Older Americans 2012

Key Indicators of Well-Being

FEDERAL INTERAGENCY FORUM ON AGING RELATED STATISTICS

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 June 2012 are listed below.

Department of Commerce
U.S. Census Bureau
http://www.census.gov

Department of Health and Human Services
Administration on Aging
http://www.aoa.gov

Agency for Healthcare Research and Quality
http://www.ahrq.gov

Centers for Medicare and Medicaid Services
http://www.cms.hhs.gov

National Center for Health Statistics
http://www.cdc.gov/nchs

National Institute on Aging
http://www.nia.nih.gov

Office of the Assistant Secretary for Planning and Evaluation
http://aspe.hhs.gov

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov

Department of Housing and Urban Development
http://www.hud.gov

Department of Labor
Bureau of Labor Statistics
http://www.bls.gov

Employee Benefits Security Administration
http://www.dol.gov/ebsa

Department of Veterans Affairs
http://www.va.gov

Environmental Protection Agency
http://www.epa.gov/

Office of Management and Budget
Office of Statistical and Science Policy
http://www.whitehouse.gov/omb/inforeg_statpolicy

Social Security Administration
Office of Research, Evaluation, and Statistics
http://www.ssa.gov

Older Americans 2012

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Foreword

Just last year, the oldest members of the "Baby Boom" generation (that is, Americans born between 1946 and 1964) turned 65. As has been the case since the birth of this cohort, this very large generation will bring important challenges to the systems and institutions that support and enhance American life. Although many Federal agencies provide data on aspects of older Americans' lives, it can be difficult to fit the pieces together. Thus, it has become increasingly important for policymakers and the general public to have an accessible, easy-to-understand portrait of how older Americans fare.

Older Americans 2012: Key Indicators of Well-Being (Older Americans 2012) provides a comprehensive, easy-to-understand picture of our older population's health, finances, and well-being. It is the sixth such chartbook prepared by the Federal Interagency Forum on Aging-Related Statistics (Forum). Readers will find here an accessible compendium of indicators drawn from the most reliable official statistics. The indicators are again categorized into five broad groups: population, economics, health status, health risks and behaviors, and health care. In addition, the report contains a special feature on end-of-life care and place of death.

Many of the estimates reported in *Older Americans 2012* were collected in 2008 and 2009. Thus, many of the indicators in this report reflect the experience of older Americans during this economically challenging time period. What has yet to be reported here is the longer-term impact of the recession and its financial disruptions. In response, the Forum has initiated a closer look at the earnings, savings, and income of older Americans, particularly given recent changes to retirement and pension plans. Those findings will be shared in a future report.

Although Federal agencies currently collect and report substantial information on the population age 65 and over, other important gaps in our knowledge remain. Two years ago, in *Older Americans 2010,* the Forum identified six such data need areas: caregiving, elder abuse, functioning and disability, mental health, residential care, and end of life. In *Older Americans 2012,* we provide updated information on the status of data availability for these specific areas, in addition to the end of life special feature.

We continue to appreciate users' requests for greater detail for many existing indicators of well-being. We also extend an invitation to all of our readers and partners to let us know what else we can do to make our reports and other products more accessible and useful. Please send your comments to agingforum@cdc.gov.

The *Older Americans* reports reflect the Forum's commitment to advancing our understanding of where older Americans stand today and what they may face tomorrow. I congratulate the Forum agencies for joining together to present the American people with such valuable tools for understanding the well-being of the older population. Last, but not least, none of this work would be possible without the continued cooperation of millions of American citizens who willingly provide the data that are summarized and analyzed by staff in the Federal agencies for the American people.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

Older Americans 2012: Key Indicators of Well-Being is a report of the Federal Interagency Forum on Aging-Related Statistics (Forum). This report was prepared by the Forum's planning committee and reviewed by the Forum's principal members, which include John Wren, Administration on Aging (AoA); Steven B. Cohen, Agency for Healthcare Research and Quality (AHRQ); Thomas Nardone, Bureau of Labor Statistics (BLS); Howard Hogan and Nancy Potok, U.S. Census Bureau; Thomas Reilly, Centers for Medicare and Medicaid Services (CMS); Raphael W. Bostic, Department of Housing and Urban Development (HUD); Joseph Piacentini, Employee Benefits Security Administration (EBSA); Kathy Sykes, Environmental Protection Agency (EPA); Edward Sondik, National Center for Health Statistics (NCHS); Richard Suzman, National Institute on Aging (NIA); Ruth Katz, Office of the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services; Katherine K. Wallman, Office of Management and Budget (OMB); Daryl Kade, Substance Abuse and Mental Health Services Administration (SAMHSA); Manuel de la Puente, Social Security Administration (SSA); and Dat Tran, Department of Veterans Affairs (VA).

The following members of the Forum agencies reviewed the chart book and provided valuable guidance and assistance: Nancy Gordon, U.S. Census Bureau; Jennifer Madans, NCHS; William Marton, ASPE; John Haaga, NIA; Anja Decressin, EBSA; and Susan Grad, SSA.

The Forum's planning committee members include Robert Hornyak, AoA; David Kashihara and D.E.B. Potter, AHRQ; Emy Sok, BLS; Amy Symens Smith and Samantha Cole, U.S. Census Bureau; Gerald Riley, CMS; Meena Bavan, HUD; Miranda Moore, Daniel Puskin and Song Yi, EBSA; Kathy Sykes, EPA; Ellen Kramarow and Julie Dawson Weeks, NCHS; John Phillips, NIA; Helen Zayac Lamont, ASPE; Jennifer Park and Rochelle Wilkie Martinez, OMB; Ingrid Goldstrom, Beth Han, and Jennifer Solomon, SAMHSA; Howard Iams, SSA; Jin Kim, VA; and the Forum's Staff Director, Traci Cook.

In addition to the 15 agencies of the Forum, the Department of Agriculture (USDA) was invited to contribute to this report. The Forum greatly appreciates the efforts of Patricia Guenther, Hazel Hiza, and Kellie O'Connell, Center for Nutrition Policy and Promotion, USDA, in providing valuable information from their agency.

Other staff members of Federal agencies who provided data and assistance include Jennifer Klocinski, AoA; Rachel Krantz-Kent and Geoffrey Paulin, BLS; Deborah Kidd, Chris McCormick, Maggie Murgolo, and Joseph Regan, CMS; Ellen Baldridge and Rhonda Thompson, EPA; Carolyn Lynch, HUD; Robin Cohen, Nazik Elgaddal, Ginny Freid, and Cynthia L. Ogden, NCHS; Vicky Cahan, NIA; Lynn Fisher, SSA; and Peter Ahn, and Linda Bergofsky, VA.

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Member agencies of the Forum provided funds and valuable staff time to produce this report. NCHS and its contractor, American Institutes for Research (AIR), facilitated the production, printing, and dissemination of this report. Simone Robers and Melissa Wentzel, AIR, managed the report's production process. Katie Mallory, AIR-MacroSys, designed the layout and supervised the overall presentation of the report; Richard Devens, First XV Communications, provided consultation and editing services. Patricia L. Wilson, CDC, managed the printing of the report.

About This Report

Introduction

Older Americans 2012: Key Indicators of Well-Being (Older Americans 2012) is the sixth in a series of reports by the Federal Interagency Forum on Aging-Related Statistics (Forum) describing the overall condition of the U.S. population age 65 and over. The reports use data from over a dozen national data sources to construct broad indicators of well-being for the older population and to monitor changes in these indicators over time. By following these data trends, the reports make more information available to target efforts to improve the lives of older Americans.

The Forum hopes that this report will stimulate discussions by policymakers and the public, encourage exchanges between the data and policy communities, and foster improvements in Federal data collection on older Americans. By examining a broad range of indicators, researchers, policymakers, service providers, and the Federal government can better understand the areas of well-being that are improving for older Americans and the areas of well-being that require more attention and effort.

Structure of the Report

Older Americans 2012, by presenting data in a nontechnical, user-friendly format, complements other more technical and comprehensive reports produced by the individual Forum agencies. The report includes 37 indicators that are grouped into five sections: Population, Economics, Health Status, Health Risks and Behaviors, and Health Care.

There is also a special feature on end-of-life issues. A list of the indicators included in this report is located in the Table of Contents.

Each indicator includes the following:

- An introductory paragraph that describes the relevance of the indicator to the well-being of the older population.
- One or more charts that graphically describes important aspects of the data.
- Bulleted highlights of salient findings from the data and other sources.

The data used to develop the indicators are presented in table format in the back matter of the report. Data source descriptions and a glossary are also provided in the back matter of the report.

Selection Criteria for Indicators

Older Americans 2012 presents 37 key indicators of critical aspects of older people's lives. The Forum chose these indicators because they meet the following criteria:

- Easy to understand by a wide range of audiences.
- Based on reliable, nationwide data sponsored, collected, or disseminated by the Federal government.
- Objectively based on substantial research that connects the indicator to the well-being of older Americans.
- Balanced so that no single section dominates the report.
- Measured periodically (but not necessarily annually) so that they can be updated as appropriate and permit description of trends over time.
- Representative of large segments of the aging population, rather than one particular group.

Considerations When Examining the Indicators

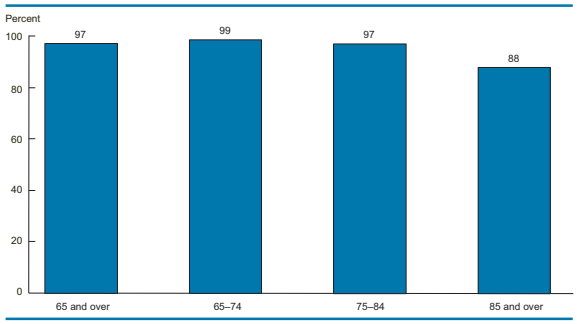
The data in *Older Americans 2012* usually describe the U.S. population age 65 and over. Mutually exclusive and exhaustive age groups (e.g., age 65–74, 75–84, and 85 and over) are reported whenever possible.

Data availability and analytical relevance may affect the specific age groups that are included for an indicator. For example, because of small sample sizes in some surveys, statistically reliable data for the population age 85 and over often are not available. Conversely, data from the population younger than age 65 sometimes are included if they are relevant to the interpretation of the indicator. For example, in "Indicator 11: Participation in the Labor Force," a comparison with a younger population enhances the interpretation of the labor force trends among people age 65 and over.

To standardize the age distribution of the age 65 and over population across years, some estimates have been age adjusted by multiplying age-specific rates by time-constant weights. If an indicator has been age adjusted, it will be stated in the note under the chart(s) as well as under the corresponding table(s).

The reference population (the base population sampled at the time of data collection) for each indicator is clearly labeled under each chart and table and defined in the glossary. Whenever possible, the indicators include data on the U.S. resident population (both people living in the community and people living in institutions). However, some indicators show data only for the civilian noninstitutionalized population. Because the older population residing in nursing homes (and other long-term care institutional settings) is excluded from samples based on the noninstitutionalized population, caution should be exercised when attempting to generalize the findings from these data sources to the entire population age 65 and over. This is especially true for the older age groups. For example, in 2010, 12 percent of the population age 85 and over was not included in the civilian noninstitutionalized population as defined by the U.S. Census Bureau.

Civilian noninstitutionalized population as a percentage of the total resident population by age: April 1, 2010.



SOURCE: U.S. Census Bureau, Population Division, Vintage 2011 Population Estimates.

Survey Years

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 one year.

Accuracy of the Estimates

Most estimates in this report are based on a sample of the population and are therefore subject to sampling error. Standard tests of statistical significance have been used to determine whether differences between populations exist at generally accepted levels of confidence or whether they occurred by chance. Unless otherwise noted, only differences that are statistically significant at the 0.05 level are discussed in the text. To indicate the reliability of the estimates, standard errors for selected estimates in the chartbook can be found on the Forum's Web site at http://www.agingstats.gov.

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

Sources of Data

The data used to create the charts are provided in tables in the back of the report. The tables also contain data that are described in the bullets below each chart. The source of the data for each indicator is noted below the chart.

Descriptions of the data sources can be found in the back of the report. Additional information about these data sources is available on the Forum's Web site at http://www.agingstats.gov. For those who wish to access the survey data used in this chartbook, contact information is given for each of the data sources.

Occasionally, data from other publications are included to give a more complete explanation of the indicator. The citations for these sources are included in the "References" section.

Data Needs

Because *Older Americans 2012* is a collaborative effort of many Federal agencies, a comprehensive array of data was available for inclusion in this report. However, even with all of the data available, there are still areas where scant data exist. Although the indicators that were chosen cover a broad range of components that affect well-being, there are other issues that the Forum would like to address in the future. These issues are identified in the "Data Needs" section.

Mission

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.

The specific goals of the Forum are:

- Widening access to information on the aging population through periodic publications and other means.
- Promoting communication among data producers, researchers, and public policy-makers.
- Coordinating the development and use of statistical databases among Federal agencies.
- Identifying information gaps and data inconsistencies.
- Investigating questions of data quality.
- Encouraging cross-national research and data collection on the aging population.
- Addressing concerns regarding collection, access, and dissemination of data.

More Information

If you would like more information about *Older Americans 2012* or other Forum activities, contact:

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Older Americans on the Internet

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

- Data for all of the indicators in Excel spreadsheets (with standard errors, when available).
- Data source descriptions.
- PowerPoint slides of the charts.

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.
- Other Forum publications (including *Data Sources on Older Americans 2009*).
- Workshop presentations, papers, and reports.
- Agency contacts.
- Subject area contact list for Federal statistics.
- Information about the Forum.

Additional Online Resources

Administration on Aging

Statistics on the Aging Population
http://www.aoa.gov/AoARoot/Aging_Statistics/index.aspx

A Profile of Older Americans
http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx

Online Statistical Data on the Aging
http://www.aoa.gov/AoARoot/Aging_Statistics/Census_Population/census1990/Introduction.aspx

Agency for Healthcare Research and Quality

AHRQ Data and Surveys
http://www.ahrq.gov/data

Bureau of Labor Statistics

Bureau of Labor Statistics Data
http://www.stats.bls.gov/data

U.S. Census Bureau

Statistical Abstract of the United States
http://www.census.gov/compendia/statab

Age Data
http://www.census.gov/population/www/socdemo/age.html

Longitudinal Employer-Household Dynamics
http://lehd.did.census.gov/led/

Centers for Medicare and Medicaid Services

CMS Research, Statistics, Data, and Systems
http://www.cms.hhs.gov/Research-Statistics-Data-and-Systems/Research-Statistics-Data-and-Systems.html

Department of Housing and Urban Development

Policy Development and Research Information Services
http://www.huduser.org/

Department of Veterans Affairs

Veteran Data and Information
http://www1.va.gov/vetdata

Employee Benefit Security Administration

EBSA's Research
http://www.dol.gov/ebsa/publications/research.html

Environmental Protection Agency

Aging Initiative
http://www.epa.gov/aging

Information Resources
http://www.epa.gov/aging/resources/index.htm

National Center for Health Statistics

Health Data Interactive
http://www.cdc.gov/nchs/hdi.htm

Longitudinal Studies of Aging
http://www.cdc.gov/nchs/lsoa.htm

Health, United States
http://www.cdc.gov/nchs/hus.htm

National Institute on Aging

NIA Centers on the Demography of Aging
http://www.agingcenters.org/

National Archive of Computerized Data on Aging
http://www.icpsr.umich.edu/NACDA

Publicly Available Datasets for Aging-Related Secondary Analysis
http://www.nia.nih.gov/researchinformation/scientificresources

Office of the Assistant Secretary for Planning and Evaluation, HHS

Office of Disability, Aging, and Long-Term Care Policy
http://www.aspe.hhs.gov/_/office_specific/daltcp.cfm

Office of Management and Budget

Federal Committee on Statistical Methodology
http://www.fcsm.gov

Social Security Administration

Social Security Administration Statistical Information
http://www.ssa.gov/policy

Substance Abuse and Mental Health Services Administration

Center for Behavioral Health Statistics and Quality
http://www.samhsa.gov/data

Center for Mental Health Services
http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics

Other Resources

FedStats.gov
http://www.fedstats.gov

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Highlights

Older Americans 2012: Key Indicators of Well-Being is one in a series of periodic reports to the Nation on the condition of older adults in the United States. In this report, 37 indicators depict the well-being of older Americans in the areas of demographic characteristics, economic circumstances, health status, health risks and behaviors, and cost and use of health care services. This year's report also includes a special feature on the end of life. Selected highlights from each section of the report follow.

Population

The demographics of aging continue to change dramatically. The older population is growing rapidly, and the aging of the "Baby Boomers" born between 1946 and 1964 (and who began turning age 65 in 2011), are accelerating this growth. This large population of older Americans will be more racially diverse and better educated than previous generations. Another significant trend is the increase in the proportion of men age 85 and over who are veterans.

- In 2010, there were 40 million people age 65 and over in the United States, accounting for 13 percent of the total population. The older population in 2030 is projected to be twice as large as in 2000, growing from 35 million to 72 million and representing nearly 20 percent of the total U.S. population (See "Indicator 1: Number of Older Americans").

- In 1965, 24 percent of the older population had graduated from high school, and only 5 percent had at least a Bachelor's degree. By 2010, 80 percent were high school graduates or more, and 23 percent had a Bachelor's degree or more (See "Indicator 4: Educational Attainment").

Economics

There have been decreases in the proportion of older people living in poverty or in the low-income group just above the poverty line, both in recent years and over the longer term. Among older Americans, the share of income coming from earnings has increased since the mid-1980s, partly because more people, especially women, continue to work past age 55. In addition, net worth increased almost 80 percent, on average, for older Americans between 1988 and 2007. Although most older Americans live in adequate, affordable housing, some live in costly, physically inadequate, or crowded housing. Additionally, major inequalities continue to exist: older blacks and people without high school diplomas report smaller economic gains and fewer financial resources overall.

- Between 1974 and 2010, there was a decrease in the proportion of older people with income below poverty from 15 percent to 9 percent and with low income from 35 percent to 26 percent; and an increase in the proportion of people with high income from 18 percent to 31 percent (See "Indicator 8: Income").

- In 2007, the median net worth of households headed by white people age 65 and over ($248,300) was almost three times that of older black households ($87,800). This difference is less than in 1998 when the median net worth of households headed by older white people was about six times higher than that of households headed by older black people. The large increase in net worth in past years may not continue into the future due to recent declines in housing values (See "Indicator 10: Net Worth").

- Over the past four decades, labor force participation rates have risen for women age 55 and over. This trend continued during the recent recession. Among men age 55 and over, the rise in participation rates that started in the mid-1990s also has continued, although to a smaller extent. As "Baby Boomers" approach older ages, they are remaining in the labor force at higher rates than previous generations (See "Indicator 11: Participation in the Labor Force").

- In 2009, approximately 40 percent of older American households had housing cost burden (expenditures on housing and utilities that exceed 30 percent of household income). In addition to having cost burden as the most dominant housing problem, crowded housing was also fairly prevalent for some older American households with children in their homes (See "Indicator 13: Housing Problems").

Health Status

Americans are living longer than ever before, yet their life expectancies lag behind those of other developed nations. Death rates for certain diseases have declined over time, while others have increased. Older age is often accompanied by increased risk of certain diseases and disorders. Large proportions of older Americans report a variety of chronic health conditions such as hypertension and arthritis. Nevertheless, most people age 65 and over report their health as good, very good, or excellent.

- Life expectancy at age 65 in the United States was lower than that of many other industrialized nations. In 2009, women age 65 in Japan could expect to live on average 3.7 years longer than women in the United States. Among men, the difference was 1.3 years (See "Indicator 14: Life Expectancy").

- Death rates for heart disease and stroke declined by slightly more than 50 percent since 1981. Death rates for chronic lower respiratory disease increased by 57 percent in the same time period (See "Indicator 15: Mortality").

- The prevalence of certain chronic conditions differed by sex. Women reported higher levels of arthritis than men (56 percent versus 45 percent). Men reported higher levels of heart disease (37 percent versus 26 percent) (See "Indicator 16: Chronic Health Conditions").

- During the period 2008–2010, 76 percent of people age 65 and over rated their health as good, very good, or excellent. Non-Hispanic Whites were more likely to report good health than their non-Hispanic Black or Hispanic counterparts (See "Indicator 18: Respondent-Assessed Health Status").

Health Risks and Behaviors

Social and lifestyle factors can affect the health and well-being of older Americans. These factors include preventive behaviors such as cancer screenings and routine vaccinations along with diet, physical activity, obesity, and cigarette smoking. The quality of the air where people live also affects health. Many of these health risks and behaviors have shown long-term improvements, even though recent estimates indicate no significant changes.

- In 2010, about 11 percent of people age 65 and over reported participating in leisure-time aerobic and muscle-strengthening activities that met the 2008 Federal physical activity guidelines (See "Indicator 24: Physical Activity").

- As with other age groups, the percentage of people age 65 and over who are obese has increased since 1988–1994. In 2009–2010, 38 percent of people age 65 and over were obese, compared with 22 percent in 1988–1994. Over the past several years however, that trend has leveled off for older women, with no statistically significant change in obesity between 1999–2000 and 2009–2010. During this same time period, the obesity prevalence increased for older men (See "Indicator 25: Obesity").

- The percentage of people age 65 and over living in counties that experienced poor air quality for any air pollutant decreased from 64 percent in 2000 to 36 percent in 2010 (See "Indicator 27: Air Quality").

- The proportion of leisure time that older Americans spent socializing and communicating—such as visiting friends or attending or hosting social events—declined with age. For Americans age 55–64, about 11 percent of leisure time was spent socializing and communicating compared with 8 percent for those age 75 and over (See "Indicator 28: Use of Time").

Health Care

In the 1990's and early 2000's, health care costs rose rapidly for older Americans. However, average health care costs did not increase further between 2006 and 2008, after adjustment for inflation. Older Americans in the poor/near poor income category continued to spend a high proportion of their household income on health care services through 2009. In recent years increasing numbers of Medicare beneficiaries enrolled in HMOs and other health plans under the Medicare Advantage (MA) program.

- After adjustment for inflation, health care costs increased significantly among older Americans from $9,850 in 1992 to $15,709 in 2008. There was no significant change between 2006 and 2008 (See "Indicator 30: Health Care Expenditures").

- From 1977 to 2009, the percentage of household income that people age 65 and over allocated to out-of-pocket spending for health care services increased among those in the poor/near poor income category from 12 percent to 22 percent (See “Indicator 33: Out-of-Pocket Health Care Expenditures”).

- Enrollment in health maintenance organizations (HMOs) and other health plans under the Medicare Advantage (MA) program has grown rapidly in recent years. In 2005, 16 percent of Medicare beneficiaries age 65 or over were enrolled in an MA plan, compared with 28 percent in 2009 (See “Indicator 32: Sources of Health Insurance”).

End of Life

In the last decade there has been a substantial rise in the use of hospice services among older Americans. During that time, there has also been a smaller increase in the use of intensive care unit (ICU) and coronary care unit (CCU) services at the end of life. The percent of deaths among older Americans that occurred in hospitals declined over the last 20 years, with an increase in the percent dying at home.

- Use of hospice in the last month of life increased from 19 percent of decedents in 1999, to 43 percent in 2009. Use of ICU/CCU services grew from 22 percent of decedents in 1999, to 27 percent in 2009.

- Neoplasms accounted for 53 percent of hospice stays in 1999 and only 32 percent in 2009. The next most common primary diagnoses in 2009 were diseases of the circulatory system (19 percent) and symptoms, signs, and ill-defined conditions (17 percent).

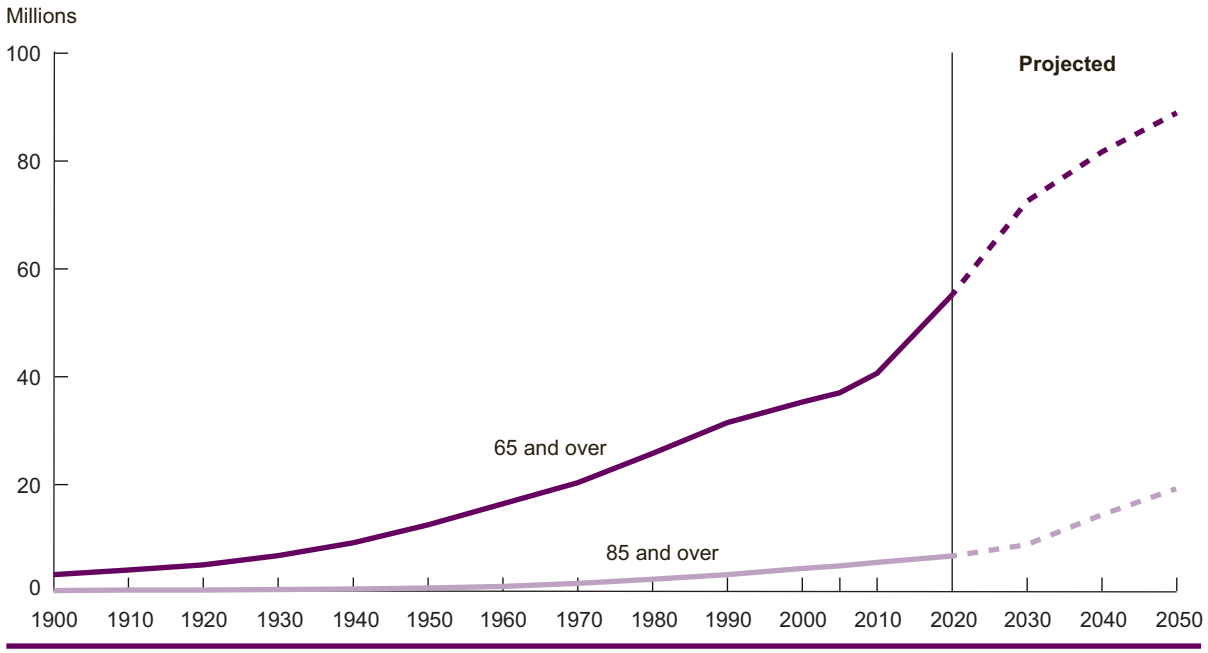
- Among older Americans, 49 percent of deaths occurred in hospitals in 1989, declining to 32 percent in 2009. The percent dying at home increased from 15 in 1989, to 24 percent in 2009.

Population

INDICATOR 1 Number of Older Americans

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

Population age 65 and over and age 85 and over, selected years 1900–2010 and projected 2020–2050



NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012.

Reference population: These data refer to the resident population.

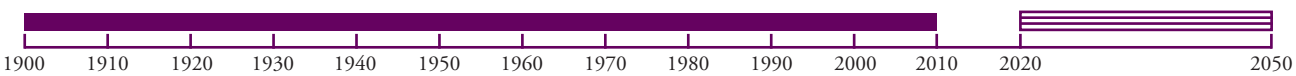
SOURCE: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File; 2000, U.S. Census Bureau, 2001, *Census 2000 Summary File 1;* U.S. Census Bureau, Table 1: Intercensal Estimates of the Resident Population by Sex and Age for the U.S.: April 1, 2000 to July 1, 2010 (US-EST00INT-01); U.S. Census Bureau, 2011. *2010 Census Summary File 1;* U.S. Census Bureau, Table 2: Projections of the population by selected age groups and sex for the United States: 2010–2050 (NP2008-t2).

