

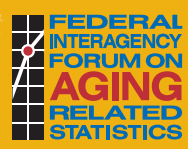
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Older Americans *Update 2006*

Key Indicators of Well-Being

Health Care Health Care Health Care Health Risks and Behaviors Health Risks and Behaviors
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Federal Interagency Forum on Aging-Related Statistics

The Federal Interagency Forum on Aging-Related Statistics (Forum) was founded in 1986 to foster collaboration among Federal agencies that produce or use statistical data on the older population. Forum Agencies as of May 2006 are listed below.

Department of Commerce

U.S. Census Bureau

www.census.gov

Department of Health and Human Services

Administration on Aging

www.aoa.gov

Agency for Healthcare Research and Quality

www.ahrq.gov

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

National Center for Health Statistics

www.cdc.gov/nchs

National Institute on Aging

www.nia.nih.gov

Office of the Assistant Secretary for Planning
and Evaluation

www.aspe.hhs.gov/_/index.cfm

Substance Abuse and Mental Health
Services Administration

www.samhsa.gov

Department of Labor

Bureau of Labor Statistics

www.bls.gov

Department of Veterans Affairs

www.va.gov

Environmental Protection Agency

www.epa.gov

Office of Management and Budget

Office of Information and Regulatory Affairs

www.whitehouse.gov/omb/infoereg/statpolicy.html

Social Security Administration

Office of Research, Evaluation, and Statistics

www.ssa.gov

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Report availability: Single copies of this report are available at no charge through the National Center for Health Statistics while supplies last. Requests may be sent to the Information Dissemination Staff, National Center for Health Statistics, 3311 Toledo Road, Room 5412, Hyattsville, MD 20782. Copies may also be ordered by calling 1-866-441-NCHS (6247) or by emailing nchsquery@cdc.gov. This report is also available on the World Wide Web at www.agingstats.gov.

Older Americans *Update 2006*

Key Indicators of Well-Being

About This Report

Introduction

Older Americans Update 2006: Key Indicators of Well-Being is the third in a series of reports produced by the Federal Interagency Forum on Aging-Related Statistics (Forum). This series of reports provides data on the overall status of the U.S. population age 65 and over, presents a broad summary of national indicators of well-being for this population, and monitors changes in these indicators over time. By following these data trends, more accessible information will be available to target efforts to improve the lives of older Americans.

Older Americans Update 2006 provides readers with the most recent data available in a timely manner. It differs from the full, more detailed versions, *Older Americans 2000* and *Older Americans 2004*, in the following ways:

- ◆ Indicators are updated based on data availability. Out of a total of 37 indicators, 30 are updated in this report. The remaining 7 indicators are shown as they appeared in *Older Americans 2004*.
- ◆ The descriptive text that appears below the charts in the full versions of *Older Americans 2000* and *2004* has been replaced with the data tables used to create the charts. In most cases, the tables have been updated and show the new or corrected data in bolded color. Tables updated and adjusted for inflation show only the newly added years of data in color. Tables that did not fit under the chart are included in Appendix A.
- ◆ Supporting data for each indicator, including complete tables, PowerPoint slides, and data source descriptions, are available at: www.agingstats.gov.

Considerations When Examining the Indicators

Indicators in *Older Americans Update 2006* are not always comparable to the original indicators in *Older Americans 2000* or *2004*. Updating certain indicators is sometimes difficult because of changes in data sources,

definitions, questionnaires, or reporting categories. A comparability table is available at www.agingstats.gov to help readers understand the changes that have occurred.

The source of data for each indicator is noted below the chart. Descriptions of the data sources are available at: www.agingstats.gov. In the charts, tick marks along the *x* axis indicate years for which data are available. The range of years presented in each chart varies because data availability is not uniform across the data sources. To standardize the time frames across the indicators, a timeline has been placed at the bottom of each indicator that reports data for more than 1 year.

Finally, the data in some indicators may not sum to totals because of rounding.

About the Forum

The Forum's mission is to encourage cooperation and collaboration among Federal agencies to improve the quality and utility of data on the aging population. To accomplish this mission, the Forum provides agencies with a venue to discuss data issues and concerns that cut across agency boundaries, facilitates the development of new databases, improves mechanisms currently used to disseminate information on aging-related data, invites researchers to report on cutting-edge analyses of data, and encourages international collaboration.

Forum members provide funds and valuable staff time to support the activities of the Forum.

More Information

For more information about *Older Americans Update 2006* or other Forum activities, contact:

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Hyattsville, MD 20782
Phone: (301) 458-4460
Fax: (301) 458-4037
Email: agingforum@cdc.gov
Internet: www.agingstats.gov

Older Americans on the Internet

Supporting material for this report can be found at www.agingstats.gov. The Web site contains:

- ◆ Complete data for all of the indicators in Excel spreadsheets (some with standard errors, when available).
- ◆ Data source descriptions.
- ◆ Glossary.
- ◆ Updated PowerPoint slides of the charts.
- ◆ A comparability table explaining the changes to the indicators that have taken place between *Older Americans 2000*, *2004*, and *Update 2006*.

The Forum's Web site also provides:

- ◆ Ongoing Federal data resources relevant to the study of the aging.
- ◆ Links to aging-related statistical information on Forum member Web sites.
- ◆ Past products of the Forum (including *Older Americans 2000* and *2004*).
- ◆ Agency contacts.
- ◆ Subject area contact list for Federal statistics.
- ◆ Information about the Forum.

Additional Online Resources

Administration on Aging

A Profile of Older Americans

www.aoa.gov/prof/Statistics/profile/profiles.asp

Online Statistical Data on the Aging

www.aoa.gov/prof/Statistics/online_stat_data/online_stat_data.asp

Agency for Healthcare Research and Quality

AHRQ Data & Surveys

www.ahrq.gov/data

Bureau of Labor Statistics

Bureau of Labor Statistics Data

www.stats.bls.gov/data

U.S. Census Bureau

Statistical Abstract of the United States

www.census.gov/statab/www/

Age Data

www.census.gov/population/www/socdemo/age.html

Longitudinal Employer - Household Dynamics

lehd.dsd.census.gov/led/index.html

Centers for Medicare & Medicaid Services

Research, Statistics, Data and Systems

www.cms.hhs.gov/home/rsds.asp

Department of Veterans Affairs

Veteran Data and Information

www.va.gov/vetdata

Environmental Protection Agency

Aging Initiative

www.epa.gov/aging/index.htm

National Center for Health Statistics

Data Warehouse on Trends in Health and Aging

www.cdc.gov/nchs/agingact.htm

Longitudinal Studies of Aging

www.cdc.gov/nchs/lsoa.htm

Health, United States

www.cdc.gov/nchs/hus.htm

National Institute on Aging

Behavioral and Social Research

www.nia.nih.gov/bsr/resources/

NIA Centers on the Demography of Aging

agingmeta.psc.isr.umich.edu

National Archive of Computerized Data on Aging

www.icpsr.umich.edu/NACDA

Office of the Assistant Secretary for Planning and Evaluation, HHS

Gateway to HHS Data and Statistics

www.hhs-stat.net

HHS Data Council

aspe.hhs.gov/datacncl/index.shtml

Office of Disability, Aging, and Long-Term Care Policy

aspe.hhs.gov/_/office_specific/daltcp.cfm

Office of Management and Budget

FedStats (Gateway to Federal Statistics)

www.fedstats.gov

Substance Abuse and Mental Health Services Administration

www.samhsa.gov/Matrix/matrix_older.aspx

Social Security Administration

SSA Statistical Information

www.ssa.gov/policy

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Population

Indicator 1: Number of Older Americans (*partially updated*)

Indicator 2: Racial and Ethnic Composition (*updated*)

Indicator 3: Marital Status (*updated*)

Indicator 4: Educational Attainment (*updated*)

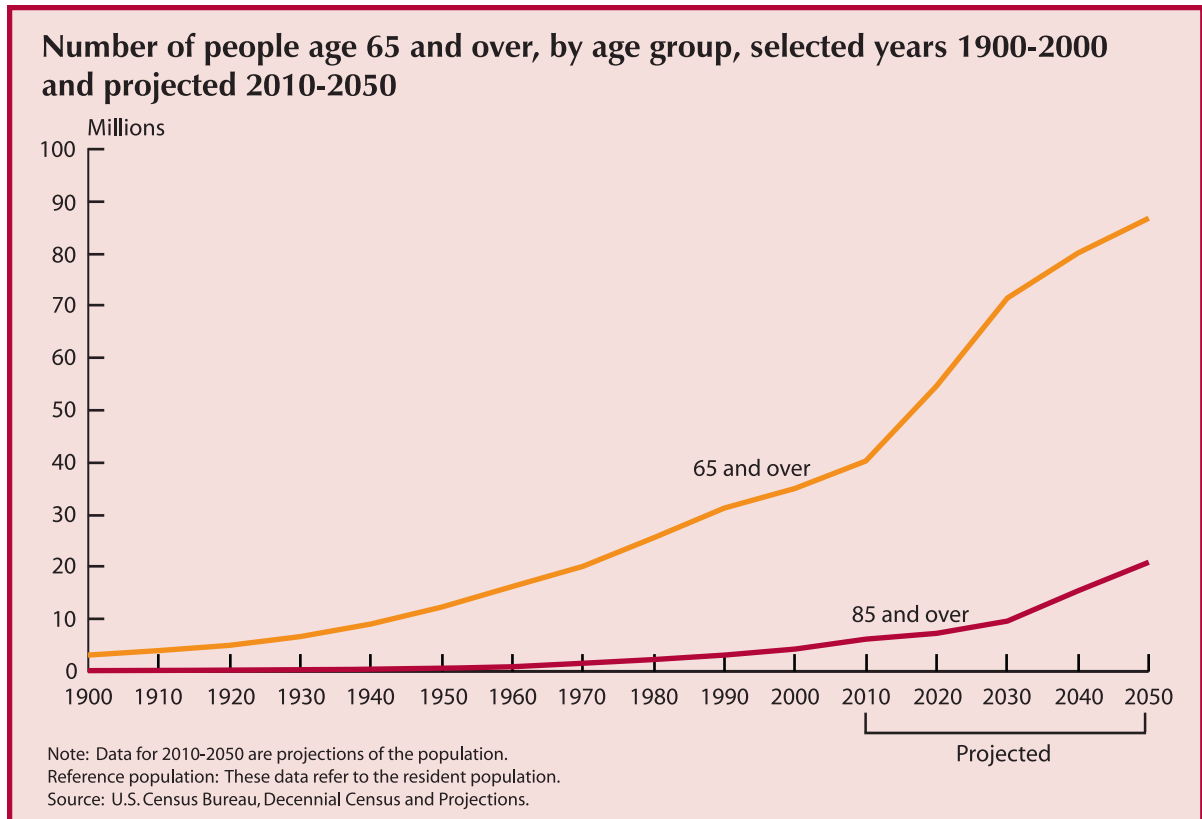
Indicator 5: Living Arrangements (*updated*)

Indicator 6: Older Veterans

INDICATOR 1

Number of Older Americans

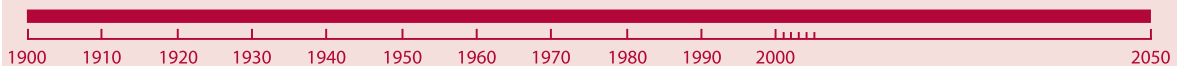
The growth of the population age 65 and over affects many aspects of our society, challenging policymakers, families, businesses, and health care providers, among others, to meet the needs of aging individuals.



Additional information for this indicator can be found at www.agingstats.gov.

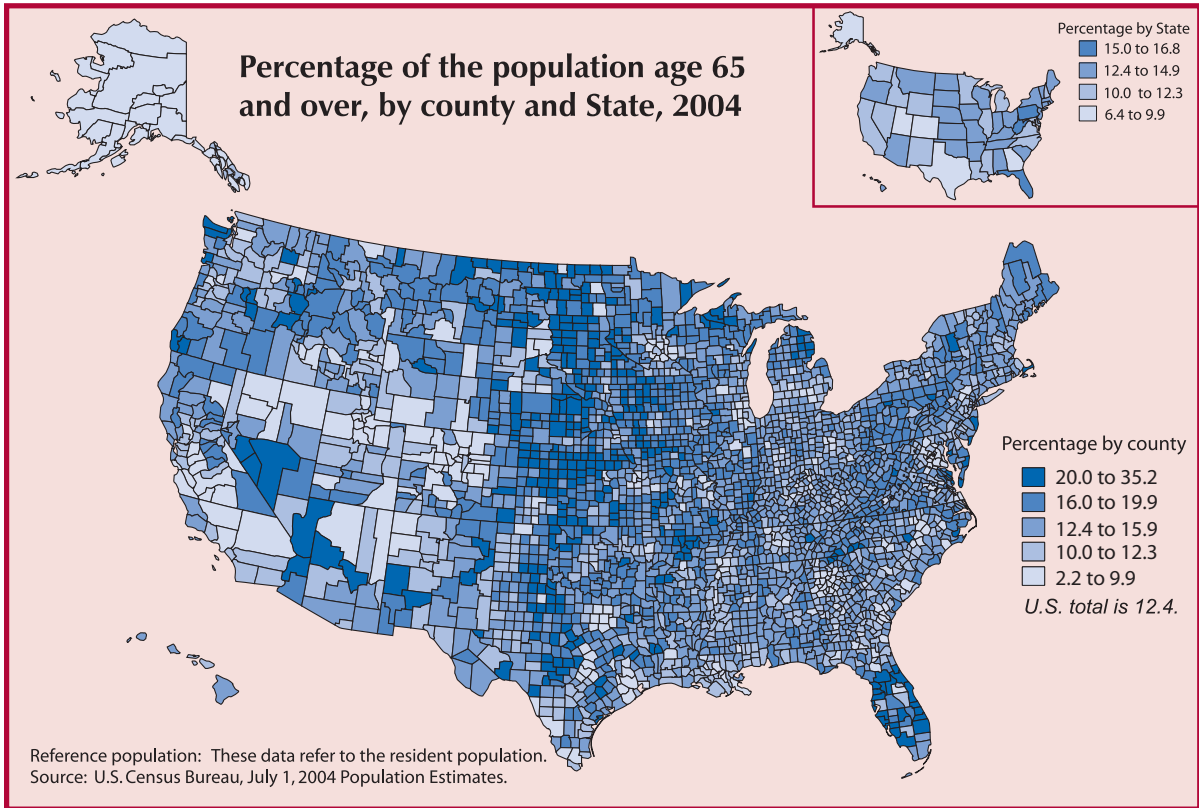
Number of people age 65 and over and 85 and over, selected years 1900-2000 and projected 2010-2050 (Last updated in *Older Americans 2004*)

Year	65 and over	85 and over	Year	65 and over	85 and over
Estimates			Projections		
	In millions			In millions	
1900	3.1	0.1	2010	40.2	6.1
1910	3.9	0.2	2020	54.6	7.3
1920	4.9	0.2	2030	71.5	9.6
1930	6.6	0.3	2040	80.0	15.4
1940	9.0	0.4	2050	86.7	20.9
1950	12.3	0.6			
1960	16.2	0.9			
1970	20.1	1.5			
1980	25.5	2.2			
1990	31.2	3.1			
2000	35.0	4.2			



INDICATOR 1

Number of Older Americans continued



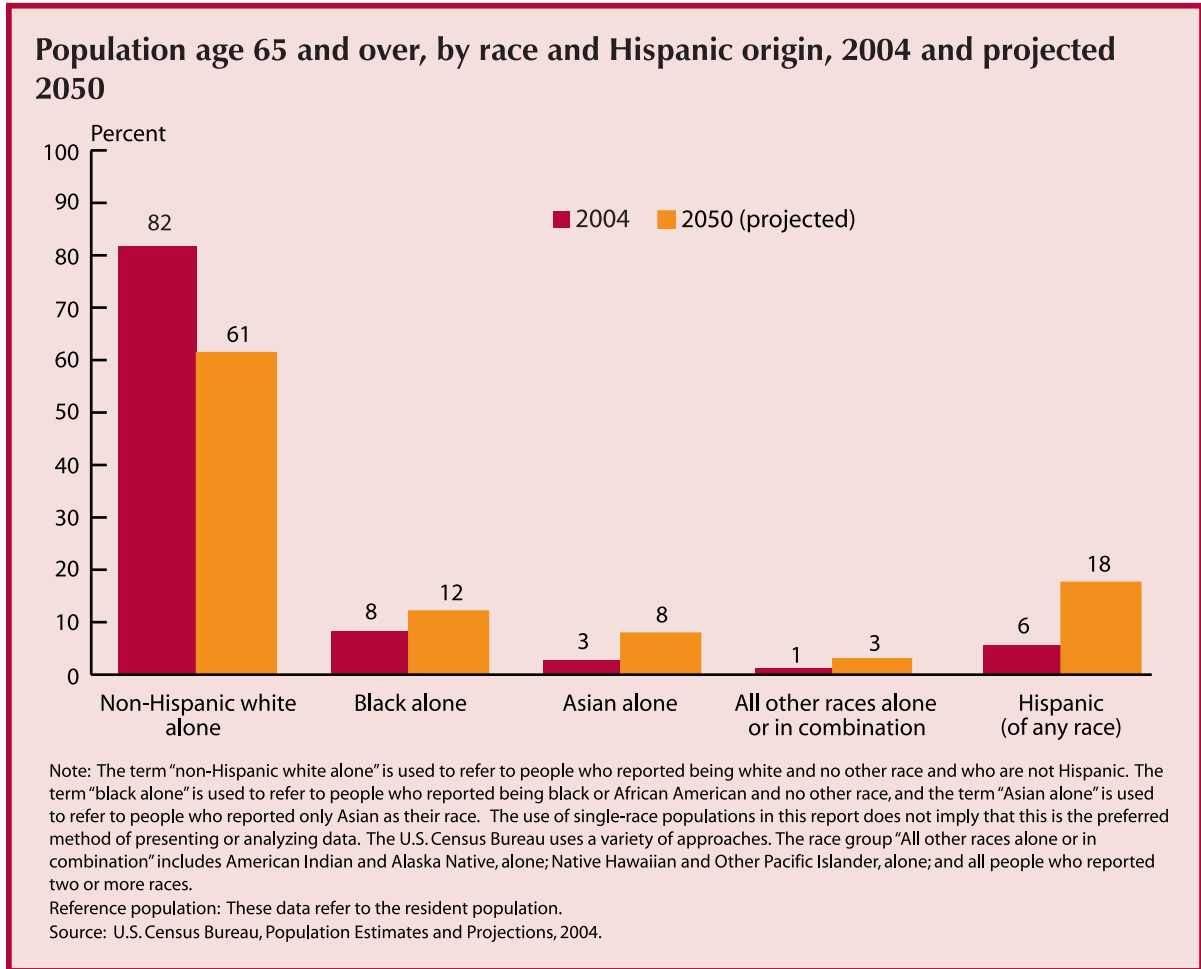
Additional information for this indicator can be found at www.agingstats.gov.

Data for this indicator's chart can be found in tables 1d and 1e on pages 60 and 61.

INDICATOR 2

Racial and Ethnic Composition

As the older population grows larger, it will also grow more diverse, reflecting the demographic changes in the U.S. population as a whole over the last several decades. By 2050, programs and services for older people will require greater flexibility to meet the needs of a more diverse population.



Additional information for this indicator can be found at www.agingstats.gov.

Population age 65 and over, by race and Hispanic origin, 2004 and projected 2050

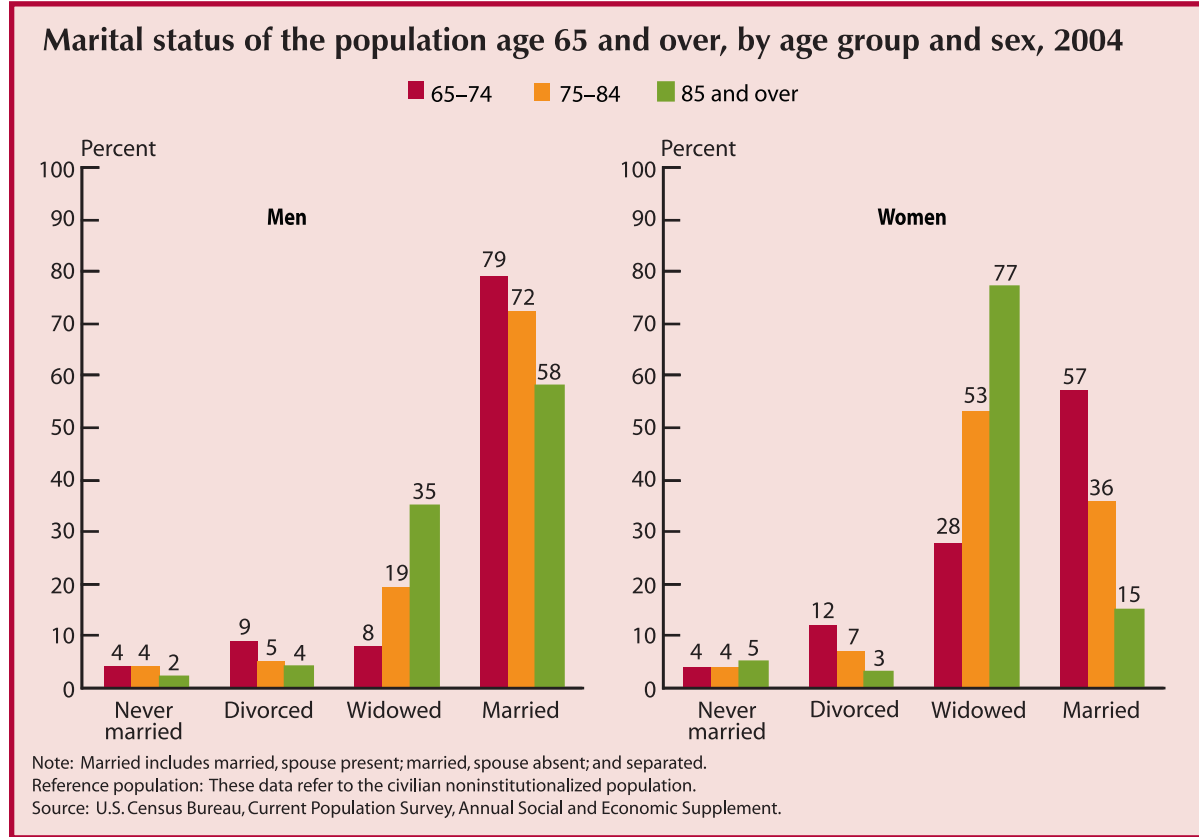
Race and Hispanic origin	2004 estimates	2050 projections
	Percent	
Total	100.0	100.0
Non-Hispanic white alone	81.9	61.3
Black alone	8.4	12.0
Asian alone	2.9	7.8
All other races alone or in combination	1.2	2.7
Hispanic (of any race)	6.0	17.5



INDICATOR 3

Marital Status

Marital status can strongly affect one’s emotional and economic well-being. Among other factors, it influences living arrangements and the availability of caregivers for older Americans with an illness or disability.



Additional information for this indicator can be found at www.agingstats.gov.

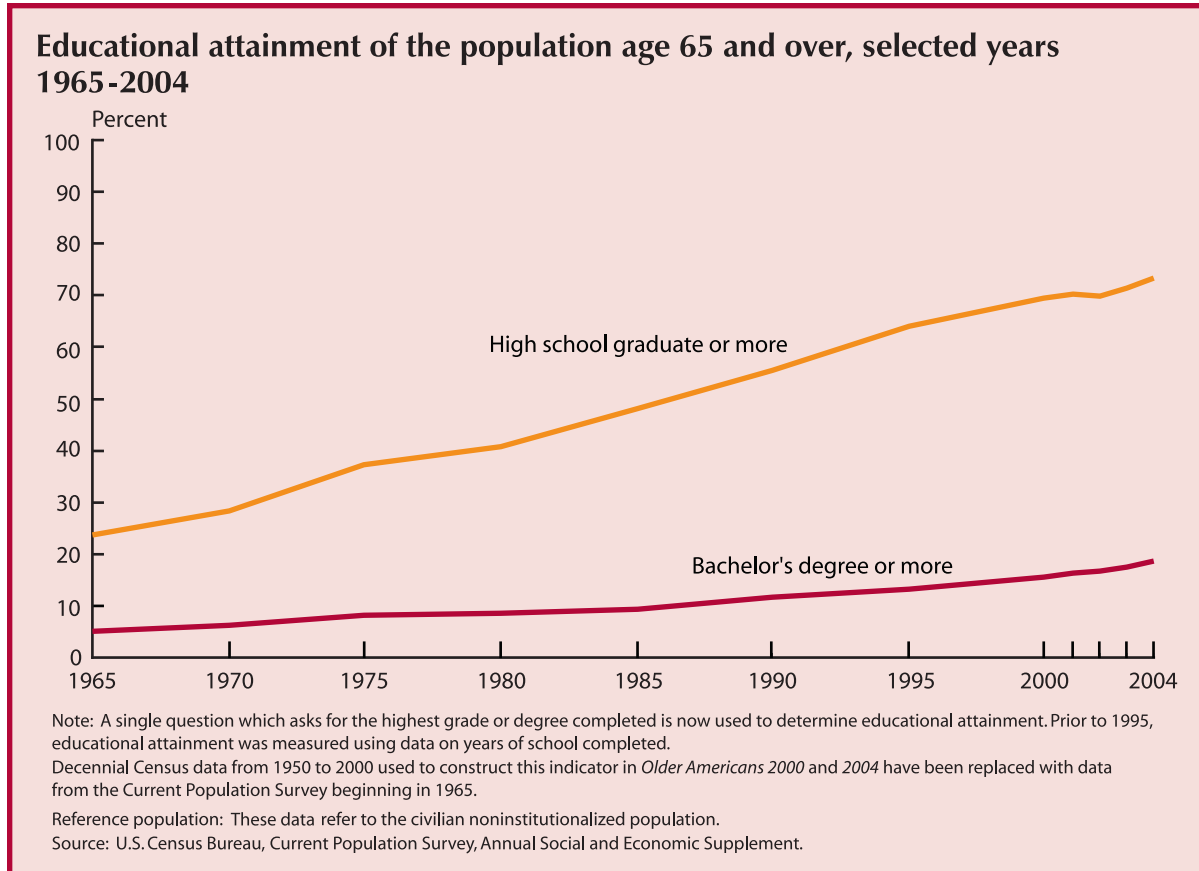
Marital status of the population age 65 and over, by age group and sex, 2004

Selected characteristic	65-74	75-84	85 and over
Percent			
Men			
Married	79.4	72.4	58.3
Widowed	7.5	18.8	35.1
Divorced	8.7	4.8	4.2
Never married	4.4	3.9	2.4
Women			
Married	56.6	36.4	15.1
Widowed	28.0	53.2	77.1
Divorced	11.7	7.0	3.2
Never married	3.7	3.5	4.6

INDICATOR 4

Educational Attainment

Educational attainment influences socioeconomic status, which in turn plays a role in well-being at older ages. Higher levels of education are usually associated with higher incomes, higher standards of living, and above-average health.

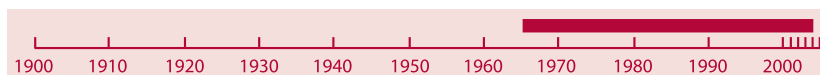


Additional information for this indicator can be found at www.agingstats.gov.

