent); working near someone with AIDS (from 18 to 31 percent); and attending school with a child who has AIDS (from 20 to 31 percent).

A similar AIDS questionnaire in the June 1988 National Health Interview Survey contains more detailed questions about the AIDS blood test and about affiliation with high-risk groups. NCHS constantly reevaluates data needs in this area and has already incorporated AIDS questions into other NCHS surveys on family growth and maternal and infant health.

Data releases

NCHS releases its data in public use electronic data files, publications, journal articles, and presentations at scientific conferences and symposia. Catalogs on publications and data tapes are available. Data tapes are released for all major surveys.

NCHS's major published reports include:

- "Health, United States" is the annual report to Congress on the nation's health. Prepared by NCHS with data from government and private sources, it presents trends in life expectancy and mortality, hospital use, health resources and expenditures, and other health determinants.
- "Vital and Health Statistics" reports, a series of more than 500 publications with information from major NCHS data collection efforts, include data from ongoing or periodic surveys, interpretive studies, and new statistical methodology. An example of a report in this series is "Health Promotion and Disease Prevention: United States, 1985," which presents data on progress in 12 health areas, including exercise, smoking, high blood pressure, and injury control.
- "Advance Data" reports are supplements to the series reports with accelerated release of data from NCHS

surveys. A recent Advance Data report is "Utilization of Short-stay Hospitals by Patients with AIDS: United States, 1984-86."

- The annual "Vital Statistics of the United States" contains life tables and the most detailed compilation of the country's vital statistics. "Monthly Vital Statistics Reports" summarizes current data on births, deaths, marriages, and divorces.
- "Decennial Life Tables" provides state-by-state and national life expectancy data based on the last U.S. census. A recent decennial publication is "U.S. Life Tables Eliminating Certain Causes of Death."

Readers are invited to contact NCHS for further information on its data, reports, or mailing lists. Write or call the Scientific and Technical Information Branch, 3700 East-West Highway, Room 1-57, Hyattsville, MD 20782, (301) 436-8500.

Manning Feinleib, M.D., Dr. P.H., is director of the National Center for Health Statistics. He is not a member of the Society.

(Ed. note: Robert J. Johansen, Chairperson of the Society's Committee on Government Statistics, has arranged for a series of articles by the heads of four federal statistical agencies on what their agencies produce, some of the problems they face, and sources of information on publications. This article by Manning Feinleib of NCHS will be followed by articles from Allan Young of BEA and Janet Norwood of BLS. An article by Jack Keane of the Census Bureau appeared in the September Actuary.)

Enter contest with obscure actuarial tables

The SOA Research Department is sponsoring a contest to find the most obscure, unusual and/or mysterious actuarial table or experience study. The contest will aid the SOA Library's efforts to catalog actuarial tables and experience studies.

So dust off those old books and let us know what you find.

Winners will be selected by the research staff from entries received by January 31, 1989. Winners will have the department's undying gratitude and whatever prize it comes up with. Entries should be sent to "Research Contest" at the Society office.

11th IACA Conference in Munich

by M. David R. Brown

The 11th Conference of the International Association of Consulting Actuaries (IACA) July 3 - 8 in Munich offered lively, informal discussions at business sessions and friendly, enjoyable social events. The Conference was attended by 167 members and 183 accompanying persons from 17 countries, including 24 Canadian and 39 U.S. members.

German members of IACA hosted an opening "Bavarian Get-together" in the famous Hofbrauhaus, complete with "oom-pah" music and Bavarian dancers. The first day's business sessions included panel discussions on the "The World of the Consulting Actuary" and Social Security. Dr. Eckart Windel, a board member of the West German Pension Benefit Guaranty Corporation, also addressed the group. That evening, the Bavarian State Government hosted a reception in the magnificent Kaisersaal of the Bavarian Royal Palace.

On the next day, delegates could choose among tours to Neuschwanstein Castle, Linderhof Castle and Herrenchiemsee Castle, all built for Prince Ludwig. The following two days of business sessions included discussions of national reports from each country represented, plus sessions on investments, pension rights on divorce, money purchase pension plans, actuarial consulting in insurance, AIDS, pension accounting standards, and taxation and surplus issues for pension plans.

At the closing business session, it was announced that Dudley Funnell of Canada will be Chairperson of the governing committee for the next two years, and Chris White of Australia will be Vice Chairperson. The next Conference will be in Auckland February 18 - 23, 1990.

Membership in IACA is open to Fellows of the SOA, CAS or CIA who are in full-time consulting practice. Further information can be obtained from the U.S. or Canadian members of the governing committee at their *Yearbook* addresses. The U.S. members are Charles Beardsley, Barnet Berin and Leroy Parks. The Canadian member is Frank Livsey.