- In 2010, 40 million people age 65 and over lived in the United States, accounting for 13 percent of the total population. The older population grew from 3 million in 1900 to 40 million in 2010. The oldest-old population (those age 85 and over) grew from just over 100,000 in 1900 to 5.5 million in 2010.

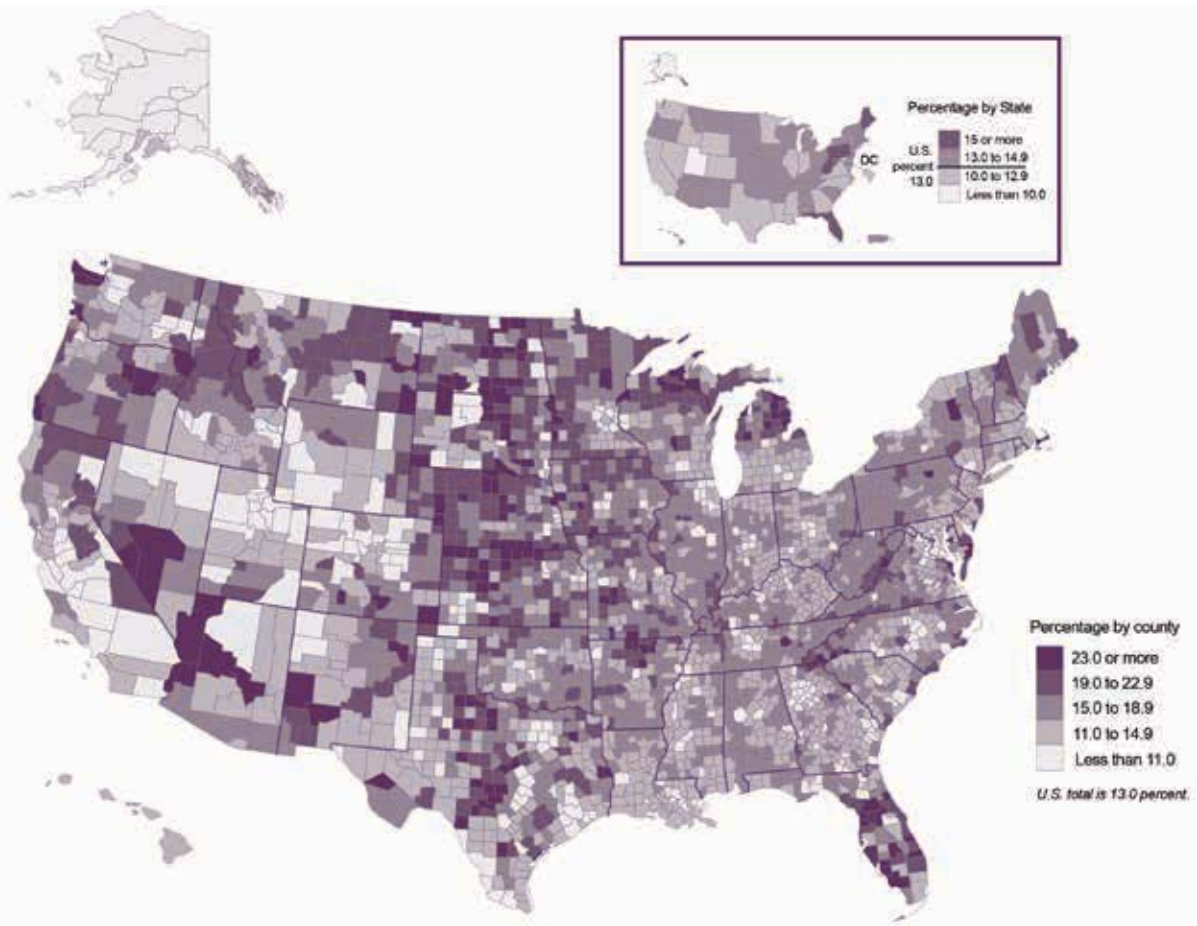
- The "Baby Boomers" (those born between 1946 and 1964) started turning 65 in 2011, and the number of older people will increase dramatically during the 2010–2030 period. The older population in 2030 is projected to be twice as large as their counterparts in 2000, growing from 35 million to 72 million and representing nearly 20 percent of the total U.S. population.

- The growth rate of the older population is projected to slow after 2030, when the last "Baby Boomers" enter the ranks of the older population. From 2030 onward, the proportion age 65 and over will be relatively stable, at around 20 percent, even though the absolute number of people age 65 and over is projected to continue to grow. The oldest-old population is projected to grow rapidly after 2030, when the "Baby Boomers" move into this age group.

- The U.S. Census Bureau projects that the population age 85 and over could grow from 5.5 million in 2010 to 19 million by 2050. Some researchers predict that death rates at older ages will decline more rapidly than is reflected in the U.S. Census Bureau's projections, which could lead to faster growth of this population.[1–3]



Percentage of population age 65 and over, by county and state, 2010



Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, *2010 Census Summary File 1.*

- The proportion of the population age 65 and over varies by state. This proportion is partly affected by the state fertility and mortality levels and partly by the number of older and younger people who migrate to and from the state. In 2010, Florida had the highest proportion of people age 65 and over (17 percent). Maine, Pennsylvania, and West Virginia also had high proportions (over 15 percent).

- The proportion of the population age 65 and over varies even more by county. In 2010, 43 percent of Sumter County, Florida, was age 65 and over, the highest proportion in the country. In several Florida counties, the proportion was over 30 percent. At the other end of the spectrum was Aleutians West Census Area, Alaska, with only 3.5 percent of its population age 65 and over.

- Older women outnumbered older men in the United States, and the proportion that is female increased with age. In 2010, women accounted for 57 percent of the population age 65 and over and for 67 percent of the population age 85 and over.

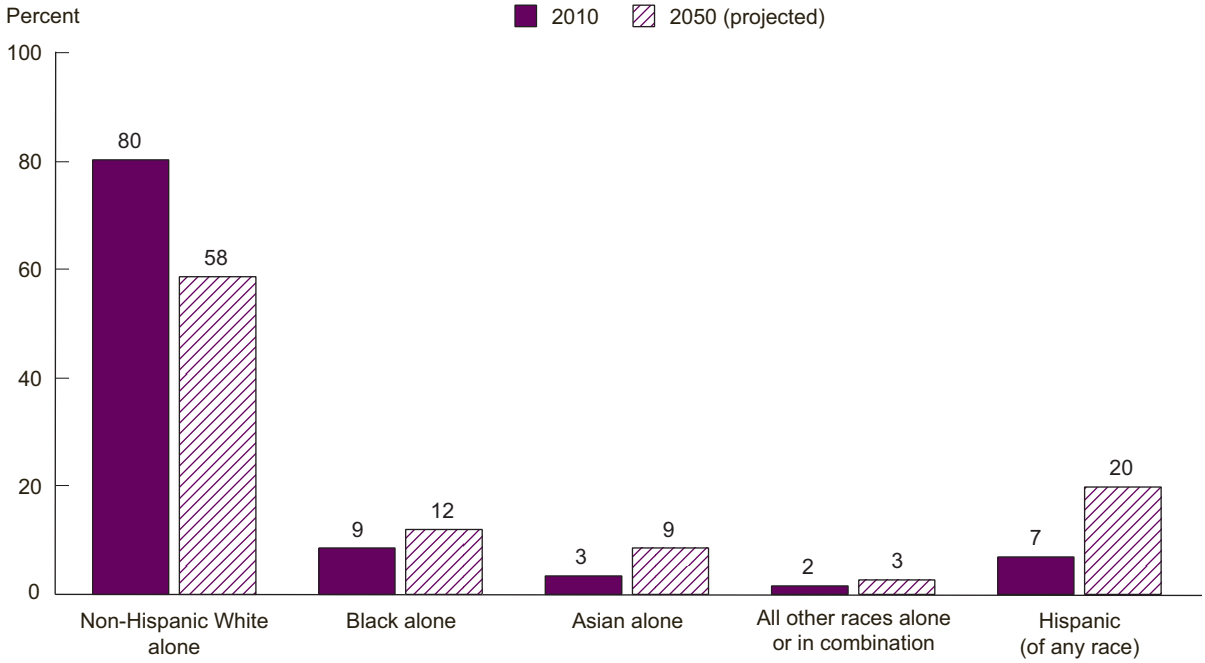
- The United States is fairly young for a developed country, with 13 percent of its population age 65 and over in 2010. Japan had the highest percent of age 65 and over (23 percent) among countries with a population of at least 1 million. The older population made up more than 15 percent of the population in most European countries, around 20 percent in Germany and Italy.

Data for this indicator's charts and bullets can be found in Tables 1a through 1f on pages 82–86.

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.

Population age 65 and over, by race and Hispanic origin, 2010 and projected 2050



NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012. 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 chart 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 race group "All other races alone or in combination" includes American Indian and Alaska Native alone; Native Hawaiian and Other Pacific Islander alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, 2011. *2010 Census Summary File 1;* U.S. Census Bureau, Table 4: Projections of the population by sex, race, and Hispanic origin for the United States: 2010–2050 (NP2008-t4).

- In 2010, non-Hispanic Whites accounted for 80 percent of the U.S. older population. Blacks made up 9 percent, Asians made up 3 percent, and Hispanics (of any race) accounted for 7 percent of the older population.

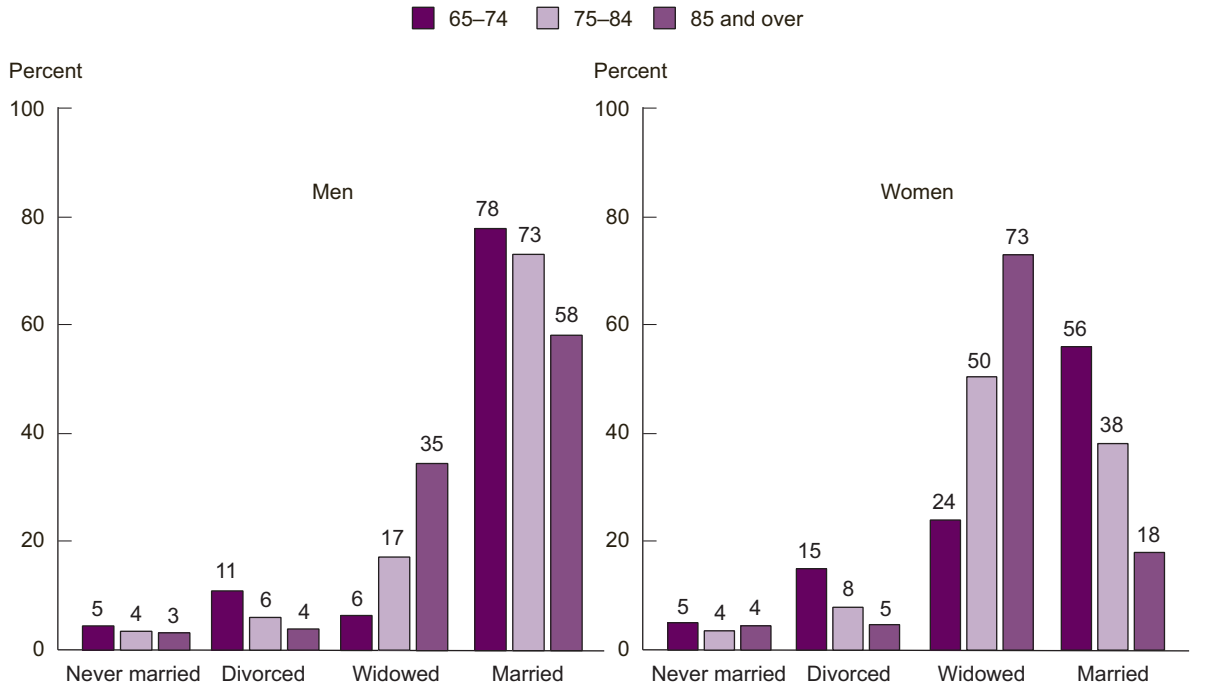
- Projections indicate that by 2050 the composition of the older population will be 58 percent non-Hispanic White, 20 percent Hispanic, 12 percent Black, and 9 percent Asian. The older population among all racial and ethnic groups will grow; however, the older Hispanic population is projected to grow the fastest, from under 3 million in 2010 to 17.5 million in 2050, and to be larger than the older Black population. The older Asian population is also projected to experience a large increase. In 2010, over 1 million older Asians lived in the United States; by 2050 this population is projected to be about 7.5 million.

Data for this indicator's charts and bullets can be found in Table 2 on page 86.

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.

Marital status of the population age 65 and over, by age group and sex, percent distribution, 2010



NOTE: Married includes married, spouse present; married, spouse absent; and separated.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010.

- In 2010, older men were much more likely than older women to be married. Over three-quarters of men age 65–74 (78 percent) were married, compared with over one-half (56 percent) of women in the same age group. The proportion married was lower at older ages: 38 percent of women age 75–84 and 18 percent of women age 85 and over were married. For men, the proportion married also was lower at older ages, but not as low as for older women. Even among the oldest old in 2010, the majority (58 percent) of men were married.

- Widowhood was more common among older women than among older men in 2010. Women age 65 and over were three times as likely as men of the same age to be widowed, 40 percent compared with 13 percent. Nearly three-quarters (73 percent) of women age 85 and over were widowed, compared with 35 percent of men.

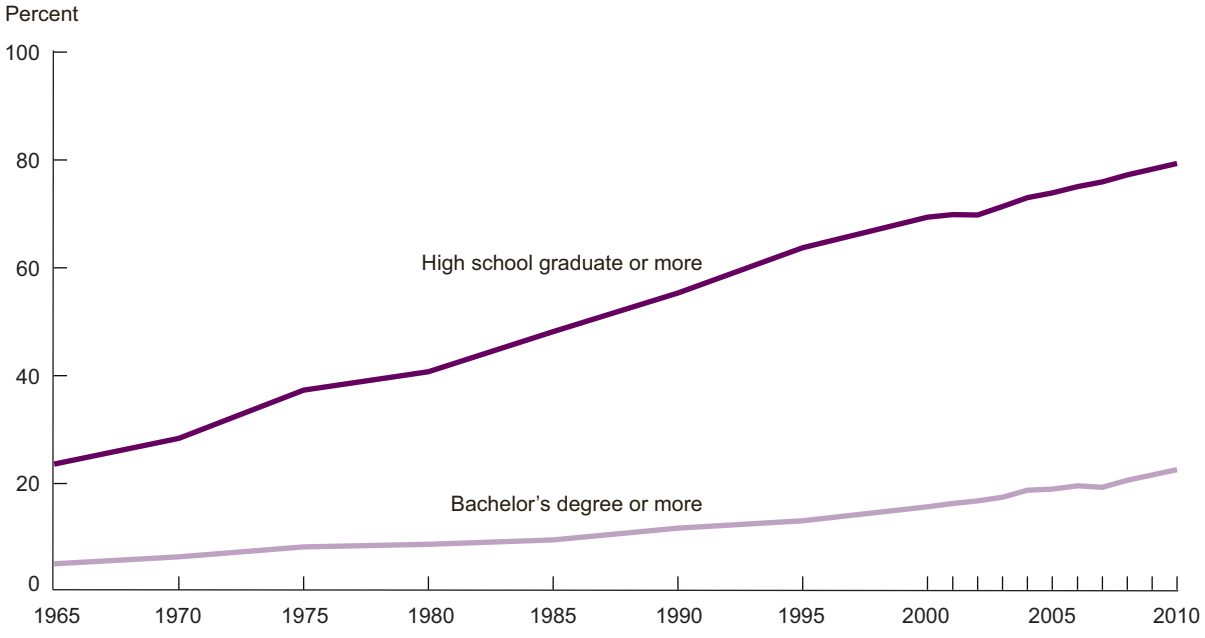
- Relatively small proportions of older men (9 percent) and women (11 percent) were divorced in 2010. A small proportion (4 percent) of the older population had never married.

All comparisons presented for this indicator are significant at the 0.10 confidence level. Data for this indicator's charts and bullets can be found in Table 3 on page 87.

INDICATOR 4 Educational Attainment

Educational attainment has effects throughout the life course, 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.

Educational attainment of the population age 65 and over, selected years 1965–2010



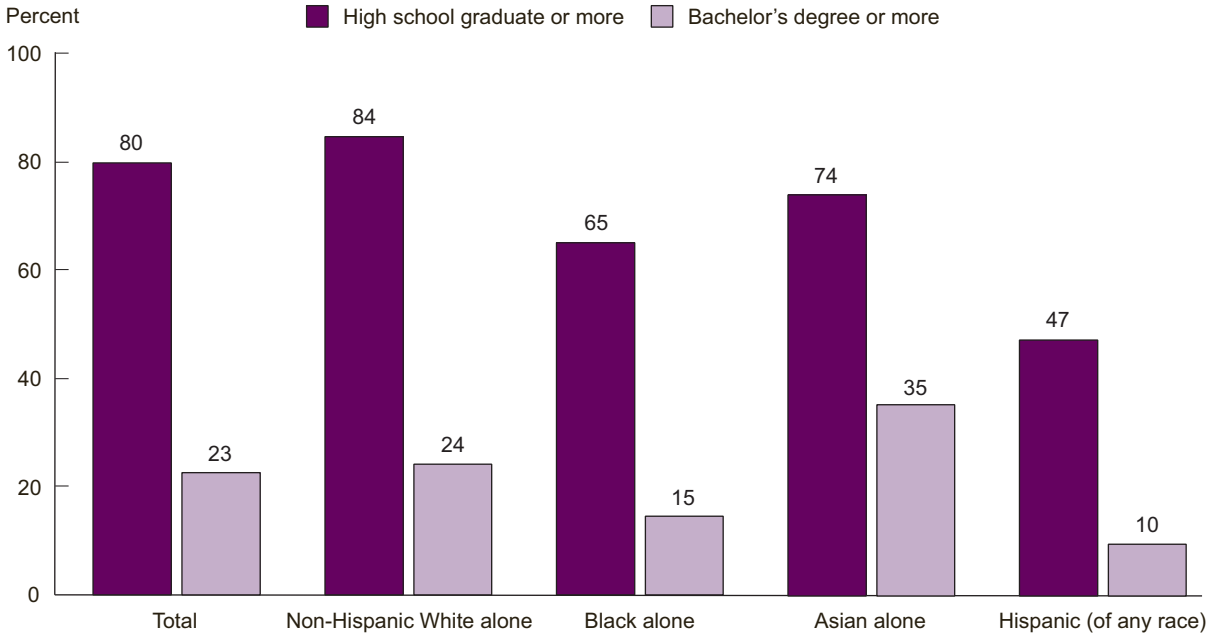
NOTE: A single question which asks for the highest grade or degree completed is now used to determine educational attainment. Prior to 1995, educational attainment was measured using data on years of school completed.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010.

- In 1965, 24 percent of the older population had graduated from high school and only 5 percent had at least a Bachelor's degree. By 2010, 80 percent were high school graduates or more and 23 percent had a Bachelor's degree or more.
- In 2010, about 80 percent of older men and 79 percent of older women had at least a high school diploma. Older men attained at least a Bachelor's degree more often than older women (28 percent compared with 18 percent).

Educational attainment of the population age 65 and over, by race and Hispanic origin, 2010



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 chart 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, 2010.

- Despite the overall increase in educational attainment among older Americans, substantial educational differences exist among racial and ethnic groups. In 2010, 84 percent of non-Hispanic Whites age 65 and over had completed high school. Older Asians also had a high proportion with at least a high school education (74 percent). In contrast, 65 percent of older Blacks and 47 percent of older Hispanics had completed high school.

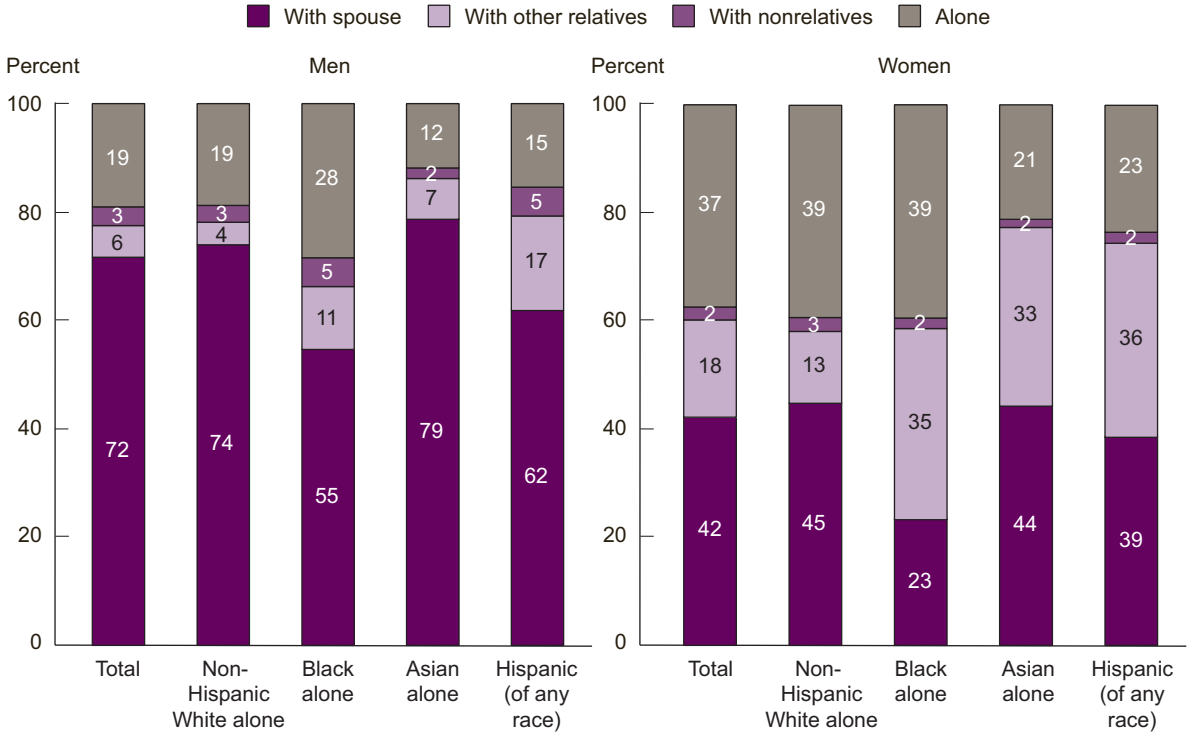
- In 2010, older Asians had the highest proportion with at least a Bachelor's degree (35 percent). About 24 percent of older non-Hispanic Whites had this level of education. The proportions were 15 percent and 10 percent, respectively, for older Blacks and Hispanics.

All comparisons presented for this indicator are significant at the 0.10 confidence level. Data for this indicator's charts and bullets can be found in Tables 4a and 4b on page 88.

INDICATOR 5 Living Arrangements

The living arrangements of America's older population are linked to income, health status, and the availability of caregivers.

Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2010



NOTE: The calculation of the living arrangements estimates in this chart changed from the previous edition of *Older Americans* to more accurately reflect the person's relationship to the householder, rather than an indication of whether the householder had relatives present in the household. 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 chart 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, 2010.

- Older men were more likely to live with their spouse than were older women. In 2010, 72 percent of older men lived with their spouse, while less than half (42 percent) of older women did. In contrast, older women were twice as likely as older men to live alone (37 percent and 19 percent, respectively).

- Living arrangements of older people differed by race and Hispanic origin. Older Black, Asian, and Hispanic women were more likely than non-Hispanic White women to live with relatives other than a spouse. For example, in 2010, 33 percent of older Asian women, 35 percent of older Black women, and 36 percent of older Hispanic women, lived with other relatives, compared with only 13 percent of older non-Hispanic White women. The percentages of Asian, Black and Hispanic women (33 percent, 35 percent and 36 percent, respectively) were not statistically different.

- Older non-Hispanic White women and Black women were more likely than women of other races to live alone (39 percent each, compared with about 21 percent for older Asian women and 23 percent for older Hispanic women). The percentages of non-Hispanic White and Black women (39 percent each) living alone were not statistically different. Also, the percentages of older Asian and older Hispanic women (21 percent and 23 percent, respectively) living alone were not statistically different.

- Older Black men lived alone more than twice as often as older Asian men (28 percent compared with 12 percent). Older Black men also lived alone more often than older non-Hispanic White men (19 percent). The percentages of older Asian and older Hispanic men living alone (12 percent and 15 percent, respectively) were not statistically different.

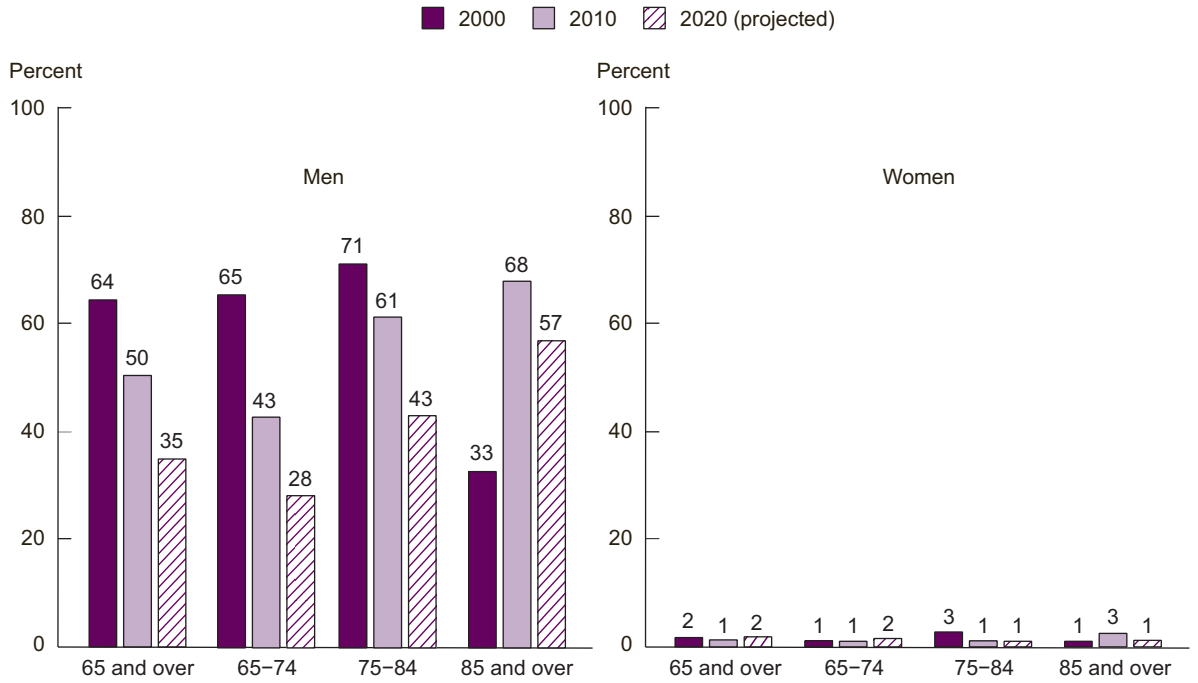
- Older Hispanic men were more likely (17 percent) than non-Hispanic White men (4 percent) to live with relatives other than a spouse. The percentages of Black and Asian men living with relatives other than a spouse were between those for Hispanic men and non-Hispanic White men, at 12 percent and 8 percent, respectively.