Educational attainment of the population age 65 and over, selected years 1965-2004

Educational attainment	1965	1970	1975	1980	1985	1990	1995	2000	2001	2002	2003	2004
	Percent											
High school graduate or more	23.5	28.3	37.3	40.7	48.2	55.4	63.8	69.5	70.0	69.9	71.5	73.1
Bachelor's degree or more	5.0	6.3	8.1	8.6	9.4	11.6	13.0	15.6	16.2	16.7	17.4	18.7

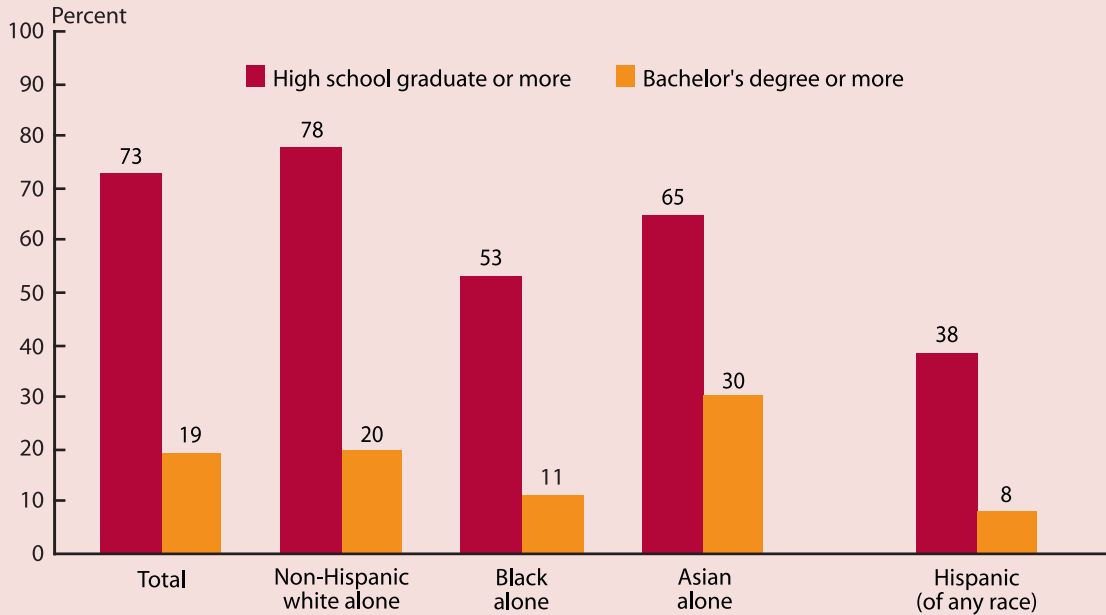
Note: Decennial Census data from 1950 to 2000 used to construct this indicator in *Older Americans 2000* and *2004* have been replaced with data from the Current Population Survey beginning in 1965.



INDICATOR 4

Educational Attainment continued

Educational attainment of the population age 65 and over, by race and Hispanic origin, 2004



Note: The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Additional information for this indicator can be found at www.agingstats.gov.

Educational attainment of the population age 65 and over, by race and Hispanic origin, 2004

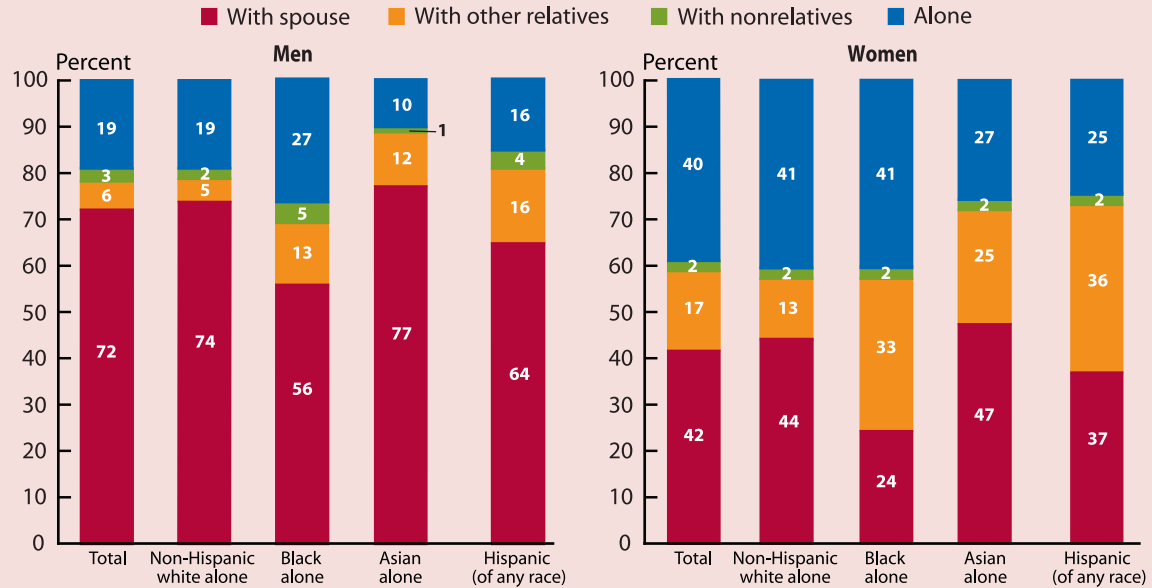
<i>Race and Hispanic origin</i>	<i>High school graduate or more</i>	<i>Bachelor's degree or more</i>
	Percent	
Total	73.1	18.7
Non-Hispanic white alone	78.0	19.8
Black alone	52.5	10.7
Asian alone	64.8	29.8
Hispanic (of any race)	37.6	8.3

INDICATOR 5

Living Arrangements

The living arrangements of America's older population are important indicators because they are linked to income, health status, and the availability of caregivers. Older people who live alone are more likely than older people who live with their spouses to be in poverty.¹

Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2004



Note: Living with other relatives indicates no spouse present. Living with nonrelatives indicates no spouse or other relatives present. The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches.

The data for this indicator in *Older Americans 2004* were incorrect. The erratum is on the Forum's Web site at www.agingstats.gov.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Additional information for this indicator can be found at www.agingstats.gov.

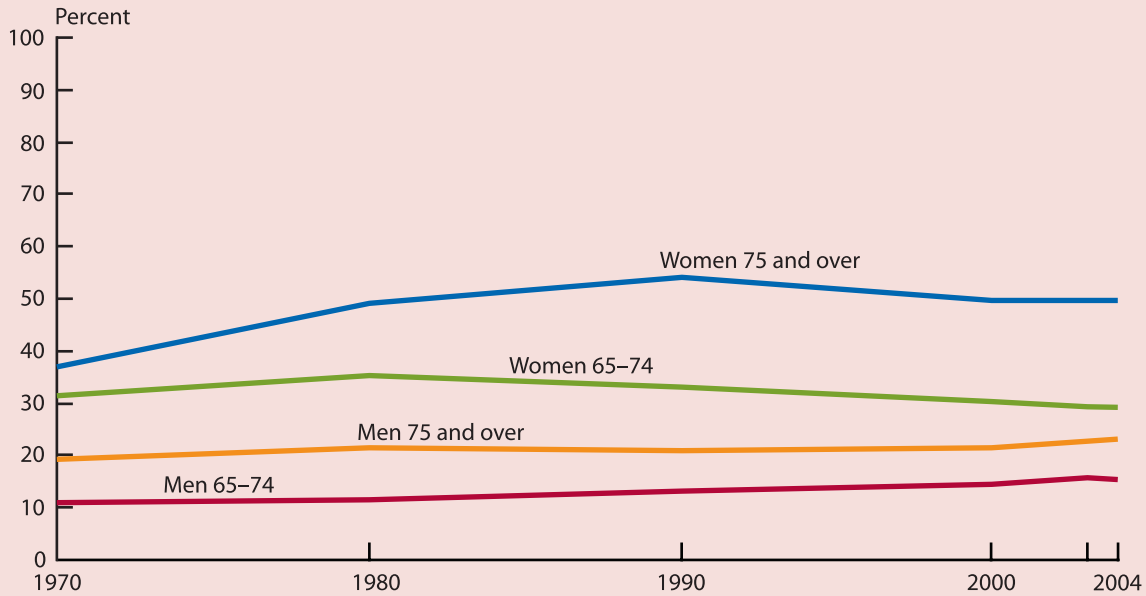
Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2004

Selected characteristic	With spouse	With other relatives	With nonrelatives	Alone
Men				
Percent				
Total	72.4	6.1	2.7	18.8
Non-Hispanic white alone	74.3	4.5	2.4	18.7
Black alone	55.6	13.0	4.9	26.6
Asian alone	77.0	12.0	1.1	9.9
Hispanic (of any race)	64.4	16.3	3.6	15.7
Women				
Total	41.6	16.8	1.9	39.7
Non-Hispanic white alone	43.7	13.3	1.9	41.1
Black alone	23.9	32.6	2.2	41.4
Asian alone	47.1	24.8	1.7	26.7
Hispanic (of any race)	37.1	36.0	2.1	24.8

INDICATOR 5

Living Arrangements continued

Population age 65 and over living alone, by age group and sex, selected years 1970-2004



Reference population: These data refer to the civilian noninstitutionalized population.
Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Additional information for this indicator can be found at www.agingstats.gov.

Population age 65 and over living alone, by age group and sex, selected years 1970-2004

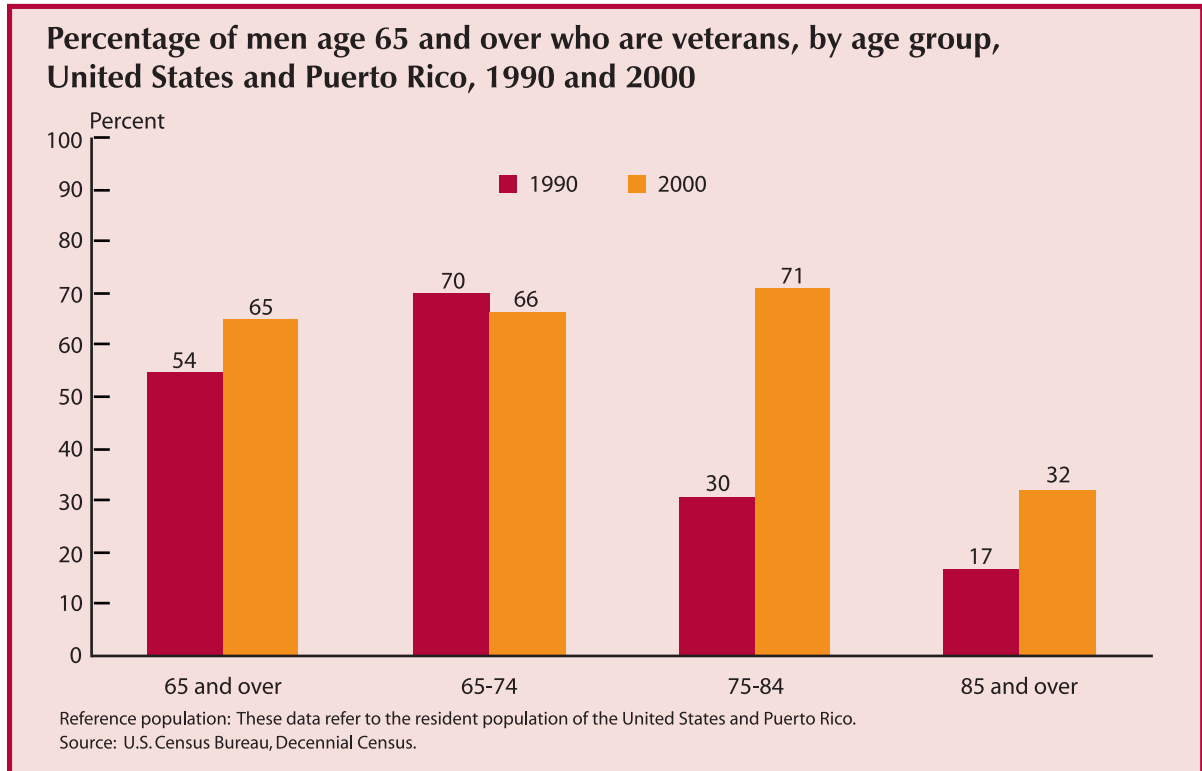
Year	Men		Women	
	65-74	75 and over	65-74	75 and over
Percent				
1970	11.3	19.1	31.7	37.0
1980	11.6	21.6	35.6	49.4
1990	13.0	20.9	33.2	54.0
2000	13.8	21.4	30.6	49.5
2003	15.6	22.9	29.6	49.8
2004	15.5	23.1	29.4	49.9



INDICATOR 6

Older Veterans

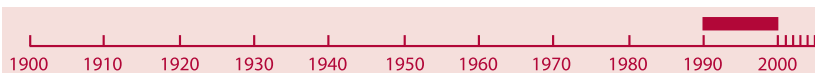
According to Census 2000, there were 9.8 million veterans age 65 and over in the United States and Puerto Rico, composed mainly of the sizeable World War II, Korean War, and, increasingly, Vietnam era cohorts; two of three men age 65 and over were veterans.



Additional information for this indicator can be found at www.agingstats.gov.

Percentage of men age 65 and over who are veterans, by age group, United States and Puerto Rico, 1990 and 2000 (Last updated in *Older Americans 2004*)

Year	65 and over	65-74	75-84	85 and over
	Percent			
1990	54.2	69.7	30.0	16.6
2000	64.9	66.3	70.7	32.3



Economics

Indicator 7: Poverty (*updated*)

Indicator 8: Income (*updated*)

Indicator 9: Sources of Income (*updated*)

Indicator 10: Net Worth (*updated*)

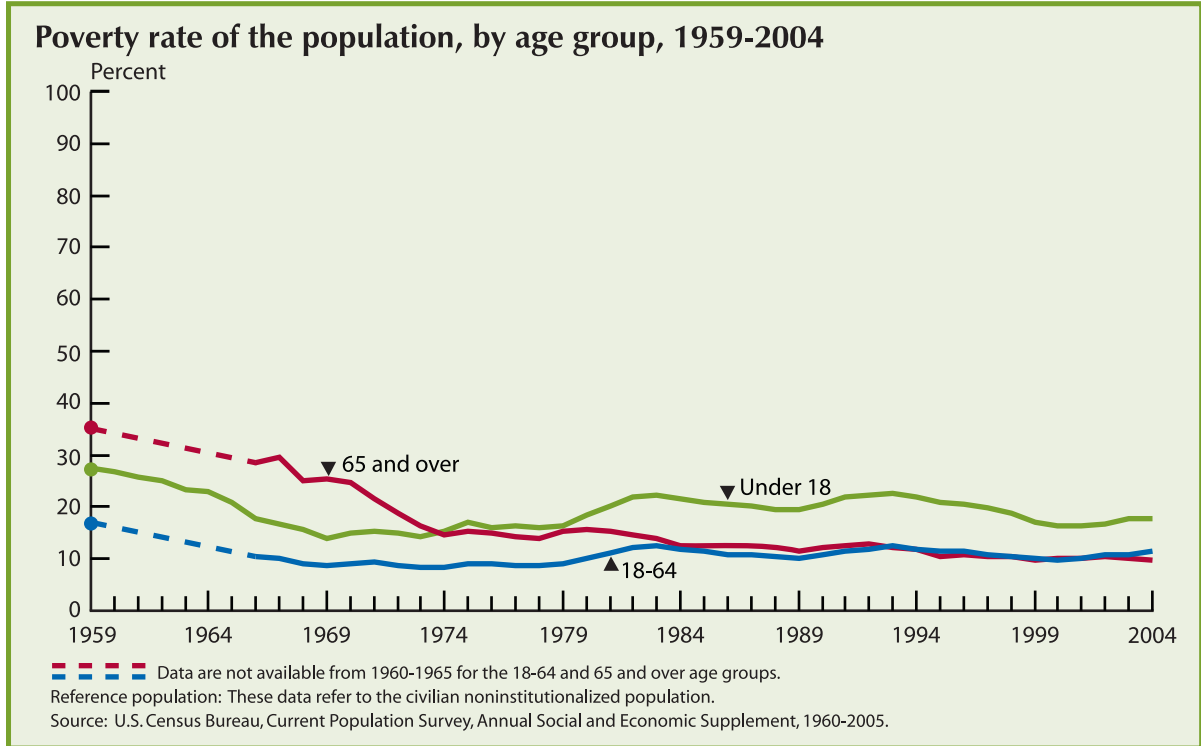
Indicator 11: Participation in the Labor Force (*updated*)

Indicator 12: Housing Expenditures

INDICATOR 7

Poverty

Poverty rates offer one way to evaluate economic well-being. The official poverty definition is based on annual money income before taxes and does not include capital gains and noncash benefits. To determine who is poor, the U.S. Census Bureau compares family income (or an unrelated individual's income) with a set of poverty thresholds that vary by family size and composition and are updated annually for inflation. People identified as living in poverty are at risk of having inadequate resources for food, housing, health care, and other needs.



Additional information for this indicator can be found at www.agingstats.gov.

Percentage of the population living in poverty, by age group, 2003-2004

Year	65 and over	Under 18	18-64	65-74	75-84	85 and over
	Percent					
2003	10.2	17.6	10.8	9.0	11.0	13.8
2004	9.8	17.8	11.3	9.4	9.7	12.6

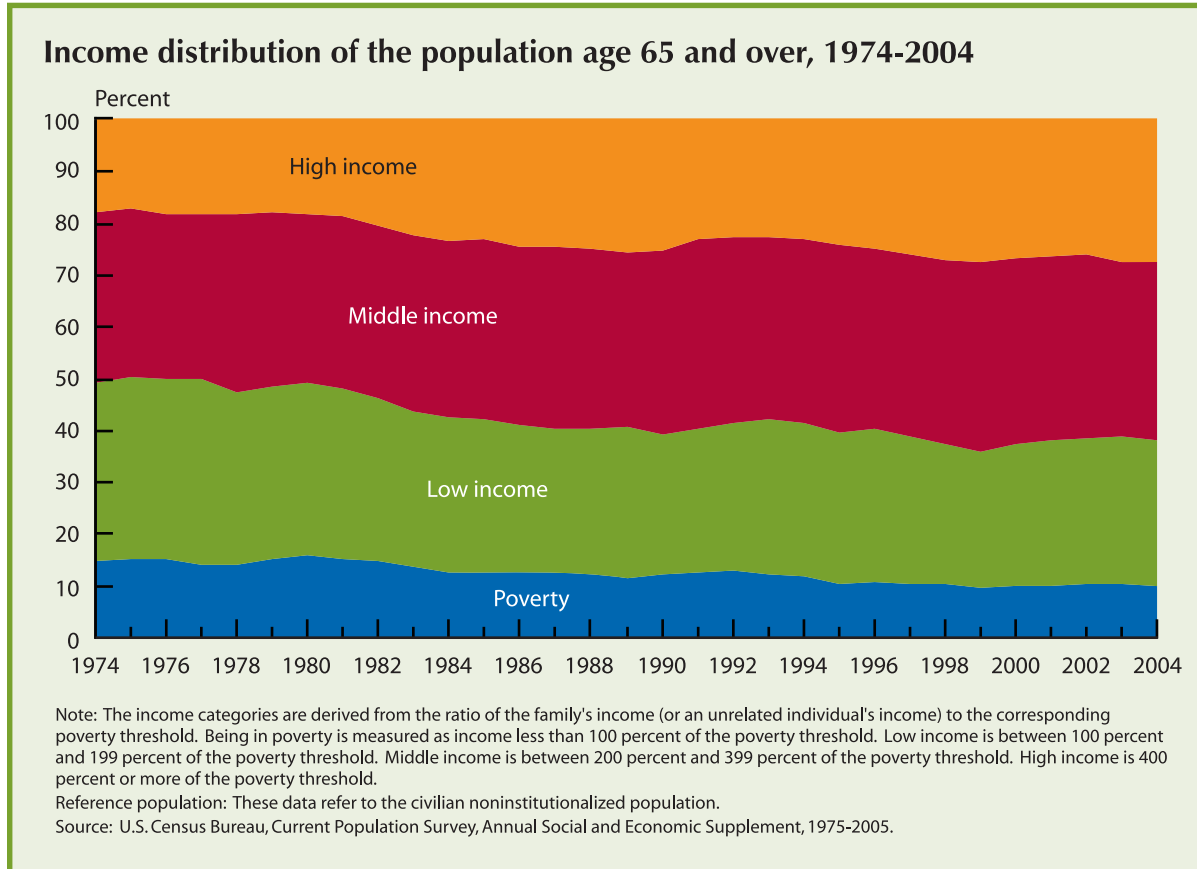
Data for this indicator's chart can be found in table 7a on pages 61 and 62.



INDICATOR 8

Income

The percentage of people living below the poverty line does not give a complete picture of the economic situation of older Americans. Examining the income distribution of the population age 65 and over and their median income provides additional insights into their economic well-being.



Additional information for this indicator can be found at www.agingstats.gov.

Income distribution of the population age 65 and over, 2003-2004

Year	Poverty	Low income	Middle income	High income
Percent				
2003	10.2	28.5	33.8	27.5
2004	9.8	28.1	34.6	27.5

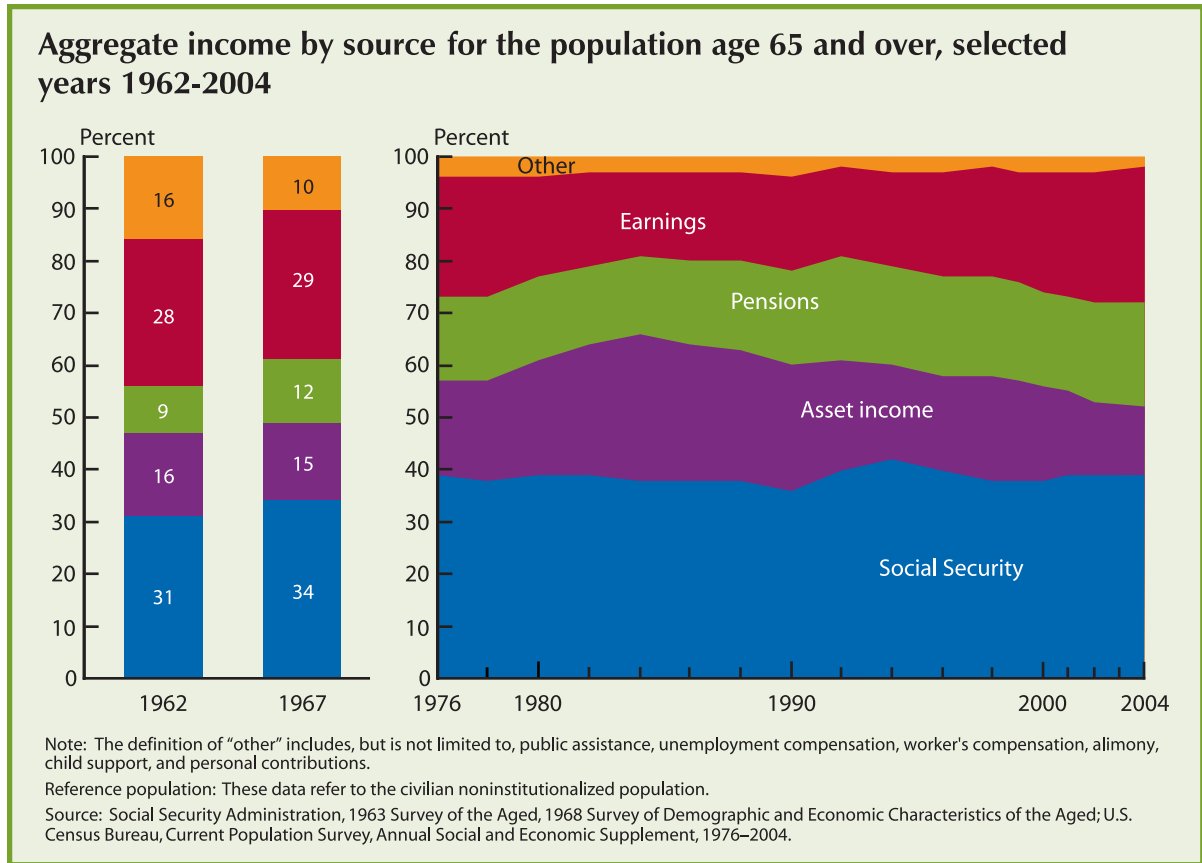
Data for this indicator's chart can be found in table 8 on page 62 and 63.



INDICATOR 9

Sources of Income

Most older Americans are retired from full-time work. Social Security was developed as a floor of protection for their incomes, to be supplemented by other pension income, income from assets, and to some extent, continued earnings. Over time, Social Security has taken on a greater importance to many older Americans.



Additional information for this indicator can be found at www.agingstats.gov.

Aggregate income by source for the population age 65 and over, 2003-2004

Year	Total	Social Security	Asset income	Pensions	Earnings	Other
Percent						
2003	100	39	14	19	25	2
2004	100	39	13	20	26	2

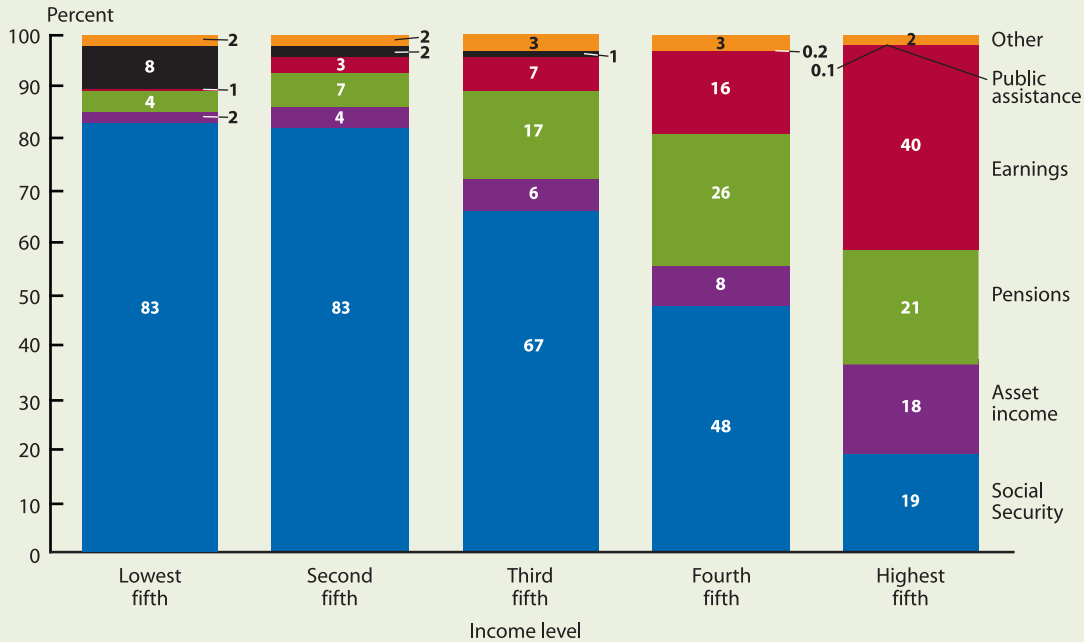
Data for this indicator's chart can be found in table 9a on page 63.



INDICATOR 9

Sources of Income continued

Aggregate income for the population age 65 and over, by source and income quintile, 2004



Note: The definition of "other" includes, but is not limited to, public assistance, unemployment compensation, worker's compensation, alimony, child support, and personal contributions. Quintile limits are \$10,399 for the lowest quintile, \$16,363 for the second quintile, \$25,587 for the third quintile, \$44,129 for the fourth quintile, and open-ended for the highest quintile.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Additional information for this indicator can be found at www.agingstats.gov.

Aggregate income for the population age 65 and over, by source and income quintile, 2004

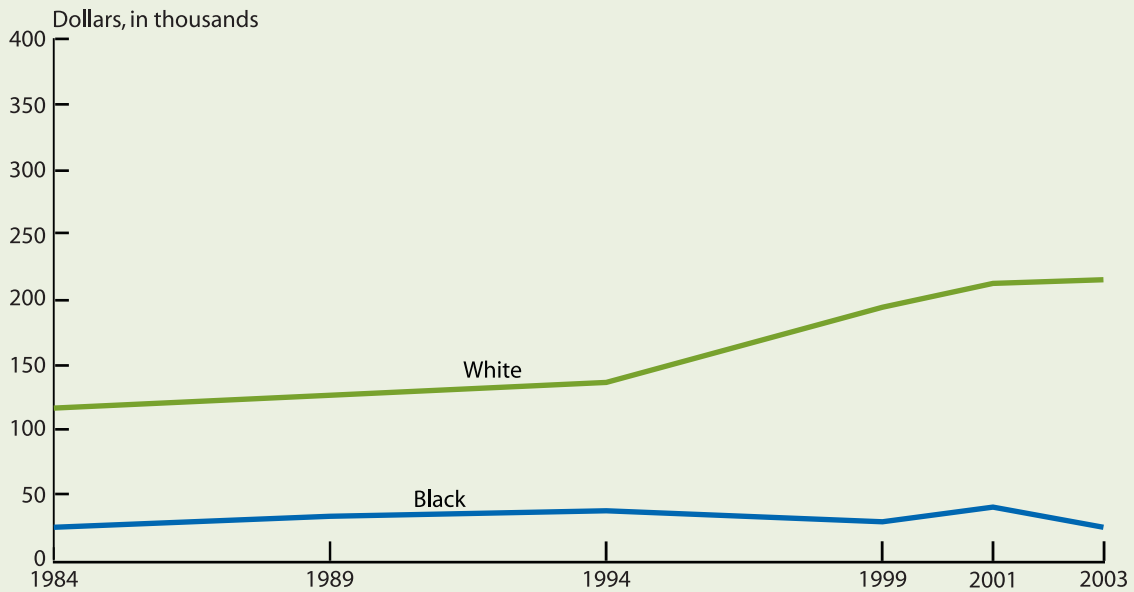
Income source	Lowest fifth	Second fifth	Third fifth	Fourth fifth	Highest fifth
Percent					
Total	100.0	100.0	100.0	100.0	100.0
Social Security	82.6	83.4	66.6	47.5	18.9
Asset income	2.3	3.8	6.0	8.4	17.8
Pensions	3.5	7.0	16.6	25.7	21.2
Earnings	1.2	2.8	7.1	15.7	40.1
Public assistance	8.4	1.6	0.9	0.2	0.1
Other	2.0	1.5	2.7	2.6	1.9

INDICATOR 10

Net Worth

Net worth (the value of real estate, stocks, bonds, and other assets minus outstanding debts) is an important indicator of economic security and well-being. Greater net worth allows a family to maintain its standard of living when income falls because of job loss, health problems, or family changes such as divorce or widowhood.

Median household net worth, by race of head of household age 65 and over, in 2003 dollars, selected years 1984-2003



Note: Net worth data do not include pension wealth. This excludes private defined-contribution and defined-benefit plans as well as rights to Social Security wealth. Data for 1984-2001 have been inflation-adjusted to 2003 dollars.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: Panel Study of Income Dynamics.

Additional information for this indicator can be found at www.agingstats.gov.

Median household net worth, by race of head of household age 65 and over, in 2003 dollars, selected years 1984–2003

Selected characteristic	1984	1989	1994	1999	2001	2003
	Dollars					
White	\$117,800	\$127,600	\$136,600	\$194,400	\$213,000	\$215,000
Black	26,600	34,400	38,500	30,900	42,600	26,300

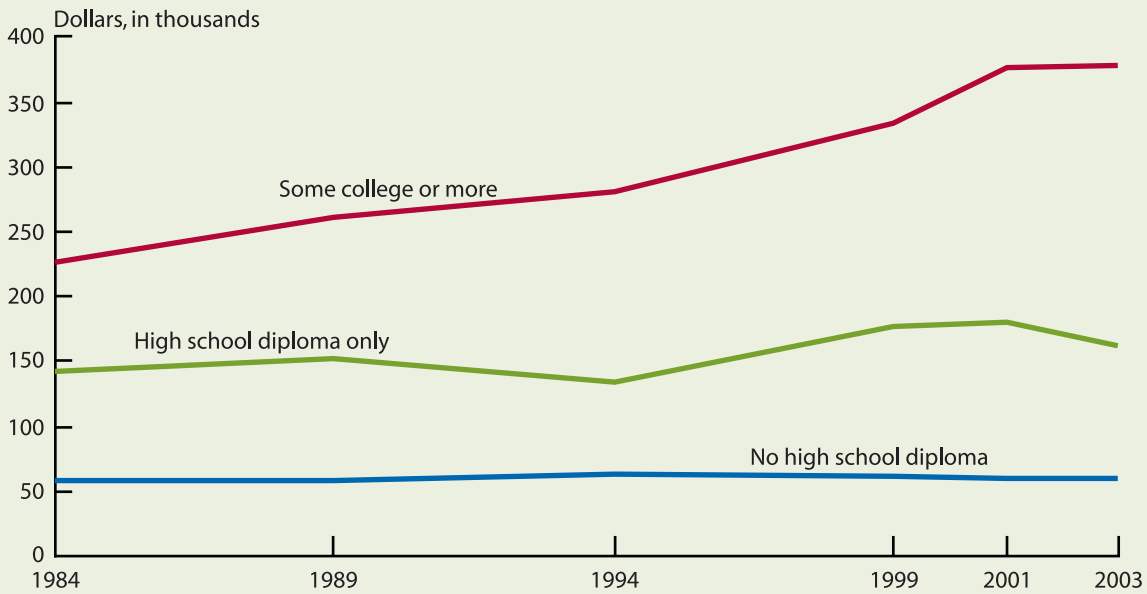
Note: Data for 1984-2001 have been inflation-adjusted to 2003 dollars.



INDICATOR 10

Net Worth continued

Median household net worth, by educational attainment of head of household age 65 and over, in 2003 dollars, selected years 1984-2003



Note: Net worth data do not include pension wealth. This excludes private defined-contribution and defined-benefit plans as well as rights to Social Security wealth. Data for 1984-2001 have been inflation-adjusted to 2003 dollars.
 Reference population: These data refer to the civilian noninstitutionalized population.
 Source: Panel Study of Income Dynamics.

Additional information for this indicator can be found at www.agingstats.gov.

Median household net worth, by educational attainment of head of household age 65 and over, in 2003 dollars, selected years 1984–2003

Selected characteristic	1984	1989	1994	1999	2001	2003
	Dollars					
No high school diploma	\$ 57,400	\$ 56,800	\$ 62,100	\$ 60,800	\$ 59,500	\$ 59,500
High school diploma only	142,200	151,200	134,100	176,700	178,700	161,000
Some college or more	224,900	259,700	279,400	332,400	374,500	376,500

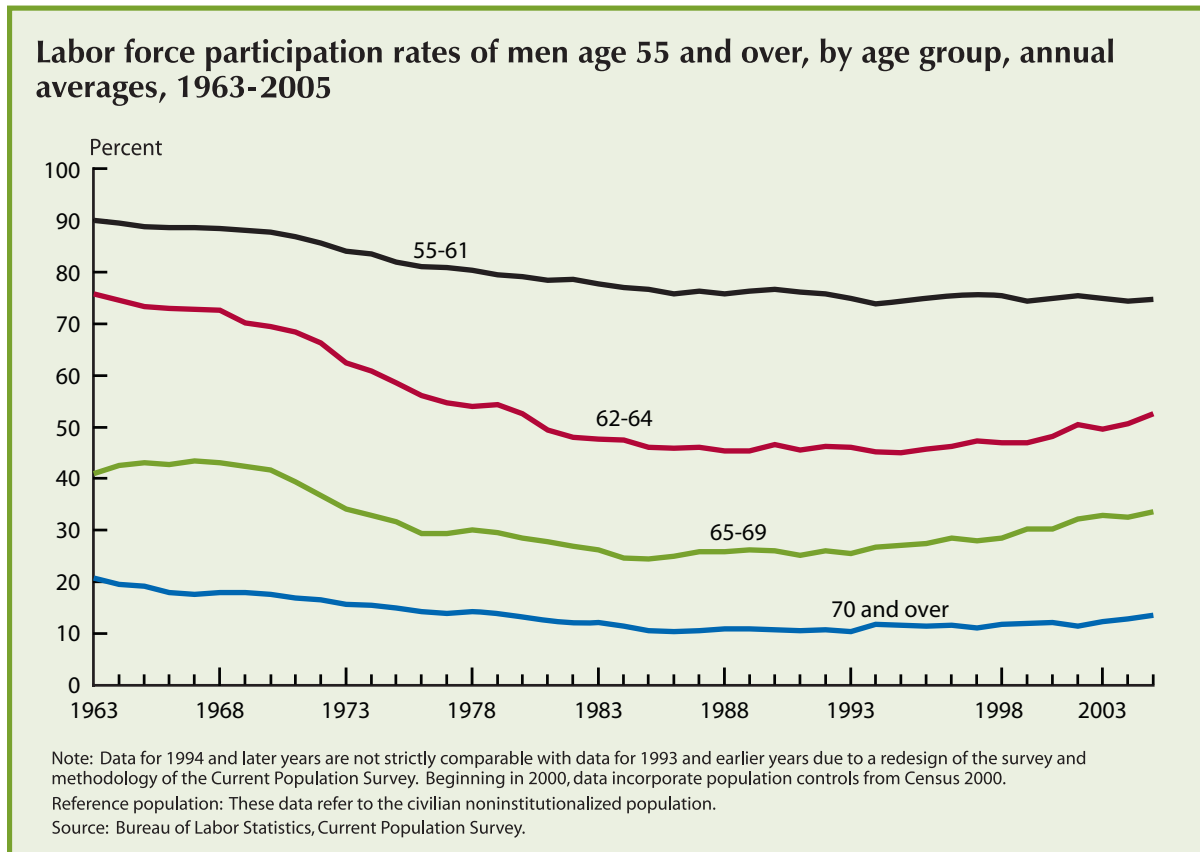
Note: Data for 1984-2001 have been inflation-adjusted to 2003 dollars.



INDICATOR 11

Participation in the Labor Force

The labor force participation rate is the percentage of a group that is in the labor force—that is, either working (employed) or actively looking for work (unemployed). Some older Americans work out of economic necessity. Others may be attracted by the social contact, intellectual challenges, or sense of value that work often provides.



Additional information for this indicator can be found at www.agingstats.gov.

Labor force participation rates of men age 55 and over, by age group, annual averages, 2004-2005

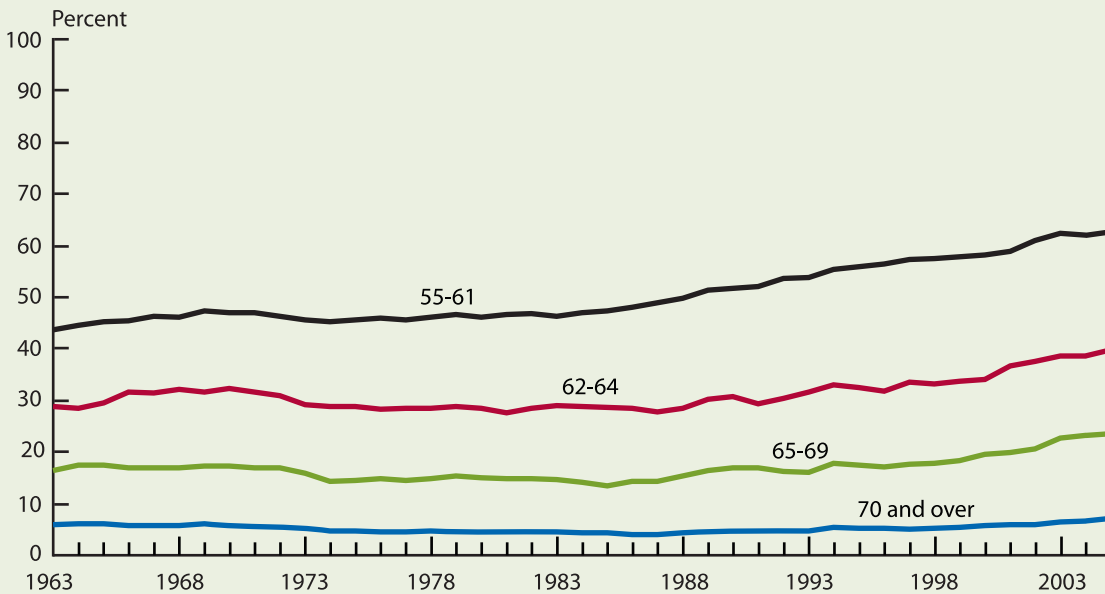
Year	Men			
	55-61	62-64	65-69	70 and over
	Percent			
2004	74.4	50.8	32.6	12.8
2005	74.7	52.5	33.6	13.5

Data for this indicator's chart can be found in table 11 on page 64.



INDICATOR 11 Participation in the Labor Force continued

Labor force participation rates of women age 55 and over, by age group, annual averages, 1963-2005



Note: Data for 1994 and later years are not strictly comparable with data for 1993 and earlier years due to a redesign of the survey and methodology of the Current Population Survey. Beginning in 2000, data incorporate population controls from Census 2000.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: Bureau of Labor Statistics, Current Population Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Labor force participation rates of women age 55 and over, by age group, annual averages, 2004-2005

Year	Women			
	55-61	62-64	65-69	70 and over
	Percent			
2004	62.1	38.7	23.3	6.7
2005	62.7	40.0	23.7	7.1

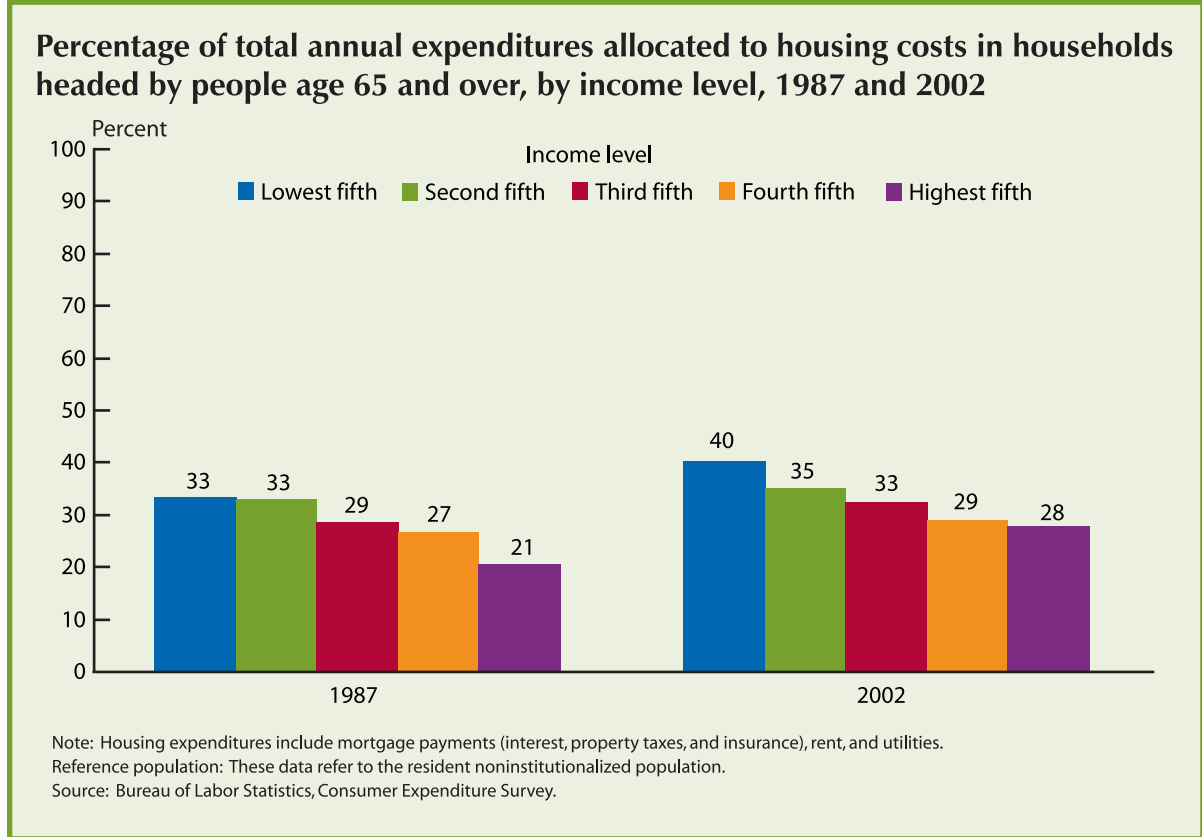
Data for this indicator's chart can be found in table 11 on page 64.



INDICATOR 12

Housing Expenditures

Most older people live in adequate, affordable housing,² but some older Americans are allocating a large proportion of their total expenditures to housing. When housing expenditures comprise a relatively high proportion of total expenditures, less money is available for health care, savings, and other vital goods and services.



Additional information for this indicator can be found at www.agingstats.gov.

Percentage of total annual expenditures allocated to housing costs in households headed by people age 65 and over, by income level, selected years 1987-2002 (Last updated in *Older Americans 2004*)

Income level	1987	1989	1992	1994	1996	1998	2002
	Percent						
Lowest fifth	33.4	34.8	37.5	34.5	36.2	36.0	40.3
Second fifth	33.0	31.4	32.5	35.5	34.0	35.3	35.3
Third fifth	28.8	28.3	30.0	26.3	29.8	28.7	32.6
Fourth fifth	26.7	23.9	26.1	26.4	28.9	28.0	29.1
Highest fifth	20.5	21.8	23.3	23.6	24.1	25.8	28.0



Health Status

Indicator 13: Life Expectancy (*updated*)

Indicator 14: Mortality (*updated*)

Indicator 15: Chronic Health Conditions (*updated*)

Indicator 16: Sensory Impairments and Oral Health (*updated*)

Indicator 17: Memory Impairment

Indicator 18: Depressive Symptoms

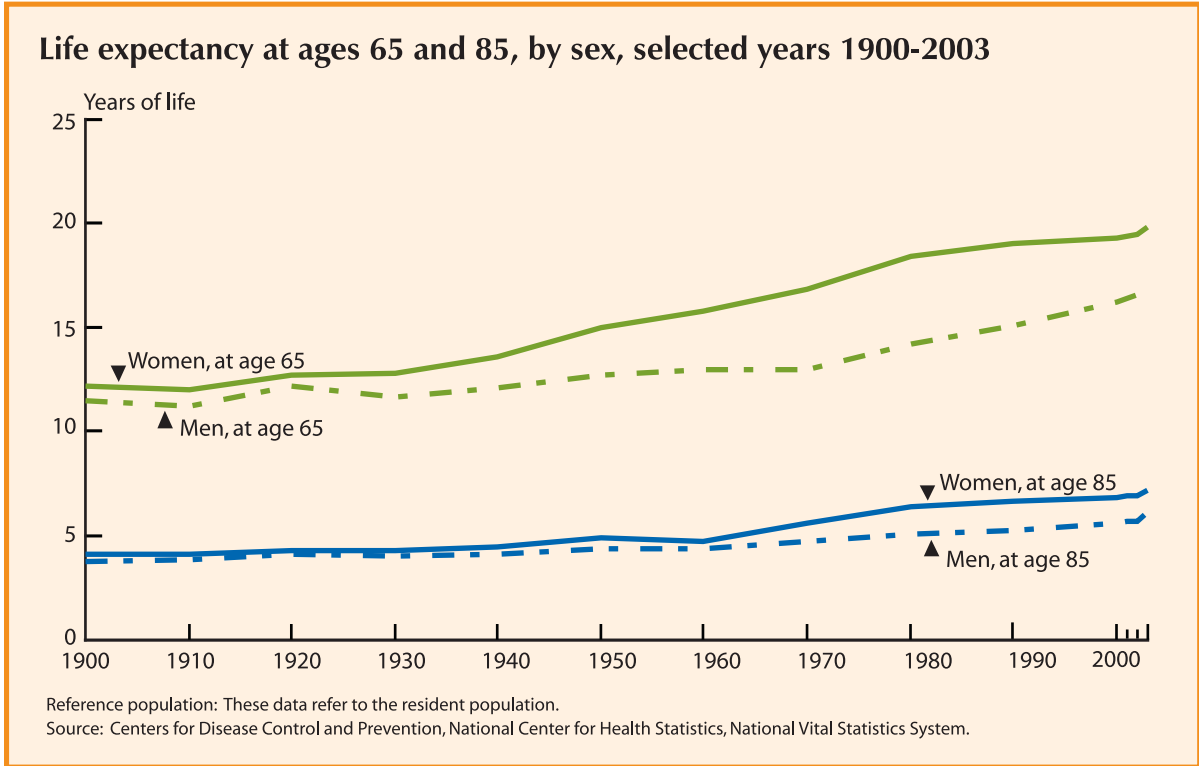
Indicator 19: Disability (*partially updated*)

Indicator 20: Respondent-Assessed Health Status (*updated*)

INDICATOR 13

Life Expectancy

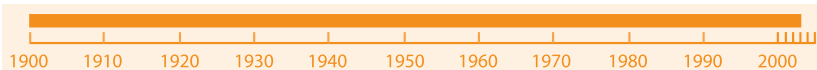
Life expectancy is a summary measure of the overall health of a population. It represents the average number of years of life remaining to a person at a given age if death rates were to remain constant. In the United States, improvements in health have resulted in increased life expectancy and contributed to the growth of the older population over the past century.



Additional information for this indicator can be found at www.agingstats.gov.

Life expectancy, by age and sex, selected years 1900-2003

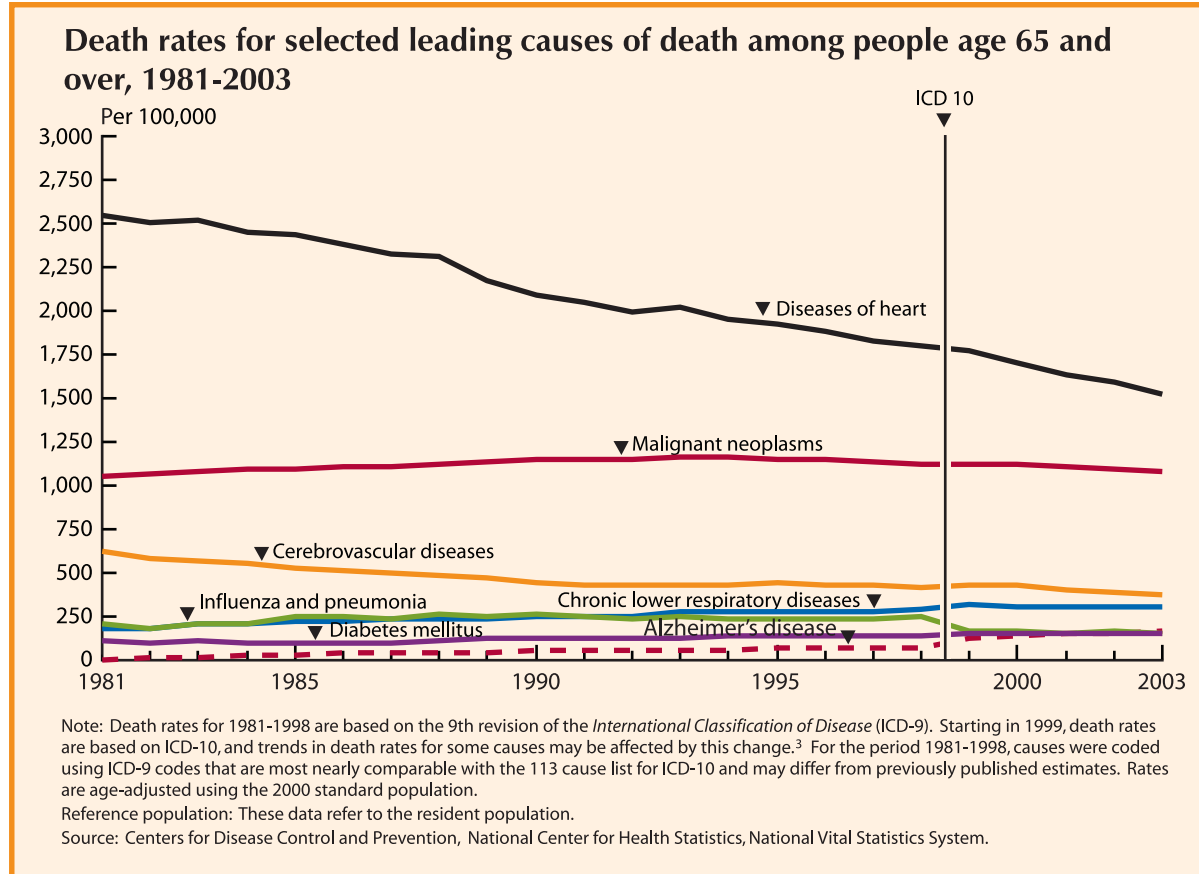
Age and sex	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000	2001	2002	2003
Years														
At age 65														
Men	11.5	11.2	12.2	11.7	12.1	12.7	13.0	13.0	14.2	15.1	16.2	16.4	16.6	16.8
Women	12.2	12.0	12.7	12.8	13.6	15.0	15.8	16.8	18.4	19.0	19.3	19.4	19.5	19.8
At age 85														
Men	3.8	3.9	4.1	4.0	4.1	4.4	4.4	4.7	5.1	5.3	5.6	5.7	5.7	6.0
Women	4.1	4.1	4.3	4.3	4.5	4.9	4.7	5.6	6.4	6.7	6.8	6.9	6.9	7.2



INDICATOR 14

Mortality

Overall, death rates in the U.S. population have declined during the past century. But for some diseases, death rates among older Americans have increased in recent years.



Additional information for this indicator can be found at www.agingstats.gov.

Death rates for selected leading causes of death among people age 65 and over, 2002-2003

Year	Diseases of heart	Malignant neoplasms	Cerebrovascular diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Diabetes mellitus	Alzheimer's disease
Number per 100,000 population							
2002	1,585.2	1,090.9	393.2	300.6	160.7	152.0	158.7
2003	1,524.9	1,073.0	372.8	299.1	154.8	150.7	167.7

Data for this indicator's chart can be found in table 14a on page 65.