All comparisons presented for this indicator are significant at the 0.10 confidence level. Data for this indicator's charts and bullets can be found in Tables 5a and 5b on page 89.

INDICATOR 6 Older Veterans

Veteran status of America's older population is associated with higher median family income, lower percentage of uninsured or coverage by Medicaid, higher percentage of functional limitations in activities of daily living or instrumental activities of daily living, greater likelihood of having any disability, and less likelihood of rating their general health status as good or better.[4] The large increase in the oldest segment of the veteran population will continue to have significant ramifications on the demand for health care services, particularly in the area of long-term care.[5]

Percentage of population age 65 and over who are veterans, by sex and age group, United States and Puerto Rico, 2000, 2010, and projected 2020



Reference population: These data refer to the resident population of the United States and Puerto Rico.

SOURCE: U.S. Census Bureau, Population Projections 2008, and *2010 Census Summary File 1;* Department of Veterans Affairs, VetPop2011.

- According to Census 2000, there were 9.7 million veterans age 65 and over in the United States and Puerto Rico. Two out of three men age 65 and over were veterans.
- More than 95 percent of veterans age 65 and over are male. As World War II veterans continue to die and Vietnam veterans continue to age, the number of male veterans age 65 and over will gradually decline from 9.4 million in 2000 to a projected 8.4 million in 2020.
- The increase in the proportion of men age 85 and over who are veterans is striking. The number of men age 85 and over who are veterans increased from 400,000 in 2000 to almost 1.3 million in 2010. The proportion of men age 85 and over who are veterans increased from 33 percent in 2000 to 68 percent in 2010.
- Between 2000 and 2010, the number of female veterans age 85 and over increased from about 30,000 to 97,000 but is projected to decrease to 60,000 by 2020.

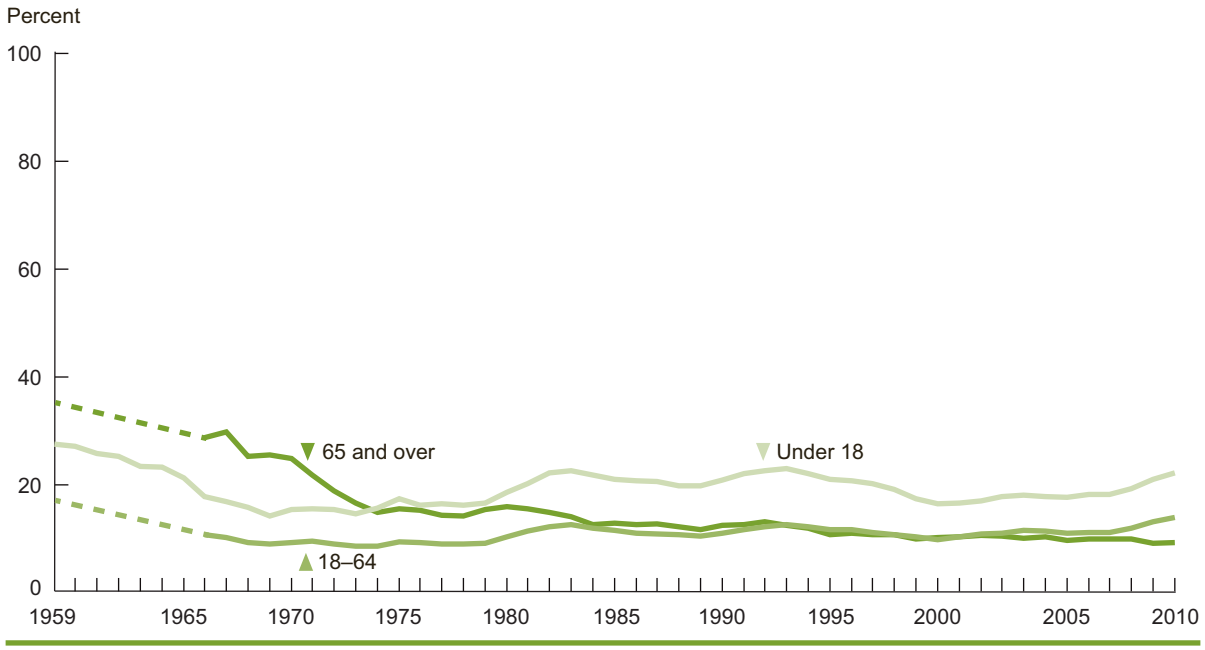
Data for this indicator's charts and bullets can be found in Tables 6a and 6b on page 90.

Economics

INDICATOR 7 Poverty

Poverty rates are 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, earned income tax credits, or 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.

Poverty rate of the population living in poverty, by age group, 1959–2010



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. 239. Poverty status in the Current Population Survey is based on prior year income.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

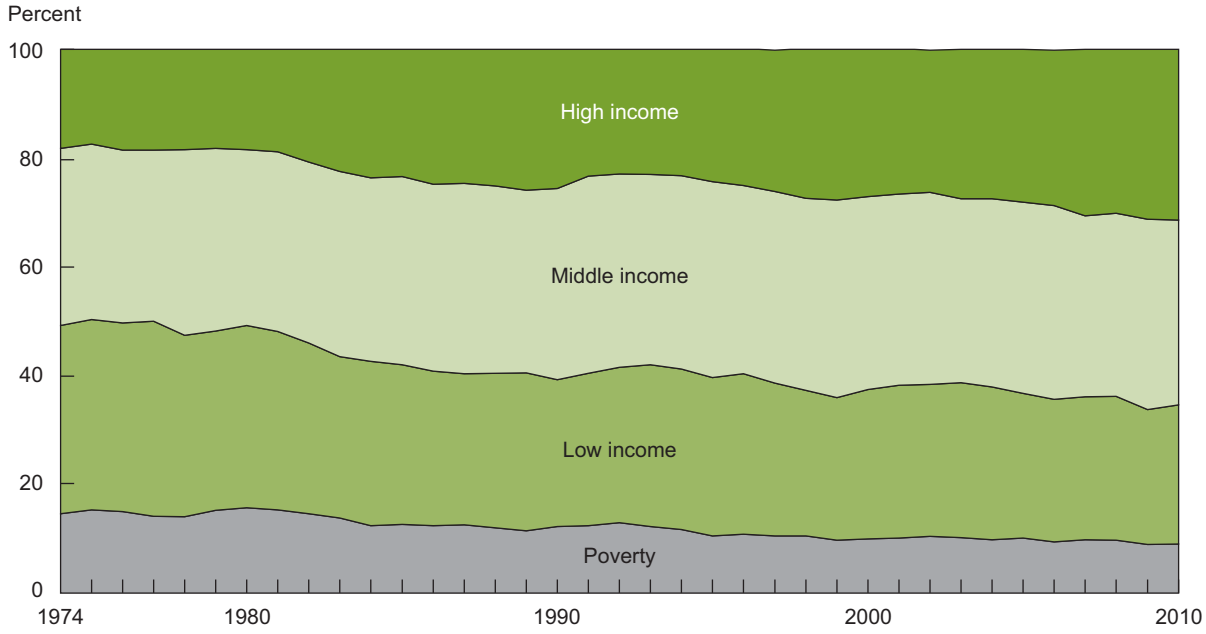
- In 1959, 35 percent of people age 65 and over lived below the poverty threshold. By 2010, the proportion of the older population living in poverty had decreased dramatically to 9 percent.
- Relative levels of poverty among the different age groups have changed over time. In 1959, older people had the highest poverty rate (35 percent), followed by children (27 percent) and those in the working ages (17 percent). By 2010, the proportions of the older population and those of working age living in poverty were about 9 percent and 14 percent, respectively, while 22 percent of children lived in poverty.
- Poverty rates differed by age and sex among the older population. Older women (11 percent) were more likely than older men (7 percent) to live in poverty in 2010. People age 65–74 had a poverty rate of 8 percent, compared with 10 percent of those age 75 and over.
- Race and ethnicity are related to poverty among older men. In 2010, older non-Hispanic White men were less likely than older Black men, older Hispanic men and older Asian men to live in poverty; 5 percent compared with 14 percent each for older Black men, older Hispanic men, and Asian men.
- Older non-Hispanic White women (8 percent) were less likely than older Black women (21 percent), older Hispanic women (21 percent) and older Asian women (15 percent) to live in poverty.

All comparisons presented for this indicator are significant at the 0.10 confidence level. Data for this indicator's charts and bullets can be found in Tables 7a and 7b on pages 91–92.

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.

Income distribution of the population age 65 and over, 1974–2010



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. Income distribution in the Current Population Survey is based on prior year income.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

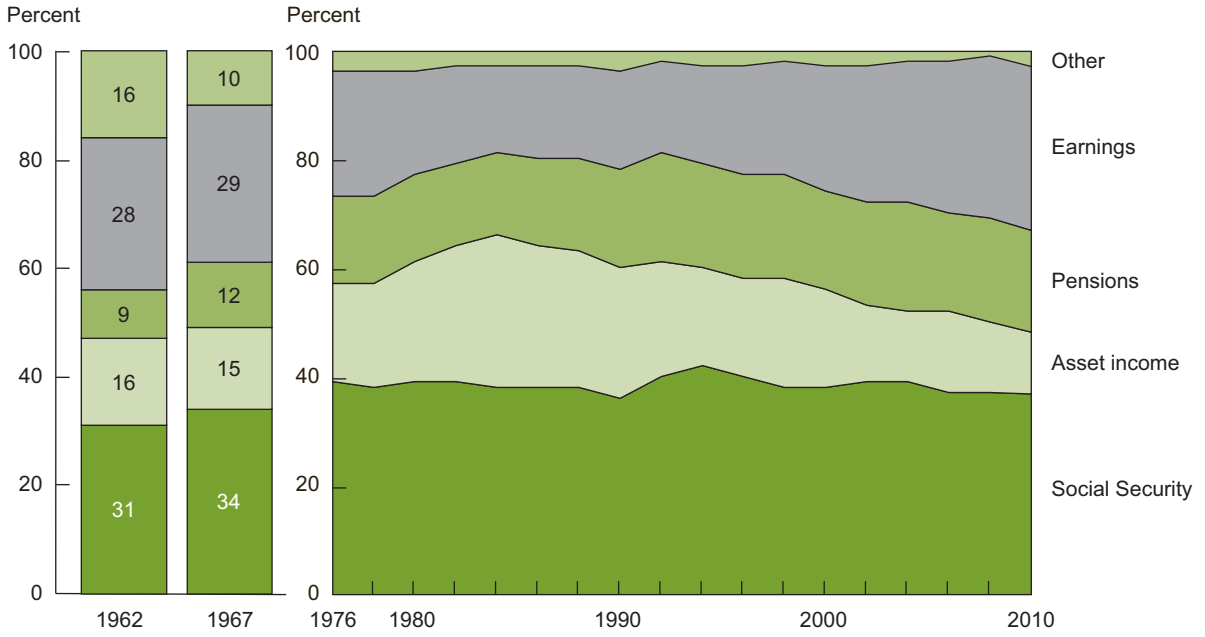
- Since 1974, the proportion of older people living in poverty and in the low income group has generally declined so that, by 2010, 9 percent of the older population lived in poverty and 26 percent of the older population was in the low income group.
- In 2010, people in the middle income group made up the largest share of older people by income category (34 percent). The proportion with a high income has increased over time. The proportion of the older population having a high income rose from 18 percent in 1974 to 31 percent in 2010.
- The trend in median household income of the older population also has been positive. In 1974, the median household income for householders age 65 and over was $21,100 when expressed in 2010 dollars. By 2010, the median household income had increased to $31,410.

All comparisons presented for this indicator are significant at the 0.10 confidence level. Data for this indicator's charts and bullets can be found in Tables 8a and 8b on pages 93–94.

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 greater importance to many older Americans.

Percentage distribution of sources of income for married couples and nonmarried persons age 65 and over, 1962–2010



NOTE: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over. The definition of "other" includes, but is not limited to, unemployment compensation, workers compensation, alimony, child support, and personal contributors.

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

SOURCE: Current Population Survey, Annual Social and Economic Supplement, 1977–2011.

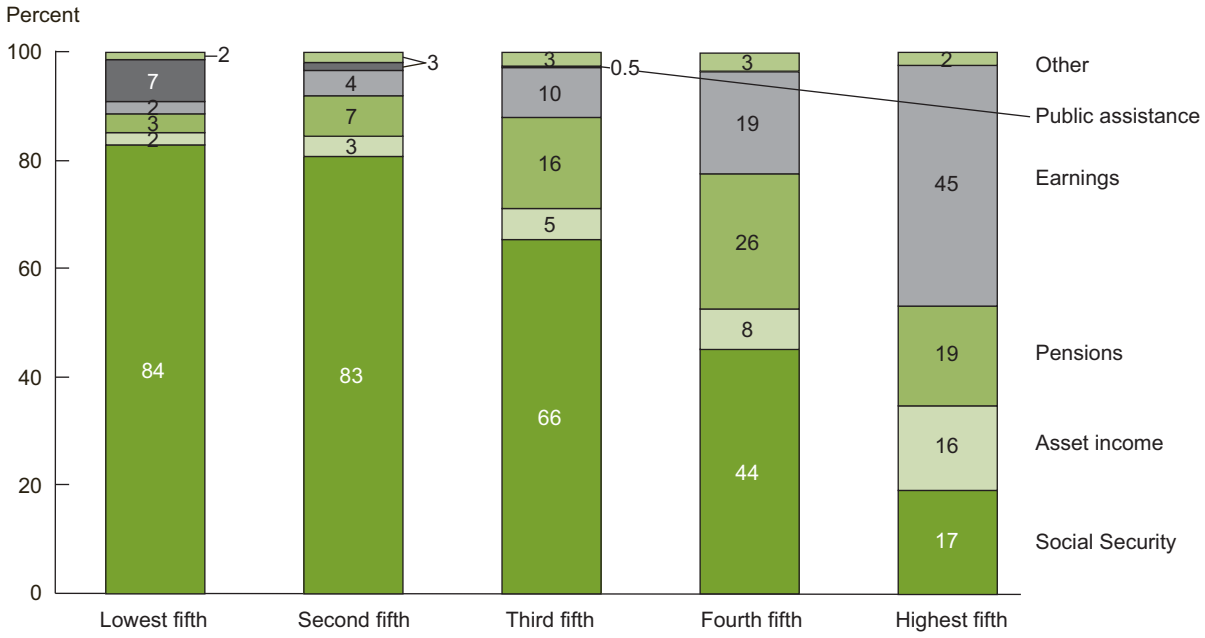
- Since the early 1960s, Social Security has provided the largest share of aggregate income for older Americans. The share of income from pensions increased rapidly in the 1960s and 1970s to a peak in 1992 and has fluctuated since then at about a fifth of aggregate income. The share of income from assets peaked in the mid-1980s and has generally declined since then. The share from earnings has had the opposite pattern—declining until the mid-1980s and generally increasing since then.

- In 2010, aggregate income for the population age 65 and over came largely from four sources. Social Security provided 37 percent, earnings provided 30 percent, pensions provided 19 percent, and asset income accounted for 11 percent.

- About 88 percent of people age 65 and over lived in families (including families of one) with income from Social Security. About three-fifths (57 percent) were in families with income from assets, and two-fifths (43 percent) with income from pensions. About two-fifths (38 percent) were in families with earnings. About 1 in 20 (5 percent) were in families receiving cash public assistance.

- Among married couples and nonmarried people age 65 and over in the lowest fifth of the income distribution, Social Security accounted for 84 percent of aggregate income, and cash public assistance for another 7 percent. For those whose income was in the highest income category, Social Security, pensions, and asset income each accounted for almost a fifth of aggregate income, and earnings accounted for the remaining two-fifths.

Percentage distribution of sources of income for married couples and nonmarried persons age 65 and over, by income quintile, 2010



NOTE: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over. The definition of "other" includes, but is not limited to, unemployment compensation, workers compensation, alimony, child support, and personal contributors. Quintile limits are $12,600, $20,683, $32,880, and $57,565 for all units; $24,634, $36,288, $53,000, and $86,310 for married couples; and $10,145, $14,966, $21,157, and $35,405 for nonmarried persons.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

- For the population age 80 and over, a larger percentage (92 percent) lived in families (including families of one) with Social Security income and a smaller percentage (21 percent) had earnings compared to the population age 65–69 (80 percent and 56 percent, respectively).

- Pension coverage expanded dramatically in the two decades after World War II, and private pensions accounted for an increasing proportion of income for older people during the 1960s and early 1970s. In the past decade, the retirement-plan participation rate has been stable at about 50 percent of all private workers on their jobs.[6]

- There has been a major shift in the type of pensions provided by employers, from defined-benefit plans (in which a specified amount is typically paid as a lifetime annuity) to defined-contribution plans such as 401(k) plans (in which the amount of the benefit varies depending on investment returns). Employers increasingly offer defined-contribution plans to employees. The percentage of private workers who participated in defined-benefit plans decreased from 32 percent in 1992–93 to 21 percent in 2005.[7] Over the same period, participation in defined-contribution plans increased from 35 percent to 42 percent. In 2010, employer plans offered only 20 percent of private workers a defined-benefit plan and 59 percent of workers a defined-contribution plan.[8]

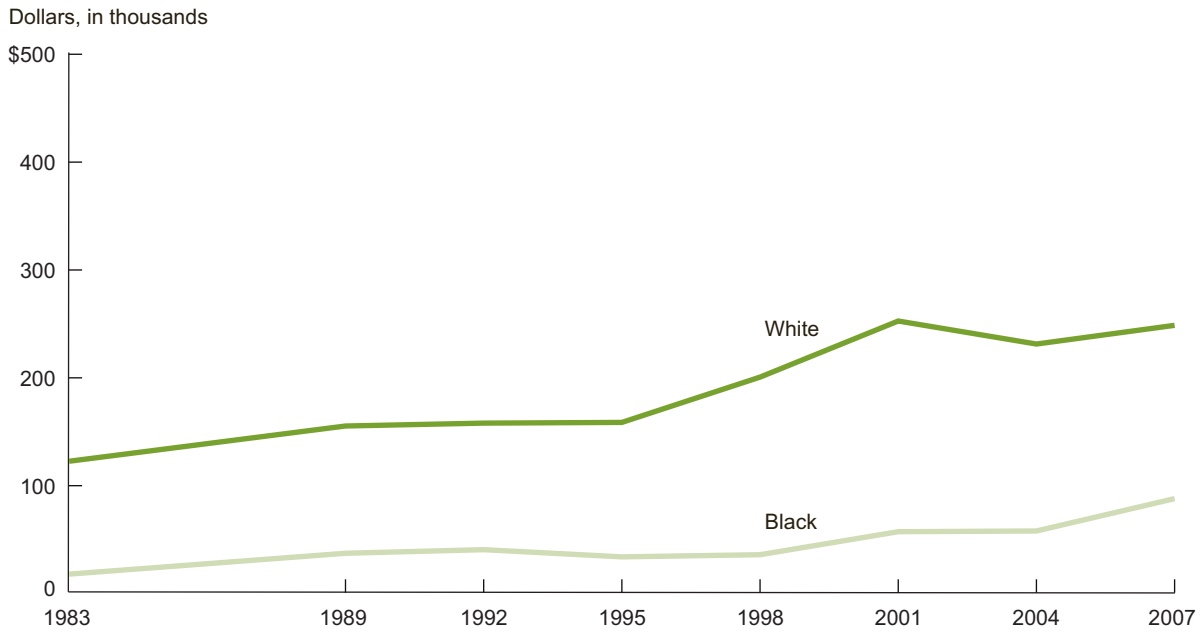
- The pension measure includes regular income from retirement plans. Money taken from investment retirement accounts (IRAs, 401(k)s, etc.) is largely not captured in the pension measure because it often is taken as an irregular distribution. *See Data Needs.* Table 10b measures the prevalence of these accounts for the aged.

Data for this indicator's charts and bullets can be found in Tables 9a through 9c on pages 95–96.

INDICATOR 10 Net Worth

Net worth (the value of real estate, stocks, bonds, retirement investment accounts and other assets minus 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.

Median household net worth in 2007 dollars, by race of head of household age 65 and over, selected years 1983–2007



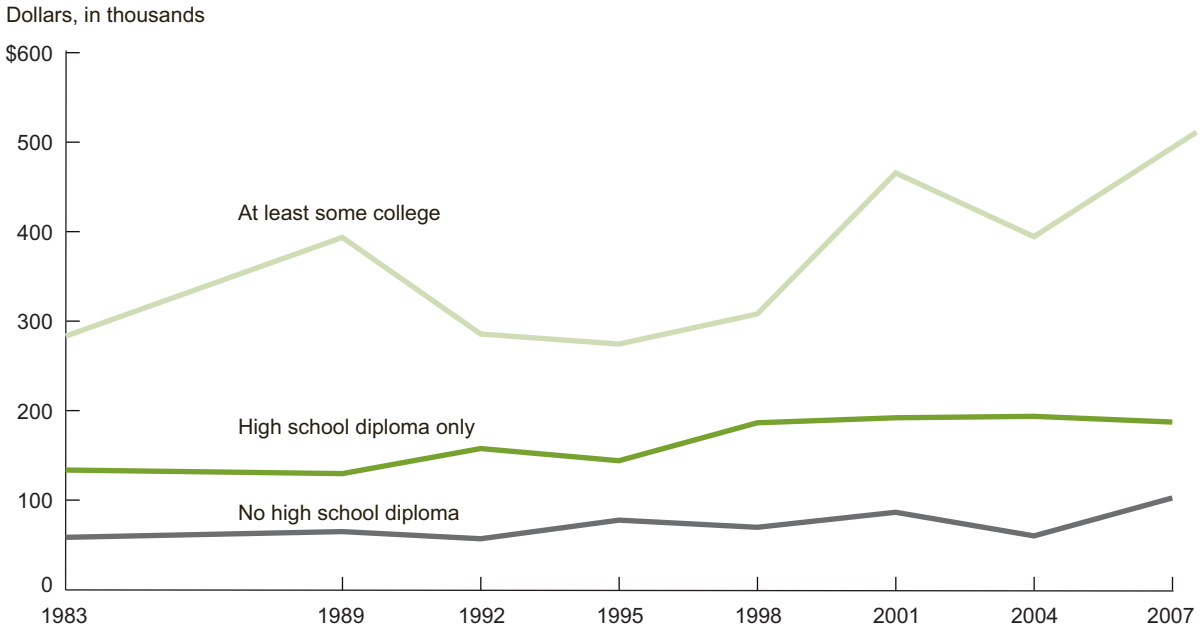
NOTE: The Survey of Consumer Finances has replaced the Panel Study of Income Dynamics as the data source for this indicator. Median net worth is measured in constant 2007 dollars. Net worth includes housing wealth, financial assets, and investment retirement accounts such as IRAs, Keoghs, and 401(k) type plans. Data are weighted. The term "household" here is similar to the Census Bureau's household definition. See Indicator 10 data source for more detail.

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

SOURCE: Survey of Consumer Finances.

- Overall, between 1983 and 2007, the median net worth (including the value of retirement investment accounts) of households headed by people age 65 and over more than doubled (from about $103,750 to $220,800). The rate of change was quite variable over this time period. The largest increase was 28 percent, between 1995 and 1998. There was a slight decrease between 2001 and 2004.
- Between 1983 and 2007, the median net worth of households headed by White people age 65 and over doubled from about $122,320 to $248,300. The median net worth of households headed by Black people age 65 and over increased almost five-fold from about $17,960 to $87,800.
- In 1983, the median net worth of households headed by White people age 65 and over was almost seven times that of households headed by Black people age 65 and over. In 2007, the median net worth of older White households was almost three times that of older Black households.
- In 2007, the median net worth of households headed by married people age 65 and over (about $300,500) was almost twice that of households headed by unmarried people in the same age group (about $165,090).

Median household net worth in 2007 dollars, by educational attainment of head of household, age 65 and over, selected years 1983–2007



NOTE: The Survey of Consumer Finances has replaced the Panel Study of Income Dynamics as the data source for this indicator. Median net worth is measured in constant 2007 dollars. Net worth includes housing wealth, financial assets, and investment retirement accounts such as IRAs, Keoghs, and 401(k) type plans. Data are weighted. The term "household" here is similar to the Census Bureau's household definition. See Indicator 10 data source for more detail.

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

SOURCE: Survey of Consumer Finances.

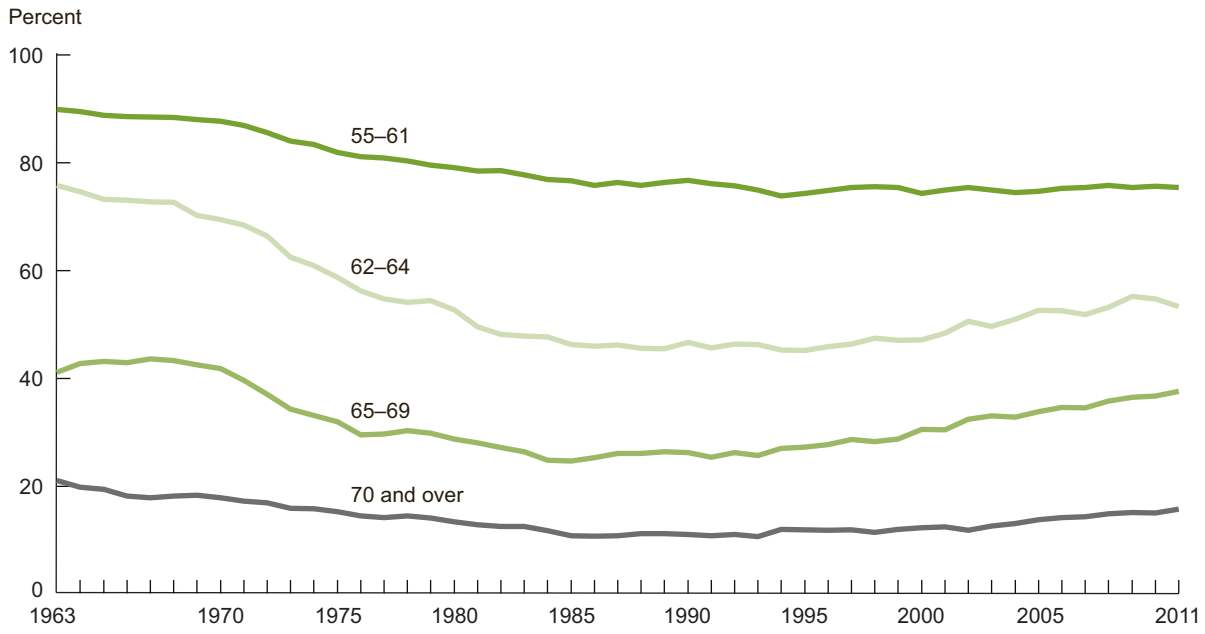
- In both 1983 and 2007, households headed by people age 65 and over with at least some college reported a median household net worth about five times that of households headed by older people without a high school diploma.
- Between 1983 and 2007, the median net worth of people age 65 and over without a high school diploma and with some college grew at about the same rate (75 percent to 80 percent).
- With the shift from traditional defined-benefit pension plans to investment retirement accounts such as 401(k) type Individual Retirement Accounts and Keogh Accounts, financial assets held in individual retirement accounts have become prevalent among older Americans. In 2007, about two-fifths of families with a family head age 65 and over held such accounts with a median value of about $61,000 (Table 10b). These accounts are more likely to be held by later birth cohorts with three-fifths of those age 55–64, half of those age 65–74, and three-tenths of those age 75 and over owning such accounts. This probably reflects the establishment of IRAs in the 1970s, 401(k) regulations in 1981, and Roth IRAs in the 1990s. Tax regulations require withdrawal of the money in these accounts at a rate based on life expectancy beginning in the year after 70 and a half years of age and ending at the year of expected death. People rarely withdraw this account money as annuity payments or regular payments; rather, most are taken as ad hoc distributions.