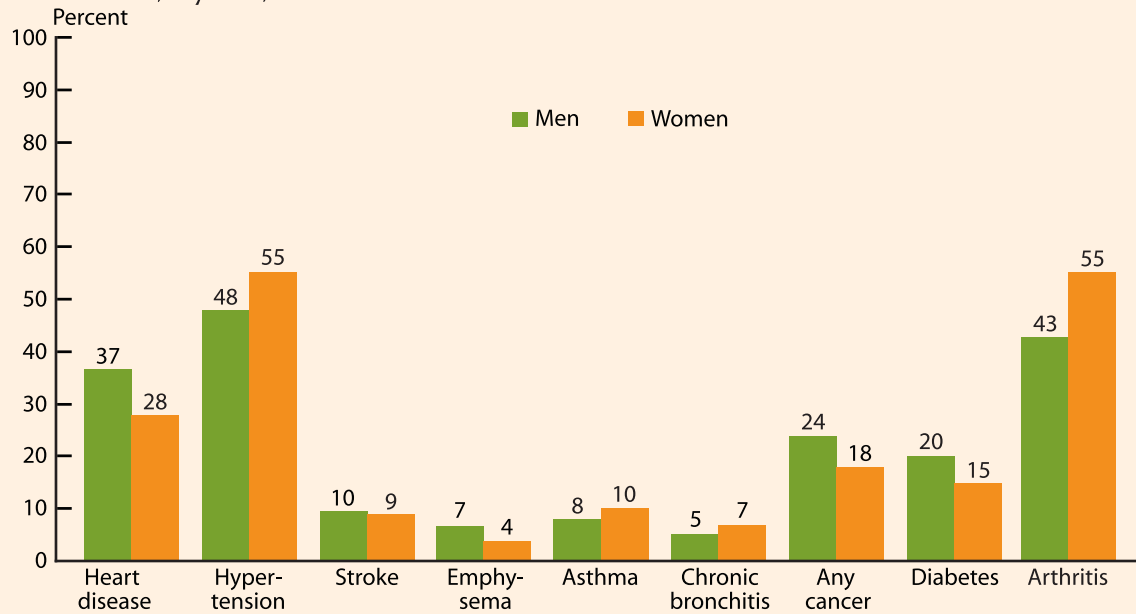


INDICATOR 15

Chronic Health Conditions

Chronic diseases are long-term illnesses that are rarely cured. Chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions.⁴ Chronic health conditions negatively affect quality of life, contributing to declines in functioning and the inability to remain in the community.⁵ Many chronic conditions can be prevented or modified with behavioral interventions. Six of the seven leading causes of death among older Americans are chronic diseases. (See “Indicator 14: Mortality.”)

Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2003-2004



Note: Data are based on a 2-year average from 2003-2004. The question used to estimate the percentage of people who report having arthritis is “Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?” This differs from the questions that were asked to estimate the percentage of people who report having “arthritic symptoms” in *Older Americans 2004*.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2003-2004

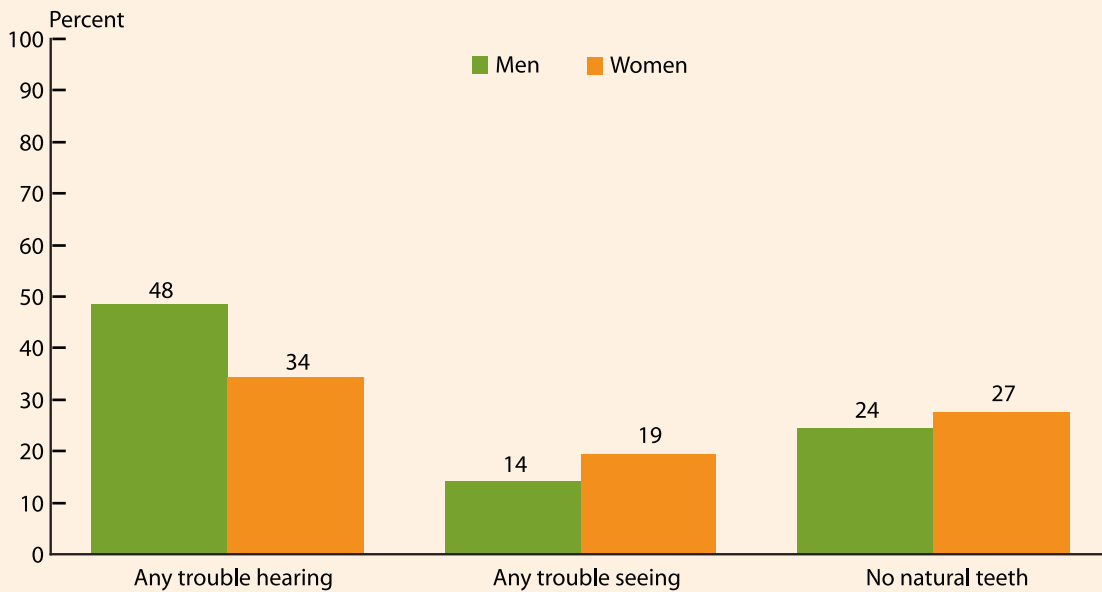
Sex	Heart disease	Hypertension	Stroke	Emphysema	Asthma	Chronic bronchitis	Any cancer	Diabetes	Arthritis
	Percent								
Total	31.7	51.9	9.2	5.2	8.9	6.0	20.6	17.0	49.9
Men	37.2	48.1	10.1	6.7	7.6	4.6	23.8	19.5	42.9
Women	27.7	54.7	8.5	4.1	9.9	7.1	18.2	15.1	55.0

INDICATOR 16

Sensory Impairments and Oral Health

Vision and hearing impairments and oral health problems are often thought of as natural signs of aging. Often, however, early detection and treatment can prevent, or at least postpone, some of the debilitating physical, social, and emotional effects these impairments can have on the lives of older people. Glasses, hearing aids, and regular dental care are not covered services under Medicare.

Percentage of people age 65 and over who reported having any trouble hearing, any trouble seeing, or no natural teeth, by sex, 2004



Note: Respondents were asked “Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, deaf?” For the purposes of this indicator the category “Any trouble hearing” includes “a little trouble, a lot of trouble, and deaf.” Regarding their vision, respondents were asked “Do you have any trouble seeing, even when wearing glasses or contact lenses?” The category “Any trouble seeing” also includes those who in a subsequent question report themselves as blind. Lastly, respondents were asked, in one question, “Have you lost all of your upper and lower natural (permanent) teeth?”

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of people age 65 and over who reported having any trouble hearing, any trouble seeing, or no natural teeth, by sex, 2004

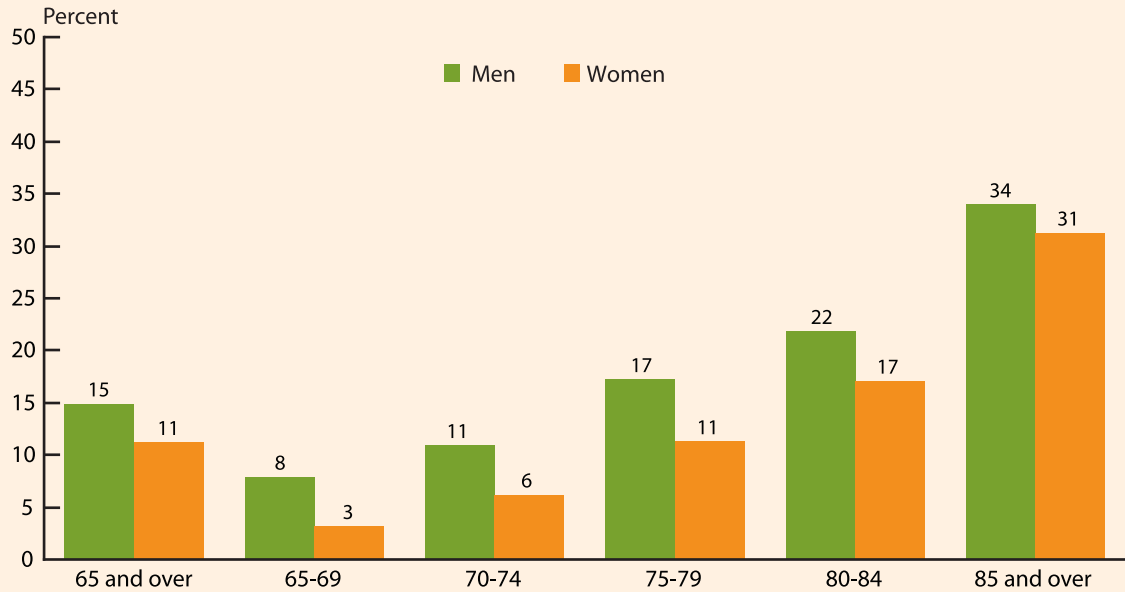
Sex	Any trouble hearing	Any trouble seeing	No natural teeth
	Percent		
Men	47.7	14.4	24.2
Women	33.9	18.7	26.8

INDICATOR 17

Memory Impairment

Memory skills are important to general cognitive functioning, and declining scores on memory tests are indicators of general cognitive loss for older adults. Low cognitive functioning (i.e., memory impairment) is a major risk factor for entering a nursing home.^{6,7}

Percentage of people age 65 and over with moderate or severe memory impairment, by age group and sex, 2002



Note: The definition of "moderate or severe memory impairment" is four or fewer words recalled (out of 20) on combined immediate and delayed recall tests among self-respondents. Self-respondents who refused either the immediate or delayed word recall test were excluded from the analysis. Proxy respondents with an overall memory rating of "poor" were included as having moderate or severe memory impairment. Because of some changes in methods from the 2000 edition of *Older Americans*, no inference should be made about longitudinal trends.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Health and Retirement Study.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of people age 65 and over with moderate or severe memory impairment, by age group and sex, 2002 (Last updated in *Older Americans 2004*)

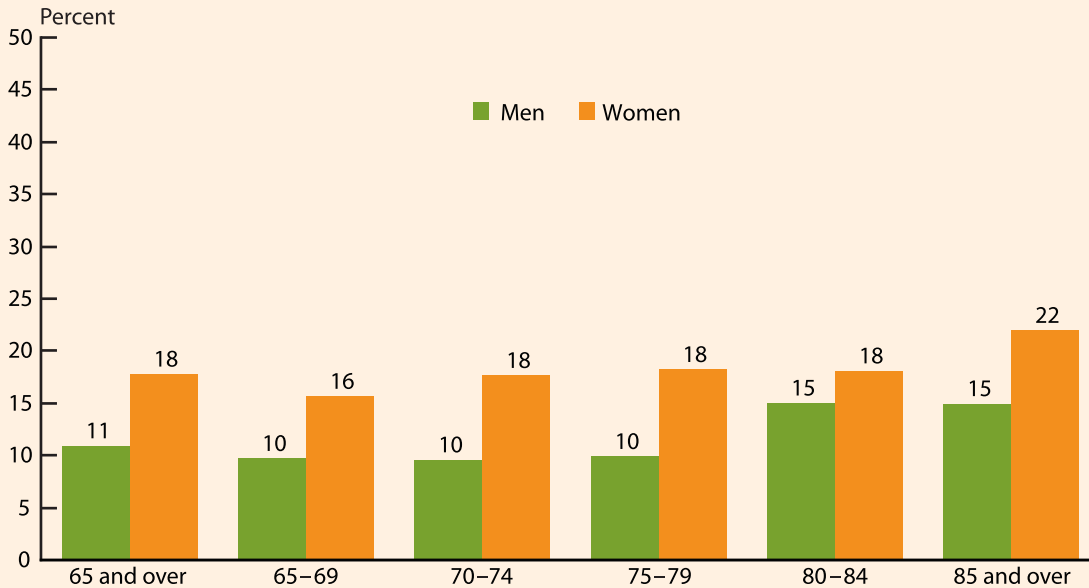
	Both sexes	Men	Women
		Percent	
65 and over	12.7	14.9	11.2
65-69	5.1	7.8	3.1
70-74	8.2	10.9	6.1
75-79	13.6	17.2	11.2
80-84	18.8	21.8	17.0
85 and over	32.1	33.9	31.2

INDICATOR 18

Depressive Symptoms

Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, and higher health care resource utilization.^{6,8}

Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2002



Note: The definition of "clinically relevant depressive symptoms" is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center for Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study. The CES-D scale is a measure of depressive symptoms and is not to be used as a diagnosis of clinical depression. A detailed explanation concerning the "4 or more symptoms" cut-off can be found in the following documentation, hrsonline.isr.umich.edu/docs/userg/dr-005.pdf.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: Health and Retirement Study.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2002 (Last updated in *Older Americans 2004*)

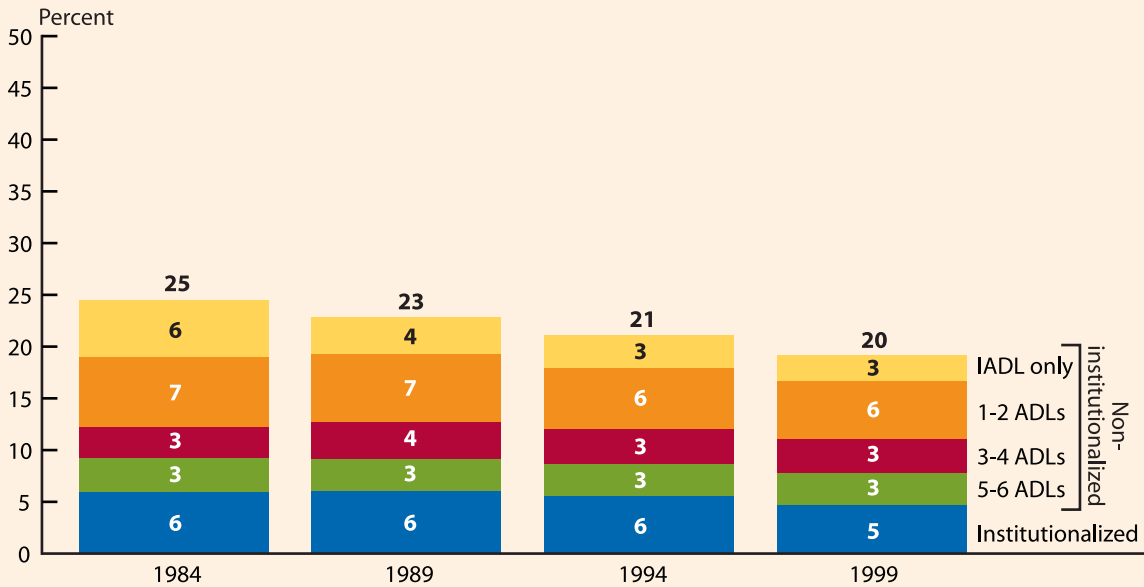
	Percent		
	Both sexes	Men	Women
65 and over	15.0	10.9	17.8
65-69	13.1	9.7	15.6
70-74	14.2	9.6	17.6
75-79	14.9	9.9	18.2
80-84	16.9	15.0	18.1
85 and over	19.6	14.9	21.9

INDICATOR 19

Disability

Functioning in later years may be diminished if illness, chronic disease, or injury limits physical and/or mental abilities. Changes in disability rates have important implications for work and retirement policies, health and long-term care needs, and the social well-being of the older population.

Age-adjusted percentage of Medicare enrollees age 65 and over who are chronically disabled, by level and category of disability, 1984, 1989, 1994, and 1999



Note: Disabilities are grouped into two categories: limitations in activities of daily living (ADLs) and limitations in instrumental activities of daily living (IADLs). The six ADLs included are bathing, dressing, getting in or out of bed, getting around inside, toileting, and eating. The eight IADLs included are light housework, laundry, meal preparation, grocery shopping, getting around outside, managing money, taking medications, and telephoning. Individuals are considered to have an ADL disability if they report receiving help or supervision, or using equipment, to perform the activity, or not performing the activity at all because of their health or a disability. Individuals are considered to have an IADL disability if they report using equipment to perform the activity or not performing the activity at all because of their health or a disability. Individuals are considered to be chronically disabled if they have at least one ADL or one IADL limitation that is expected to last 90 days or longer, or they are institutionalized. Data for 1989 do not sum to the total because of rounding.

Reference population: These data refer to Medicare enrollees.

Source: National Long Term Care Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Age-adjusted percentage of Medicare enrollees age 65 and over who are chronically disabled, by level and category of disability, 1984, 1989, 1994, and 1999 (Last updated in *Older Americans 2004*)

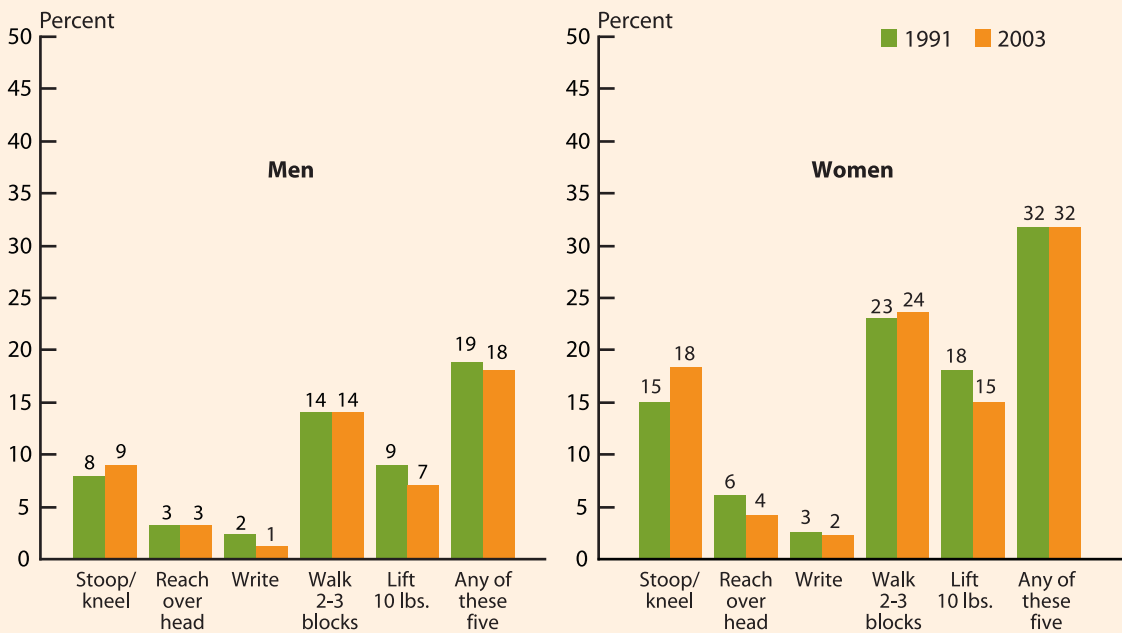
Selected characteristic	1984	1989	1994	1999
	Percent			
Both sexes total	24.5	23.1	21.1	19.7
Living in the community				
IADL only	5.5	3.6	3.1	2.6
1-2 ADLs	6.7	6.6	6.0	5.8
3-4 ADLs	3.0	3.5	3.3	3.4
5-6 ADLs	3.3	3.1	3.1	3.1
Living in an institution	6.0	6.2	5.6	4.8



INDICATOR 19 Disability continued

Different indicators can be used to monitor disability, including limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs) and measures of physical, cognitive, and social functioning. Aspects of physical functioning such as the ability to lift heavy objects, walk 2-3 blocks, or reach up over one's head are more closely linked to physiological capabilities than are ADLs and IADLs, which may be influenced by social and cultural role expectations and by changes in technology.

Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2003



Note: Rates for 1991 are age-adjusted to the 2003 population.
Reference population: These data refer to Medicare enrollees.
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2003

Function	1991	2003	Function	1991	2003
Men			Women		
Percent			Percent		
Stoop/kneel	7.8	9.0	Stoop/kneel	15.1	18.2
Reach over head	3.1	2.8	Reach over head	6.2	4.1
Write	2.2	1.4	Write	2.6	2.2
Walk 2-3 blocks	13.9	13.7	Walk 2-3 blocks	22.8	23.6
Lift 10 lbs.	9.1	7.1	Lift 10 lbs.	18.1	15.1
Any of these five	18.8	18.1	Any of these five	31.8	31.5

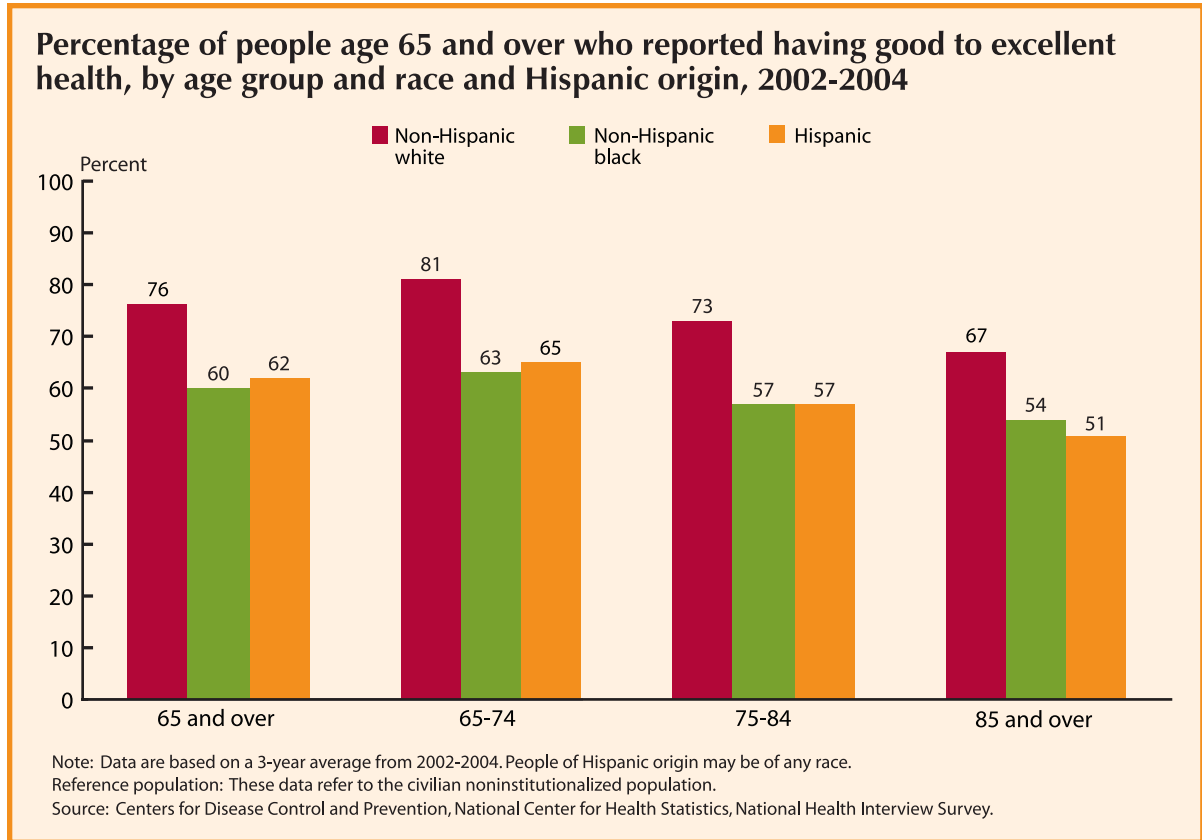
Note: Rates for 1991 are age-adjusted to the 2003 population.



INDICATOR 20

Respondent-Assessed Health Status

Asking people to rate their health as excellent, very good, good, fair, or poor provides a common indicator of health easily measured in surveys. It represents physical, emotional, and social aspects of health and well-being. Respondent-assessed health ratings of good, very good, and excellent correlate with lower risks of mortality.⁹



Additional information for this indicator can be found at www.agingstats.gov.

Respondent-assessed health status among people age 65 and over, by age group and race and Hispanic origin, 2002-2004

Selected characteristic	Not Hispanic or Latino		Hispanic or Latino
	White only	Black only	
Good to excellent health	Percent		
Both sexes			
65 and over	76.2	59.9	61.6
65-74	80.6	62.8	65.3
75-84	72.8	56.5	56.5
85 and over	67.0	53.6	50.8

Health Risks and Behaviors

Indicator 21: Vaccinations *(updated)*

Indicator 22: Mammography *(updated)*

Indicator 23: Dietary Quality

Indicator 24: Physical Activity *(updated)*

Indicator 25: Obesity *(updated)*

Indicator 26: Cigarette Smoking *(updated)*

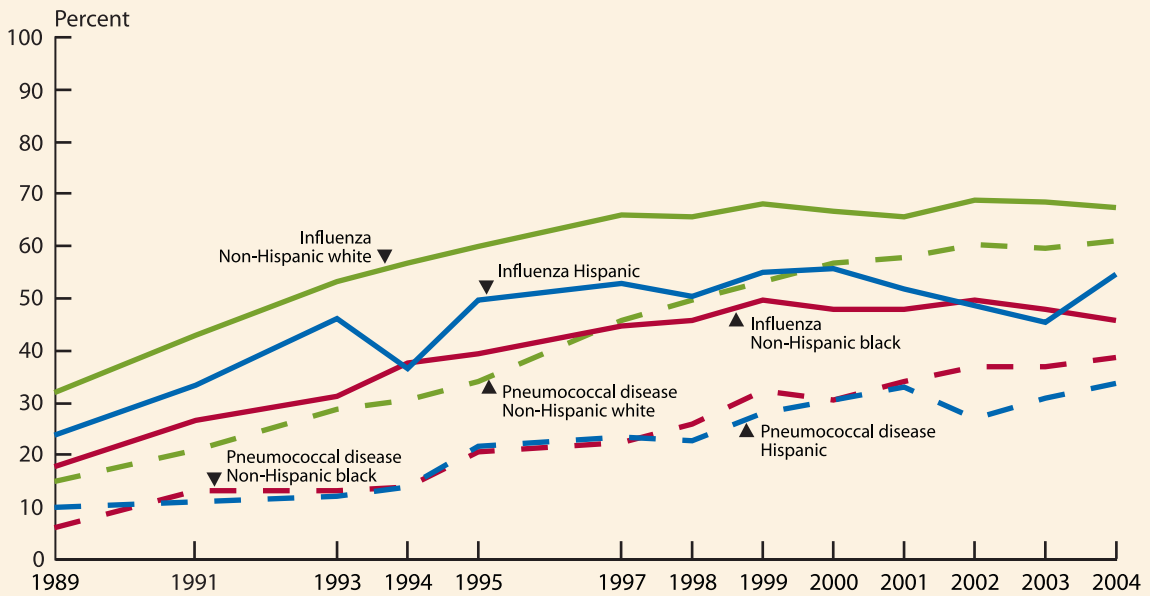
Indicator 27: Air Quality *(updated)*

INDICATOR 21

Vaccinations

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for complications from these diseases compared with younger individuals.^{10,11} Influenza vaccinations are given annually, and pneumococcal vaccinations are usually given once in a lifetime. The costs associated with these vaccinations are covered under Medicare Part B.

Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years 1989-2004



Note: People of Hispanic origin may be of any race. For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. Reference population: These data refer to the civilian noninstitutionalized population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, 2003–2004

Year	Not Hispanic or Latino		
	White	Black	Hispanic or Latino
	Percent		
Influenza			
2003	68.6	47.8	45.4
2004	67.3	45.7	54.6
Pneumococcal disease			
2003	59.6	37.0	31.0
2004	60.9	38.6	33.7

Data for this indicator's chart can be found in table 21a on page 66.