Data for this indicator's charts and bullets can be found in Tables 10a and 10b on page 97.

INDICATOR 11 Participation in Labor Force

The labor force participation rate is the percentage of a population 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.

Labor force participation rates of men age 55 and over, by age group, annual averages, 1963–2011



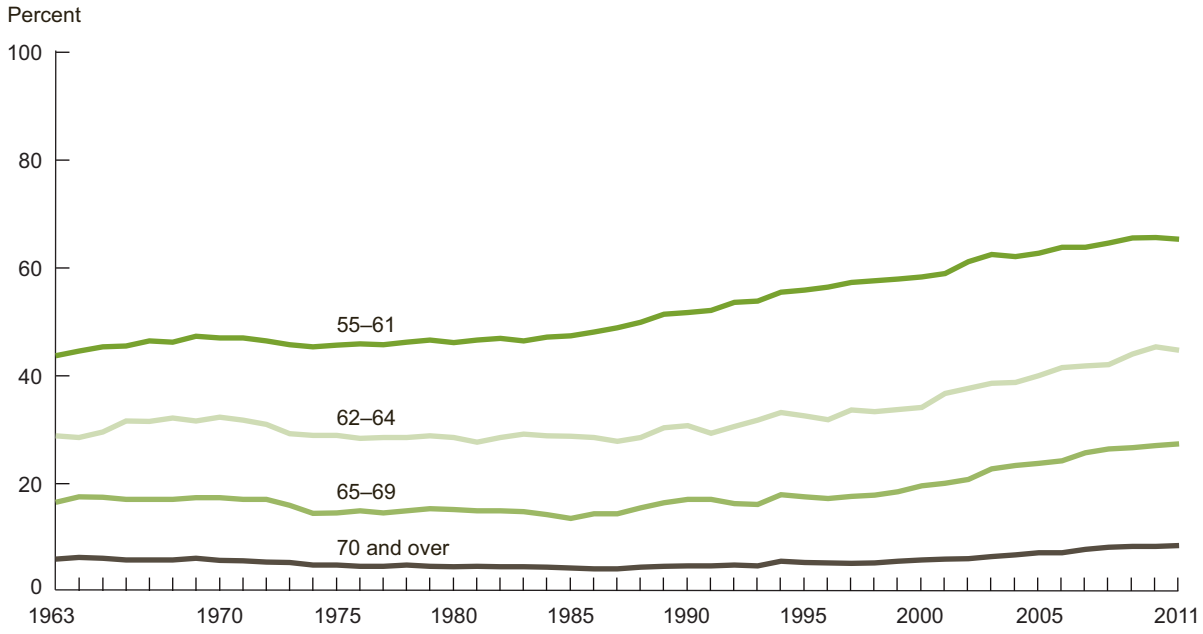
NOTE: Data for 1994 and later years are not strictly comparable with data for 1993 and earlier years due to a redesign of the survey and methodology of the Current Population Survey.

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

SOURCE: Bureau of Labor Statistics, Current Population Survey.

- In 2011, the labor force participation rate for men age 55–61 was 75 percent, far below the rate in 1963 (90 percent). The participation rate for men age 62–64 declined from 76 percent in 1963 to a low of 45 percent in 1995. In 2011, the participation rate for men age 62–64 was 53 percent.
- Men age 65–69 also experienced a gradual rise in labor force participation following a period of decline in the late 1960s and 1970s. The labor force participation rate for men age 65–69 declined from a high of 43 percent in 1967 to 24 percent in 1985. Their participation rate from the mid-1980s to the early 1990s remained in the range of 24 to 26 percent. Beginning in the mid-1990s, the labor force participation rate began to increase and reached 37 percent in 2011.
- The participation rate for men age 70 and over showed a somewhat similar pattern from 1963 to 2011. In 1993, the labor force participation rate for men age 70 and over reached a low of 10 percent after declining from 21 percent in 1963. Since the mid-1990s, the participation rate for men age 70 and over has trended higher and reached 15 percent in 2011.

Labor force participation rates of women age 55 and over, by age group, annual averages, 1963–2011



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.

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

SOURCE: Bureau of Labor Statistics, Current Population Survey.

- Among women age 55 and over, the labor force participation rate rose over the past four decades. The increase has been largest among women age 55–61, rising from 44 percent in 1963 to 65 percent in 2011, with a majority of the increase occurring after 1985. For women age 62–64, 65–69, and 70 and over, most of the increase in labor force participation began in the mid-1990s.

- The labor force participation rate for older women reflects changes in the work experience of successive generations of women. Many women now in their 60s and 70s did not work outside the home when they were younger, or they moved in and out of the labor force. As new cohorts of "Baby Boom" women approach older ages, they are participating in the labor force at higher rates than previous generations. As a result, 65 percent of women age 55–61 were in the labor force in 2011, compared with 44 percent in 1963. Over the same period, the labor force participation rate for women age 62–64 increased from 29 to 45 percent, and the rate for women age 65–69 increased from 17 percent to 27 percent.

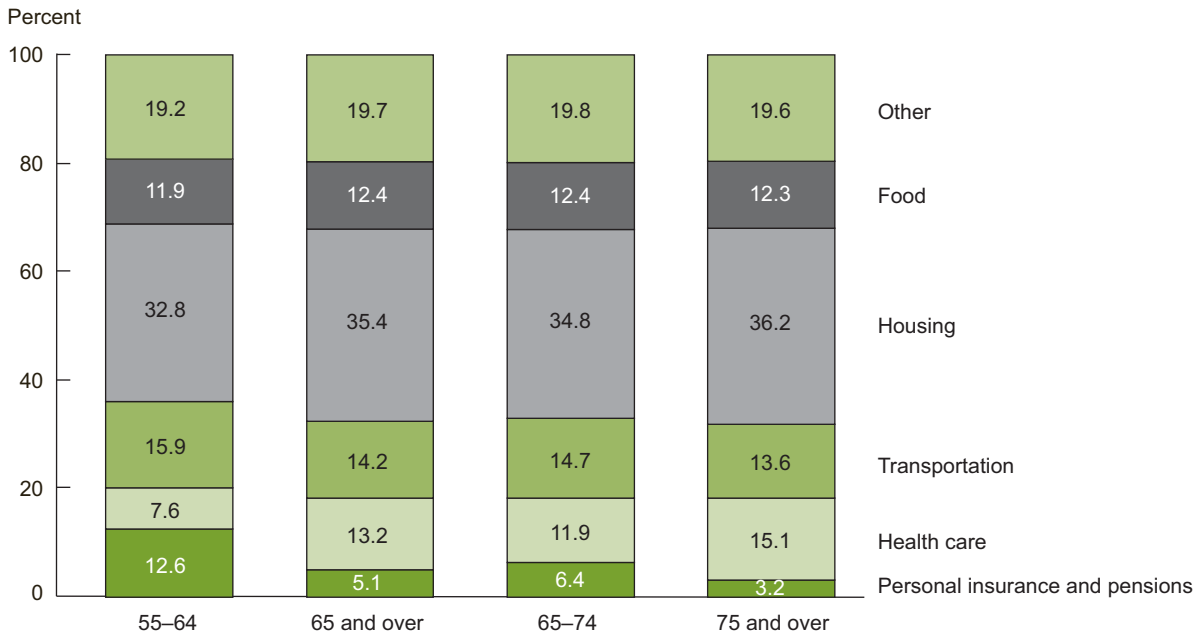
- The difference between labor force participation rates for men and women has narrowed over time. Among people age 55–61, for example, the gap between men's and women's rates in 2011 was 10 percentage points, compared with 46 percentage points in 1963.

Data for this indicator's charts and bullets can be found in Table 11 on pages 98–99.

INDICATOR 12 Total Expenditures

Expenditures are another indicator of economic well-being and show how the older population allocates resources to food, housing, health care, and other needs. Expenditures may change with changes in work status, health status, or income.

Household annual expenditures by expenditure category, by age of reference person, percent distribution, 2010



NOTE: Other expenditures include apparel, personal care, entertainment, reading, education, alcohol, tobacco, cash contributions, and miscellaneous expenditures. Data from the Consumer Expenditure Survey by age group represent average annual expenditures for consumer units by the age of reference person, who is the person listed as the owner or renter of the home. For example, the data on people age 65 and over reflect consumer units with a reference person age 65 or over. The Consumer Expenditure Survey collects and publishes information from consumer units, which are generally defined as a person or group of people who live in the same household and are related by blood, marriage, or other legal arrangement (i.e., a family), or people who live in the same household but who are unrelated and financially independent from one another (e.g., roommates sharing an apartment). A household usually refers to a physical dwelling, and may contain more than one consumer unit. However, for convenience the term "household" is substituted for "consumer unit" in this text.

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

SOURCE: Bureau of Labor Statistics, Consumer Expenditure Survey.

- Housing accounted for the largest share, one-third or more on average, of total expenditures for all groups of households with a reference person (i.e., a selected household owner or renter) age 55 or over. The share was largest (36 percent) for households with a reference person age 75 and over, even though this group was the most likely to own a home without a mortgage.

- As a share of total expenditures, health care expenditures increased dramatically with age. For the age 75 and over group, the share (15 percent) was nearly twice as high as it was for the age 55–64 group (8 percent), and was slightly higher than the share the older group allocates to transportation (14 percent). For the age 75 and over group, vehicle insurance accounted for about one-fifth of transportation expenditures.

- Regardless of the age group studied, the share of total expenditures allocated to food was about 12 percent. Food at home accounted for 7 to 8 percent of total expenditures, and food away from home accounted for 4 to 5 percent of expenditures.

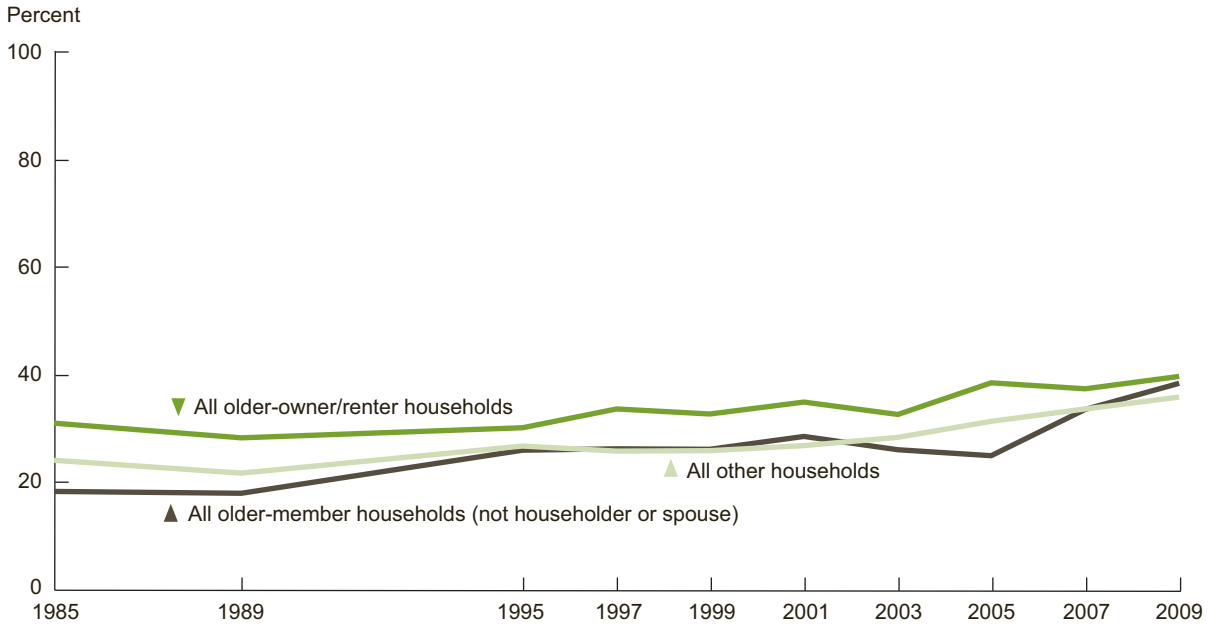
Data for this indicator's charts and bullets can be found in Table 12 on page 100.

INDICATOR 13 Housing Problems

Most older Americans live in adequate, affordable housing. Some, however, live in costly, physically inadequate, and crowded housing, which can pose serious problems for an older person's physical or psychological well-being. Housing cost burden is the most prevalent housing problem for all household types and has increased over the years.

The prevalence of housing problems is examined for two different groups of older American households and compared with all other U.S. households. The adequacy of housing for older American households with children in their home is also discussed.

Percentage of older American households and all other U.S. households that report housing cost burden, selected years 1985–2009



NOTE: Housing cost burden refers to expenditures on housing and utilities that exceed 30 percent of household income. All older-owner/renter households are households with a householder or spouse age 65 and over; all older-member households are households with an older member age 65 and over who is not the householder or spouse; and all other households are households without a person(s) age 65 and over.

Reference population: These data refer to the resident non-institutionalized population. People residing in non-institutional group homes are excluded.

SOURCE: Department of Housing and Urban Development, American Housing Survey.

- Approximately 40 percent of both older-owner/renter households (households with a householder or spouse age 65 and over) and older-member households (households with an older member age 65 and over who is not the householder or spouse) have housing problems. The most prevalent housing problem is cost burden (expenditures on housing and utilities that exceed 30 percent of household income) and it has been increasing over time. Between 1985 and 2009, the prevalence of cost burden increased from 31 to 40 percent for older-owner/renter households and from 18 to 39 percent among older-member households. In comparison, the prevalence of housing cost burden for all other U.S. households (households without a person(s) age 65 and over) increased from 24 to 36 percent over the same time period.

- While cost burden is the most prevalent housing problem, some households have other housing problems. They include physically inadequate housing, such as housing that lacks complete plumbing or has multiple and major upkeep problems, and crowded housing, which is housing that has more household members than the number of rooms in a unit. In 2009,

Indicator 13 continued on page 22.

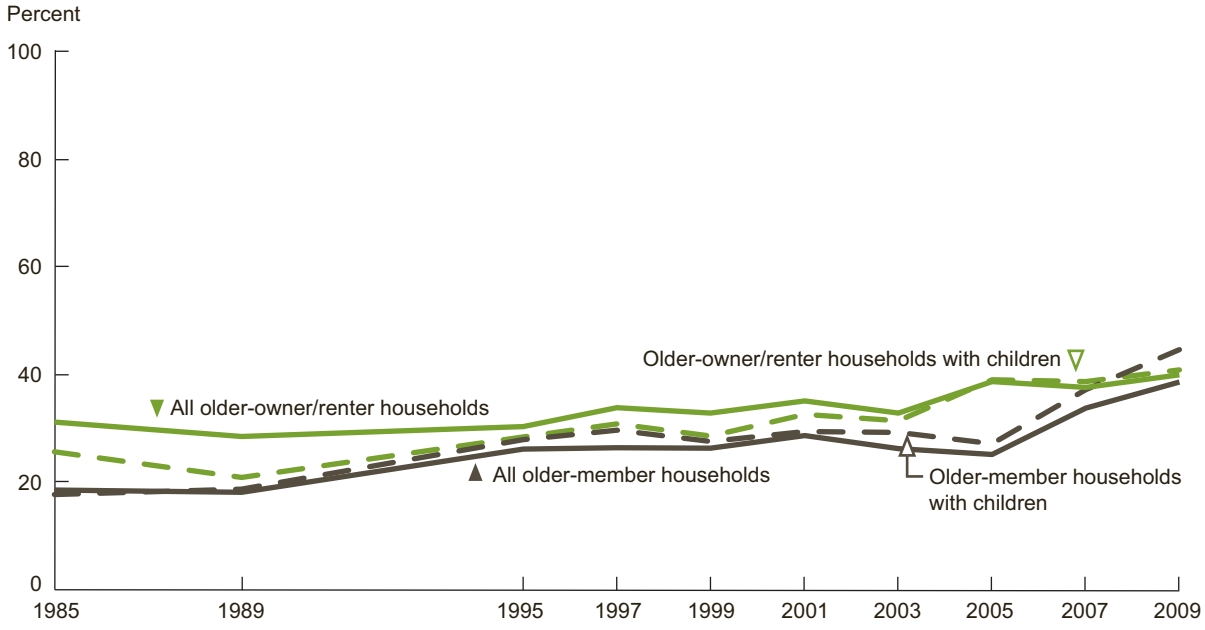
4 percent of older-owner/renter households had physically inadequate housing, while less than one percent had crowded housing. For older-member households, 5 percent had physically inadequate housing and 6 percent had crowded housing in 2009. The prevalence of these problems was fairly similar for all other U.S. households, 5 percent of whom had physically inadequate housing and 3 percent of whom reported crowded housing in 2009.

Intergenerational Households

- Similar to the households described above, cost burden is the most dominant housing problem for intergenerational households, or households with older people (age 65 and over) and children (age 19 or younger) living in the household. Older-owner/renter and older-member intergenerational households are likely to represent households where grandparents are helping to raise their grandchildren or where three generations are living within the same household. From 1985 to 2009, housing cost burden increased from 26 to 41 percent for older-owner/renter intergenerational households and from 18 to 45 percent for older-member intergenerational households.

- For some intergenerational households, crowded housing is fairly prevalent. In 2009, 14 percent of older-member intergenerational households reported overcrowding.

Percentage of older American households and intergenerational households that report housing cost burden, selected years 1985–2009



NOTE: Housing cost burden refers to expenditures on housing and utilities that exceed 30 percent of household income. All older-owner/renter households are households with a householder or spouse age 65 and over; all older-member households are households with an older member age 65 and over who is not the householder or spouse; older-owner/renter households with children are households with a householder or spouse age 65 and over and children (age 19 or younger); and older-member households with children are households with an older member age 65 and over and children (age 19 or younger).

Reference population: These data refer to the resident non-institutionalized population. People residing in non-institutional group homes are excluded.

SOURCE: Department of Housing and Urban Development, American Housing Survey.

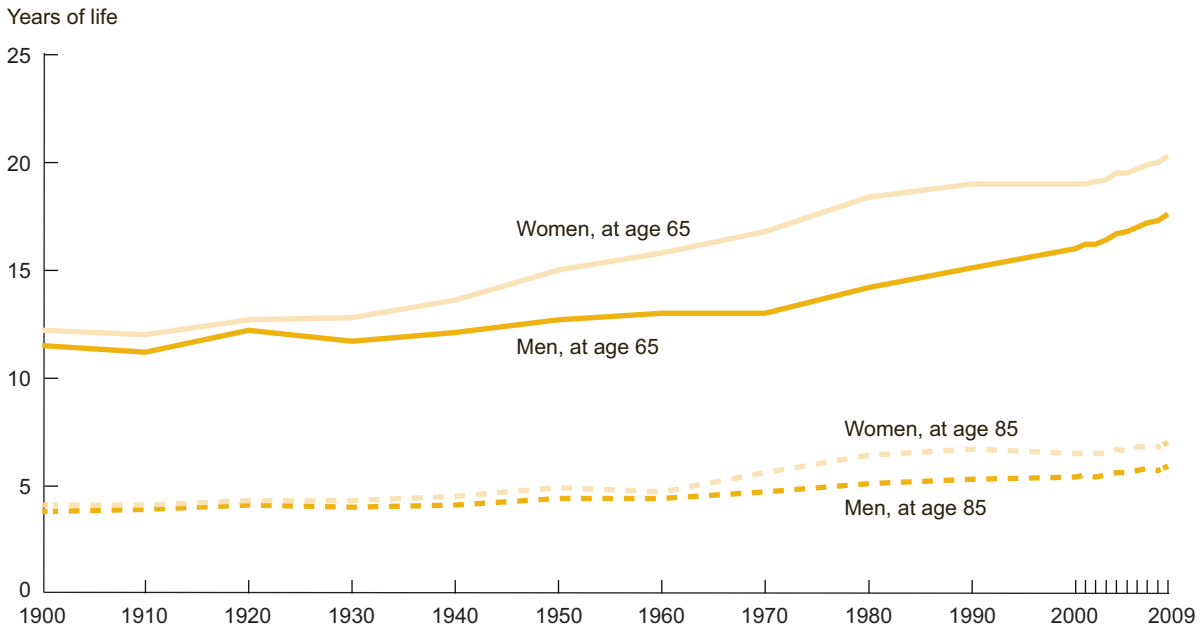
Data for this indicator's charts and bullets can be found in Tables 13a through 13f on pages 101–112.

Health Status

INDICATOR 14 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.

Life expectancy at ages 65 and 85, by sex, selected years 1900–2009



NOTE: The life expectancies (LEs) for decennial years 1910 to 1990 are based on decennial census data and deaths for a 3-year period around the census year. The LEs for decennial year 1900 are based on deaths from 1900 to 1902. LEs for years prior to 1930 are based on the death registration area only. The death registration area increased from 10 states and the District of Columbia in 1900 to the coterminous United States in 1933. LEs for 2000–2006 are based on a newly revised methodology that uses vital statistics death rates for ages under 66 and modeled probabilities of death for ages 66 to 100 based on blended vital statistics and Medicare probabilities of dying and may differ from figures previously published.

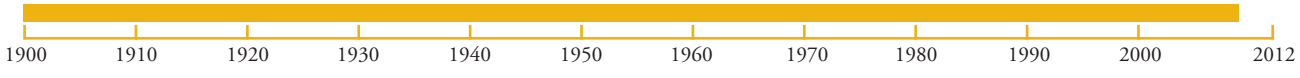
Reference population: These data refer to the resident population.

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

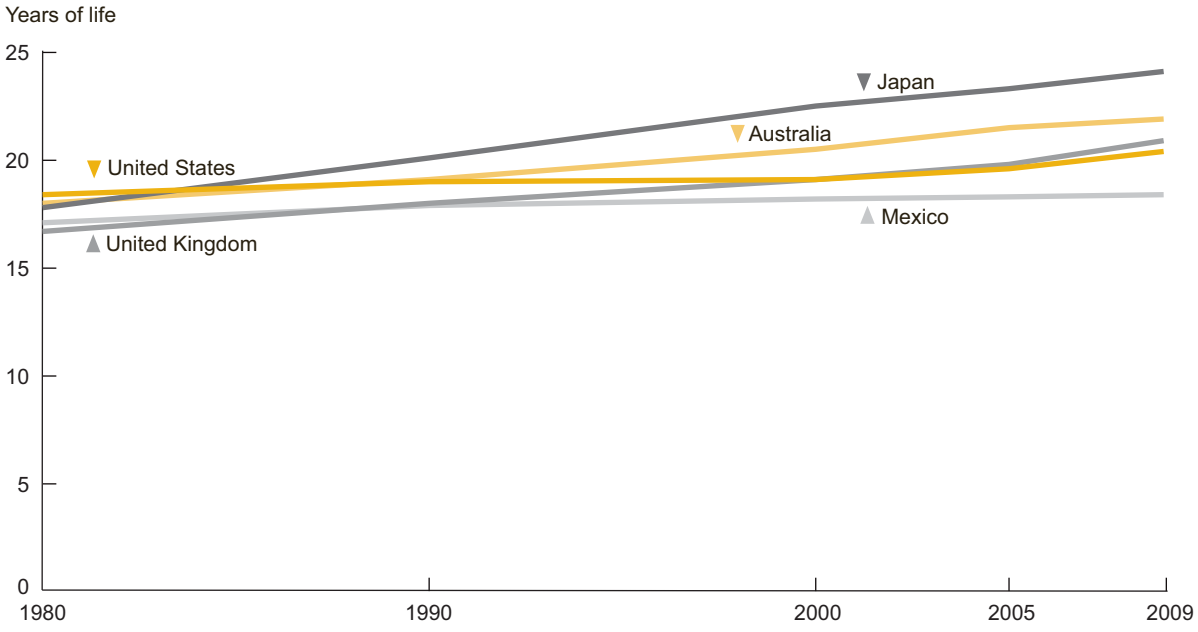
- Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than people age 65 in 1960. In 2009, the life expectancy of people who survive to age 85 was 7 years for women and 5.9 years for men.

- Life expectancy varies by race, but the difference decreases with age. In 2009, life expectancy at birth was 4.3 years higher for White people than for Black people. At age 65, White people can expect to live an average of 1.3 years longer than Black people. Among those who survive to age 85, however, the life expectancy among Black people is slightly higher (6.8 years) than White people (6.6 years).

- Life expectancy at age 65 in the United States is lower than that of many other industrialized nations. In 2009, women age 65 in Japan could expect to live on average 3.7 years longer than women in the United States. Among men, the difference was 1.3 years.

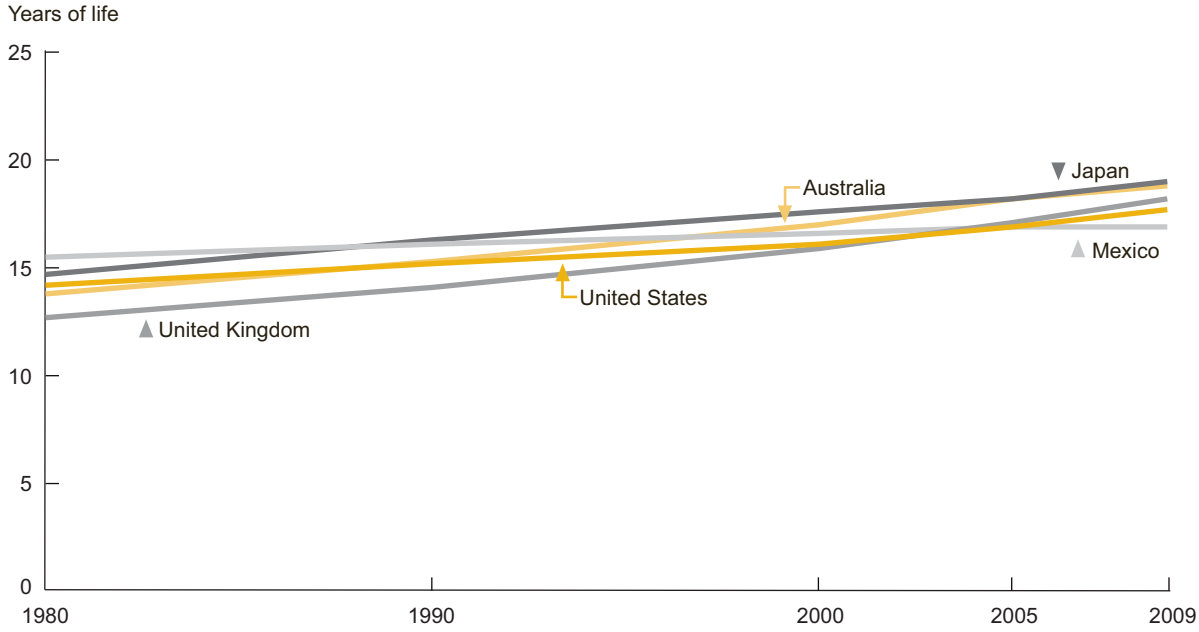


Average life expectancy for women at age 65, by selected countries or areas, selected years 1980–2009



SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2011, OECD. StatExtracts, available from: http://www.oecd.org.