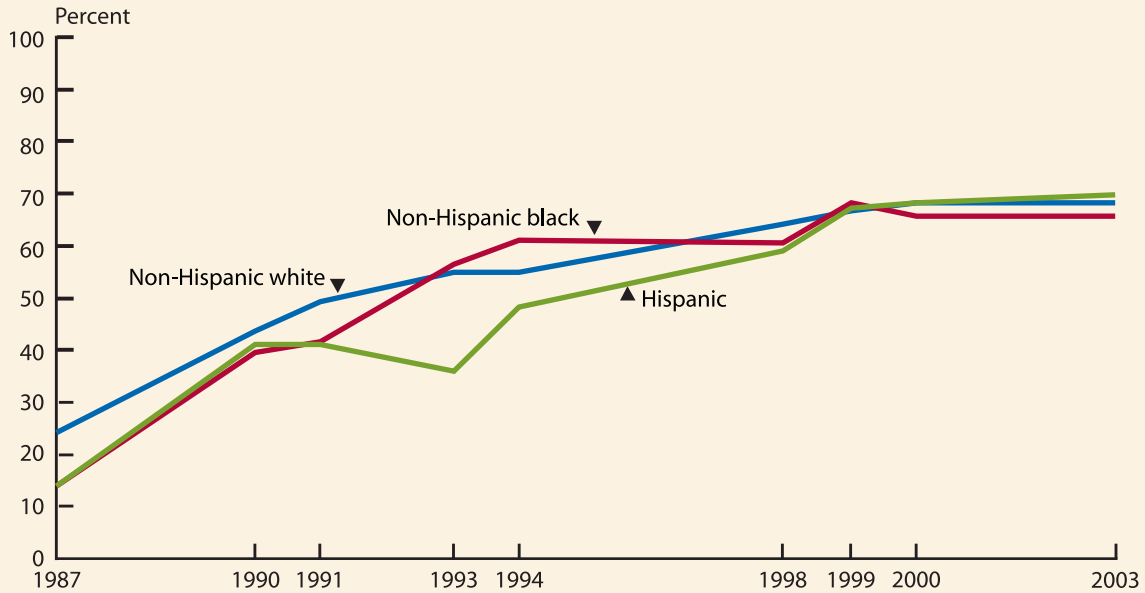


INDICATOR 22

Mammography

Health care services and screenings can help prevent disease or detect it at an early, treatable stage. Mammography has been shown to be effective in reducing breast cancer mortality among women age 40 and over, especially for the 50-69 age group.¹²

Percentage of women age 65 and over who had a mammogram in the past 2 years, by race and Hispanic origin, selected years 1987-2003



Note: People of Hispanic origin may be of any race.
 Estimates for 2000 have been revised and may differ from what was reported in *Older Americans 2004*.
 Reference population: These data refer to the civilian noninstitutionalized population.
 Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of women age 65 and over who reported having had a mammogram within the past 2 years, by selected characteristics, selected years 1987-2003

Selected characteristic	1987	1990	1991	1993	1994	1998	1999	2000	2003
	Percent								
All women 65 and over	22.8	43.4	48.1	54.2	55.0	63.8	66.8	67.9	67.7
White, not Hispanic or Latino	24.0	43.8	49.1	54.7	54.9	64.3	66.8	68.3	68.1
Black, not Hispanic or Latino	14.1	39.7	41.6	56.3	61.0	60.6	68.1	65.5	65.4
Hispanic or Latino	13.7	41.1	40.9	35.7	48.0	59.0	67.2	68.3	69.5

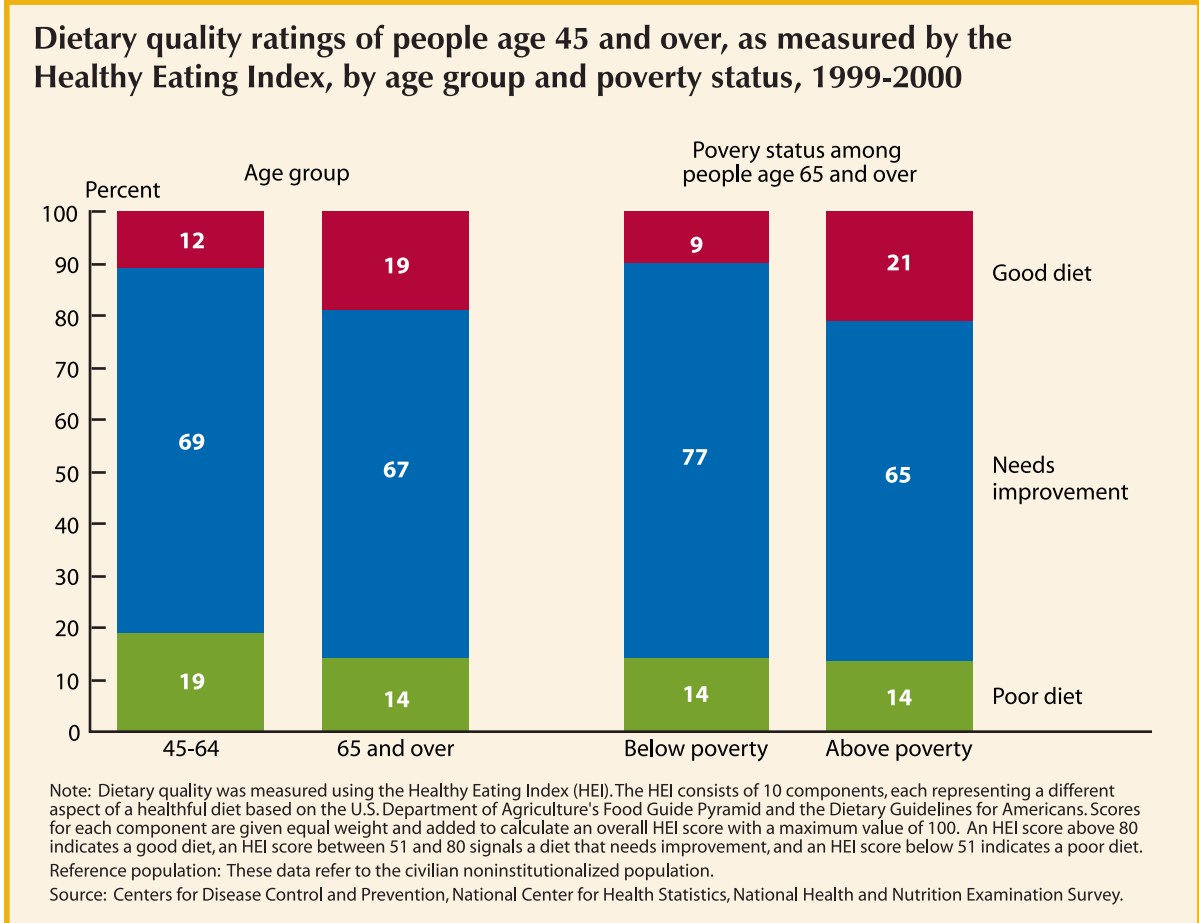
Note: People of Hispanic origin may be of any race.
 Estimates for 2000 have been revised and may differ from what was reported in *Older Americans 2004*.



INDICATOR 23

Dietary Quality

Dietary quality plays a major role in preventing or delaying the onset of chronic diseases such as coronary heart disease, certain types of cancer, stroke, and Type 2 diabetes.¹³ A healthy diet can reduce some major risk factors for chronic diseases, such as obesity, high blood pressure, and high blood cholesterol.¹⁴



Additional information for this indicator can be found at www.agingstats.gov.

Dietary quality ratings of people age 45 and over, as measured by the Healthy Eating Index, by age group and poverty status, 1999-2000 (Last updated in Older Americans 2004)

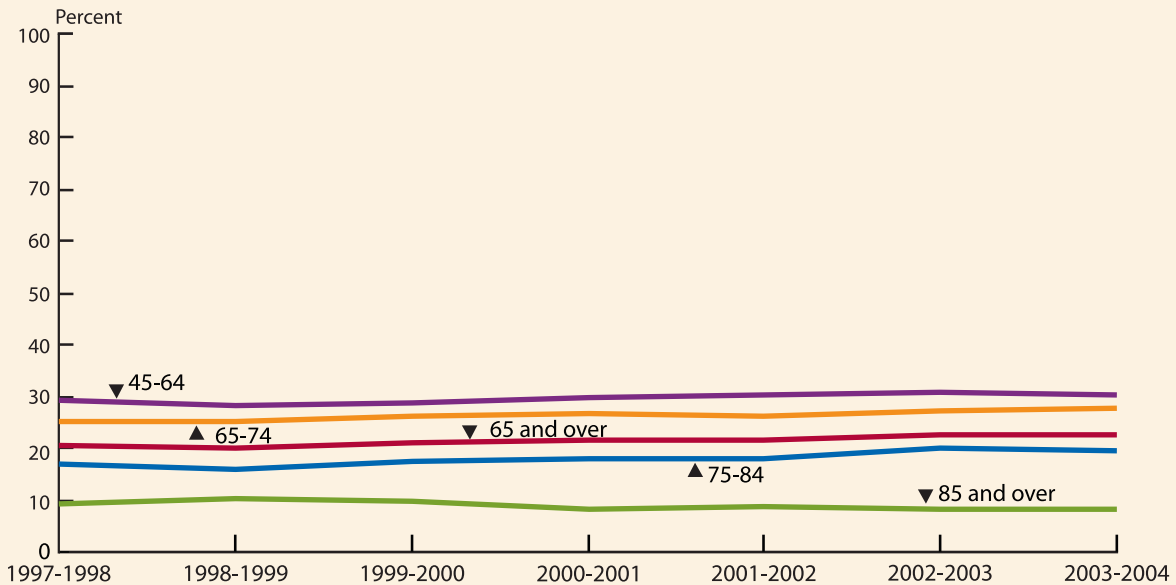
Rating	Age group		Poverty status among people age 65 and over	
	45-64	65 and over	Below poverty	Above poverty
	Percent			
Good	12.4	19.4	8.8	21.3
Needs improvement	69.0	66.7	77.2	64.8
Poor	18.6	13.9	14.0	13.9

INDICATOR 24

Physical Activity

Physical activity is beneficial for the health of people of all ages, including the 65 and over population. It can reduce the risk of certain chronic diseases, may relieve symptoms of depression, helps to maintain independent living, and enhances overall quality of life.^{15,16} Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity.¹⁷

Percentage of people age 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997-2004



Note: Data are based on 2-year averages. "Regular leisure time physical activity" is defined as "engaging in light-moderate leisure time physical activity for greater than or equal to 30 minutes at a frequency greater than or equal to 5 times per week, or engaging in vigorous leisure time physical activity for greater than or equal to 20 minutes at a frequency greater than or equal to 3 times per week."
 Reference population: These data refer to the civilian noninstitutionalized population.
 Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of people age 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997-2004

Age group	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
	Percent						
65 and over (age-adjusted)	20.3	20.1	21.1	21.5	21.4	22.4	22.4
45-64	29.1	28.2	28.9	29.8	30.1	30.7	30.5
65-74	24.9	25.0	26.0	26.7	26.4	27.2	27.5
75-84	17.0	15.9	17.3	17.7	18.0	19.8	19.4
85 and over	9.0	10.5	9.7	8.4	8.6	8.0	8.4

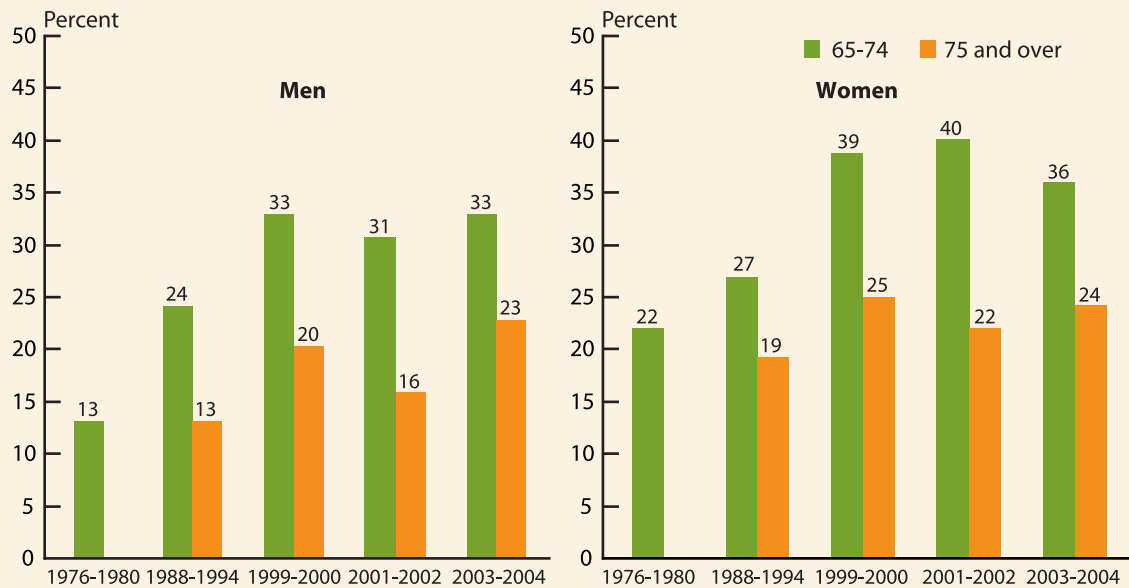


INDICATOR 25

Obesity

Obesity and overweight have reached epidemic proportions in the United States and may soon rival cigarette smoking as a major cause of preventable disease and premature death.¹⁸ Both are associated with increased risk of coronary heart disease; Type 2 diabetes; endometrial, colon, postmenopausal breast, and other cancers; asthma and other respiratory problems; osteoarthritis; and disability.^{19,20} The increase in prevalence of obesity among older adults has been especially dramatic.²¹

Percentage of people age 65 and over who are obese, by sex and age group, selected years 1976-2004



Note: In *Older Americans 2004* data were combined for 1999-2002; two-year estimates are shown here. Confidence intervals associated with these two-year estimates are larger than those associated with four-year estimates. Data for people age 75 and over are not available for 1976-1980. Reference population: These data refer to the civilian noninstitutionalized population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Body weight status among people age 65 and over, by sex and age group, selected years 1960-2004

Sex and age group	1960-1962	1971-1974	1976-1980	1988-1994	1999-2000	2001-2002	2003-2004
Percent							
Obese							
Both sexes							
65 and over	na	na	na	22.2	31.0	29.2	29.7
65-74	17.5	17.2	17.9	25.6	36.3	35.9	34.6
75 and over	na	na	na	17.0	23.2	19.8	23.5
Men							
65 and over	na	na	na	20.3	28.7	25.3	28.9
65-74	10.4	10.9	13.2	24.1	33.4	30.8	33.0
75 and over	na	na	na	13.2	20.4	16.0	22.7
Women							
65 and over	na	na	na	23.6	32.9	32.1	30.4
65-74	23.2	22.0	21.5	26.9	38.8	40.1	36.1
75 and over	na	na	na	19.2	25.1	22.1	24.1

na Data not available.

Note: In *Older Americans 2004* data were combined for 1999-2002; two-year estimates are shown here. Confidence intervals associated with these two-year estimates are larger than those associated with four-year estimates.

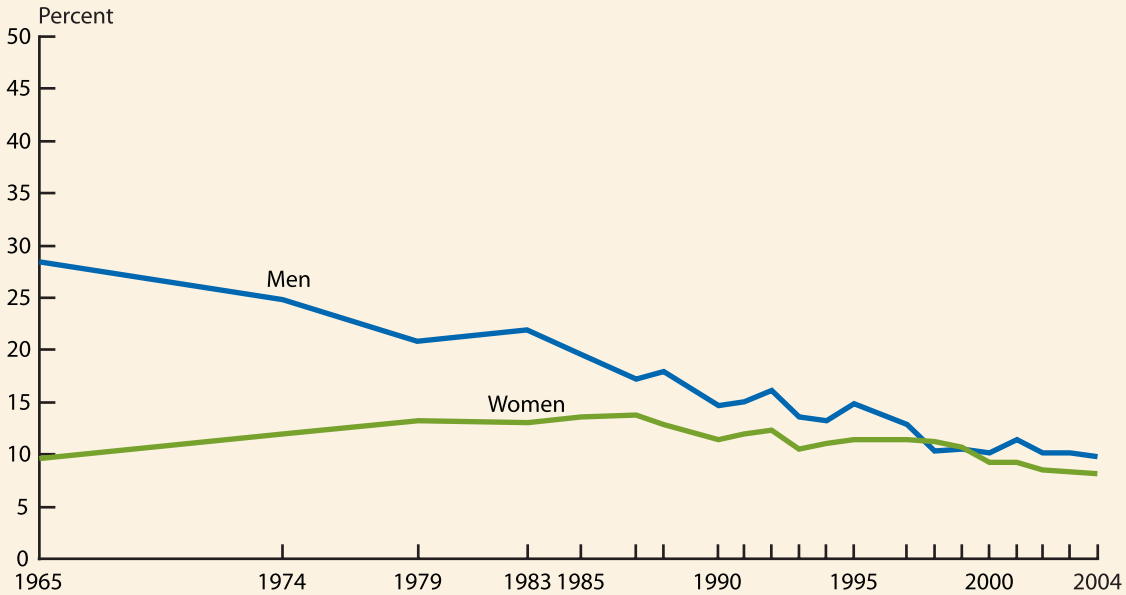


INDICATOR 26

Cigarette Smoking

Smoking has been linked to an increased likelihood of cancer, cardiovascular disease, chronic obstructive lung diseases, and other debilitating health conditions. Among older people, the death rate for chronic lower respiratory diseases (the fourth leading cause of death among people age 65 and over) has increased since 1980.²² This increase reflects, in part, the effects of cigarette smoking.²³

Percentage of people age 65 and over who are current cigarette smokers, by sex, selected years 1965-2004



Reference population: These data refer to the civilian noninstitutionalized population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of people age 65 and over who are current cigarette smokers, by sex, selected years 1965-2004

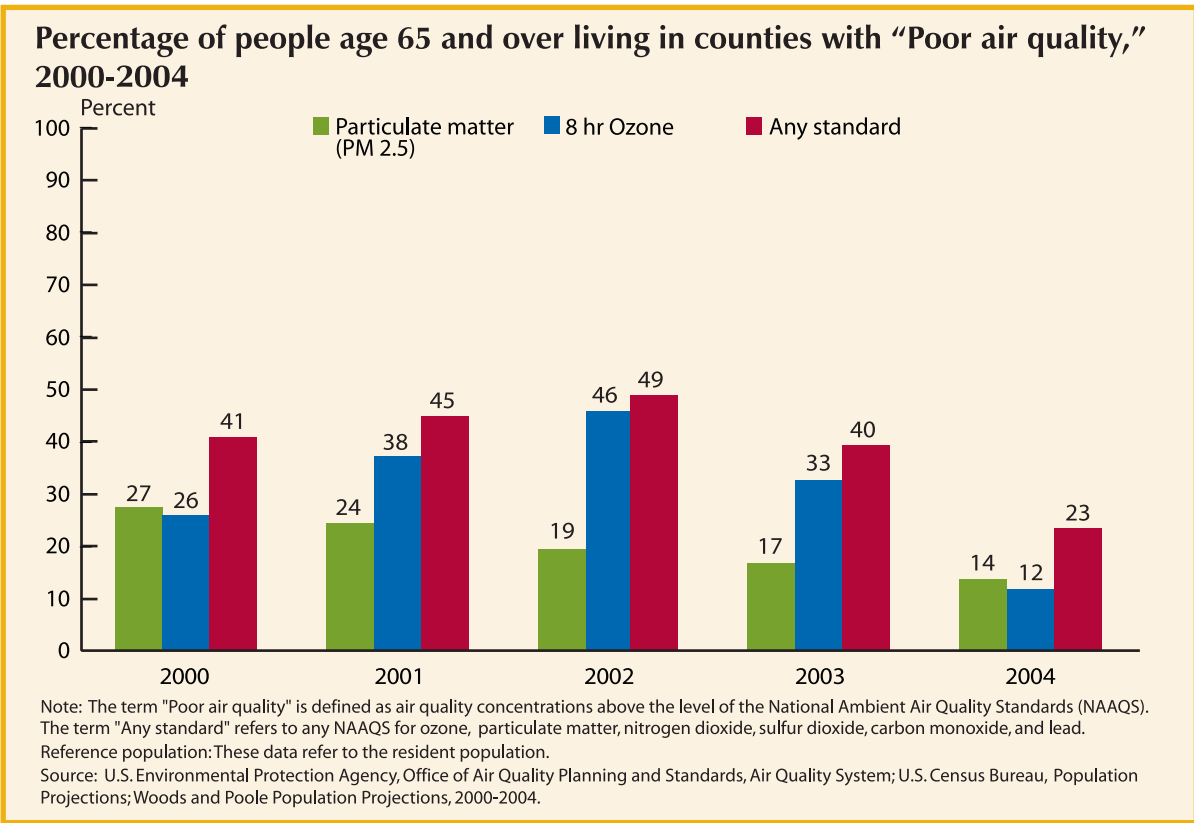
Year	Men	Women	Year	Men	Women
Percent			Percent		
1965	28.5	9.6	1994	13.2	11.1
1974	24.8	12.0	1995	14.9	11.5
1979	20.9	13.2	1997	12.8	11.5
1983	22.0	13.1	1998	10.4	11.2
1985	19.6	13.5	1999	10.5	10.7
1987	17.2	13.7	2000	10.2	9.3
1988	18.0	12.8	2001	11.5	9.2
1990	14.6	11.5	2002	10.1	8.6
1991	15.1	12.0	2003	10.1	8.3
1992	16.1	12.4	2004	9.8	8.1
1993	13.5	10.5			



INDICATOR 27

Air Quality

As people age, their bodies are less able to compensate for the effects of environmental hazards. Air pollution can aggravate heart and lung disease, leading to increased medication use, more visits to health care providers, admissions to emergency rooms and hospitals, and even death. An important indicator for environmental health is the percentage of older adults living in areas that have measured air pollutant concentrations above the Environmental Protection Agency’s (EPA) established standards. Ozone and particulate matter (PM) (especially smaller, fine particle pollution called PM 2.5) have the greatest potential to affect the health of older adults. Fine particle pollution has been linked to premature death, cardiac arrhythmias and heart attacks, asthma attacks, and the development of chronic bronchitis. Ozone, even at low levels, can exacerbate respiratory diseases such as chronic obstructive pulmonary disease or asthma.²⁴⁻²⁸



Additional information for this indicator can be found at www.agingstats.gov.

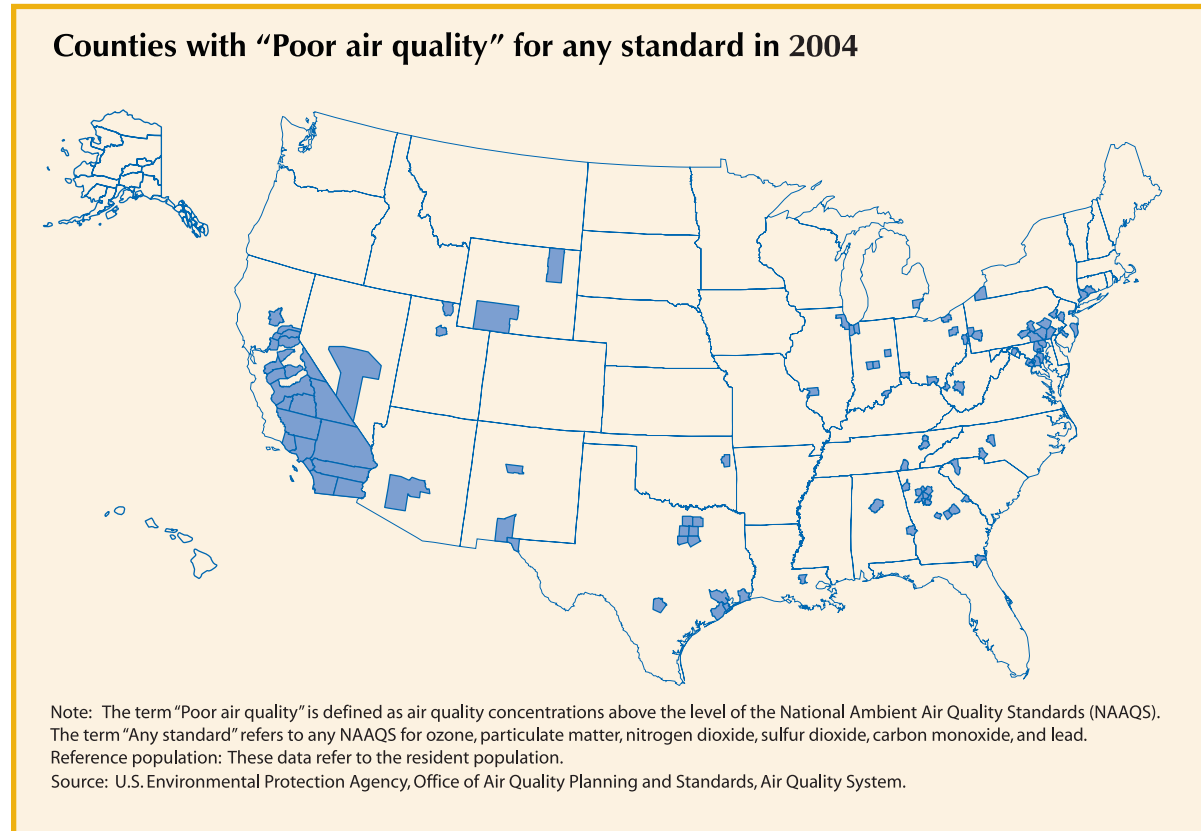
Percentage of people age 65 and over living in counties with “Poor air quality,” 2000-2004

Pollutant measures	2000	2001	2002	2003	2004
	Percent				
Particulate matter (PM 2.5)	27.3	24.3	19.4	16.6	13.6
8hr Ozone	26.2	37.5	45.7	32.7	11.9
Any standard	41.0	44.9	48.8	39.5	23.4



INDICATOR 27 Air Quality continued

Air quality varies across the United States; thus, where people live can affect their health risk. Each State monitors air quality and reports findings to the EPA. In turn, the EPA determines whether pollutant measurements are above the standards that have been set to protect human health.



Additional information for this indicator can be found at www.agingstats.gov.

Data for this indicator’s chart can be found in table 27b on page 67.



Health Care

Indicator 28: Use of Health Care Services (*updated*)

Indicator 29: Health Care Expenditures (*updated*)

Indicator 30: Prescription Drugs (*updated*)

Indicator 31: Sources of Health Insurance (*updated*)

Indicator 32: Out-of-Pocket Health Care Expenditures (*updated*)

Indicator 33: Sources of Payment for Health Care Services (*updated*)

Indicator 34: Veterans' Health Care (*updated*)

Indicator 35: Nursing Home Utilization

Indicator 36: Residential Services (*updated*)

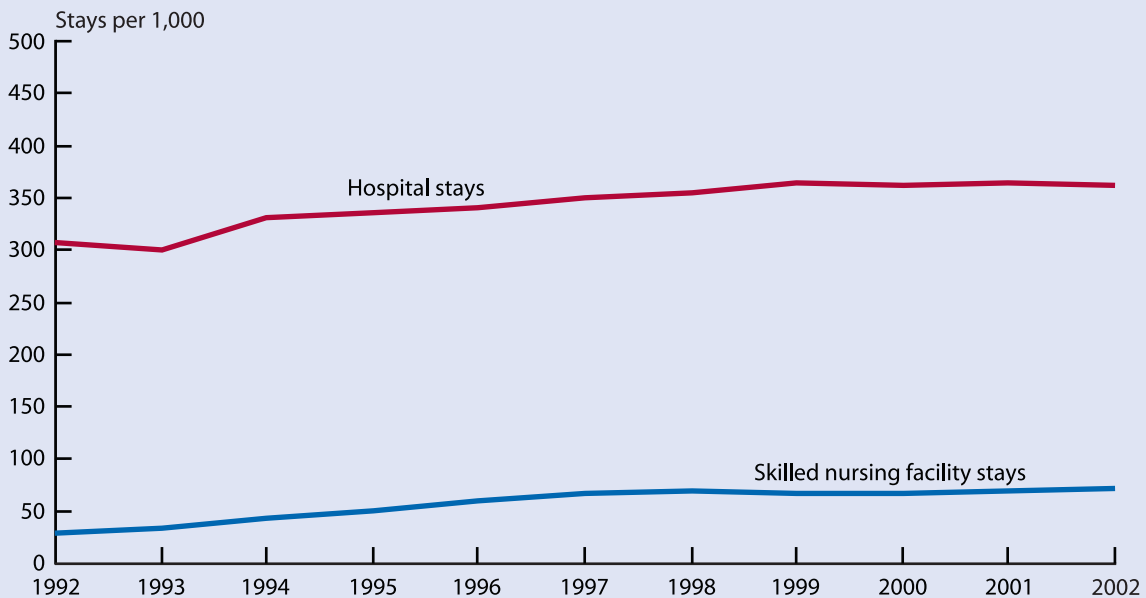
Indicator 37: Caregiving and Assistive Device Use

INDICATOR 28

Use of Health Care Services

Most older Americans have health insurance through Medicare. Medicare covers a variety of services, including inpatient hospital care, physician services, hospital outpatient care, home health care, skilled nursing facility care, hospice services, and (beginning in January 2006) prescription drugs. Utilization rates for many services change over time because of changes in physician practice patterns, medical technology, Medicare payment amounts, and patient demographics.

Medicare-covered hospital and skilled nursing facility stays per 1,000 Medicare enrollees age 65 and over in fee-for-service, 1992-2002



Note: Data are for Medicare enrollees in fee-for-service only. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised 7 percent or less of the Medicare population.

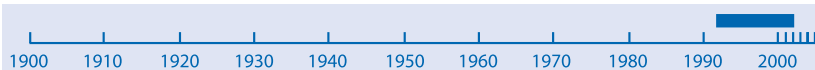
Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare claims and enrollment data.

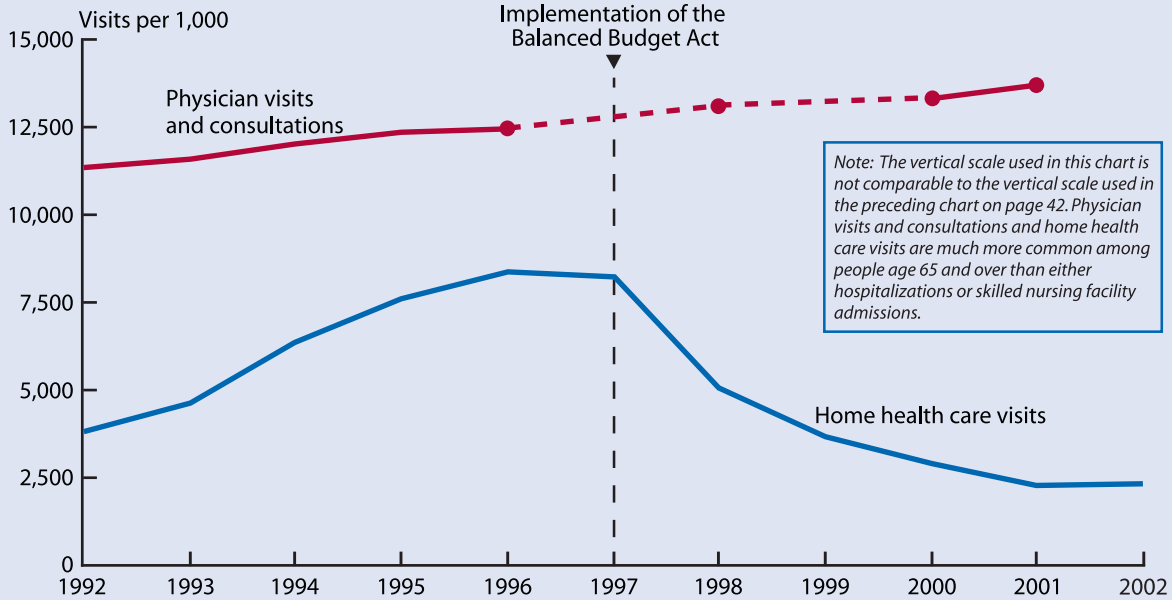
Additional information for this indicator can be found at www.agingstats.gov.

Use of Medicare-covered health care services by Medicare enrollees age 65 and over in Fee-For-Service, 1992-2002

Utilization measure	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
	Rate per thousand										
Hospital stays	306	300	331	336	341	351	354	365	361	364	361
Skilled nursing facility stays	28	33	43	50	59	67	69	67	67	69	72



Medicare-covered physician and home health care visits per 1,000 Medicare enrollees age 65 and over in fee-for-service, 1992-2002



--- Data on physician visits and consultations are not available for 1997, 1999, and 2002.

Note: Data are for Medicare enrollees in fee-for-service only. Physician visits and consultations include all settings, such as physician offices, hospitals, emergency rooms, and nursing homes. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised 7 percent or less of the Medicare population.

Reference population: These data refer to Medicare enrollees.

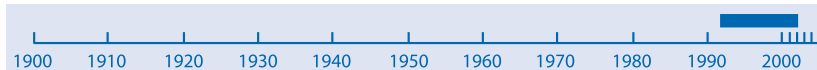
Source: Centers for Medicare & Medicaid Services, Medicare claims and enrollment data.

Additional information for this indicator can be found at www.agingstats.gov.

Use of Medicare-covered health care services by Medicare enrollees age 65 and over in Fee-For-Service, 1992-2002

Utilization measure	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Rate per thousand											
Physician visits	11,359	11,600	12,045	12,372	12,478	na	13,061	na	13,346	13,685	na
Home health care visits	3,822	4,648	6,352	7,608	8,376	8,227	5,058	3,708	2,913	2,295	2,358

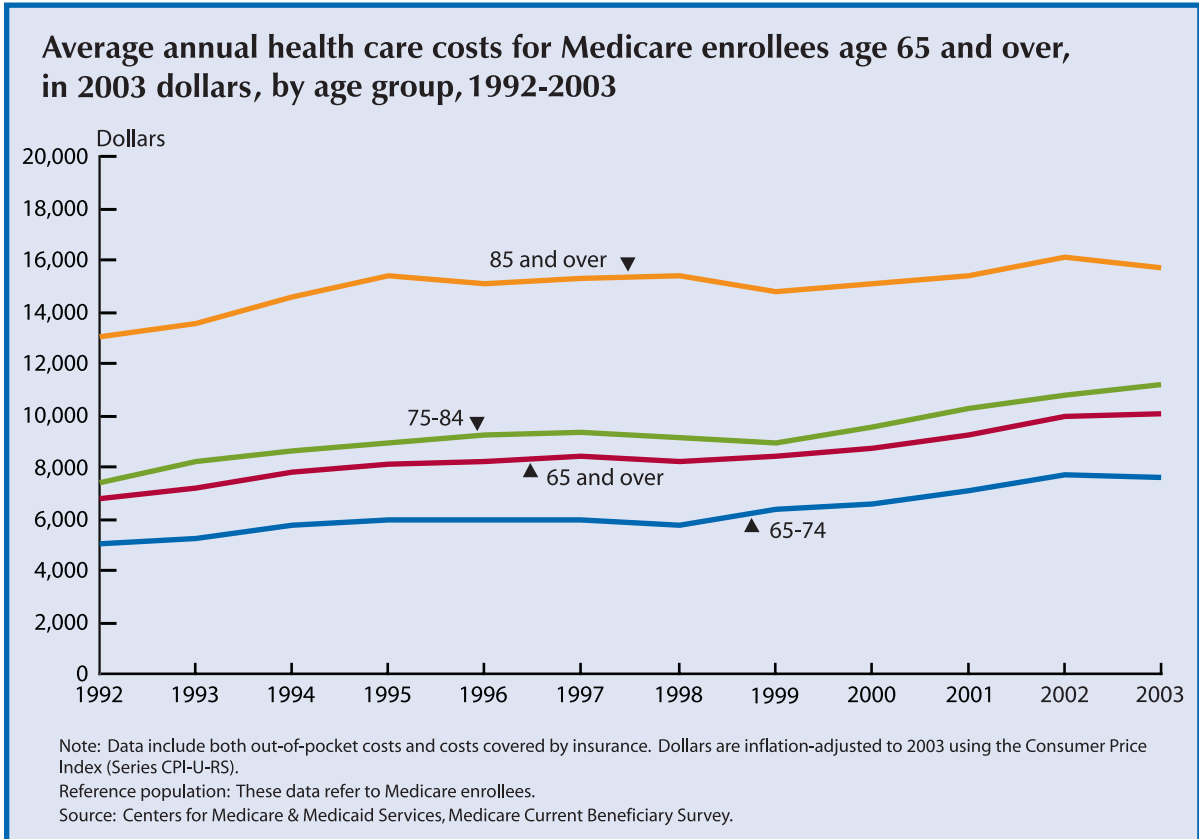
na Data not available.



INDICATOR 29

Health Care Expenditures

Older Americans use more health care than any other age group. Health care costs are increasing rapidly at the same time the Baby Boom generation is approaching retirement age.

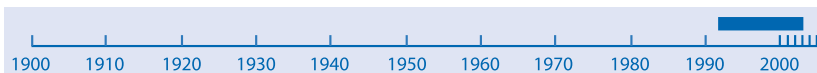


Additional information for this indicator can be found at www.agingstats.gov.

Average annual health care costs for Medicare enrollees age 65 and over, in 2003 dollars, by age group, 1992-2003

Age group	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dollars												
65 and over	\$ 8,417	\$ 9,020	\$ 9,723	\$10,171	\$10,284	\$10,514	\$10,262	\$10,547	\$10,949	\$11,555	\$12,402	\$12,510
65-74	6,264	6,543	7,184	7,401	7,444	7,428	7,179	8,007	8,153	8,785	9,559	9,473
75-84	9,211	10,310	10,769	11,130	11,576	11,679	11,416	11,184	11,935	12,848	13,468	13,981
85 and over	16,281	16,874	18,221	19,238	18,830	19,049	19,172	18,522	18,877	19,277	20,104	19,658

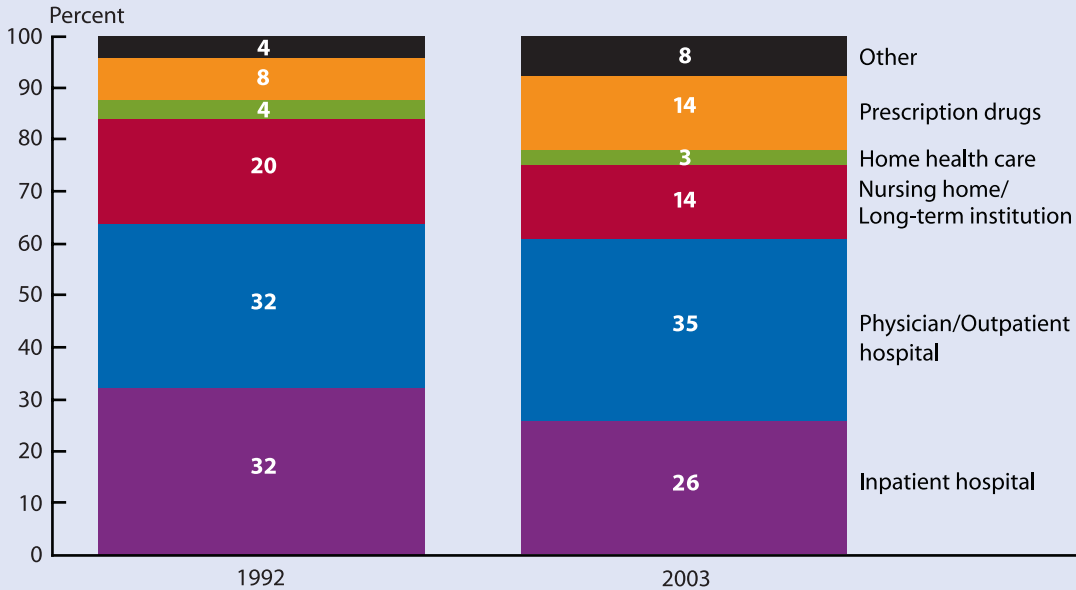
Note: Dollars are inflation-adjusted to 2003 using the Consumer Price Index (Series CPI-U-RS).



INDICATOR 29 Health Care Expenditures continued

Health care costs can be broken down into different types of goods and services. The amount of money older Americans spend on health care and the type of health care that they receive provide an indication of the health status and needs of older Americans in different age and income groups.

Major components of health care costs among Medicare enrollees age 65 and over, 1992 and 2003



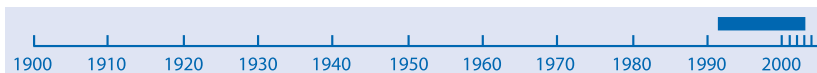
Note: Data include both out-of-pocket costs and costs covered by insurance. "Other" includes short-term institutions, hospice services, and dental care.
 Reference population: These data refer to Medicare enrollees.
 Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Major components of health care costs among Medicare enrollees age 65 and over, 1992 and 2003

Cost component	1992		2003	
	Average cost in dollars	Percent	Average cost in dollars	Percent
Total	\$6,551	100	\$12,510	100
Inpatient hospital	2,107	32	3,239	26
Physician/Outpatient hospital	2,071	32	4,368	35
Nursing home/Long-term institution	1,325	20	1,797	14
Home health care	244	4	340	3
Prescription drugs	522	8	1,807	14
Other (Short-term institution/Hospice/Dental)	282	4	959	8

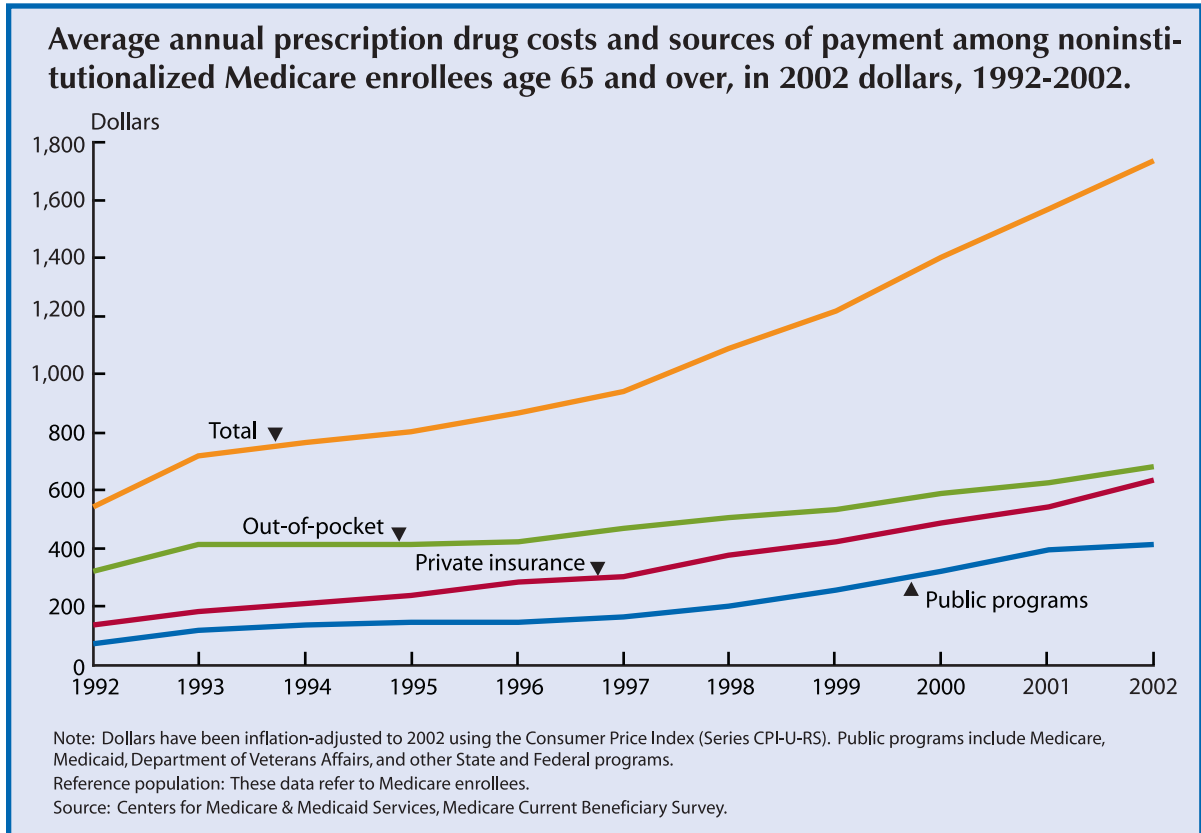
Note: Dollars are not inflation-adjusted.



INDICATOR 30

Prescription Drugs

Prescription drug costs have increased rapidly in recent years, as more new drugs have become available. Lack of prescription drug coverage has created a financial hardship for many older Americans. Medicare coverage of prescription drugs began in January 2006, including a low income subsidy.

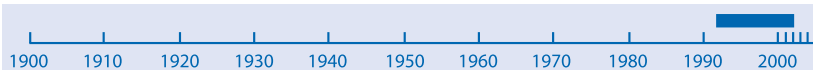


Additional information for this indicator can be found at www.agingstats.gov.

Average annual prescription drug costs and sources of payment among noninstitutionalized Medicare enrollees age 65 and over, in 2002 dollars, 1992-2002

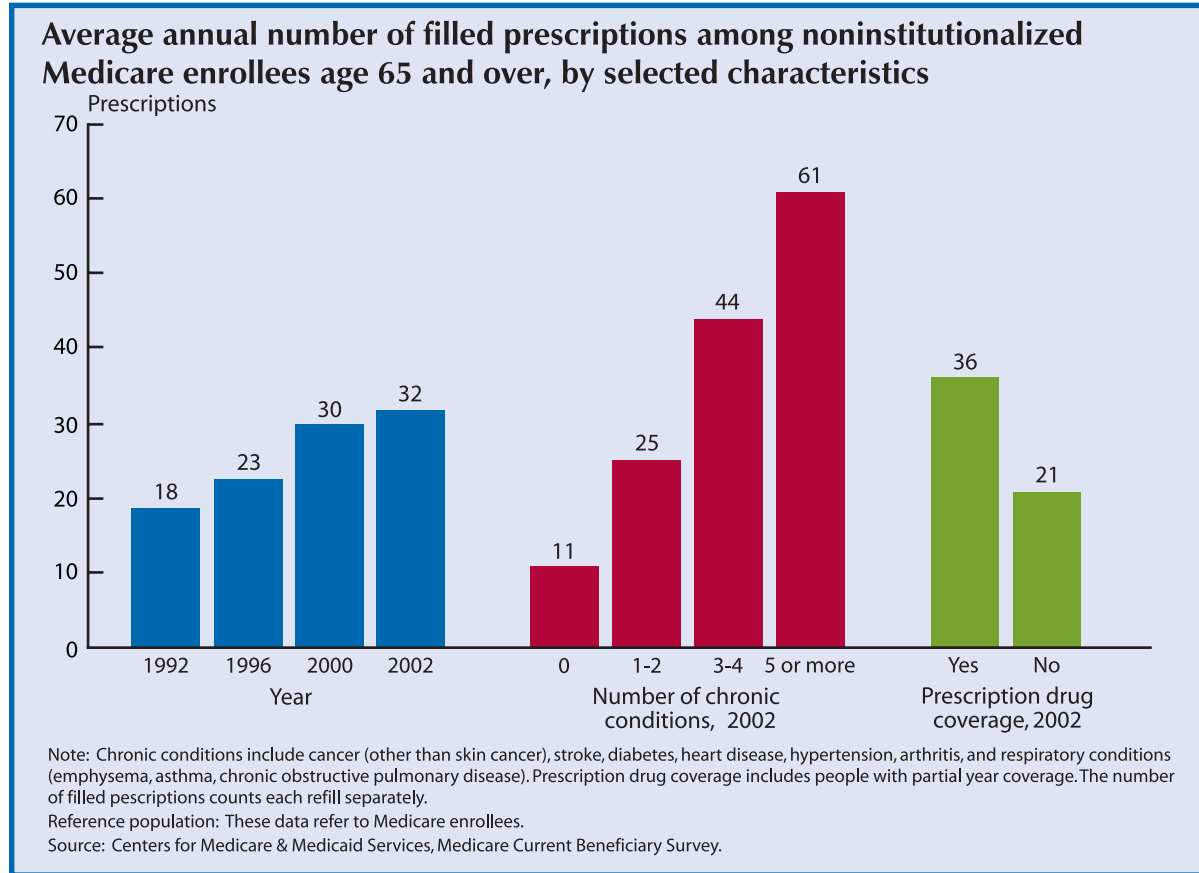
Payment source	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Average cost in dollars											
Total	\$542	\$719	\$764	\$801	\$864	\$944	\$1,092	\$1,222	\$1,399	\$1,568	\$1,740
Out-of-pocket	326	418	415	420	429	467	505	537	587	627	686
Private insurance	138	181	210	236	287	308	382	427	487	545	634
Public programs	78	121	139	144	148	169	205	257	325	396	419

Note: Dollars have been inflation-adjusted to 2002 using the Consumer Price Index (Series CPI-U-RS).



INDICATOR 30 Prescription Drugs continued

Use of prescription drugs varies significantly by individual characteristics, including whether the person has prescription drug coverage. Those with multiple chronic conditions tend to be especially heavy users of prescription drugs.



Additional information for this indicator can be found at www.agingstats.gov.

Average annual number of filled prescriptions among noninstitutionalized Medicare enrollees age 65 and over, by selected characteristics

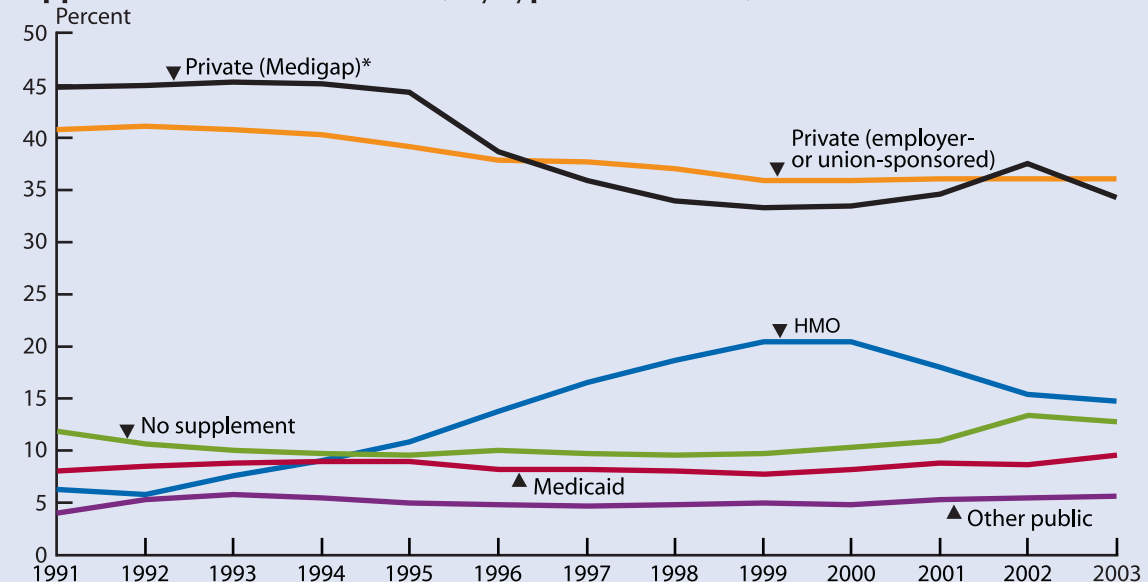
Selected characteristic	Average number of filled prescriptions
Year	
1992	18.4
1996	22.5
2000	29.7
2002	32.1
Number of chronic conditions (2002)	
0	10.9
1-2	24.6
3-4	44.0
5 or more	60.6
Prescription drug coverage (2002)	
Yes	35.5
No	21.1

INDICATOR 31

Sources of Health Insurance

Nearly all older Americans have Medicare as their primary source of health insurance coverage. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. Many beneficiaries have supplemental insurance to fill these gaps and to obtain services not covered by Medicare. Beginning in January 2006, beneficiaries have had the option of receiving prescription drug coverage through stand-alone prescription drug plans or through some Medicare Advantage health plans.

Percentage of noninstitutionalized Medicare enrollees age 65 and over with supplemental health insurance, by type of insurance, 1991–2003



* Includes people with private supplement of unknown sponsorship.

Note: Estimates are based on enrollees' insurance status in the fall of each year. Categories are not mutually exclusive (i.e., individuals may have more than one supplemental policy). Chart excludes enrollees whose primary insurance is not Medicare (approximately 1 percent of enrollees). Starting with 1999 data, the methods to measure Medicaid eligibility differ from what was used in *Older Americans 2004*. Buy-in data obtained from administrative data are no longer used to define Medicaid eligibility in order to obtain a consistent measure for the entire time series. This change also affects the measurement of "no supplement."

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

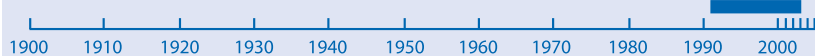
Additional information for this indicator can be found at www.agingstats.gov.

Percentage of noninstitutionalized Medicare enrollees age 65 and over with supplemental health insurance, by type of insurance, 1991–2003

Type of insurance	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Percent												
Private (employer- or union-sponsored)	40.7	41.0	40.8	40.3	39.1	37.8	37.6	37.0	35.8	35.9	36.0	36.1	36.1
Private (Medigap)*	44.8	45.0	45.3	45.2	44.3	38.6	35.8	33.9	33.2	33.5	34.5	37.5	34.3
HMO	6.3	5.9	7.7	9.1	10.9	13.8	16.6	18.6	20.5	20.4	18.0	15.5	14.8
Medicaid	8.0	8.5	8.8	8.9	9.0	8.2	8.2	8.0	7.8	8.2	8.8	8.7	9.6
Other public	4.0	5.3	5.8	5.5	5.0	4.8	4.7	4.8	5.1	4.9	5.4	5.5	5.7
No supplement	11.9	10.7	10.0	9.8	9.6	10.0	9.8	9.6	9.8	10.4	10.9	13.3	12.7

* Includes people with private supplement of unknown sponsorship.

Note: Estimates are based on enrollees' insurance status in the fall of each year. Categories are not mutually exclusive (i.e., individuals may have more than one supplemental policy). Table excludes enrollees whose primary insurance is not Medicare (approximately 1 percent of enrollees). Starting with 1999 data, the methods to measure Medicaid eligibility differ from what was used in *Older Americans 2004*. Buy-in data obtained from administrative data are no longer used to define Medicaid eligibility in order to obtain a consistent measure for the entire time series. This change also affects the measurement of "no supplement."