Average life expectancy for men at age 65, by selected countries or areas, selected years 1980–2009



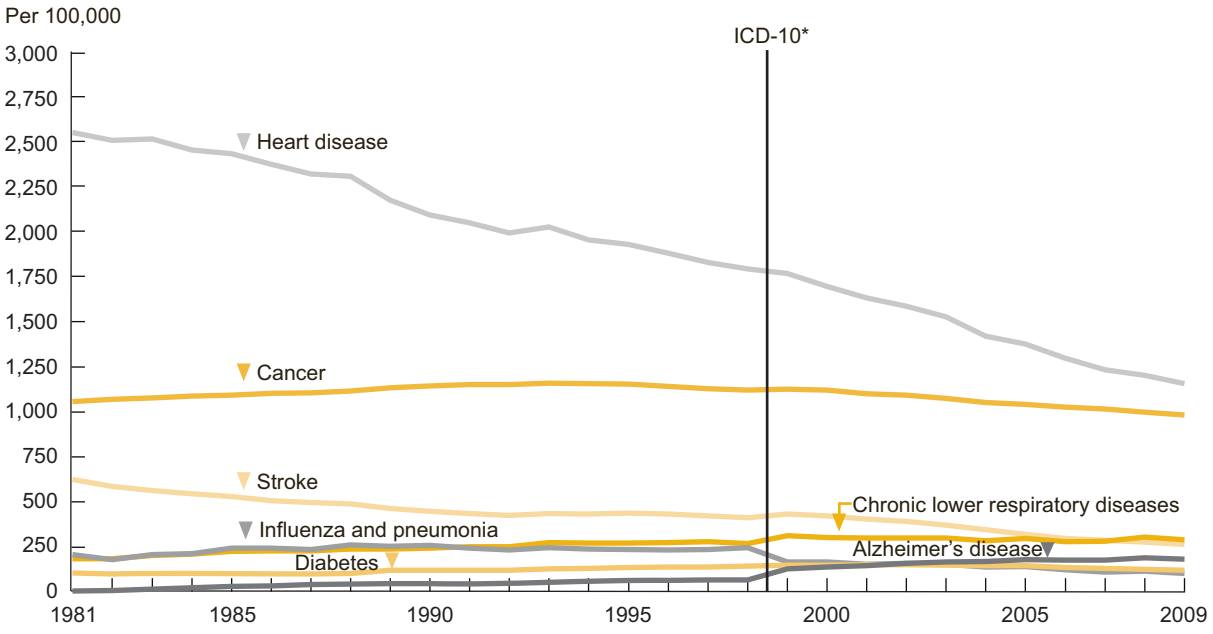
SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2011, OECD. StatExtracts, available from: http://www.oecd.org.

Data for this indicator's charts and bullets can be found in Tables 14a through 14c on pages 113–114.

INDICATOR 15 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.

Death rates for selected leading causes of death among people age 65 and over, 1981–2009



* Change calculated from 1999 when 10th revision of the International Classification of Diseases (ICD-10) was implemented.

NOTE: Death rates for 1981–1998 are based on the 9th revision of the International Classification of Diseases (ICD-9). Starting in 1999, death rates are based on ICD-10. For the period 1981–1998, causes were coded using ICD-9 codes that are nearly comparable with the 113 cause list for the ICD-10 and may differ from previously published 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.

- In 2009, the leading cause of death among people age 65 and over was heart disease (1,156 deaths per 100,000 people), followed by cancer (982 per 100,000), chronic lower respiratory diseases (291 per 100,000), stroke (264 per 100,000), Alzheimer's disease (184 per 100,000), diabetes (121 per 100,000), and influenza and pneumonia (104 per 100,000).

- Between 1981 and 2009, age-adjusted death rates for all causes of death among people age 65 and over declined by 25 percent. Death rates for heart disease and stroke declined by more than 50 percent. Death rates for chronic lower respiratory diseases increased by 57 percent. Age-adjusted death rates for diabetes were higher in 2009 than in 1981 but have declined since 2001.

- Heart disease and cancer were the top two leading causes of death in 2009 among all people age 65 and over, irrespective of sex, race, or Hispanic origin. Diabetes was the 6th leading cause of death among non-Hispanic Whites, but the 4th leading cause among non-Hispanic Blacks and Hispanics.[9]

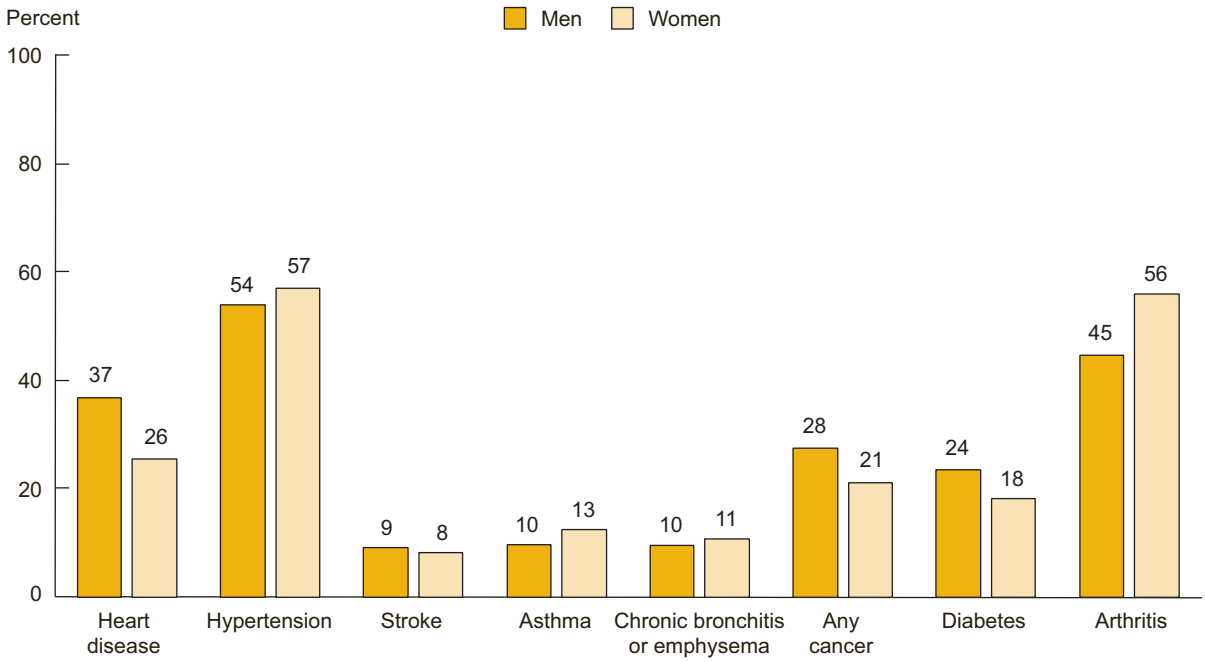
- Other causes of death varied among older people by sex and race and Hispanic origin. For example, men had higher suicide rates than women at all ages, with the largest difference occurring at age 85 and over (43 deaths per 100,000 people for men, compared with 3 per 100,000 for women). Non-Hispanic White men age 85 and over had the highest rate of suicide overall in 2009, at 47 deaths per 100,000.[9]

Data for this indicator's charts and bullets can be found in Table 15 on page 115.

INDICATOR 16 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. Chronic health conditions negatively affect quality of life, contributing to declines in functioning and the inability to remain in the community.[10] 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 15: Mortality").

Percentage of people age 65 and over who reported having selected chronic health conditions, by sex, 2009–2010



NOTE: Data are based on a 2-year average from 2009–2010.
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.

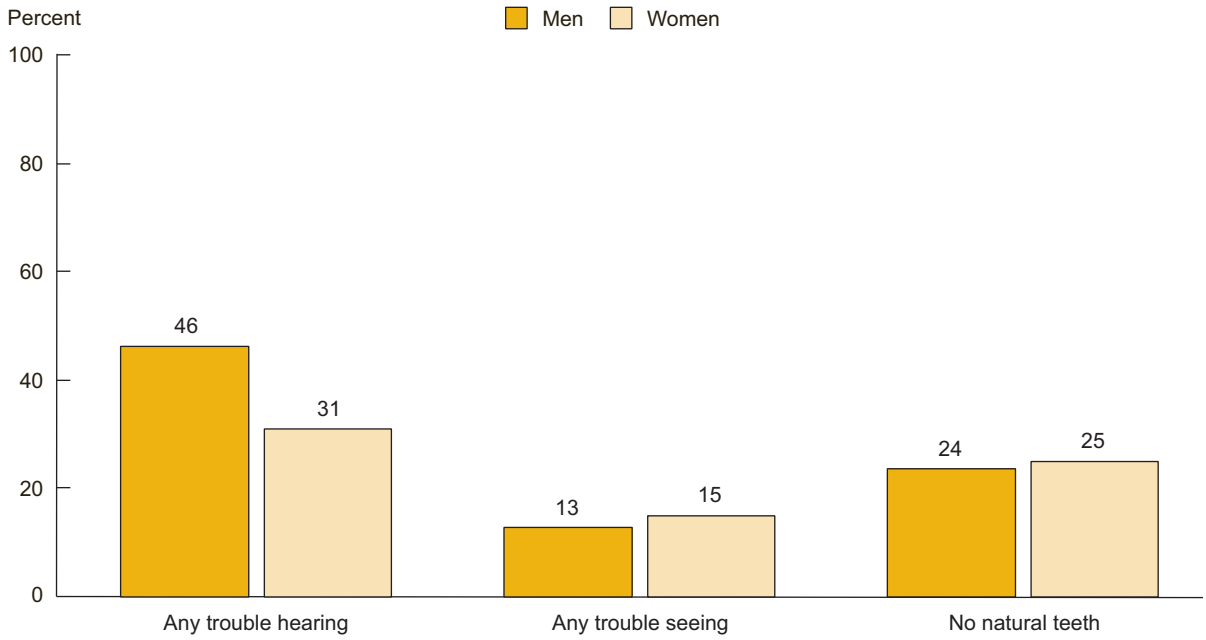
- The prevalence of certain chronic health conditions differed by sex. Women reported higher levels of asthma, arthritis and hypertension than men. Men reported higher levels of heart disease, cancer, and diabetes.
- There were differences by race and ethnicity in the prevalence of certain chronic health conditions. In 2009–2010, among people age 65 and over, non-Hispanic Blacks reported higher levels of hypertension and diabetes than non-Hispanic Whites (69 percent compared with 54 percent for hypertension, and 32 percent compared with 18 percent for diabetes). Hispanics also reported higher levels of diabetes (33 percent) than non-Hispanic Whites, but lower levels of arthritis (44 percent compared with 53 percent).
- The prevalence of diabetes increased for all racial and ethnic groups and for men and women. Overall, the prevalence of diabetes reported by persons age 65 and over increased from 13 percent in 1997–1998 to nearly 21 percent in 2009–2010.

Data for this indicator's charts and bullets can be found in Tables 16a and 16b on page 116.

INDICATOR 17 Sensory Impairments and Oral Health

Vision limitations, hearing limitations, and oral health problems are often thought of as natural signs of aging. 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, trouble seeing, or no natural teeth, by sex, 2010



NOTE: Respondents were asked "WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?" For the purposes of this indicator, the category "Any trouble hearing" includes: "a little trouble hearing, moderate 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" includes those who responded yes or 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.

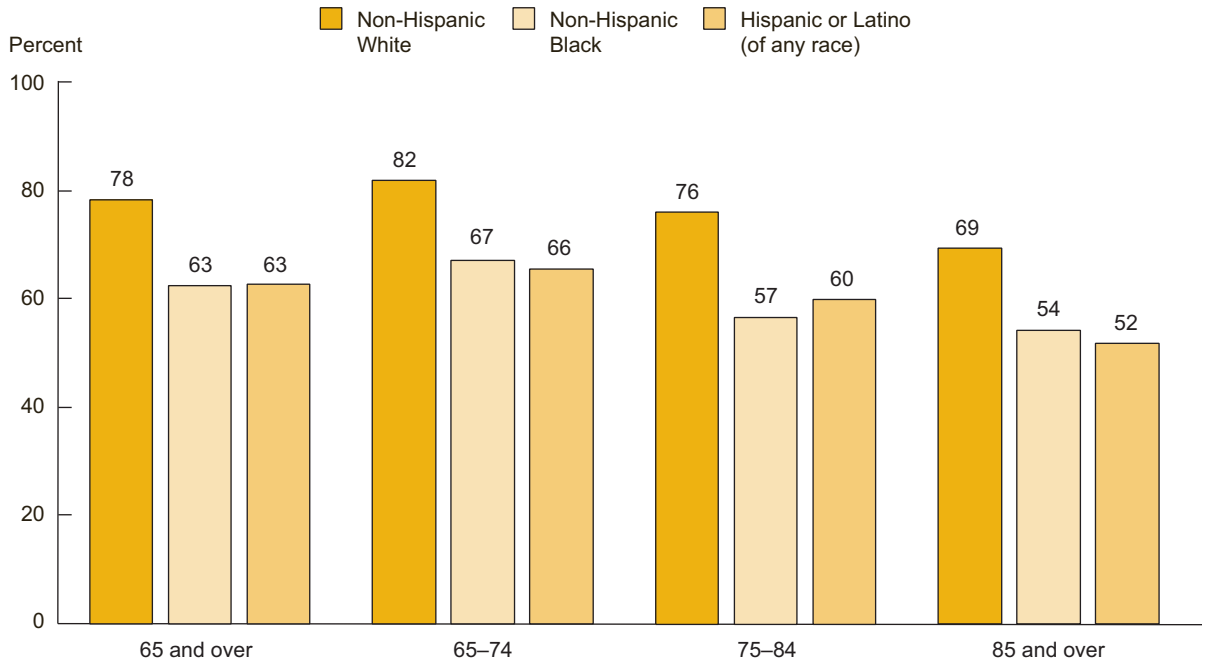
- In 2010, 46 percent of older men and 31 percent of older women reported trouble hearing. The percentage of older Americans with trouble hearing was higher for people age 85 and over (59 percent) than for people age 65–74 (31 percent). Eleven percent of all older women and 18 percent of all older men reported having ever worn a hearing aid.
- Vision trouble affected 14 percent of the older population, 13 percent of men and 15 percent of women. Among people age 85 and over, 23 percent reported trouble seeing.
- The prevalence of edentulism, having no natural teeth, was higher for people age 85 and over (33 percent) than for people age 65–74 (19 percent). Socioeconomic differences were large. Forty-two percent of older people with family income below the poverty line reported no natural teeth compared with 22 percent of people above the poverty threshold.

Data for this indicator's charts and bullets can be found in Tables 17a and 17b on page 117.

INDICATOR 18 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 poor correlate with higher risks of mortality.[11]

Percentage of people age 65 and over with respondent-assessed good to excellent health status by age group and race and Hispanic origin, 2008–2010



NOTE: Data are based on a 3-year average from 2008–2010. See data sources for the definition of race and Hispanic origin 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.

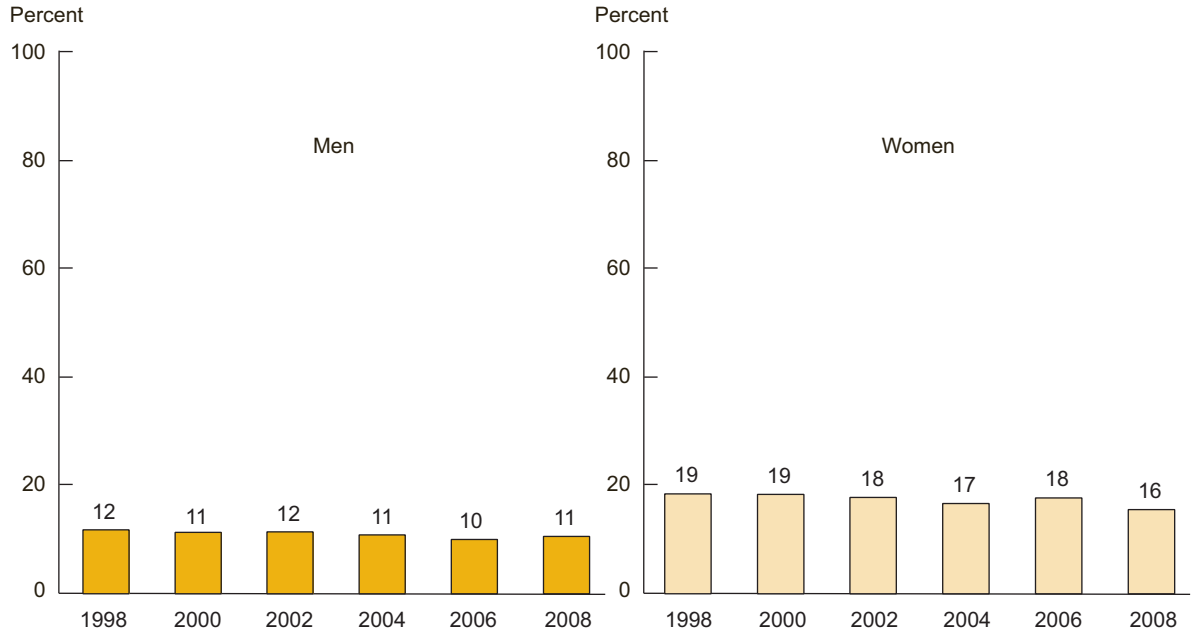
- During the period of 2008–2010, 76 percent of people age 65 and over rated their health as good, very good, or excellent. Older men and women reported similar levels of health.
- The proportion of people reporting good to excellent health was lower among the oldest age groups. Seventy-nine percent of those age 65–74 reported good or better health. At age 85 and over, 67 percent of people reported good or better health. This pattern was also evident within racial and ethnic groups.
- Regardless of age, older non-Hispanic White men and women were more likely to report good to excellent health than their non-Hispanic Black and Hispanic counterparts. Non-Hispanic Blacks and Hispanics were similar to one another in their positive health evaluations.

Data for this indicator's charts and bullets can be found in Table 18 on page 118.

INDICATOR 19 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.[12]

Percentage of people age 65 and over with clinically relevant depressive symptoms, by sex, selected years 1998–2008



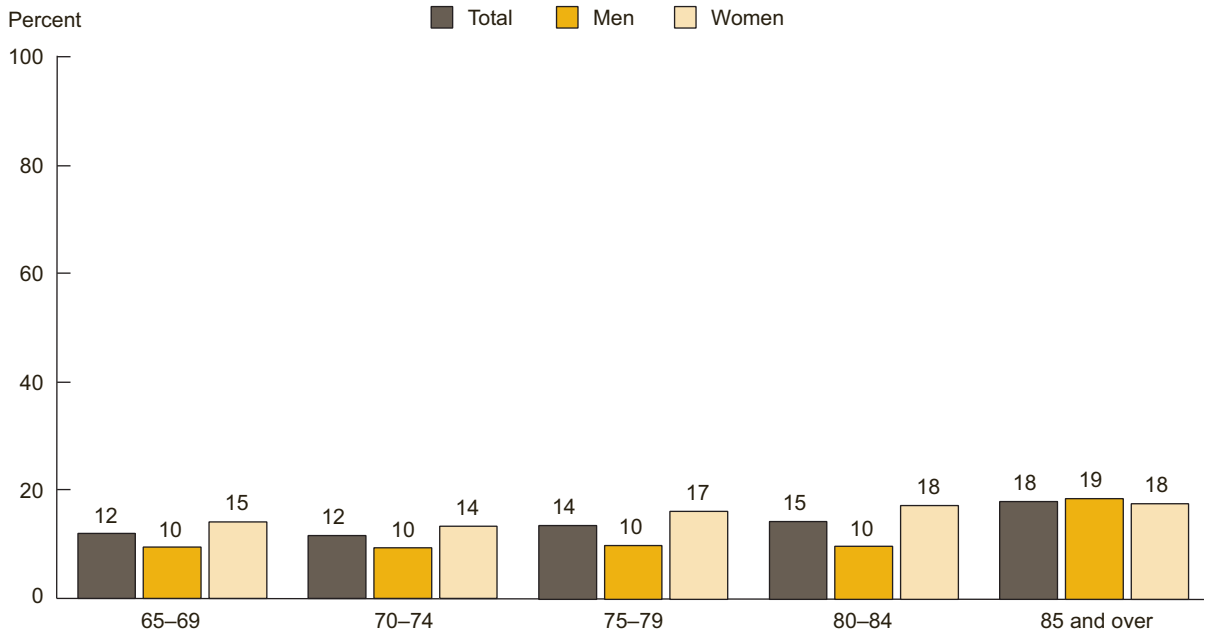
NOTE: The definition of "clinically relevant depressive symptoms" is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center of Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). The CES-D scale is a measure of depressive symptoms and is not to be used as a diagnosis of clinical depression. A detailed explanation concerning the "four or more symptoms" cut-off can be found in the following documentation: http://hrsonline.isrumich.edu/docs/userg/dr-005.pdf. Proportions are based on weighted data using the preliminary respondent weight from HRS 2008.

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

SOURCE: Health and Retirement Study.

- Older women were more likely to report clinically relevant depressive symptoms than were older men. In 2008, 16 percent of women age 65 and over reported depressive symptoms compared with 11 percent of men. There was no significant change in this sex difference between 1998 and 2008.
- The percentage of people reporting clinically relevant symptoms remained relatively stable over the past few years. Between 1998 and 2008, the percentage of men who reported depressive symptoms ranged between 10 and 12 percent. For women, the percentage reporting these symptoms ranged between 16 and 19 percent.

Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2008



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 of Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). 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 "four or more symptoms" cut-off can be found in the following documentation: http://hrsonline.isrumich.edu/docs/userg/dr-005.pdf. Proportions are based on weighted data using the preliminary respondent weight from HRS 2008.

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

SOURCE: Health and Retirement Study.

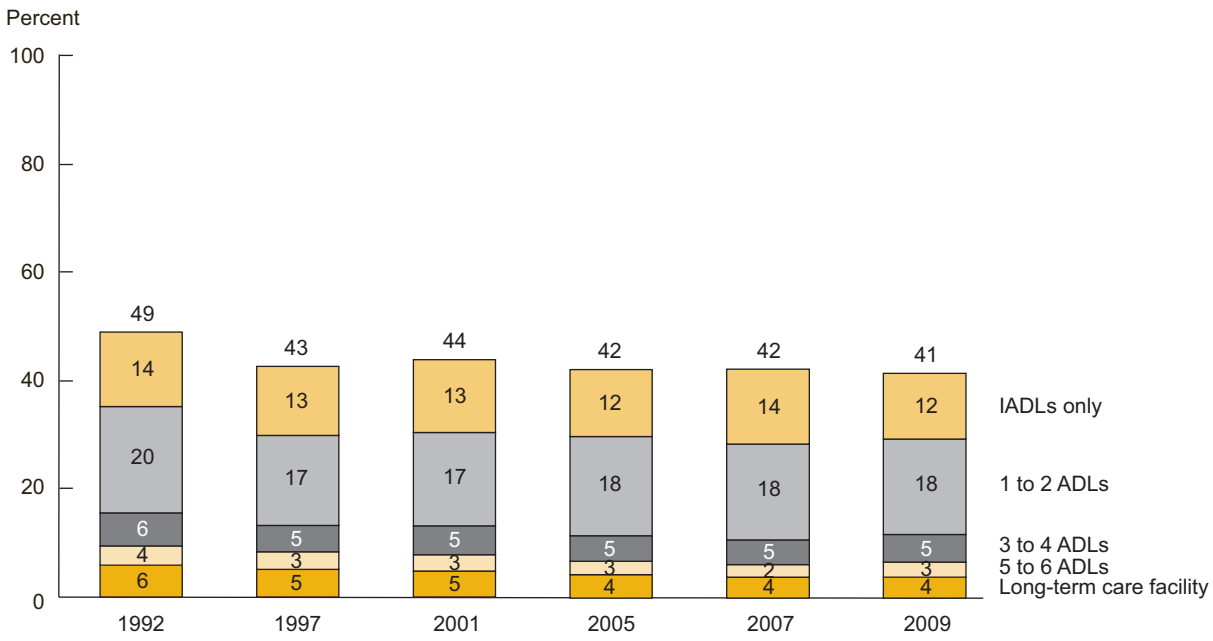
- The prevalence of depressive symptoms was related to age. In 2008, the proportion of people age 65 and over with clinically relevant symptoms was higher for people age 85 and over (18 percent) than for people in any of the younger groups (12 to 15 percent).
- In 2008, the percentage of men 85 and over (19 percent) reporting clinically relevant depressive symptoms was almost twice that of men in any of the younger age groups (about 10 percent). Prevalence of depression among women age 65 and older did not follow this same pattern; the percentage of women reporting clinically relevant symptoms ranged between 14 percent and 18 percent, with little change across the age groups.

Data for this indicator's charts and bullets can be found in Tables 19a and 19b on page 119.

INDICATOR 20 Functional Limitations

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

Percentage of Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a long-term care facility, selected years 1992–2009



NOTE: A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has three or more beds, 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. ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. 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, or managing money. Percents are age-adjusted using the 2000 standard population. Estimates may not sum to the totals because of rounding.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

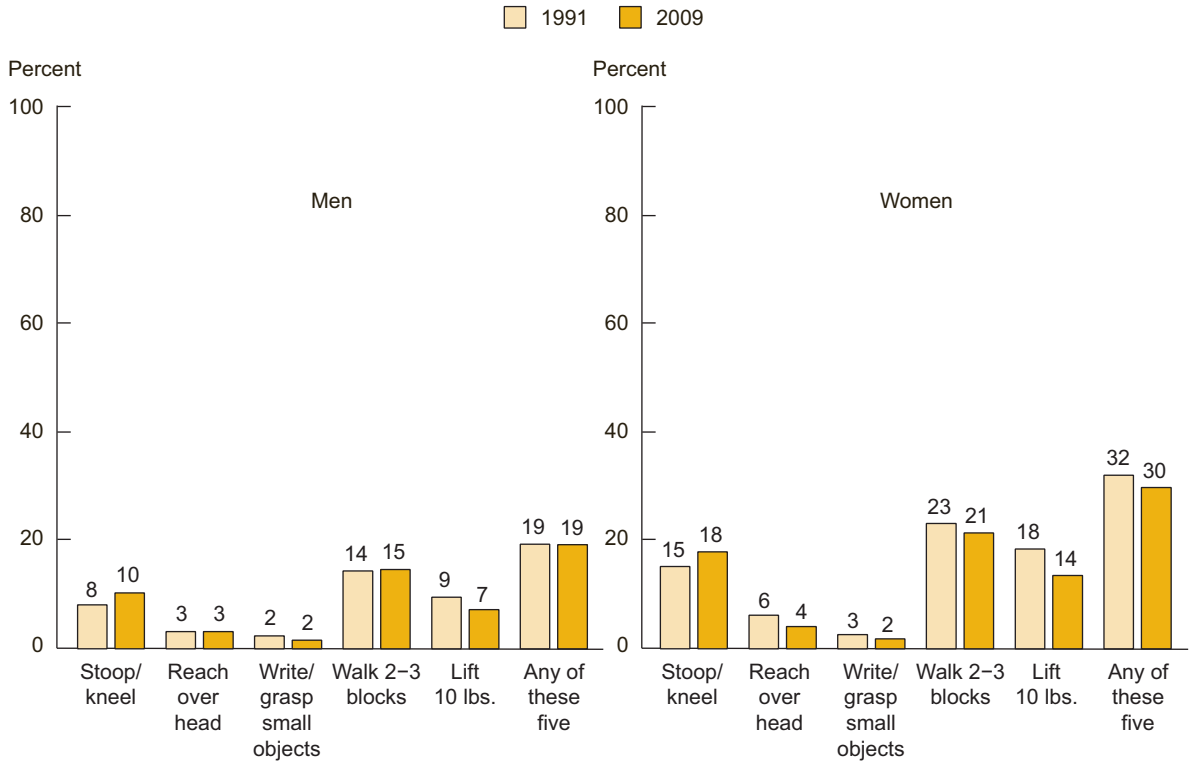
- In 2009, about 41 percent of people age 65 and over enrolled in Medicare reported a functional limitation. Twelve percent had difficulty performing one or more instrumental activities of daily living (IADLs) but had no activities of daily living (ADL) limitations. Approximately 25 percent had difficulty with at least one ADL and 4 percent were in a facility.

- The age-adjusted proportion of people age 65 and over with a functional limitation declined from 49 percent in 1992 to 41 percent in 2009. There was a decrease in the percent with limitations from 1992 to 1997. From 1997 to 2009, the overall levels did not significantly change, although a smaller proportion of this population was in a facility compared with earlier years.

- Women reported higher levels of functional limitations than men. In 2009, about 46 percent of female Medicare enrollees age 65 and over had difficulty with ADLs or IADLs, or were in a facility, compared with 35 percent of male Medicare enrollees. Overall rates of decline since 1992 were similar for men and women; however, a higher proportion of women were in facilities compared with men.

In addition to ADLs and IADLs, other measures can be used to assess physical, cognitive, and social functioning. Aspects of physical functioning such as the ability to lift heavy objects, walk two to three blocks, or reach up over one's head are more closely linked to physiological capabilities than are ADLs and IADLs, which also 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 2009



NOTE: Rates for 1991 are age-adjusted to the 2009 population.
Reference population: These data refer to Medicare enrollees.
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- Older women reported more problems with physical functioning than older men did. In 2009, about 30 percent of women reported they were unable to perform at least one of five activities, compared with 19 percent of men.

- Problems with physical functioning were more frequent at older ages. Among men age 65–74, 13 percent reported they were unable to perform at least one of five activities, compared with 40 percent of men age 85 and over. Among women, 19 percent of those age 65–74 were unable to perform at least one activity, compared with 53 percent of those age 85 and over.

- Physical functioning was related to race and ethnicity in 2009. Among men, 18 percent of non-Hispanic Whites were unable to perform at least one activity, compared with 23 percent of non-Hispanic Blacks. Among women, 29 percent of non-Hispanic Whites were unable to perform at least one activity, compared with 33 percent of non-Hispanic Blacks.

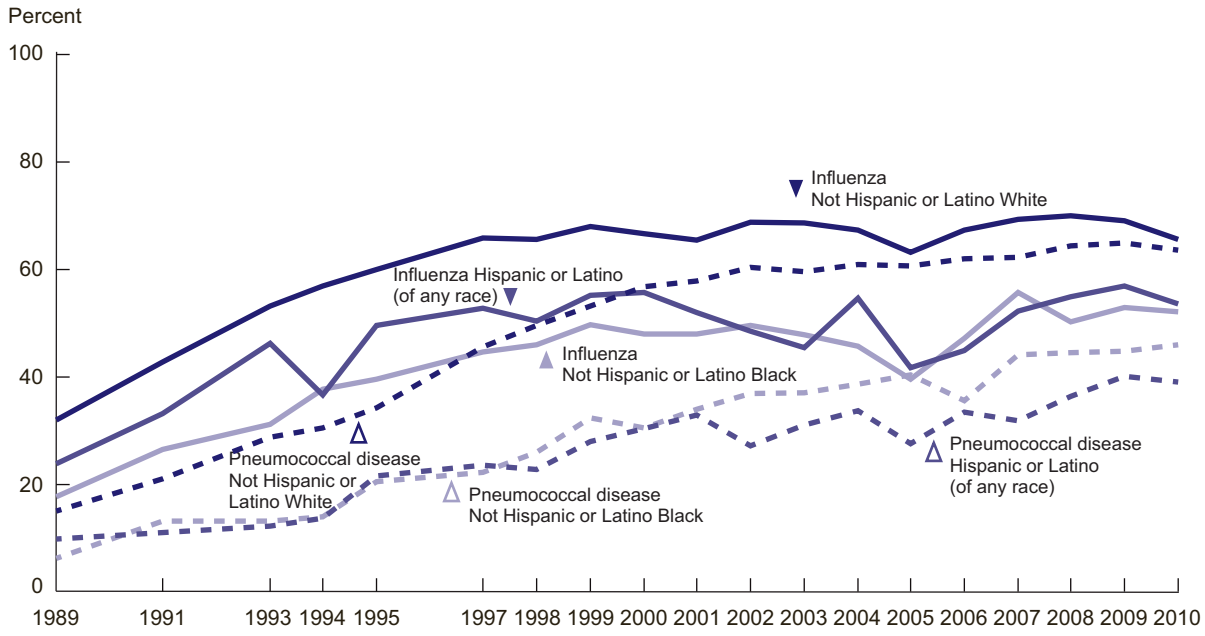
Data for this indicator's charts and bullets can be found in Tables 20a through 20d on pages 120–121.

Health Risks and Behaviors

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.[13–16] 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 vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years 1989–2010



NOTE: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months and does not include receipt of nasal spray flu vaccinations. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. See data sources for the definition of race and Hispanic origin 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.

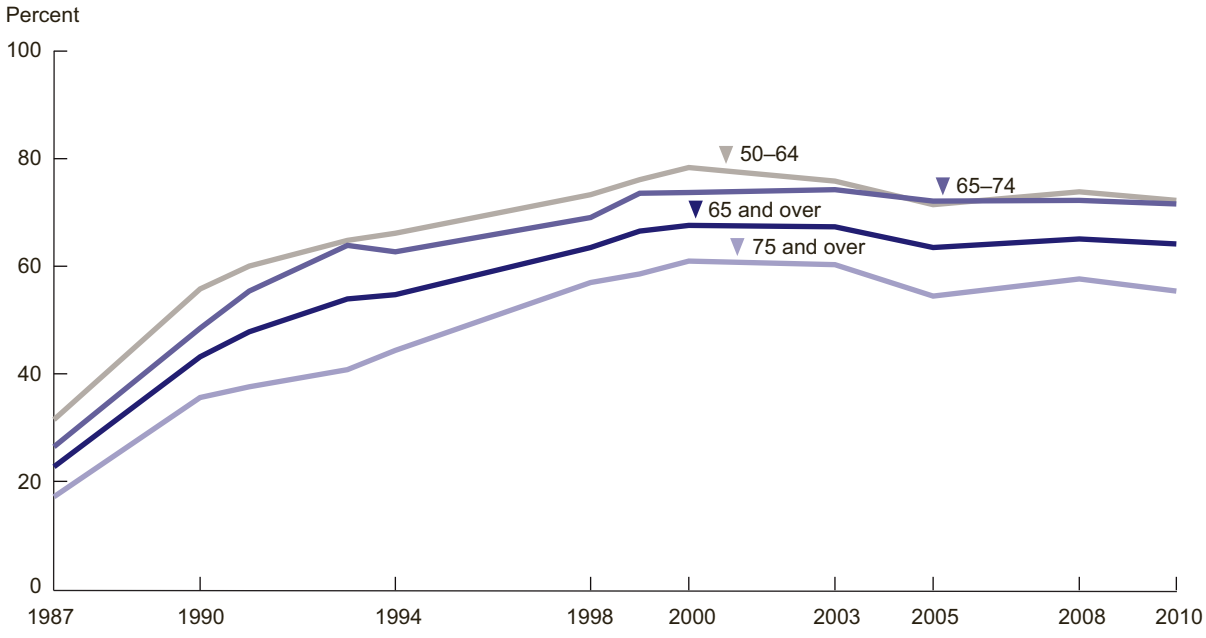
- In 2010, 63 percent of people age 65 and over reported receiving a flu shot in the past 12 months; however, there were differences by race and ethnicity. Sixty-six percent of non-Hispanic Whites reported receiving a flu shot, compared with 52 percent of non-Hispanic Blacks and 54 percent of Hispanics.
- In 2010, about 60 percent of people age 65 and over had ever received a pneumonia vaccination. Despite increases in the rates for all groups over time, in 2010, non-Hispanic Whites were more likely to have received a pneumonia vaccination (64 percent) compared with non-Hispanic Blacks (46 percent) or Hispanics (39 percent).
- The percentage of older people receiving vaccinations increased with age. In 2010, about 70 percent of persons age 85 and over had received a flu shot, compared with 68 percent of persons age 75–84 and 59 percent of persons age 65–74. For pneumonia vaccinations, 68 percent of persons 85 and over had ever received a pneumonia vaccination compared with 55 percent of persons age 65–74.

Data for this indicator's charts and bullets can be found in Tables 21a and 21b on page 122.

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 50–74.[17]

Percentage of women age 50 and over who had a mammogram within the past two years, by age group, selected years, 1987–2010



NOTE: Questions concerning the use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. For details, see *Health, United States 2011,* Appendix II.

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.

- Among women age 65 and over, the percentage who had a mammogram within the preceding two years almost tripled from 23 percent in 1987 to 64 percent in 2010. There was a significant difference in 1987 between the percentage of older non-Hispanic White women (24 percent) and the percentage of older non-Hispanic Black women (14 percent) who reported having had a mammogram but, in recent years, this difference has disappeared.

- Older women who were poor were less likely to have had a mammogram in the preceding two years than older women who were not poor. In 2010, 51 percent of women age 65 and over who lived in families with incomes of less than 100 percent of the poverty threshold reported having had a mammogram. Among older women living in families with incomes of 400 percent or more of the poverty threshold, 75 percent reported having had a mammogram.

- Older women without a high school diploma were less likely to have had a mammogram than older women with a high school diploma. In 2010, 54 percent of women age 65 and over without a high school diploma reported having had a mammogram in the preceding two years, compared with 63 percent of women who had a high school diploma and 71 percent of women who had at least some college education.

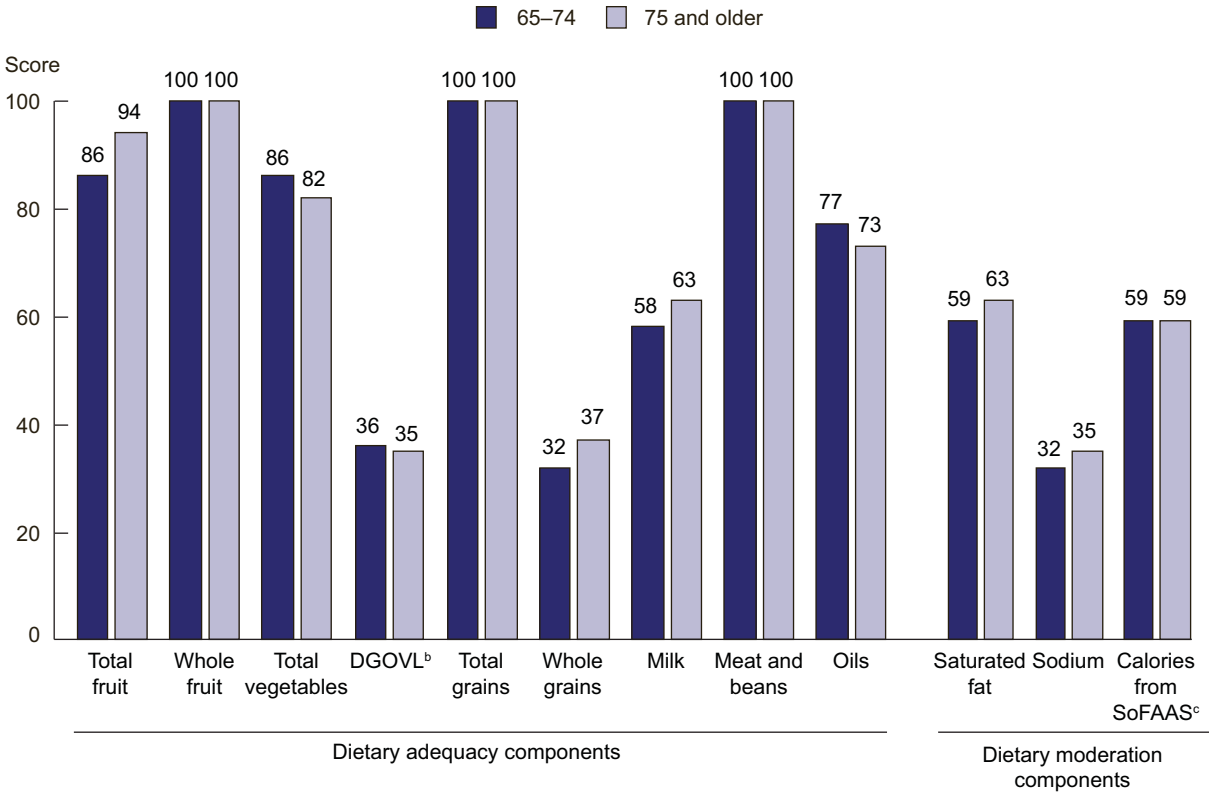
Data for this indicator's charts and bullets can be found in Table 22 on page 123.

INDICATOR 23 Diet Quality

Dietary intake affects the health of older Americans, because poor diet quality is associated with cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, and some types of cancer.[18] An index that assesses the multidimensional components of diet is useful in describing diet quality. The Healthy Eating Index-2005,[19,20] developed by the U.S. Department of Agriculture (USDA) Center for Nutrition Policy and Promotion, measures compliance with the diet-related recommendations of the *2005 Dietary Guidelines for Americans.*[18] It has 12 components, and a higher score indicates a higher quality diet. Intakes equal to or better than the standards set for each component are assigned a maximum score of 100 percent. For the nine adequacy components (e.g., total fruit), no intake gets zero percent, and scores increase up to 100 percent as the intakes increase towards the standard. The three moderation components (e.g., sodium) are scored in reverse; that is, excessively high intakes get zero percent and as intakes decrease toward the standard, scores increase up to 100 percent. Scores are averages across all adults based on usual dietary intake.

Average diet scores,[a] for the population age 65 and over, by age group, 2007–2008

A higher score means the average diet is closer to the standard.



[a] Scores, reported as percentages in this chart, are average Healthy Eating Index-2005 scores and not the percentages of individuals who meet the diet quality standards.

[b] Dark green and orange vegetables and legumes.

[c] Solid fats, alcoholic beverages, and added sugars.

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

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, *National Health and Nutrition Examination Survey, 2007–2008* and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, MyPyramid Equivalents Database 2007-2008 (preliminary), Healthy Eating Index-2005.

- In 2007–2008, the average diet of older Americans (age 65 and over) scored 100 percent for only three dietary components: whole fruit, total grains, and meat and beans. In other words, diets for these three components met the standard, while nine fell short—ranging from 33 percent (sodium) to 90 percent (total fruit).

- The average diet of adults age 75 and over was superior in quality to the average diet of their younger counterparts, age 65–74, for total fruit, whole grains, milk, saturated fat, and sodium. For total vegetables and oils, adults' age 65–74 average diets were better than those age 75 and over.

- Average intakes of calories from solid fats, alcoholic beverages, and added sugars were too high and thus remained well below the quality standards for both age groups.

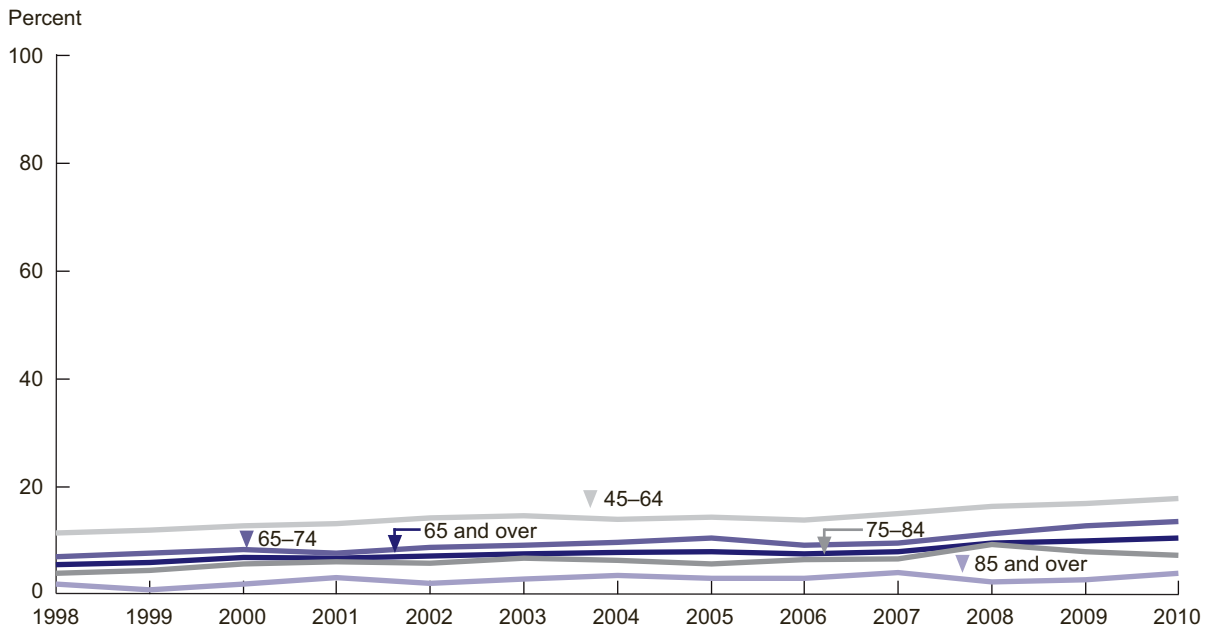
- Major improvements in the nutritional health of older Americans could be made by increasing intakes of whole grains, dark green and orange vegetables and legumes, and fat-free or low-fat milk products and by incorporating foods and beverages that are lower in sodium and have fewer calories from solid fats, alcoholic beverages, and added sugars.

Data for this indicator's charts and bullets can be found in Table 23 on page 124.

INDICATOR 24 Physical Activity

Physical activity is beneficial for the health of people of all ages, including the age 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.[21,22] Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity.[23] Strength training is recommended as part of a comprehensive physical activity program among older adults and may help to improve balance and decrease risk of falls.[24] In 2008, the Department of Health and Human Services released updated guidelines for aerobic activity and muscle-strengthening activities for Americans.

Percentage of people age 45 and over who reported participating in leisure-time aerobic and muscle-strengthening activities that meet the 2008 Federal physical activity guidelines, by age group, 1998–2010



NOTE: This measure of physical activity differs from previous editions of *Older Americans.* The measure reflects the 2008 Federal physical activity guidelines for Americans (available from: http://www.health.gov/PAGuidelines/). The 2008 Federal guidelines recommend that for substantial health benefits, adults perform at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week. The 2008 guidelines also recommend that adults perform muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on two or more days a week, because these activities provide additional health benefits. The measure shown here presents the percentage of people who fully met both the aerobic activity and muscle-strengthening guidelines.

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.

- In 2010, about 11 percent of people age 65 and over reported participating in leisure-time aerobic and muscle-strengthening activities that met the 2008 Federal physical activity guidelines. The percentage of older people meeting the physical activity guidelines decreased with age, ranging from 14 percent among people age 65–74 to 4 percent among people age 85 and over.

- Men age 65 and over were more likely than women in the same age group to meet the physical activity guidelines (14 percent and 8 percent, respectively, in 2010). Older non-Hispanic Whites reported higher levels of physical activity than non-Hispanic Blacks (12 percent compared with 5 percent).

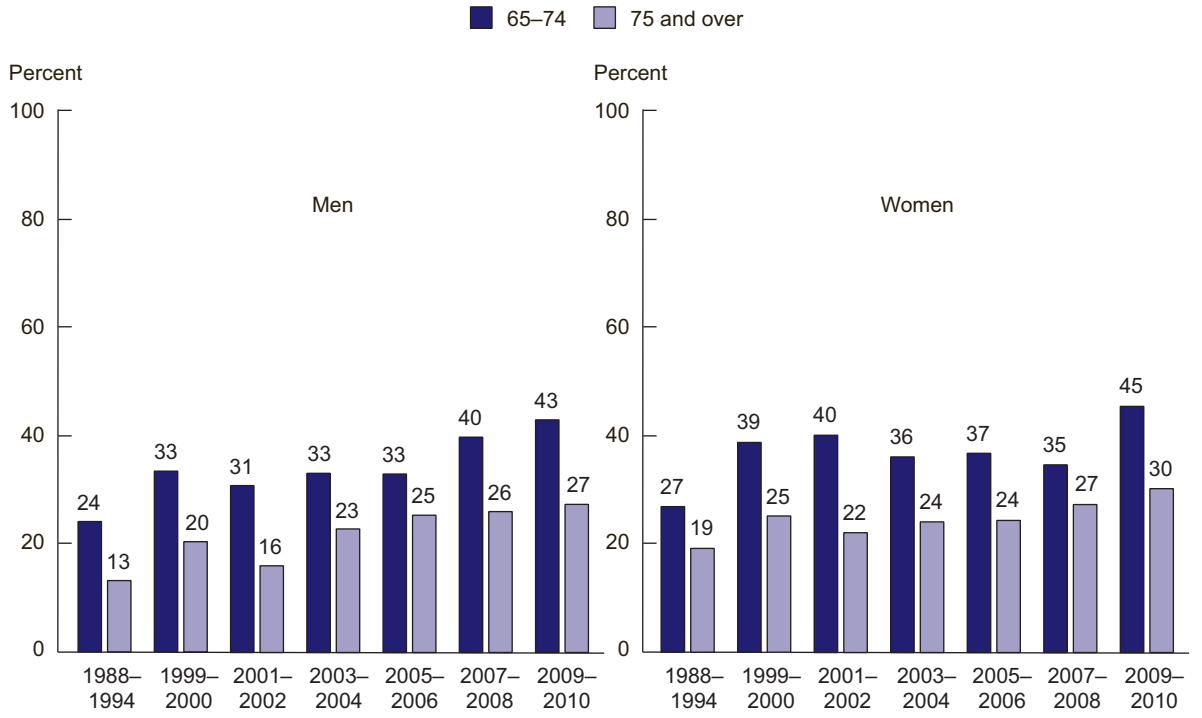
- The percentage of older people meeting the Federal physical activity guidelines increased over time. In 1998, about 6 percent of people age 65 and over met the guidelines, compared with 11 percent in 2010.

Data for this indicator's charts and bullets can be found in Tables 24a and 24b on page 125.

INDICATOR 25 Obesity

Obesity is a major cause of preventable disease and premature death.[25] 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.[26,27]

Percentage of population age 65 and over who are obese, by sex and age group, selected years, 1988–2010



NOTE: Data are based on measured height and weight. Height was measured without shoes. Obese is defined by a BMI of 30 kilograms/meter^2 or greater. The percentage of people who are obese is a subset of the percentage of those who are overweight. See data source for the definition of BMI.

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.

- As with other age groups, the percentage of people age 65 and over who are obese has increased since 1988–1994. In 2009–2010, 38 percent of people age 65 and over were obese, compared with 22 percent in 1988–1994.
- In 2009–2010, 45 percent of women age 65–74 and 30 percent of women age 75 and over were obese. This is an increase from 1988–1994, when 27 percent of women age 65–74 and 19 percent of women age 75 and over were obese.
- Older men followed similar trends: 24 percent of men age 65–74 and 13 percent of men age 75 and over were obese in 1988–1994, compared with 43 percent of men age 65–74 and 27 percent of men age 75 and over in 2009–2010.
- Over the past 12 years, between 1999–2000 and 2009–2010, there has been no significant trend in women, but among men there has been an increase in obesity prevalence.

Data for this indicator's charts and bullets can be found in Table 25 on page 126.

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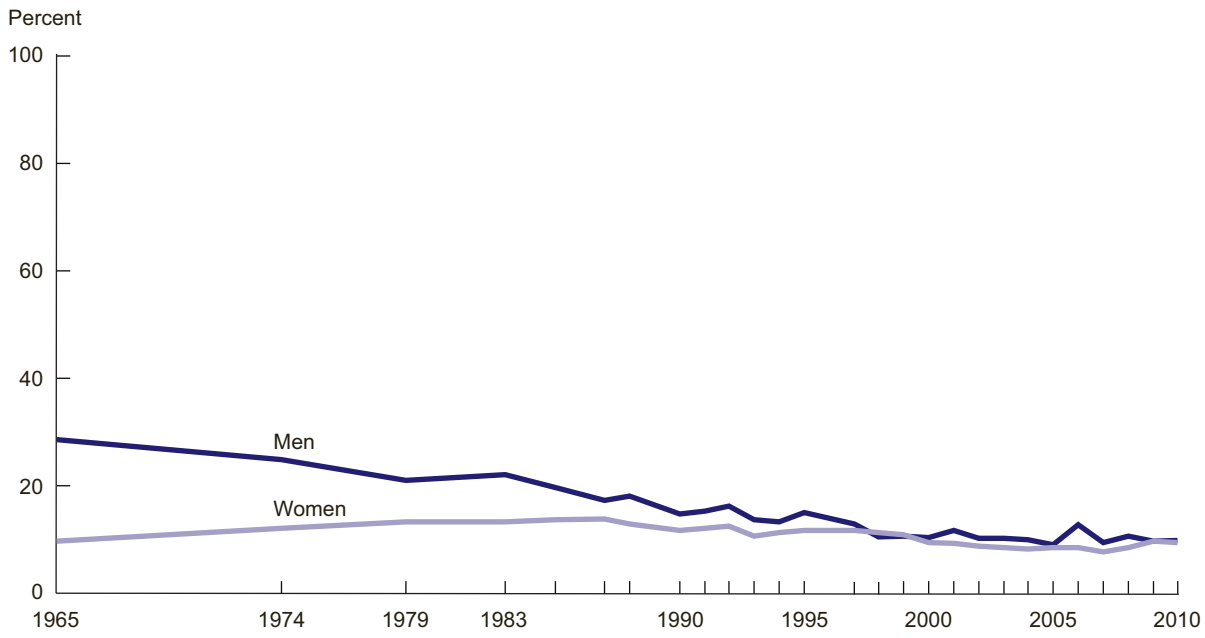
INDICATOR 26 Cigarette Smoking

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 third leading cause of death among people age 65 and over) increased 57 percent between 1981 and 2009 (see "Indicator 15: Mortality"). This increase reflects, in part, the cumulative effects of cigarette smoking over time.[28,29]

Percentage of people age 65 and over who are current cigarette smokers, by sex, selected years 1965–2010



NOTE: Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 National Health Interview Survey (NHIS) questionnaire redesign. Starting with 1993 data, current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days.