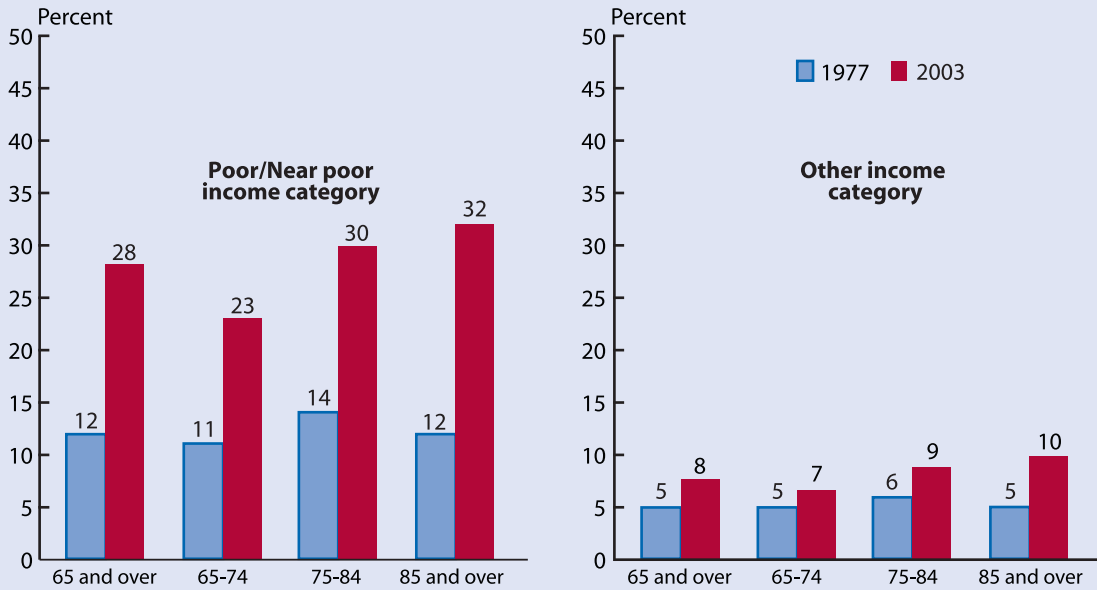


INDICATOR 32

Out-of-Pocket Health Care Expenditures

Large out-of-pocket expenditures for health care service use have been shown to encumber access to care, affect health status and quality of life, and leave insufficient resources for other necessities.^{29,30} The percentage of household income that is allocated to health care expenditures is a measure of health care expense burden placed on older people.

Out-of-pocket health care expenditures as a percentage of household income, among people age 65 and over, by age and income category, 1977 and 2003



Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Including expenditures for out-of-pocket premiums in the estimates of out-of-pocket spending would increase the percentage of household income spent on health care in all years. People are classified into the "poor/near poor" income category if their household income is below 125 percent of the poverty level; otherwise, people are classified into the "other" income category. The poverty level is calculated according to the U.S. Census Bureau guidelines for the corresponding year.

The ratio of a person's out-of-pocket expenditures to their household income was calculated based on the person's per capita household income. For people whose ratio of out-of-pocket expenditures to income exceeded 100 percent, the ratio was capped at 100 percent. For people with out-of-pocket expenditures and with zero income (or negative income) the ratio was set at 100 percent. For people with no out-of-pocket expenditures the ratio was set to zero. These methods differ from what was used in *Older Americans 2004*, which excluded persons with no out-of-pocket expenditures from the calculations (17 percent of the population age 65 and over in 1977, and 5 percent of the population age 65 and over in 2003).

Reference population: These data refer to the civilian noninstitutionalized population.

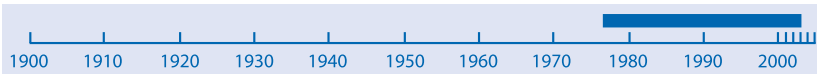
Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) and MEPS predecessor surveys.

Additional information for this indicator can be found at www.agingstats.gov.

Out-of-pocket health care expenditures as a percentage of household income, among people age 65 and over, by age and income category, 1977, 1987, and 2003

Selected characteristic	1977	1987	2003	Selected characteristic	1977	1987	2003
Percent				Percent			
Income category				Income category			
Poor/Near poor				Other			
65 and over	12.3	15.8	27.8	65 and over	5.4	7.0	8.0
65-74	11.0	13.7	23.4	65-74	5.0	5.9	6.9
75-84	14.4	19.0	30.2	75-84	6.2	8.4	9.1
85 and over	12.4	14.7	32.4	85 and over	5.2	10.9	10.3

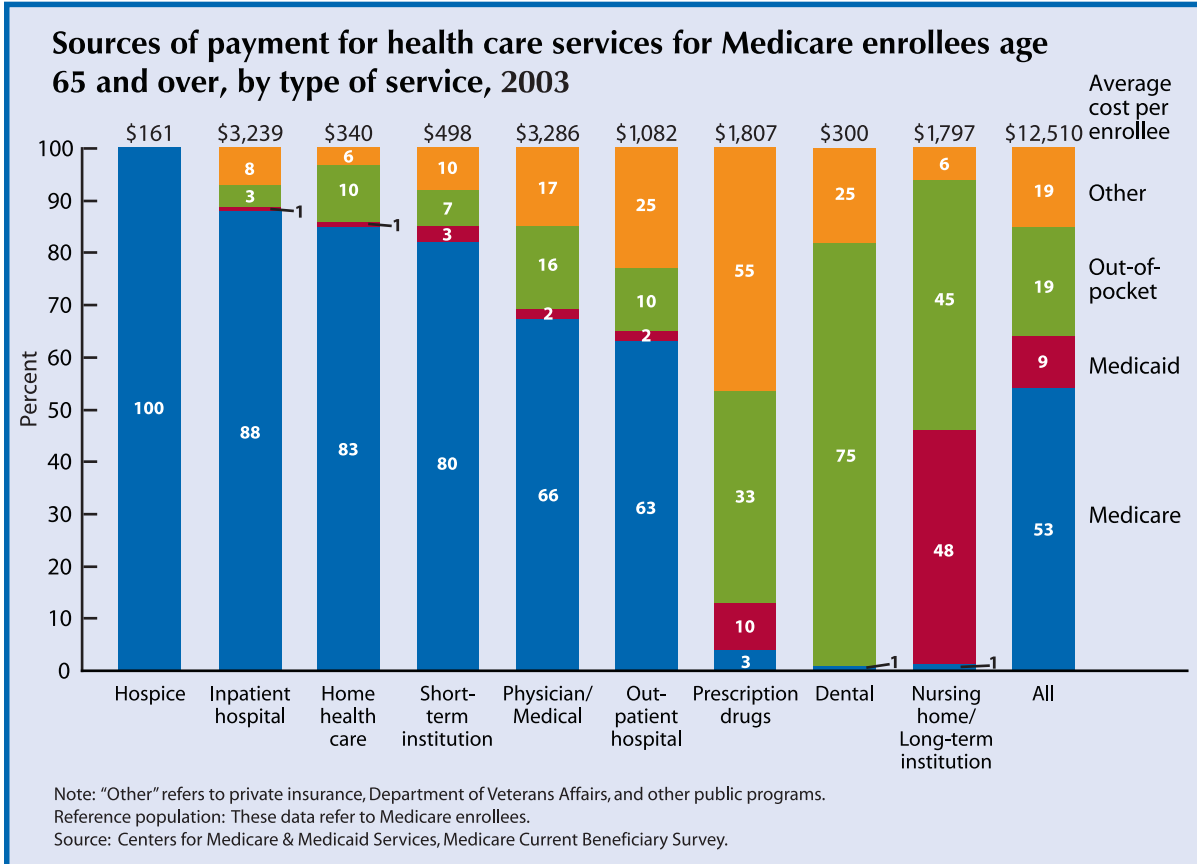
Note: Data from the 1987 survey have been adjusted to permit comparability across years; for details see Zuvekas and Cohen.³¹ For details on additional methods see note under chart.



INDICATOR 33

Sources of Payment for Health Care Services

Medicare covers about half of the health care costs of older Americans. Medicare's payments are focused on acute care services such as hospitals and physicians. Nursing home care, prescription drugs, and dental care have been primarily financed by other payers. Medicare coverage of prescription drugs began in January 2006, including a low income subsidy.



Additional information for this indicator can be found at www.agingstats.gov.

Sources of payment for health care services for Medicare enrollees age 65 and over, by type of service, 2003

Service	Average cost per enrollee	Total	Medicare	Medicaid	OOP	Other
	Dollars					
Hospice	\$ 161	100	100	0	0	0
Inpatient hospital	3,239	100	88	1	3	8
Home health care	340	100	83	1	10	6
Short-term institution	498	100	80	3	7	10
Physician/Medical	3,286	100	66	2	16	17
Outpatient hospital	1,082	100	63	2	10	25
Prescription drugs	1,807	100	3	10	33	55
Dental	300	100	1	0	75	25
Nursing home/Long-term institution	1,797	100	1	48	45	6
All	12,510	100	53	9	19	19

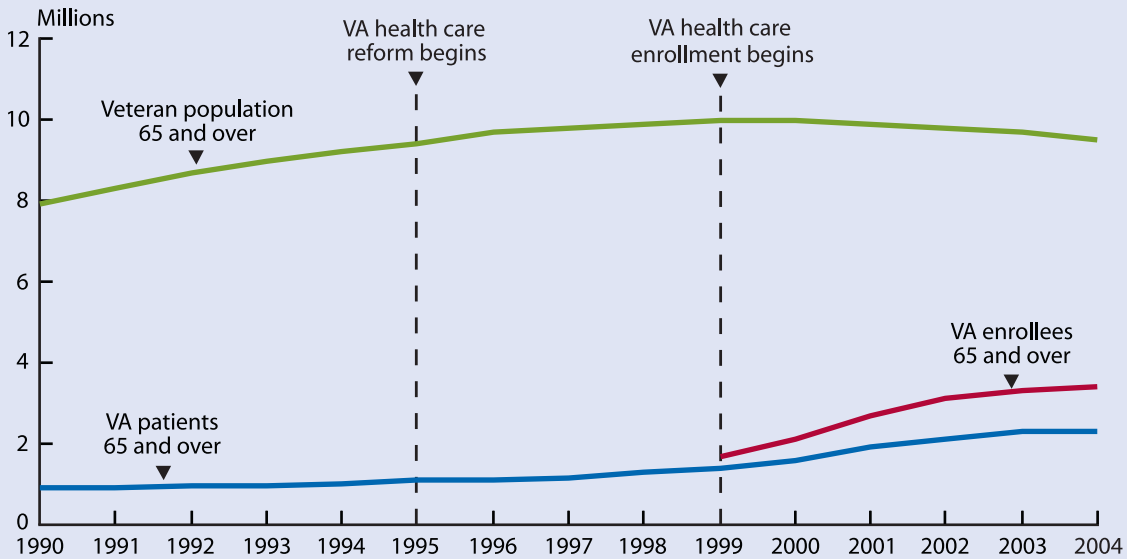
Note: OOP refers to out-of-pocket payments.

INDICATOR 34

Veterans' Health Care

The number of veterans age 65 and over who receive health care from the Veterans Health Administration (VHA), within the Department of Veterans Affairs, has been steadily increasing. This increase may be because VHA fills important gaps in older veterans' health care needs not currently covered or fully covered by Medicare, such as prescription drug benefits, mental health services, long-term care (nursing home and community-based care), and specialized care for the disabled.

Total number of veterans age 65 and over who are enrolled in or receiving care from the Veterans Health Administration, 1990-2004



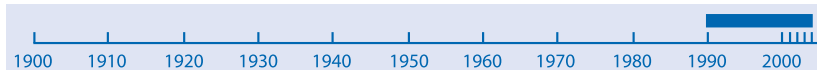
Note: Department of Veterans Affairs (VA) enrollees are veterans who have signed-up to receive health care from the Veterans Health Administration (VHA), and VA patients are enrollees who have received care in each year through VHA.
 Reference population: These data refer to the total veteran population, VHA enrollment population, and VHA patient population.
 Source: Department of Veterans Affairs, Office of the Actuary, Vet Pop 2001 adjusted by Census 2000 (February 2003) and Vet Pop 2004 (January 2005); and VHA Enrollment and Patient Files.

Additional information for this indicator can be found at www.agingstats.gov.

Total number of veterans age 65 and over who are enrolled in or receiving health care from the Veterans Health Administration, 1990-2004

Veteran population	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
	Number in millions														
Total	7.9	8.3	8.7	9.0	9.2	9.4	9.7	9.8	9.9	10.0	10.0	9.9	9.8	9.7	9.5
VA enrollees	na	na	na	na	na	na	na	na	na	1.7	2.1	2.7	3.1	3.3	3.4
VA patients	0.9	0.9	1.0	1.0	1.0	1.1	1.1	1.1	1.3	1.4	1.6	1.9	2.1	2.3	2.3

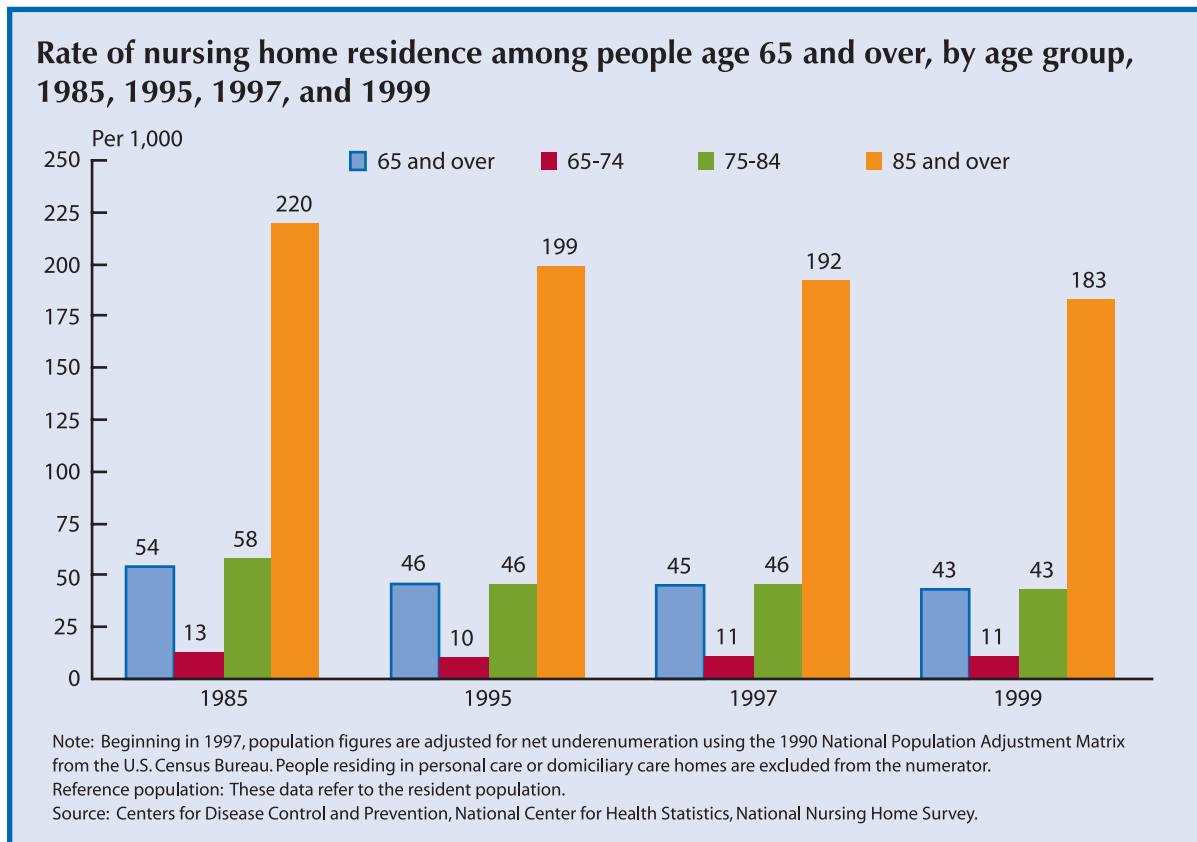
na Data not available.



INDICATOR 35

Nursing Home Utilization

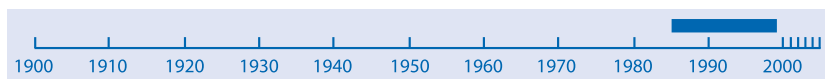
Residence in a nursing home is an alternative to long-term care provided in one's home or in other community settings. Recent declines in rates of nursing home residence may reflect broader changes in the health care system affecting older Americans. Other forms of residential care and services, such as assisted living and home health care, have become more prevalent as rates of nursing home admissions have declined.



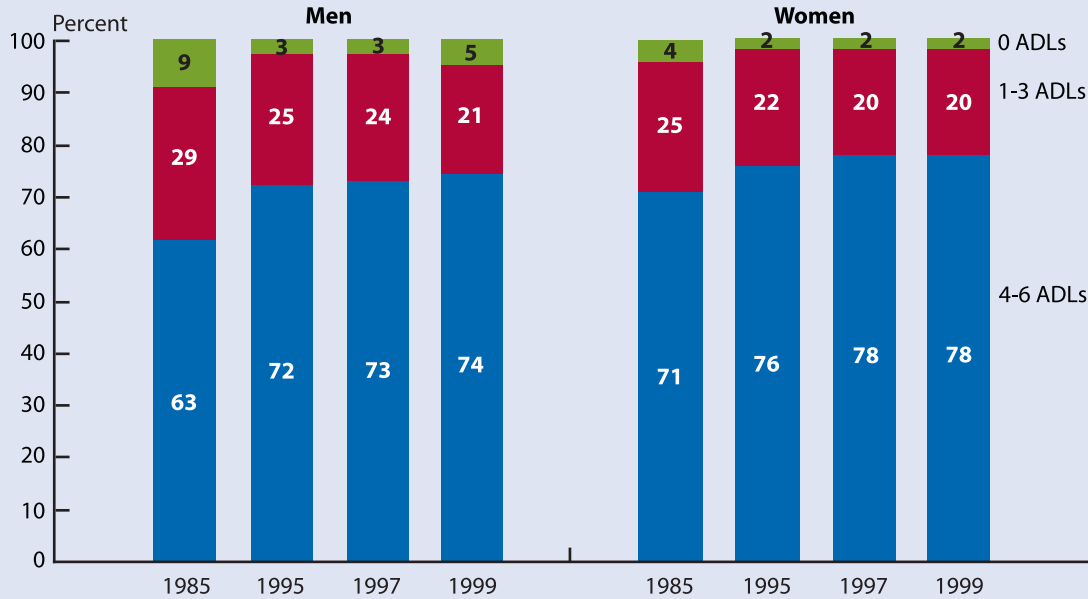
Additional information for this indicator can be found at www.agingstats.gov.

Rate of nursing home residence among people age 65 and over, by age group, 1985, 1995, 1997, and 1999 (Last updated in Older Americans 2004)

Sex and age group	1985	1995	1997	1999
Rate per thousand				
Both sexes				
65 and over	54.0	45.9	45.3	43.3
65-74	12.5	10.1	10.8	10.8
75-84	57.7	45.9	45.5	43.0
85 and over	220.3	198.6	192.0	182.5



Percentage of nursing home residents age 65 and over receiving assistance with activities of daily living, by sex, 1985, 1995, 1997, and 1999



Note: The six activities of daily living (ADLs) included are bathing, dressing, eating, walking, toileting, and transferring in and out of bed or chairs. The resident's receipt of assistance with these activities refers to personal help received from facility staff at the time of the survey (for current residents) or the last time care was provided (for discharges). Help that a resident may receive from people who are not staff of the facility (e.g., family members, friends, or individuals employed directly by the patient and not by the facility) is not included.

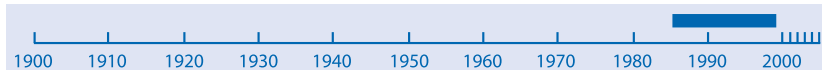
Reference population: These data refer to the population residing in nursing homes. People residing in personal care or domiciliary care homes are excluded.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of nursing home residents age 65 and over receiving assistance with activities of daily living, by sex, 1985, 1995, 1997, and 1999 (Last updated in Older Americans 2004)

Selected characteristic	1985	1995	1997	1999
	Percent			
Total receiving assistance with 0 ADLs	5.0	2.2	2.2	3.0
Men	8.8	3.2	3.4	5.0
Women	3.8	1.9	1.8	2.4
Total receiving assistance with 1-3 ADLs	26.2	22.5	21.3	19.8
Men	28.8	25.0	23.8	20.7
Women	25.3	21.7	20.4	19.6
Total receiving assistance with 4-6 ADLs	68.8	75.3	76.6	77.2
Men	62.5	71.8	72.8	74.4
Women	70.9	76.4	77.8	78.1

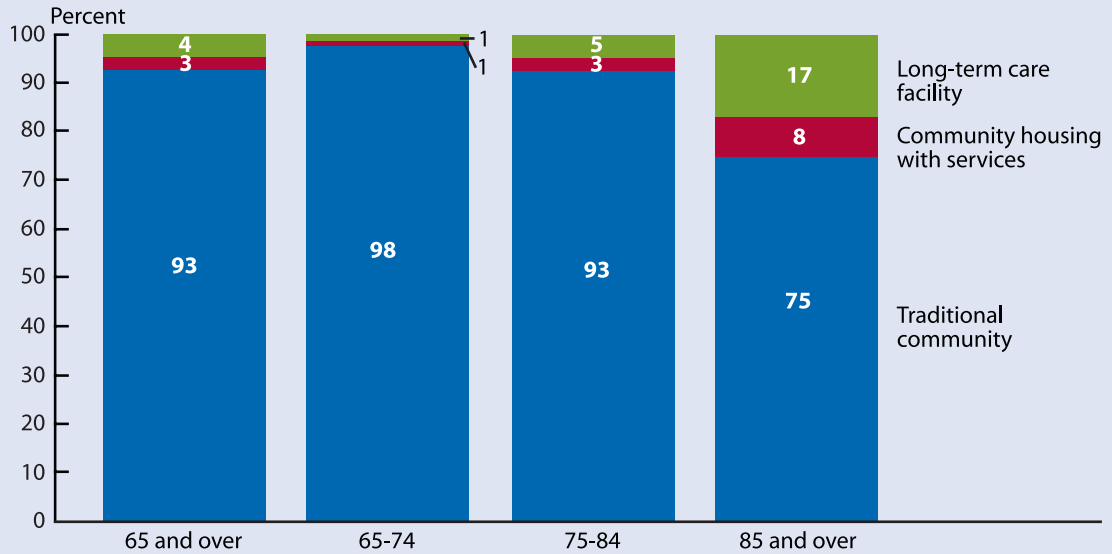


INDICATOR 36

Residential Services

Some older Americans living in the community have access to various services through their place of residence. Such services may include meal preparation, laundry and cleaning services, and help with medications. Availability of such services through the place of residence may help older Americans maintain their independence and avoid institutionalization.

Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2003



Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and other similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver.

Reference population: These data refer to Medicare enrollees.

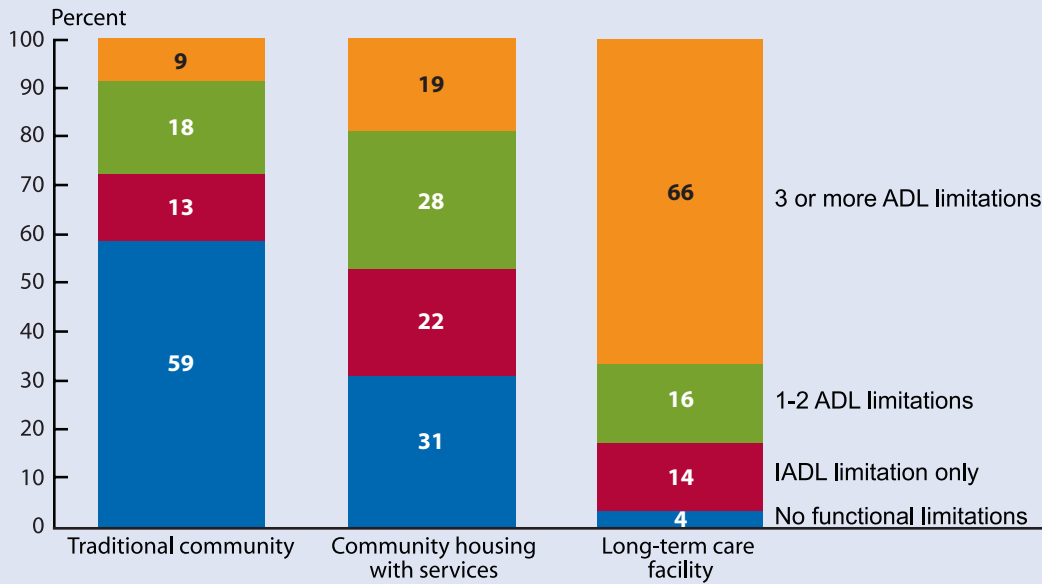
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2003

Residential setting	65 and over	65-74	75-84	85 and over
Percent				
Total	100.0	100.0	100.0	100.0
Traditional community	93.1	98.1	92.9	75.0
Community housing with services	2.5	0.9	2.6	8.0
Long-term care facilities	4.4	1.0	4.5	17.0

Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2003



Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and other similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. IADL limitations refer to difficulty performing (or inability to perform, for a health reason) one or more of the following tasks: using the telephone, light housework, heavy housework, meal preparation, shopping, managing money. ADL limitations refer to difficulty performing (or inability to perform, for a health reason) the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, using the toilet. Long-term care facility residents with no limitations may include individuals with limitations in certain IADLs: doing light or heavy housework or meal preparation. These questions were not asked of facility residents. Reference population: These data refer to Medicare enrollees. Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2003

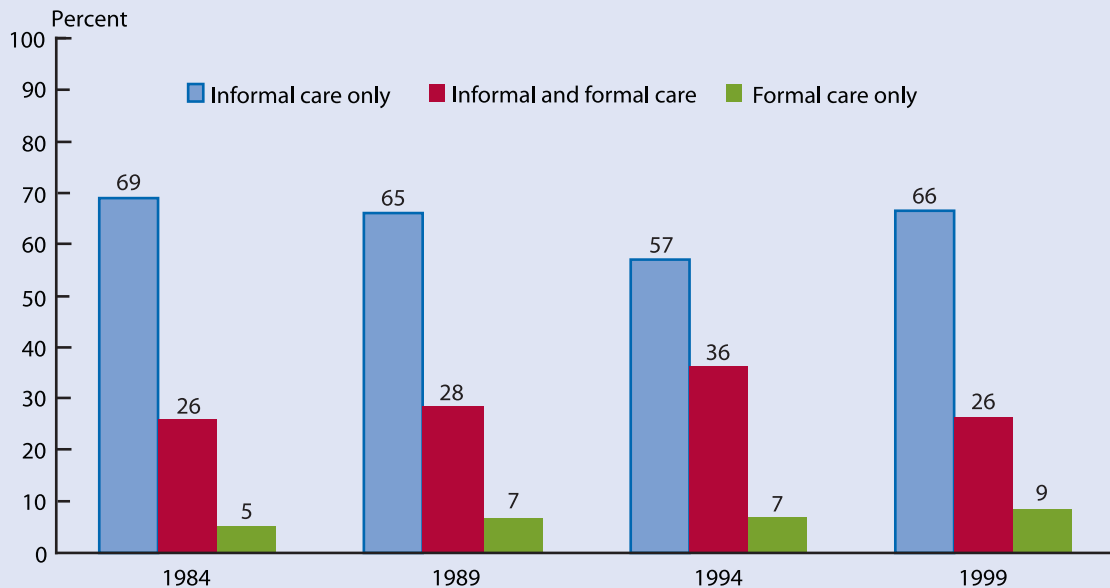
Functional status	Traditional community	Community housing with services	Long-term care facility
	Percent		
Total	100.0	100.0	100.0
No functional limitations	59.3	31.0	3.8
IADL limitation only	13.4	21.9	13.8
1-2 ADL limitations	18.4	28.4	16.3
3 or more ADL limitations	8.9	18.7	66.1

INDICATOR 37

Caregiving and Assistive Device Use

Although most long-term care spending in the United States is for nursing home and other institutionalized care, the majority of older people with disabilities live in the community and receive assistance from spouses, adult children, and other family members. Most of this care is unpaid, although an increasing number of older Americans with disabilities rely on a combination of unpaid and paid long-term care.

Distribution of Medicare enrollees age 65 and over receiving personal care for a chronic disability, by type of care, 1984, 1989, 1994, and 1999



Note: Informal care refers to unpaid assistance provided to a person with a chronic disability living in the community. Formal care refers to paid assistance.