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.

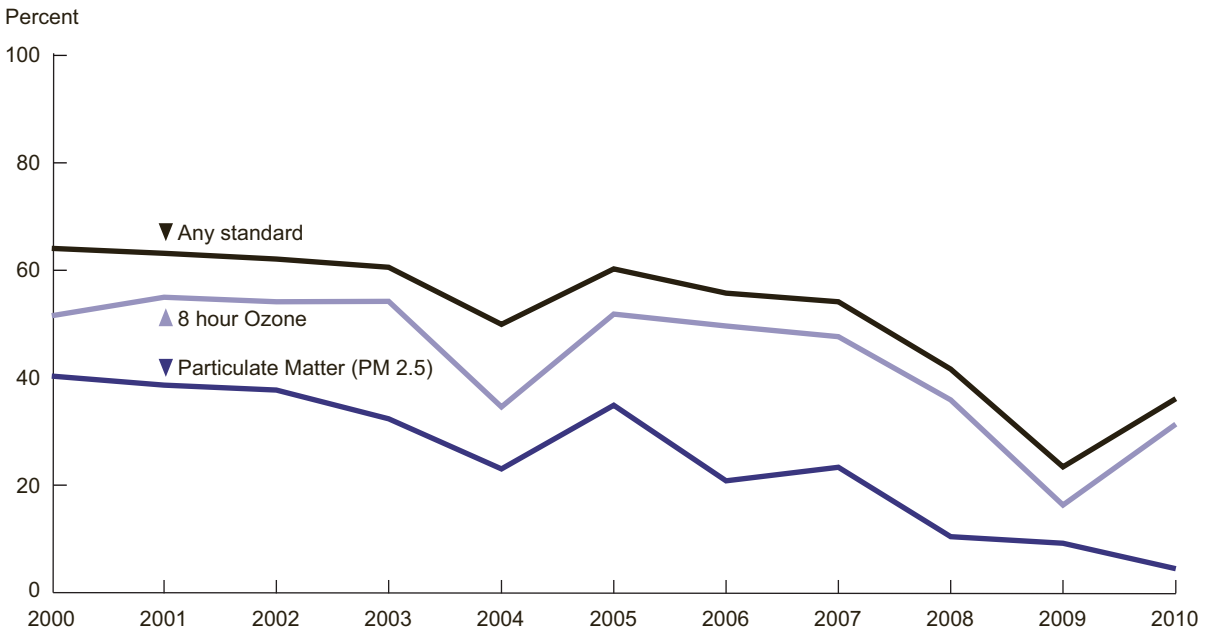
- The percentage of older Americans who were current cigarette smokers declined between 1965 and 2010. Most of the decrease during this period was the result of the declining prevalence of cigarette smoking among men (from 29 percent in 1965 to 10 percent in 2010). For the same period, the percentage of women who smoked cigarettes has remained relatively constant (10 percent in 1965 and 9 percent in 2010).
- In 2010, the percentage of older Americans who were current smokers was similar for Whites and Blacks.
- A large percentage of both men and women age 65 and over were former smokers. In 2010, about 53 percent of older men previously smoked cigarettes, while 29 percent of women age 65 and over were former smokers.

Data for this indicator's charts and bullets can be found in Tables 26a and 26b on pages 127–128.

INDICATOR 27 Air Quality

As people age, their bodies are less able to compensate for the effects of environmental hazards. Air pollution can aggravate chronic heart and lung diseases, leading to increased medication use, more visits to health care providers, admissions to additional 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 level of the Environmental Protection Agency's (EPA) national standards. Ozone and particulate matter (PM), especially the 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.[30–34]

Percentage of people age 65 and over living in counties with instances of "poor air quality," 2000–2010



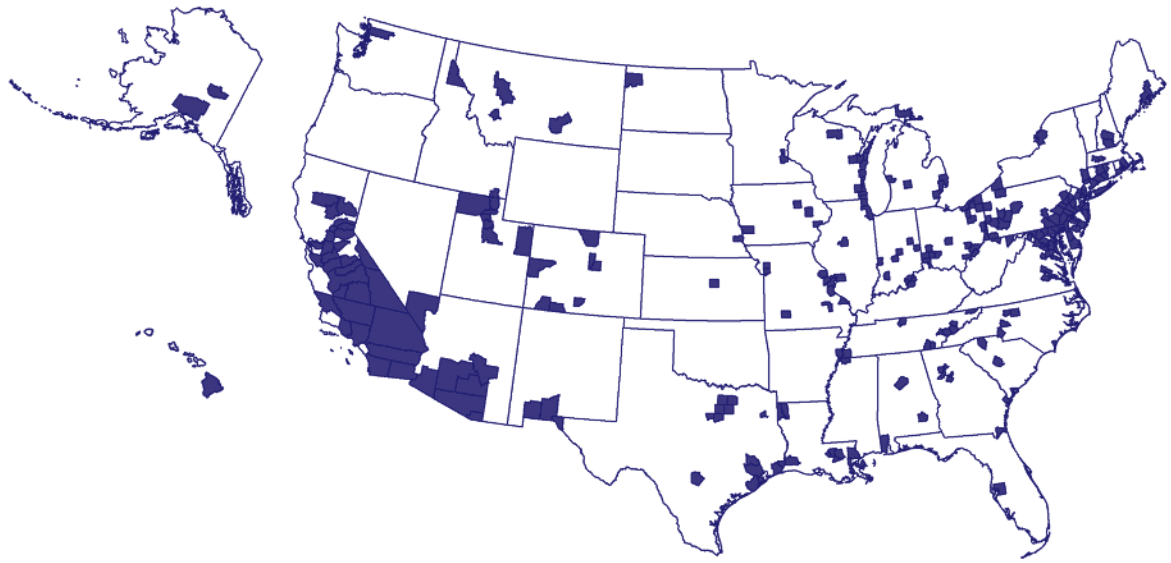
NOTE: The term "poor air quality" is defined as air quality concentrations above the level of the National Ambient Air Quality Standards (NAAQS). The term "any standard" refers to any NAAQS for ozone, particulate matter, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. Data for previous years have been computed using the new daily PM 2.5 standard of 35 micrograms/m^3 to enable comparisons over time. This results in percentages that are not comparable to previous publications of *Older Americans.* Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard.

Reference population: These data refer to the resident population.

SOURCE: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2000–2010.

- In 2010, about 32 percent of people age 65 and over lived in counties with poor air quality for ozone, compared with 52 percent in 2000.
- A comparison of 2000 and 2010 showed a reduction in exposure to PM 2.5 pollution. In 2000, about 41 percent of people age 65 and over lived in a county where PM 2.5 concentrations were at times above the EPA standards, compared with 5 percent of people age 65 and over in 2010.
- The percentage of people age 65 and over living in counties that experienced poor air quality for any air pollutant decreased from 64 percent in 2000 to 36 percent in 2010.

Counties with instances of "poor air quality" for any standard in 2010



NOTE: The term "poor air quality" is defined as air quality concentrations above the level of the National Ambient Air Quality Standards (NAAQS). The term "any standard" refers to any NAAQS for ozone, particulate matter, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard.

Reference population: These data refer to the resident population.

SOURCE: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2000–2010.

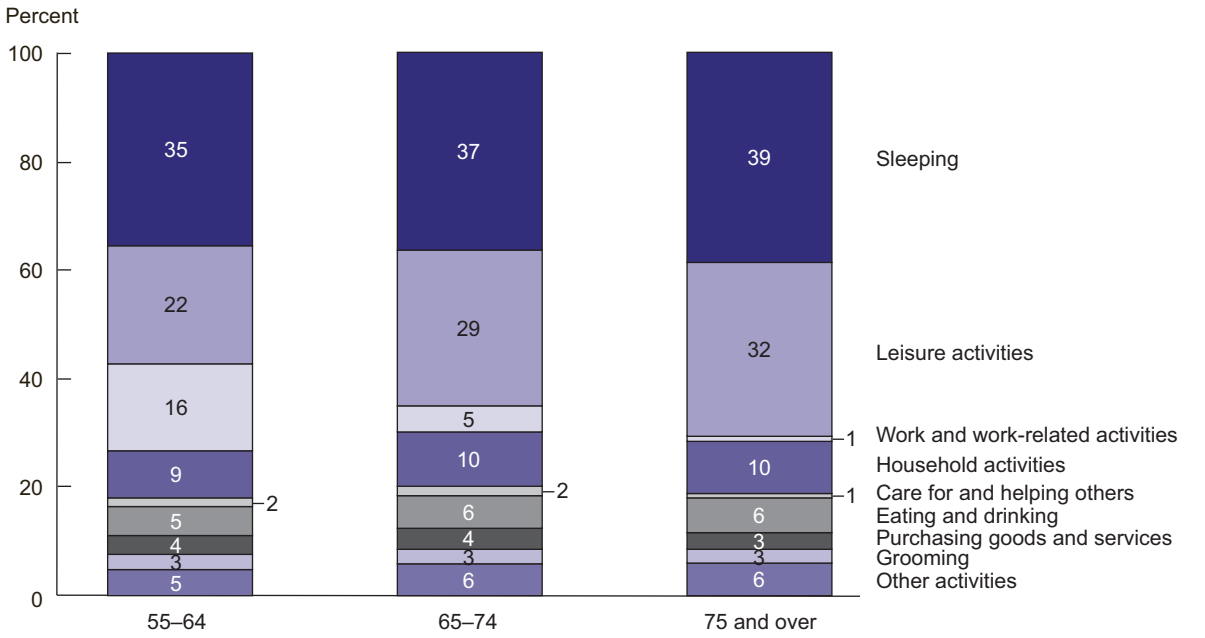
- In 2010, nearly 40 percent of the population lived in a county where measured air pollutants reached concentrations above EPA standards. This percentage was fairly consistent across all age groups, including people age 65 and over.
- Overall, approximately 124 million people lived in counties where monitored air in 2010 was unhealthy at times because of high levels of at least one of the six principal air pollutants: ozone, particulate matter (PM), nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. The vast majority of areas that experienced unhealthy air did so because of one or both of two pollutants—ozone and PM 2.5.

Data for this indicator's charts and bullets can be found in Tables 27a and 27b on pages 129–132.

INDICATOR 28 Use of Time

How individuals spend their time reflects their financial and personal situations, needs, and desires. Time-use data show that as Americans get older, they spend more of their time in leisure activities.

Percentage of day that people age 55 and over spend doing selected activities on an average day, by age group, 2010



NOTE: "Other activities" includes activities such as educational activities; organizational, civic, and religious activities; and telephone calls. Chart includes people who did not work at all.

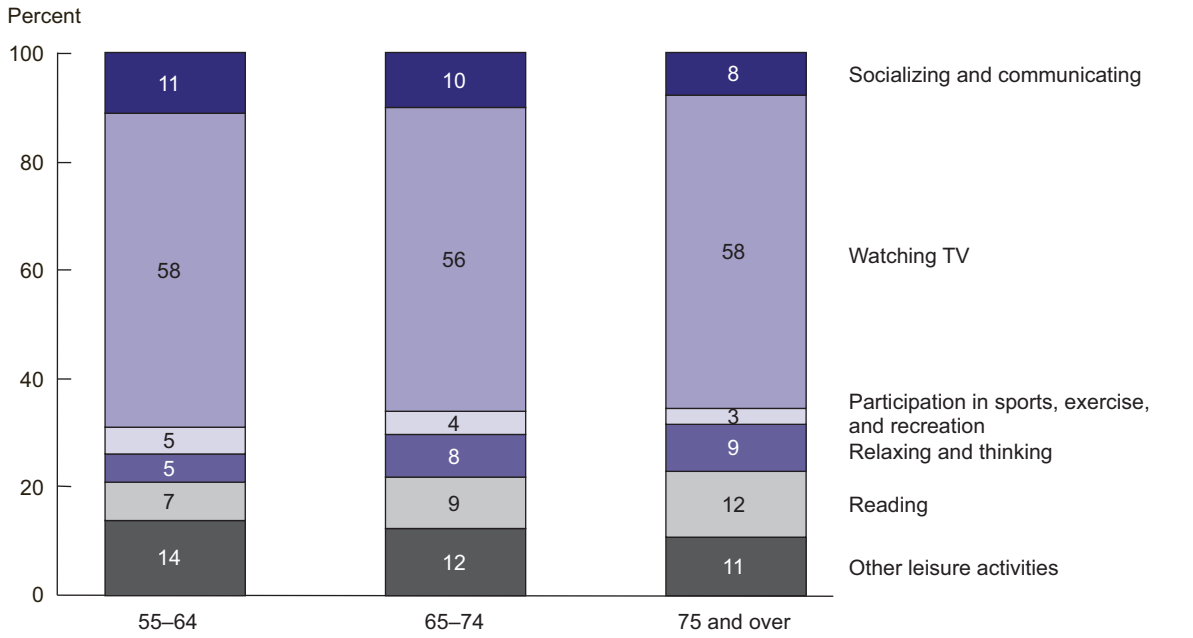
Reference population: These data refer to the civilian noninstitutionalized population.

SOURCE: Bureau of Labor Statistics, American Time Use Survey.

- In 2010, older Americans spent on average more than one-quarter of their time in leisure activities. This proportion increased with age: Americans age 75 and over spent 32 percent of their time in leisure activities, compared with 22 percent for those age 55–64.
- On an average day, people age 55–64 spent 16 percent of their time (almost four hours) working or doing work-related activities compared with 5 percent (about one hour) for people age 65–74 and 1 percent (about 15 minutes) for people age 75 and over.

Leisure activities are those done when free from duties such as working, household chores or caring for others. During these times, individuals have flexibility in choosing what to do.

Percentage of total leisure time that people age 55 and over spend doing selected leisure activities on an average day, by age group, 2010



NOTE: "Other leisure activities" includes activities such as playing games, using the computer for leisure, arts and crafts as a hobby, arts and entertainment (other than sports), and related travel.

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

SOURCE: Bureau of Labor Statistics, American Time Use Survey.

- Watching TV was the activity that occupied the most leisure activity time—more than one-half of the total—for Americans age 55 and over.
- Americans age 75 and over spent a higher percentage of their leisure time reading (12 percent versus 7 percent) and relaxing and thinking (9 percent versus 5 percent) than did Americans age 55–64.
- The proportion of leisure time that older Americans spent socializing and communicating—such as visiting friends or attending or hosting social events—declined with age. For Americans age 55–64, about 11 percent of leisure time was spent socializing and communicating compared to 8 percent for those age 75 and over.

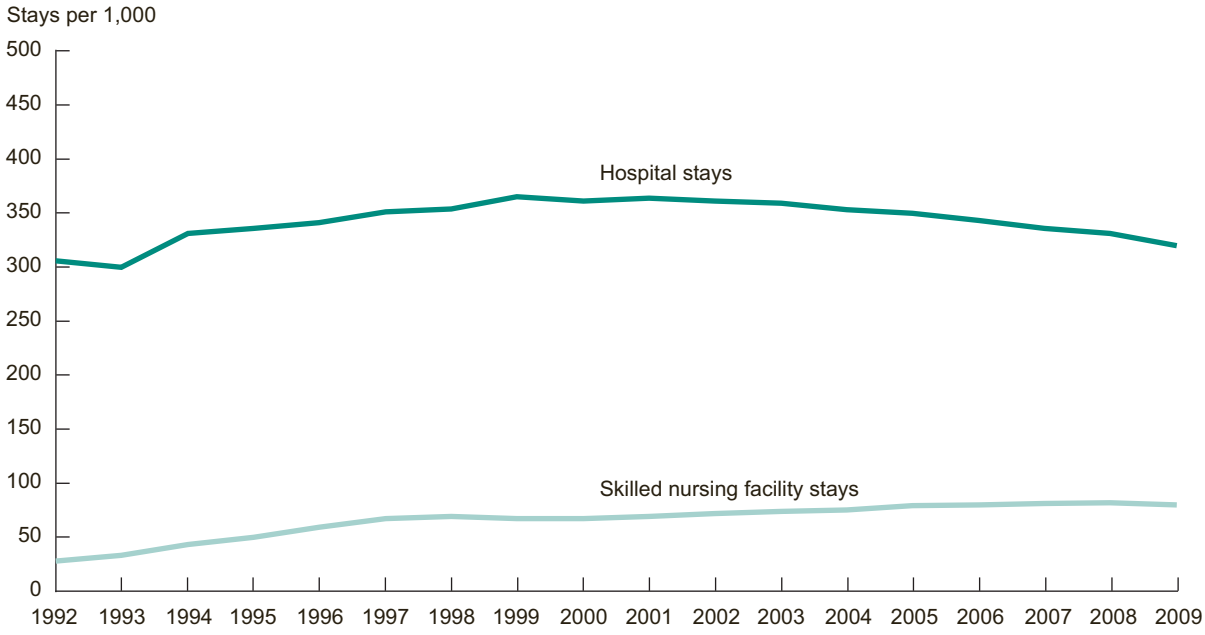
Data for this indicator's charts and bullets can be found in Tables 28a and 28b on page 133.

Health Care

INDICATOR 29 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, 1992–2009



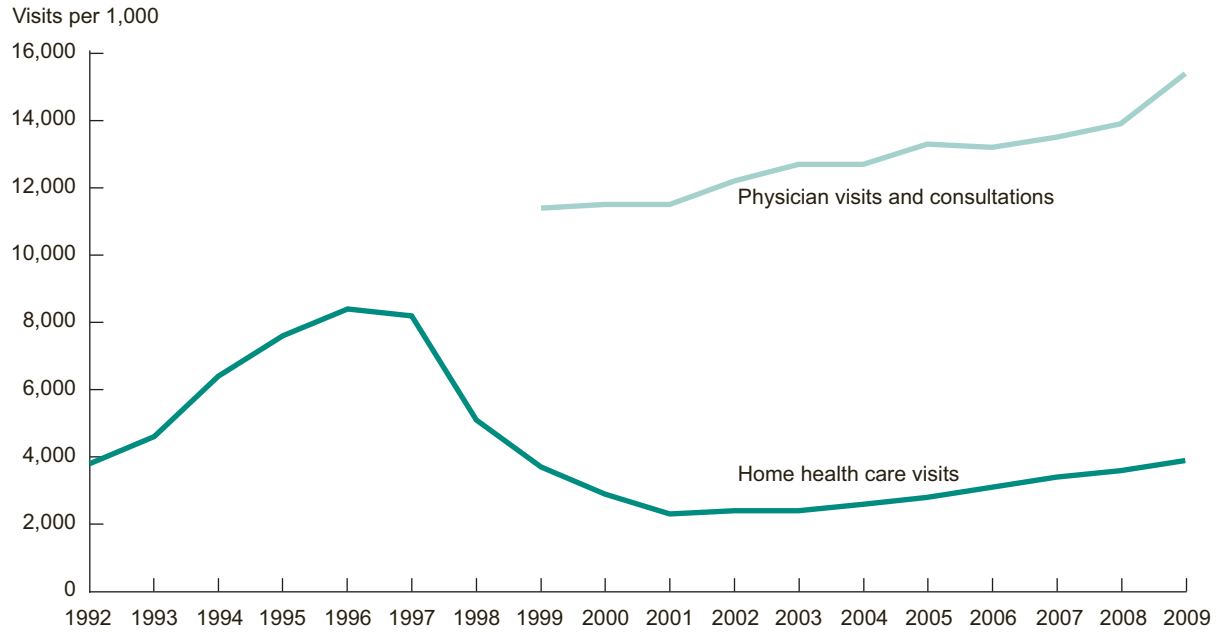
NOTE: Data are for Medicare enrollees in fee-for-service only. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised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

Reference population: These data refer to Medicare enrollees.

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

- Between 1992 and 1999, the hospitalization rate increased from 306 hospital stays per 1,000 Medicare enrollees to 365 per 1,000. The rate then decreased to 320 per 1,000 enrollees in 2009. The average length of a hospital stay decreased from 8.4 days in 1992 to 5.4 days in 2009.
- Skilled nursing facility stays increased significantly from 28 per 1,000 Medicare enrollees in 1992 to 80 per 1,000 in 2009. Much of the increase occurred from 1992 to 1997.

Medicare-covered physician and home health care visits per 1,000 Medicare enrollees age 65 and over in fee-for-service, 1992–2009



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. The data base used to generate rates of physician visits and consultations in previous *Older American* reports is no longer available. This chart uses a different data base that begins with 1999 data and yields slightly different rates. Therefore, this chart uses the new data base to estimate rates of physician visits and consultations for all years between 1999 and 2009 to get a consistently defined trend. 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 and Medicaid Services, Medicare claims and enrollment data.

- The number of physician visits and consultations increased from 11,395 per 1,000 Medicare enrollees in 1999 to 15,437 per 1,000 in 2009.

- The number of home health care visits per 1,000 Medicare enrollees increased from 3,822 in 1992 to 8,376 in 1996. Home health care use increased during this period in part because of an expansion in the coverage criteria for the Medicare home health care benefit.[35] Home health care visits declined after 1997 to 2,295 per 1,000 enrollees in 2001. The decline coincided with changes in Medicare payment policies for home health care resulting from implementation of the Balanced Budget Act of 1997. The visit rate increased thereafter to 3,864 per 1,000 enrollees in 2009.

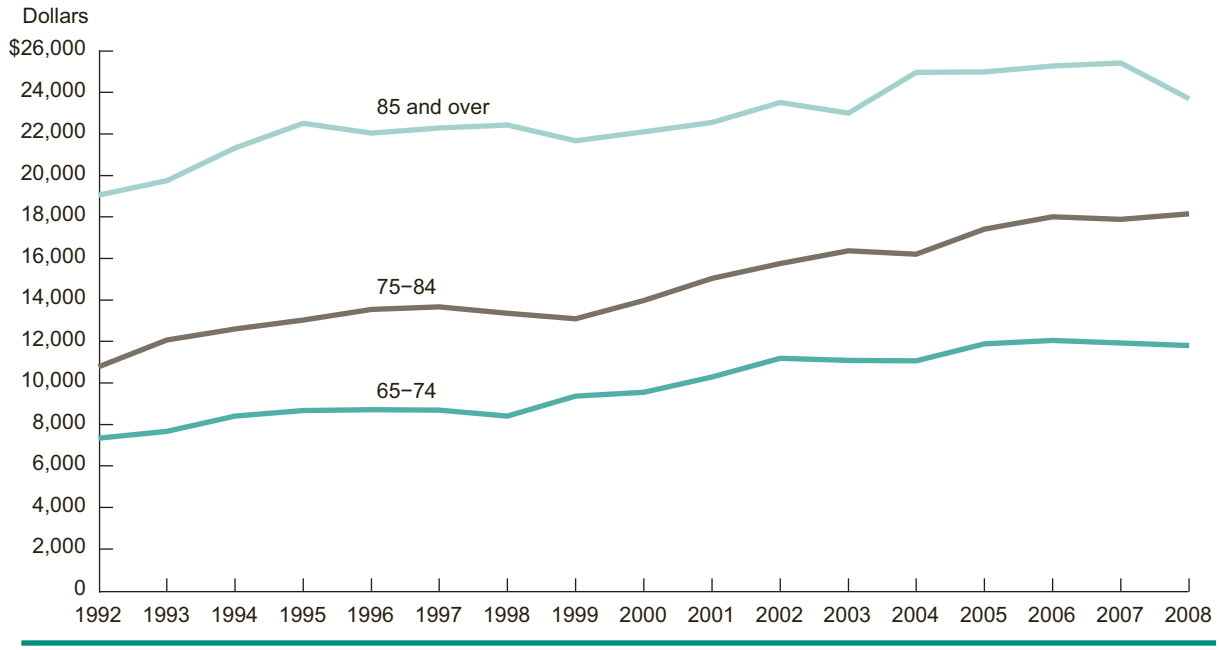
- Use of skilled nursing facility and home health care increased with age. In 2009, there were about 33 skilled nursing facility stays per 1,000 Medicare enrollees age 65–74, compared with about 222 per 1,000 enrollees age 85 and over. Home health care agencies made 1,896 visits per 1,000 enrollees age 65–74, compared with 8,974 per 1,000 for those age 85 and over.

Data for this indicator's charts and bullets can be found in Tables 29a and 29b on page 134.

INDICATOR 30 Health Care Expenditures

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

Average annual health care costs for Medicare enrollees age 65 and over, by age group, 1992–2008



NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation-adjusted to 2008 using the Consumer Price Index (Series CPI-U-RS).

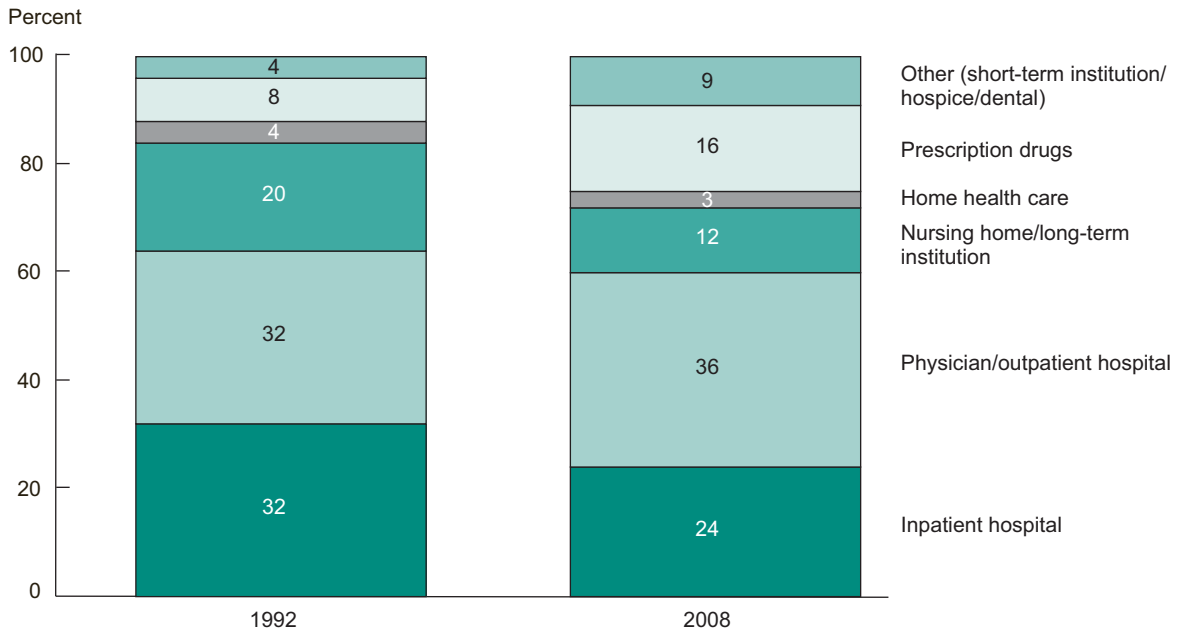
Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- After adjusting for inflation, health care costs increased significantly among older Americans between 1992 and 2006, but did not increase in 2007 or 2008. Average costs were substantially higher at older ages.
- Average health care costs varied by demographic characteristics. Average costs among non-Hispanic Blacks were $19,839 in 2008, compared with $15,362 among Hispanics. Low-income individuals incurred higher health care costs; those with less than $10,000 in income averaged $21,924 in health care costs whereas those with more than $30,000 in income averaged only $13,149.
- Costs also varied by health status. Individuals with no chronic conditions incurred $5,520 in health care costs on average. Those with five or more conditions incurred $24,658. Average costs among residents of long-term care facilities were $61,318, compared with only $13,150 among community residents.
- Access to health care is determined by a variety of factors related to the cost, quality, and availability of health care services. The percentage of older Americans who reported they delayed getting care because of cost declined from about 10 percent in 1992 to about 5 percent in 1997 and remained relatively constant thereafter. The percentage who reported difficulty obtaining care varied between 2 and 3 percent.