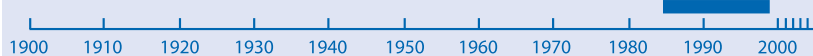
Reference population: These data refer to Medicare enrollees living in the community who report receiving personal care from a paid or unpaid helper for a chronic disability.

Source: National Long Term Care Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Distribution of Medicare enrollees age 65 and over receiving personal care for a chronic disability, by type of care, 1984, 1989, 1994, and 1999 (Last updated in *Older Americans 2004*)

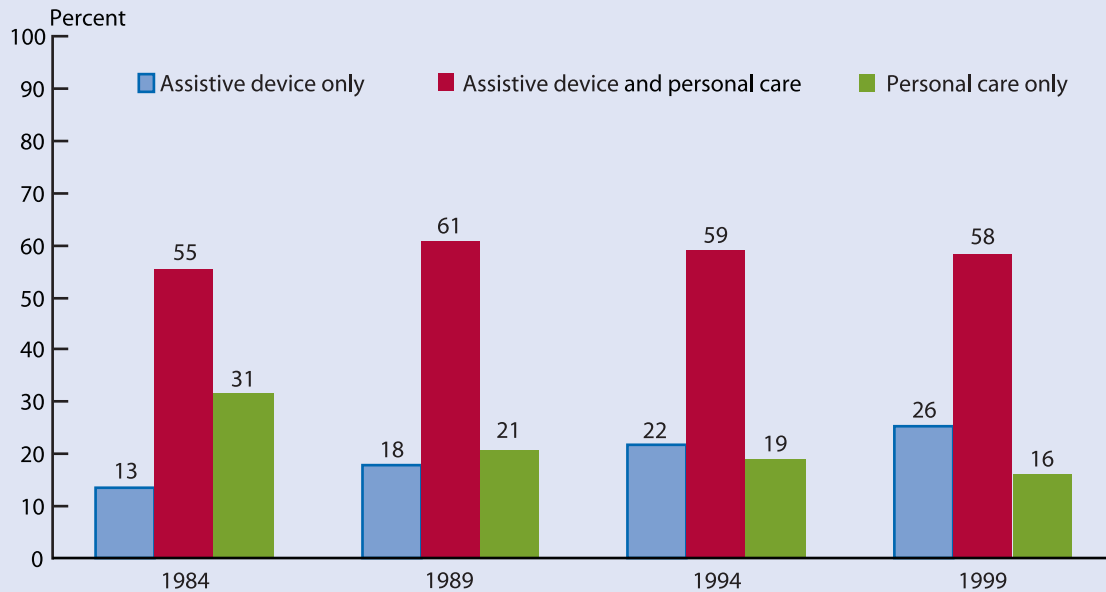
Type of care	1984	1989	1994	1999
Number				
Total Medicare enrollees	27,967,944	30,871,346	33,125,154	34,459,236
Total Medicare enrollees receiving personal care	4,094,565	3,946,598	3,844,871	3,700,889
Percent				
Total percentage of Medicare enrollees receiving personal care	14.6	12.8	11.6	10.7
Distribution of type of personal care				
Informal only	68.9	64.5	57.1	65.5
Informal and formal	26.0	28.4	36.1	25.9
Formal only	5.1	7.1	6.8	8.5



INDICATOR 37 Caregiving and Assistive Device Use continued

Possible reasons for the decline in the use of long-term care in the community include improvements in the health and disability of the older population, changes in household living arrangements (e.g., the move toward assisted living and other residential care alternatives), and greater use of special equipment and assistive devices that help older disabled people living in the community maintain their independence.

Distribution of Medicare enrollees age 65 and over using assistive devices and/or receiving personal care for a chronic disability, 1984, 1989, 1994, and 1999



Note: Personal care refers to paid or unpaid assistance provided to a person with a chronic disability living in the community.
Reference population: These data refer to Medicare enrollees living in the community who report receiving personal care from a paid or unpaid helper, or using assistive devices, or both, for a chronic disability.
Source: National Long Term Care Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Distribution of Medicare enrollees age 65 and over using assistive devices and/or receiving personal care for a chronic disability, by type of care, 1984, 1989, 1994, and 1999 (Last updated in *Older Americans 2004*)

Type of care	1984	1989	1994	1999
Number				
Total Medicare enrollees	27,967,944	30,871,346	33,125,154	34,459,236
Total Medicare enrollees receiving personal care or using assistive devices	4,730,434	4,820,323	4,911,958	4,990,968
Percent				
Total percentage of Medicare enrollees receiving personal care or using assistive devices	16.9	15.6	14.8	14.5
Distribution of type of care	100.0	100.0	100.0	100.0
Assistive device only	13.4	18.1	21.7	25.8
Assistive device and personal care	55.4	60.8	59.0	58.4
Personal care only	31.1	21.1	19.3	15.8



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INDICATOR 1 Number of Older Americans**Table 1d. Percentage of the population age 65 and over, by State, 2004**

<i>State (Ranked alphabetically)</i>	<i>Percent</i>	<i>State (Ranked by percentage)</i>	<i>Percent</i>
United States	12.4	United States	12.4
Alabama	13.2	Florida	16.8
Alaska	6.4	West Virginia	15.3
Arizona	12.7	Pennsylvania	15.3
Arkansas	13.8	North Dakota	14.7
California	10.7	Iowa	14.7
Colorado	9.8	Maine	14.4
Connecticut	13.5	South Dakota	14.2
Delaware	13.1	Rhode Island	13.9
District of Columbia	12.1	Arkansas	13.8
Florida	16.8	Montana	13.7
Georgia	9.6	Hawaii	13.6
Hawaii	13.6	Connecticut	13.5
Idaho	11.4	Massachusetts	13.3
Illinois	12.0	Ohio	13.3
Indiana	12.4	Missouri	13.3
Iowa	14.7	Nebraska	13.3
Kansas	13.0	Alabama	13.2
Kentucky	12.5	Oklahoma	13.2
Louisiana	11.7	Delaware	13.1
Maine	14.4	Vermont	13.0
Maryland	11.4	Wisconsin	13.0
Massachusetts	13.3	New York	13.0
Michigan	12.3	Kansas	13.0
Minnesota	12.1	New Jersey	12.9
Mississippi	12.2	Oregon	12.8
Missouri	13.3	Arizona	12.7
Montana	13.7	Kentucky	12.5
Nebraska	13.3	Tennessee	12.5
Nevada	11.2	South Carolina	12.4
New Hampshire	12.1	Indiana	12.4
New Jersey	12.9	Michigan	12.3
New Mexico	12.1	Mississippi	12.2
New York	13.0	District of Columbia	12.1
North Carolina	12.1	North Carolina	12.1
North Dakota	14.7	Wyoming	12.1
Ohio	13.3	Minnesota	12.1
Oklahoma	13.2	New Mexico	12.1
Oregon	12.8	New Hampshire	12.1
Pennsylvania	15.3	Illinois	12.0
Rhode Island	13.9	Louisiana	11.7
South Carolina	12.4	Maryland	11.4
South Dakota	14.2	Idaho	11.4
Tennessee	12.5	Virginia	11.4
Texas	9.9	Washington	11.3
Utah	8.7	Nevada	11.2
Vermont	13.0	California	10.7
Virginia	11.4	Texas	9.9
Washington	11.3	Colorado	9.8
West Virginia	15.3	Georgia	9.6
Wisconsin	13.0	Utah	8.7
Wyoming	12.1	Alaska	6.4

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, July 1, 2004 Population Estimates.

INDICATOR 1 Number of Older Americans continued

Table 1e. Percentage of the population age 65 and over, by county, 2004

Source: U.S. Census Bureau, July 1, 2004 Population Estimates.

Data for this table can be found at www.agingstats.gov.

INDICATOR 7 Poverty

Table 7a. Percentage of the population living in poverty, by age group, 1959-2004

<i>Year</i>	<i>65 and over</i>	<i>Under 18</i>	<i>18-64</i>	<i>65-74</i>	<i>75-84</i>	<i>85 and over</i>
	Percent					
1959	35.2	27.3	17.0	na	na	na
1960	na	26.9	na	na	na	na
1961	na	25.6	na	na	na	na
1962	na	25.0	na	na	na	na
1963	na	23.1	na	na	na	na
1964	na	23.0	na	na	na	na
1965	na	21.0	na	na	na	na
1966	28.5	17.6	10.5	na	na	na
1967	29.5	16.6	10.0	na	na	na
1968	25.0	15.6	9.0	na	na	na
1969	25.3	14.0	8.7	na	na	na
1970	24.6	15.1	9.0	na	na	na
1971	21.6	15.3	9.3	na	na	na
1972	18.6	15.1	8.8	na	na	na
1973	16.3	14.4	8.3	na	na	na
1974	14.6	15.4	8.3	na	na	na
1975	15.3	17.1	9.2	na	na	na
1976	15.0	16.0	9.0	na	na	na
1977	14.1	16.2	8.8	na	na	na
1978	14.0	15.9	8.7	na	na	na
1979	15.2	16.4	8.9	na	na	na
1980	15.7	18.3	10.1	na	na	na
1981	15.3	20.0	11.1	na	na	na
1982	14.6	21.9	12.0	12.4	17.4	21.2
1983	13.8	22.3	12.4	11.9	16.7	21.3
1984	12.4	21.5	11.7	10.3	15.2	18.4
1985	12.6	20.7	11.3	10.6	15.3	18.7
1986	12.4	20.5	10.8	10.3	15.3	17.6
1987	12.5	20.3	10.6	9.9	16.0	18.9
1988	12.0	19.5	10.5	10.0	14.6	17.8
1989	11.4	19.6	10.2	8.8	14.6	18.4
1990	12.2	20.6	10.7	9.7	14.9	20.2
1991	12.4	21.8	11.4	10.6	14.0	18.9
1992	12.9	22.3	11.9	10.6	15.2	19.9

See footnotes at end of table.

INDICATOR 7 Poverty continued**Table 7a. Percentage of the population living in poverty, by age group, 1959-2004**
(continued)

Year	65 and over	Under 18	18-64	65-74	75-84	85 and over
	Percent					
1993	12.2	22.7	12.4	10.0	14.1	19.7
1994	11.7	21.8	11.9	10.1	12.8	18.0
1995	10.5	20.8	11.4	8.6	12.3	15.7
1996	10.8	20.5	11.4	8.8	12.5	16.5
1997	10.5	19.9	10.9	9.2	11.3	15.7
1998	10.5	18.9	10.5	9.1	11.6	14.2
1999	9.7	17.1	10.1	8.8	9.8	14.2
2000	9.9	16.2	9.6	8.6	10.6	14.5
2001	10.1	16.3	10.1	9.2	10.4	13.9
2002	10.4	16.7	10.6	9.4	11.1	13.6
2003	10.2	17.6	10.8	9.0	11.0	13.8
2004	9.8	17.8	11.3	9.4	9.7	12.6

na Data not available.

Note: The poverty level is based on money income and does not include noncash benefits such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index. For more detail, see U.S. Census Bureau, Series P-60, No. 222.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1960-2005.

INDICATOR 8 Income**Table 8. Income distribution of the population age 65 and over, 1974-2004**

Year	Poverty	Low income	Middle income	High income
	Percent			
1974	14.6	34.6	32.6	18.2
1975	15.3	35.0	32.3	17.4
1976	15.0	34.7	31.8	18.5
1977	14.1	35.9	31.5	18.5
1978	14.0	33.4	34.2	18.5
1979	15.2	33.0	33.6	18.2
1980	15.7	33.5	32.4	18.4
1981	15.3	32.8	33.1	18.9
1982	14.6	31.4	33.3	20.7
1983	13.8	29.7	34.1	22.4
1984	12.4	30.2	33.8	23.6
1985	12.6	29.4	34.6	23.4
1986	12.4	28.4	34.4	24.8
1987	12.5	27.8	35.1	24.7
1988	12.0	28.4	34.5	25.1
1989	11.4	29.1	33.6	25.9
1990	12.2	27.0	35.2	25.6
1991	12.4	28.0	36.3	23.3
1992	12.9	28.6	35.6	22.9
1993	12.2	29.8	35.0	23.0
1994	11.7	29.5	35.6	23.2
1995	10.5	29.1	36.1	24.3
1996	10.8	29.5	34.7	25.1

See footnotes at end of table.

INDICATOR 8 Income continued

Table 8. Income distribution of the population age 65 and over, 1974-2004 (continued)

Year	Poverty	Low income	Middle income	High income
	Percent			
1997	10.5	28.1	35.3	26.0
1998	10.5	26.8	35.3	27.5
1999	9.7	26.2	36.4	27.7
2000	9.9	27.5	35.5	27.1
2001	10.1	28.1	35.2	26.7
2002	10.4	28.0	35.3	26.2
2003	10.2	28.5	33.8	27.5
2004	9.8	28.1	34.6	27.5

Note: The income categories are derived from the ratio of the family's income (or an unrelated individual's income) to the corresponding poverty threshold. Being in poverty is measured as income less than 100 percent of the poverty threshold. Low income is between 100 percent and 199 percent of the poverty threshold. Middle income is between 200 percent and 399 percent of the poverty threshold. High income is 400 percent or more of the poverty threshold.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1975-2005.

INDICATOR 9 Sources of Income

Table 9a. Aggregate income by source for the population age 65 and over, selected years 1962-2004

Year	Total	Social Security	Asset income	Pensions	Earnings	Other
	Percent					
1962	100	31	16	9	28	16
1967	100	34	15	12	29	10
1976	100	39	18	16	23	4
1978	100	38	19	16	23	4
1980	100	39	22	16	19	4
1982	100	39	25	15	18	3
1984	100	38	28	15	16	3
1986	100	38	26	16	17	3
1988	100	38	25	17	17	3
1990	100	36	24	18	18	4
1992	100	40	21	20	17	2
1994	100	42	18	19	18	3
1996	100	40	18	19	20	3
1998	100	38	20	19	21	2
1999	100	38	19	19	21	3
2000	100	38	18	18	23	3
2001	100	39	16	18	24	3
2002	100	39	14	19	25	3
2003	100	39	14	19	25	2
2004	100	39	13	20	26	2

Note: The definition of "other" includes, but is not limited to, public assistance, unemployment compensation, worker's compensation, alimony, child support, and personal contributions.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Social Security Administration, 1963 Survey of the Aged, 1968 Survey of Demographic and Economic Characteristics of the Aged; U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1976-2004.

INDICATOR 11 Participation in the Labor Force**Table 11. Labor force participation rates of people age 55 and over, by age group and sex, annual averages, 1963-2005**

Year	Men				Women			
	55-61	62-64	65-69	70 and over	55-61	62-64	65-69	70 and over
	Percent							
1963	89.9	75.8	40.9	20.8	43.7	28.8	16.5	5.9
1964	89.5	74.6	42.6	19.5	44.5	28.5	17.5	6.2
1965	88.8	73.2	43.0	19.1	45.3	29.5	17.4	6.1
1966	88.6	73.0	42.7	17.9	45.5	31.6	17.0	5.8
1967	88.5	72.7	43.4	17.6	46.4	31.5	17.0	5.8
1968	88.4	72.6	43.1	17.9	46.2	32.1	17.0	5.8
1969	88.0	70.2	42.3	18.0	47.3	31.6	17.3	6.1
1970	87.7	69.4	41.6	17.6	47.0	32.3	17.3	5.7
1971	86.9	68.4	39.4	16.9	47.0	31.7	17.0	5.6
1972	85.6	66.3	36.8	16.6	46.4	30.9	17.0	5.4
1973	84.0	62.4	34.1	15.6	45.7	29.2	15.9	5.3
1974	83.4	60.8	32.9	15.5	45.3	28.9	14.4	4.8
1975	81.9	58.6	31.7	15.0	45.6	28.9	14.5	4.8
1976	81.1	56.1	29.3	14.2	45.9	28.3	14.9	4.6
1977	80.9	54.6	29.4	13.9	45.7	28.5	14.5	4.6
1978	80.3	54.0	30.1	14.2	46.2	28.5	14.9	4.8
1979	79.5	54.3	29.6	13.8	46.6	28.8	15.3	4.6
1980	79.1	52.6	28.5	13.1	46.1	28.5	15.1	4.5
1981	78.4	49.4	27.8	12.5	46.6	27.6	14.9	4.6
1982	78.5	48.0	26.9	12.2	46.9	28.5	14.9	4.5
1983	77.7	47.7	26.1	12.2	46.4	29.1	14.7	4.5
1984	76.9	47.5	24.6	11.4	47.1	28.8	14.2	4.4
1985	76.6	46.1	24.4	10.5	47.4	28.7	13.5	4.3
1986	75.8	45.8	25.0	10.4	48.1	28.5	14.3	4.1
1987	76.3	46.0	25.8	10.5	48.9	27.8	14.3	4.1
1988	75.8	45.4	25.8	10.9	49.9	28.5	15.4	4.4
1989	76.3	45.3	26.1	10.9	51.4	30.3	16.4	4.6
1990	76.7	46.5	26.0	10.7	51.7	30.7	17.0	4.7
1991	76.1	45.5	25.1	10.5	52.1	29.3	17.0	4.7
1992	75.7	46.2	26.0	10.7	53.6	30.5	16.2	4.8
1993	74.9	46.1	25.4	10.3	53.8	31.7	16.1	4.7
1994	73.8	45.1	26.8	11.7	55.5	33.1	17.9	5.5
1995	74.3	45.0	27.0	11.6	55.9	32.5	17.5	5.3
1996	74.8	45.7	27.5	11.5	56.4	31.8	17.2	5.2
1997	75.4	46.2	28.4	11.6	57.3	33.6	17.6	5.1
1998	75.5	47.3	28.0	11.1	57.6	33.3	17.8	5.2
1999	75.4	46.9	28.5	11.7	57.9	33.7	18.4	5.5
2000	74.3	47.0	30.3	12.0	58.3	34.1	19.5	5.8
2001	74.9	48.2	30.2	12.1	58.9	36.7	20.0	5.9
2002	75.4	50.4	32.2	11.5	61.1	37.6	20.7	6.0
2003	74.9	49.5	32.8	12.3	62.5	38.6	22.7	6.4
2004	74.4	50.8	32.6	12.8	62.1	38.7	23.3	6.7
2005	74.7	52.5	33.6	13.5	62.7	40.0	23.7	7.1

Note: Data for 1994 and later years are not strictly comparable with data for 1993 and earlier years due to a redesign of the survey and methodology of the Current Population Survey. Beginning in 2000, data incorporate population controls from Census 2000.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Bureau of Labor Statistics, Current Population Survey.

INDICATOR 14 Mortality

Table 14a. Death rates for selected leading causes of death among people age 65 and over, 1981-2003

Year	Diseases of heart	Malignant neoplasm	Cerebrovascular diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Diabetes mellitus	Alzheimer's disease
Number per 100,000 population							
1981	2,546.7	1,055.7	623.8	185.8	207.2	105.8	6.0
1982	2,503.2	1,068.9	585.2	186.1	181.2	102.3	9.2
1983	2,512.0	1,077.5	564.4	204.3	207.2	104.4	16.3
1984	2,449.5	1,087.1	546.2	210.8	214.0	102.6	23.5
1985	2,430.9	1,091.2	531.0	225.4	242.9	103.4	31.0
1986	2,371.7	1,101.2	506.3	227.7	244.7	100.8	35.0
1987	2,316.4	1,105.5	495.9	229.7	237.4	102.3	41.8
1988	2,305.7	1,114.1	489.4	240.0	263.1	104.7	44.7
1989	2,171.8	1,133.0	463.7	240.2	253.3	120.4	47.3
1990	2,091.1	1,141.8	447.9	245.0	258.2	120.4	48.7
1991	2,045.6	1,149.5	434.7	251.7	245.1	120.8	48.7
1992	1,989.5	1,150.6	424.5	252.5	232.7	120.8	48.8
1993	2,024.0	1,159.2	434.5	273.6	247.9	128.4	55.3
1994	1,952.3	1,155.3	433.7	271.3	238.1	132.6	59.8
1995	1,927.4	1,152.5	437.7	271.2	237.2	135.9	64.9
1996	1,877.6	1,140.8	433.1	275.5	233.5	139.4	65.9
1997	1,827.2	1,127.3	423.8	280.2	236.3	140.2	67.7
1998	1,791.5	1,119.2	411.9	286.8	247.4	143.4	67.0
1999	1,767.0	1,126.1	433.2	313.0	167.4	150.0	128.8
2000	1,694.9	1,119.2	422.7	303.6	167.2	149.6	139.9
2001	1,631.6	1,100.2	404.1	300.7	154.9	151.1	148.3
2002	1,585.2	1,090.9	393.2	300.6	160.7	152.0	158.7
2003	1,524.9	1,073.0	372.8	299.1	154.8	150.7	167.7

Note: Death rates for 1981-98 are based on the 9th revision of the *International Classification of Disease* (ICD-9). Starting in 1999, death rates are based on ICD-10. For the period 1981-98, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10 and may differ from previously published estimates. Population estimates for July 1, 2000, and July 1, 2001, are post-censal estimates and have been bridged to be consistent with the race categories used in the 1990 Decennial Census. These estimates were produced by the National Center for Health Statistics under a collaborative arrangement with the U.S. Census Bureau. Population estimates for 1990-1999 are intercensal estimates, based on the 1990 Decennial Census and bridged estimates for 2000. These estimates were produced by the Population Estimates Program of the U.S. Census Bureau with support from the National Cancer Institute (NCI). For more information on the bridged race population estimates for 1990-2001, see www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. Death rates for 1990-2001 may differ from those published elsewhere because of the use of the bridged intercensal and post-censal population estimates. Rates are age-adjusted using the 2000 standard population.

Reference population: These data refer to the resident population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

INDICATOR 21 Vaccinations**Table 21a. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years 1989-2004**

Year	Not Hispanic or Latino		Hispanic or Latino
	White	Black	
	Percent		
Influenza			
1989	32.0	17.7	23.8
1991	42.8	26.5	33.2
1993	53.1	31.1	46.2
1994	56.9	37.7	36.6
1995	60.0	39.5	49.5
1997	65.8	44.6	52.7
1998	65.6	45.9	50.3
1999	67.9	49.7	55.1
2000	66.6	47.9	55.7
2001	65.4	47.9	51.9
2002	68.7	49.5	48.5
2003	68.6	47.8	45.4
2004	67.3	45.7	54.6
Pneumococcal disease			
1989	15.0	6.2	9.8
1991	21.0	13.2	11.0
1993	28.7	13.1	12.2
1994	30.5	13.9	13.7
1995	34.2	20.5	21.6
1997	45.6	22.2	23.5
1998	49.5	26.0	22.8
1999	53.1	32.3	27.9
2000	56.8	30.5	30.4
2001	57.8	33.9	32.9
2002	60.3	36.9	27.1
2003	59.6	37.0	31.0
2004	60.9	38.6	33.7

Note: People of Hispanic or Latino origin may be of any race. For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. See Appendix B in *Older Americans 2004* for the definition of race and ethnicity in the National Health Interview Survey.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

INDICATOR 27 Air Quality

Table 27b. Counties with “Poor air quality” for any standard in 2004

State	County	State	County
Alabama	Jefferson	Missouri	St. Louis City
Alabama	Russell	Nevada	Nye
Alaska	Fairbanks North Star	New Jersey	Camden
Arizona	Maricopa	New Jersey	Hunterdon
California	Butte	New Jersey	Ocean
California	Calaveras	New Jersey	Union
California	El Dorado	New Mexico	Bernalillo
California	Fresno	New Mexico	Dona Ana
California	Imperial	New York	Chautauqua
California	Inyo	New York	New York
California	Kern	North Carolina	Davidson
California	Kings	North Carolina	Mecklenburg
California	Los Angeles	Ohio	Cuyahoga
California	Mariposa	Ohio	Hamilton
California	Merced	Ohio	Jefferson
California	Mono	Ohio	Scioto
California	Nevada	Ohio	Stark
California	Orange	Oklahoma	Cherokee
California	Placer	Pennsylvania	Allegheny
California	Riverside	Pennsylvania	Beaver
California	Sacramento	Pennsylvania	Berks
California	San Bernardino	Pennsylvania	Chester
California	San Diego	Pennsylvania	Cumberland
California	Stanislaus	Pennsylvania	Dauphin
California	Tulare	Pennsylvania	Lancaster
California	Ventura	Pennsylvania	Northampton
Connecticut	Fairfield	Pennsylvania	Philadelphia
Connecticut	New Haven	Pennsylvania	York
Florida	Nassau	Rhode Island	Washington
Georgia	Bibb	South Carolina	Greenville
Georgia	Clayton	Tennessee	Hamilton
Georgia	Cobb	Tennessee	Knox
Georgia	DeKalb	Tennessee	Union
Georgia	Floyd	Texas	Bexar
Georgia	Fulton	Texas	Brazoria
Georgia	Gwinnett	Texas	Collin
Georgia	Henry	Texas	Dallas
Georgia	Richmond	Texas	Denton
Georgia	Rockdale	Texas	El Paso
Georgia	Washington	Texas	Ellis
Georgia	Wilkinson	Texas	Galveston
Illinois	Cook	Texas	Harris
Illinois	Madison	Texas	Jefferson
Indiana	Clark	Texas	Johnson
Indiana	Delaware	Texas	Tarrant
Indiana	Hendricks	Utah	Cache
Indiana	Lake	Utah	Salt Lake
Indiana	Marion	Virginia	Arlington
Indiana	Porter	Virginia	Fairfax
Louisiana	East Baton Rouge	West Virginia	Berkeley
Maryland	Anne Arundel	West Virginia	Brooke
Maryland	Baltimore	West Virginia	Cabell
Maryland	Baltimore City	West Virginia	Hancock
Maryland	Harford	West Virginia	Kanawha
Maryland	Prince George’s	Wyoming	Campbell
Michigan	Wayne	Wyoming	Sweetwater

Source: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System.

The Historical Experience of Three Cohorts of Older Americans: A Timeline of Selected Events

		1921 Cohort	Year	Event
		Born	1921	
		5 years old	1926	
			1929	Stock market crashes
			1931	
			1935	Social Security Act
			1936	
			1941	Pearl Harbor; U.S. enters WWII
			1946	Baby Boom begins
			1950	U.S. enters Korean War
			1951	
			1955	Polio vaccine
			1956	Women age 62-64 eligible for reduced Social Security benefits
			1957	Social Security Disability Insurance implemented
			1961	Men age 62-64 eligible for reduced Social Security benefits
			1962	Self-Employed Individual Retirement Act (Keogh Act)
			1964	U.S. enters Vietnam War; Civil Rights Act; Baby Boom ends
			1965	Medicare and Medicaid established
			1966	
			1969	First man on the moon
			1971	
			1972	Formula for Social Security cost-of-living adjustment established
			1973	Social Security Supplemental Security Income implemented
			1974	IRAs established
			1975	Age Discrimination Act
			1976	
			1978	401(k)s established
			1981	
			1983	Social Security eligibility age increased for full benefits
			1984	Widows entitled to pension benefits if spouse was vested
			1986	Mandatory retirement eliminated for most workers
			1989	Berlin Wall falls
			1990	Americans with Disabilities Act
			1991	
			1996	
			1997	Medicare payment policies changed by Balanced Budget Act
			2000	Social Security earnings test eliminated for full retirement age
			2001	September 11
			2003	Medicare prescription drug benefit passed
			2006	Medicare coverage of prescription drugs begins for all beneficiaries