Health care costs can be broken down among 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 2008



NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are not inflation-adjusted.
Reference population: These data refer to Medicare enrollees.
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

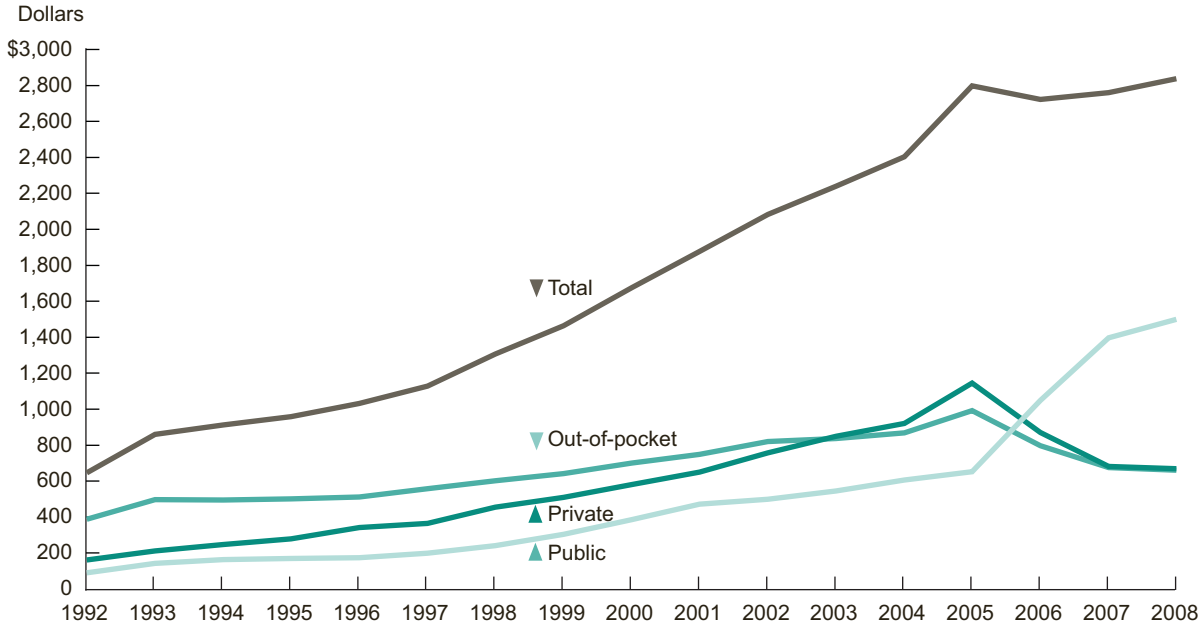
- Hospital and physician services are the largest components of health care costs. Long-term care facilities accounted for 12 percent of total costs in 2008. Prescription drugs accounted for 16 percent of health care costs.
- The mix of health care services changed between 1992 and 2008. Inpatient hospital care accounted for a lower share of costs in 2008 (24 percent compared with 32 percent in 1992). Prescription drugs increased in importance from 8 percent of costs in 1992 to 16 percent in 2008. "Other" costs (short-term institutions, hospice and dental care) also increased as a percentage of all costs (4 percent to 9 percent).
- The mix of services varied with age. The biggest difference occurred for long-term care facility services; average costs were $6,594 among people age 85 and over, compared with just $526 among those age 65–74. Costs of home health care and "other" services also were higher at older ages.

Data for this indicator's charts and bullets can be found in Tables 30a through 30e on pages 135–137.

INDICATOR 31 Prescription Drugs

Prescription drug costs have increased rapidly in recent years, as more new drugs 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 for beneficiaries with low incomes and assets.

Average prescription drug costs among noninstitutionalized Medicare beneficiaries age 65 and over, by sources of payment, 1992–2008



NOTE: Dollars have been inflation-adjusted to 2008 using the Consumer Price Index (Research Series). Reported costs have been adjusted to account for underreporting of prescription drug use. The adjustment factor changed in 2006 with the initiation of the Medicare Part D prescription drug program. Public programs include Medicare, Medicaid, Department of Veterans Affairs, and other State and Federal programs.

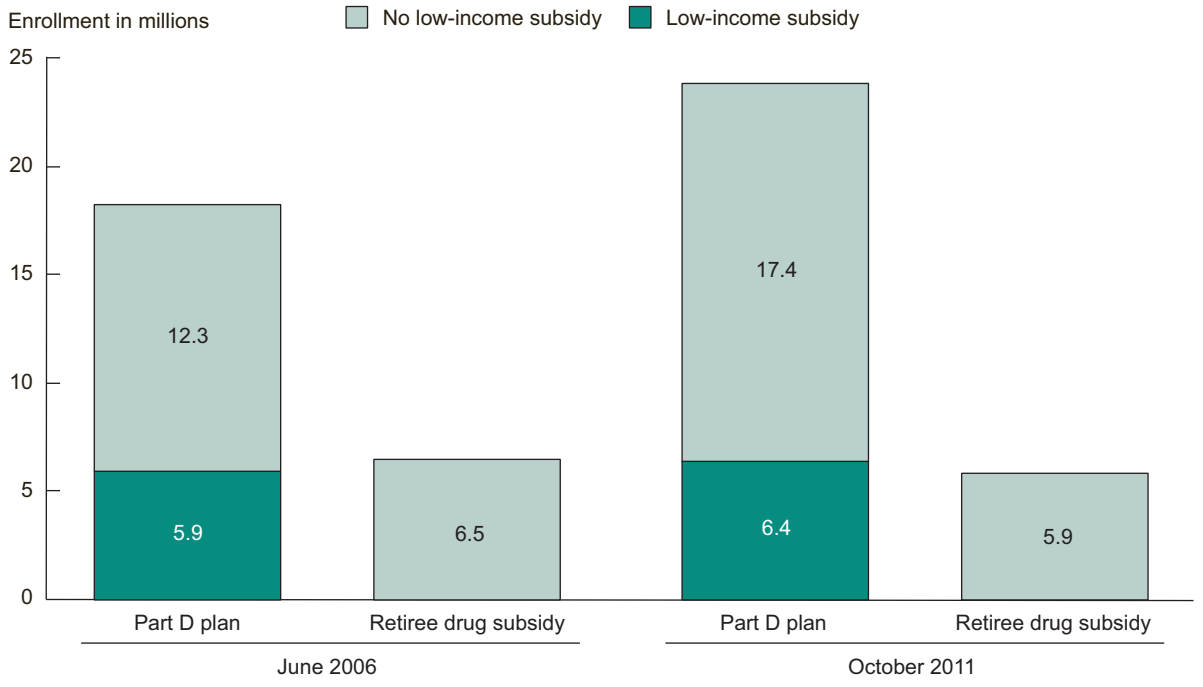
Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- Average prescription drug costs for older Americans increased rapidly for many years but were relatively stable from 2005 to 2008. Average costs per person were $2,834 in 2008.
- Average out-of-pocket costs and costs covered by private insurance decreased after the introduction of the Medicare Part D prescription drug program in 2006. There was a corresponding increase in drug costs covered by public insurance. Older Americans paid 60 percent of prescription drug costs out-of-pocket in 1992, compared with 23 percent in 2008. Private insurance covered 24 percent of prescription drug costs in 2008; public programs covered 53 percent.
- Costs varied significantly among individuals. Approximately 6 percent of older Americans incurred no prescription drug costs in 2008. About 15 percent incurred $5,000 or more in prescription drug costs that year.
- Chronic conditions are associated with high prescription drug costs. In 2008, older Americans with no chronic conditions incurred average prescription drug costs of $1,230. Those with five or more chronic conditions incurred $5,300 in prescription drug costs on average.

Under Medicare Part D, beneficiaries may join a stand-alone prescription drug plan or a Medicare Advantage plan that provides prescription drug coverage in addition to other Medicare-covered services. In situations where beneficiaries receive drug coverage from a former employer, the former employer may be eligible to receive a retiree drug subsidy from Medicare to help cover the cost of the drug benefit.

Number of Medicare beneficiaries age 65 and over who enrolled in Part D prescription drug plans or who were covered by retiree drug subsidy payments, June 2006 and October 2011



Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare and Medicaid Services, Management Information Integrated Repository.

- The number of Medicare beneficiaries enrolled in Part D prescription drug plans increased from 18.2 million (51 percent of beneficiaries) in June 2006 to 23.8 million (58 percent of beneficiaries) in October 2011. In October 2011, 60 percent of plan enrollees were in stand-alone plans and 40 percent were in Medicare Advantage plans. Approximately 5.9 million beneficiaries were covered by the retiree drug subsidy. Eleven million beneficiaries who were not in Part D plans and not covered by the retiree drug subsidy either had drug coverage through another source (e.g., TRICARE, Federal Employees Health Benefits plan, Department of Veterans' Affairs, current employer) or did not have drug coverage.

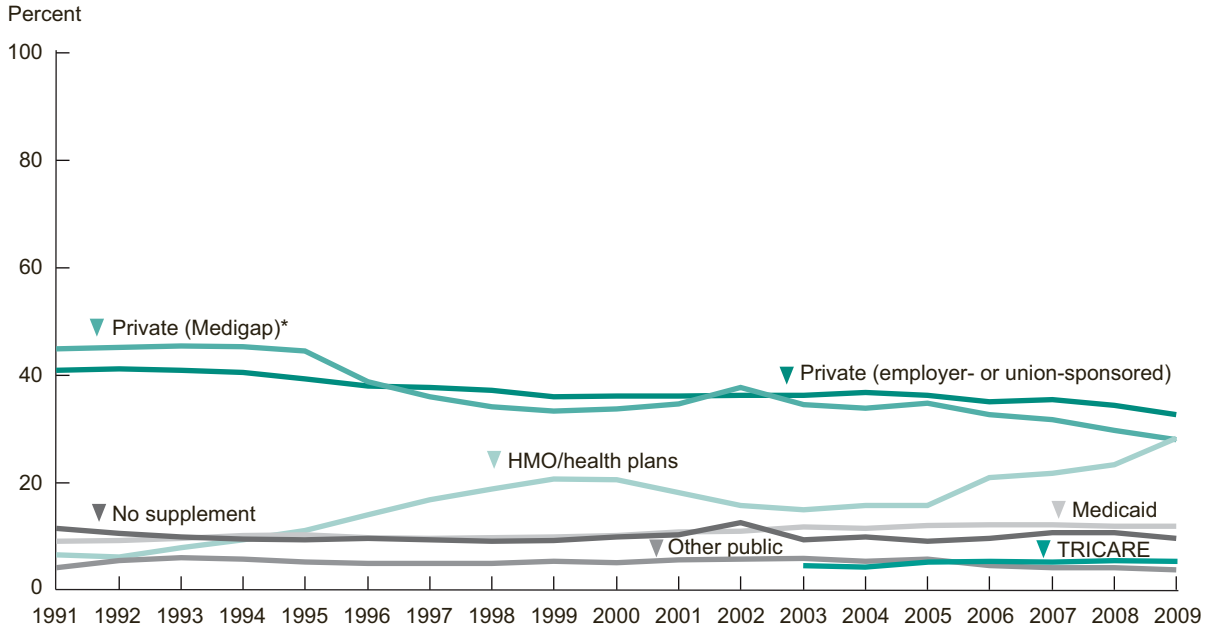
- In October 2011, 6.4 million Part D enrollees were receiving low-income subsidies. Many of these beneficiaries had drug coverage through the Medicaid program prior to enrollment in Part D.

Data for this indicator's charts and bullets can be found in Tables 31a through 31d on pages 138–139.

INDICATOR 32 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 pay for services not covered by Medicare. Prior to 2006, many beneficiaries received prescription drug coverage through supplemental insurance. Since January 2006, beneficiaries have had the option of receiving prescription drug coverage under Medicare 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, 1991–2009



* Includes people with private supplement of unknown sponsorship.

NOTE: HMO/health plans include Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and private fee-for-service plans (PFFS). Not all types of plans were available in all years. Since 2003, these types of plans have been known collectively as Medicare Advantage. 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 to 3 percent of enrollees). Medicaid coverage was determined from both survey responses and Medicare administrative records. TRICARE coverage was added to Medicare Current Beneficiary Survey Access to Care files beginning in 2003. Previous versions of *Older Americans* did not include data on TRICARE coverage. Adding TRICARE coverage changes the percentage of enrollees in the "No supplement" group.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- Most Medicare enrollees have a private insurance supplement, either provided by a former employer or purchased as a Medigap policy. The percentage with Medicaid coverage has increased from 10 percent in 2000 to 12 percent in 2009. Between 1991 and 2009, enrollment in Medicare HMOs and other health plans, which are usually equivalent to Medicare supplements because they offer extra benefits, varied between 6 percent and 28 percent. About 9 percent of Medicare enrollees reported having no health insurance supplement in 2009.

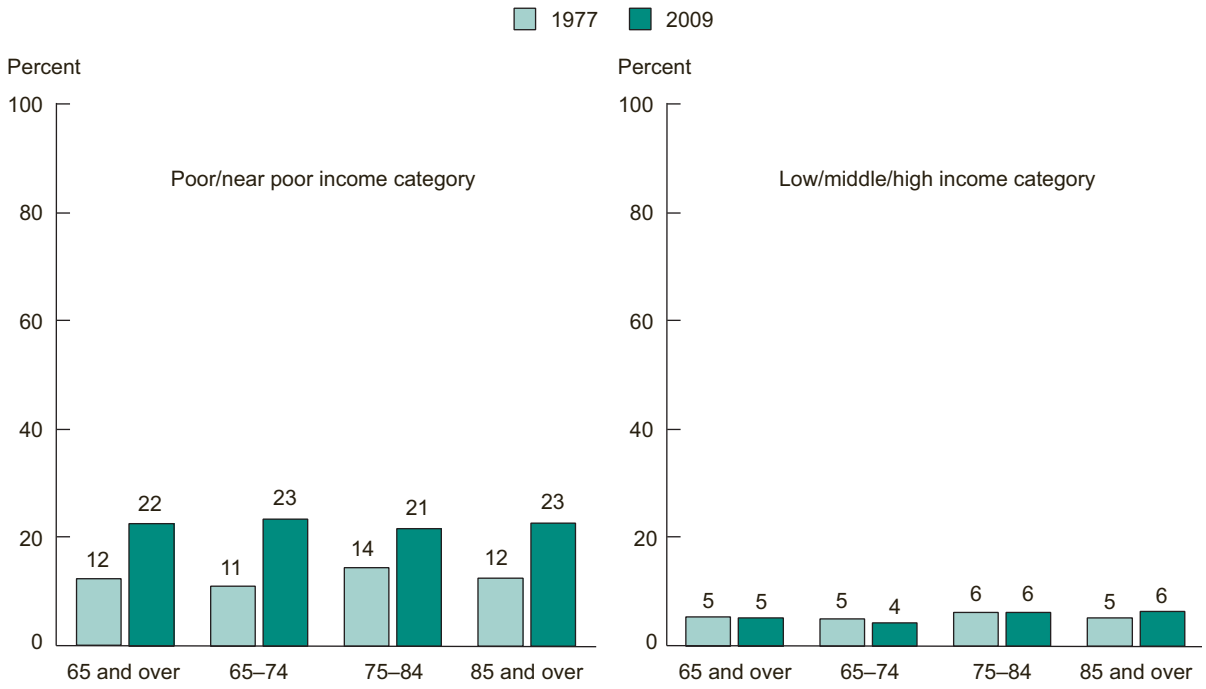
- While almost all older Americans have health insurance via Medicare, a significant proportion of people younger than age 65 have no health insurance. In 2010, about 13 percent of people age 55–64 were uninsured. The percentage of people not covered by health insurance varied by poverty status. In 2010, about 31 percent of people age 55–64 who lived either below the poverty level or below 200 percent of the poverty threshold had no health insurance compared with 7 percent of people who had incomes greater than or equal to 200 percent of the poverty threshold.

Data for this indicator's charts and bullets can be found in Tables 32a and 32b on page 140.

INDICATOR 33 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.[36,37] 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 group and income category, 1977 and 2009



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. 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 "low/middle/high" 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 65 and over in 1977, and 4.5 percent of the population age 65 and over in 2004).

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.

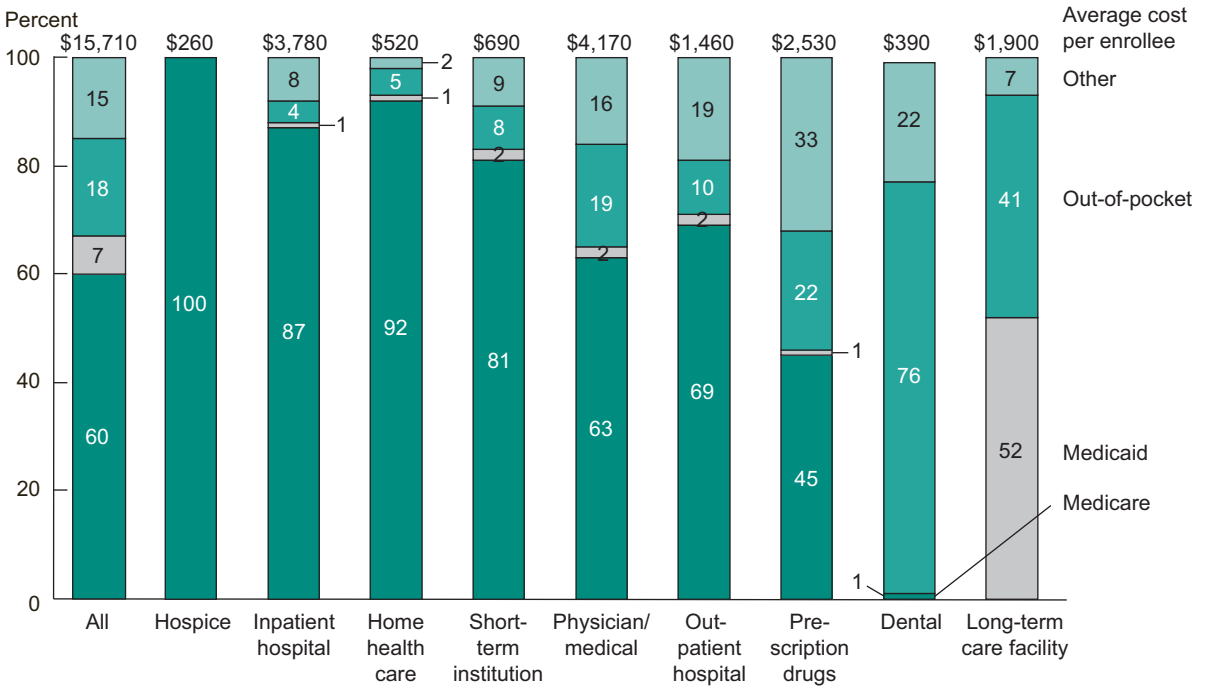
- The percentage of people age 65 and over with out-of-pocket spending for health care services increased between 1977 and 2009 (from 83 percent to 94 percent).
- From 1977 to 2009 the percentage of household income that people age 65 and over allocated to out-of-pocket spending for health care services increased among those in the poor/near poor income category from 12 percent to 22 percent, whereas for the low/middle/high income category the percentages were lower (5 percent) for both years.
- In 2009, over two-fifths (41 percent) of out-of-pocket health care spending by people age 65 and over was used to purchase prescription drugs. The percentage of out-of-pocket spending for prescription drugs increased from 2000 to 2004 (54 percent to 61 percent, respectively) and then decreased starting in 2005.
- In 2009, people age 85 and over spent a lower proportion of out-of-pocket dollars than people age 65–74 on dental services, office-based medical provider visits, and prescription drugs but a higher proportion on hospital care and other health care (primarily home health care).

Data for this indicator's charts and bullets can be found in Tables 33a through 33c on pages 141–145.

INDICATOR 34 Sources of Payment for Health Care Services

Medicare covers a little over one-half of the total health care costs of Medicare enrollees age 65 and over. Medicare's payments are focused on acute care services such as hospitals and physicians. Historically, nursing home care, prescription drugs, and dental care have been primarily financed out-of-pocket or by other payers. Medicare coverage of prescription drugs began in January 2006, including a low-income subsidy.

Sources of payment for health care services for Medicare enrollees age 65 and over, by type of service, 2008



NOTE: "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.
Reference population: These data refer to Medicare enrollees.
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- Medicare paid for 60 percent of the health care costs of Medicare enrollees age 65 and over in 2008. Medicare financed all of their hospice costs and most hospital, physician, home health care, and short-term institution costs.

- Medicaid covered 7 percent of health care costs of Medicare enrollees age 65 and over, and other payers (primarily private insurers) covered another 15 percent. Medicare enrollees age 65 and over paid 18 percent of their health care costs out-of-pocket, not including insurance premiums.

- In 2008, about 52 percent of long-term care facility costs for Medicare enrollees age 65 and over were covered by Medicaid; another 41 percent of these costs were paid out-of-pocket. Forty-five percent of prescription drug costs for Medicare enrollees age 65 and over were covered by Medicare, 33 percent were covered by third-party payers other than Medicare and Medicaid (consisting mostly of private insurers), and 22 percent were paid out-of-pocket. Seventy-six percent of dental care received by older Americans was paid out-of-pocket.

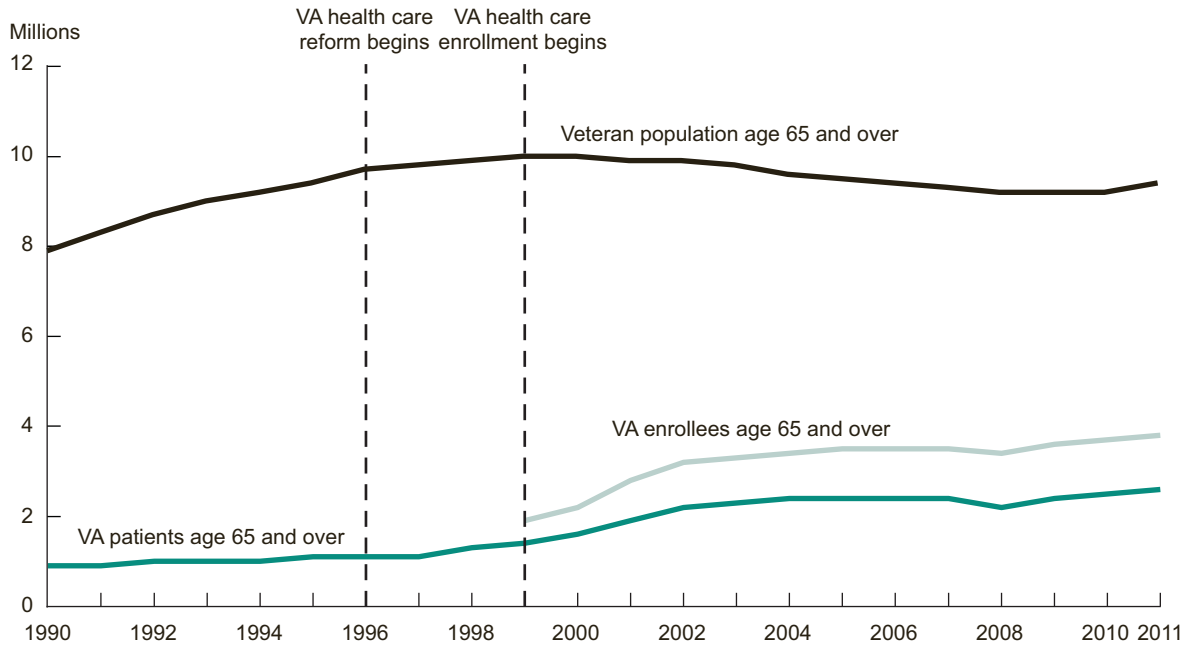
- Other than Medicare, sources of payment for health care varied by income. Individuals with lower incomes relied heavily on Medicaid; those with higher incomes relied more on private insurance. As shown in Indicator 33 (Out-of-Pocket Health Care Expenditures), people in the poor/near poor income category spent a higher percentage of their household income on health care services than people in the low/middle/high income category.

Data for this indicator's charts and bullets can be found in Tables 34a and 34b on page 146.

INDICATOR 35 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 (VA), 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 long-term care (nursing home care for eligible veterans and community-based care for all enrolled veterans) and specialized services for the disabled, including acute mental health services. In addition, as the largest integrated health care system in the country, VHA provides broad geographic access to these important services in rural and highly rural communities.

Veterans age 65 and over who are enrolled in or are receiving care from the Veterans Health Administration, 1990–2011



NOTE: Department of Veterans Affairs (VA) enrollees are veterans who have signed up to receive health care from the Veterans Health Administration (VHA). VA patients are veterans who have received care each year through VHA, including those who received care but were not enrolled in VA.

Reference population: These data refer to the total veteran population, VHA enrollment population, and VHA patient population.

SOURCE: Department of Veterans Affairs, Veteran Population Projections; Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, Fiscal 2011 Year-end Enrollment file linked with VHA Vital Status data (including data from VA, Medicare, and SSA).

- In 2011, approximately 2.6 million veterans age 65 and over received health care from the VHA. An additional 1.2 million older veterans were enrolled to receive health care from the VHA but did not use its services in 2011.

- Older veterans continue to turn to VHA for their health care needs, despite their eligibility for other sources of health care. VHA estimates that about 38 percent of its enrollees age 65 and over are enrolled in Medicare Part D. Approximately 23 percent of enrollees age 65 and over have some form of private insurance. About 15 percent are enrolled in TRICARE for Life, and 14 percent are eligible for Medicaid. In contrast, about 5 percent of VHA enrollees age 65 and over report having no other public or private coverage.[38]

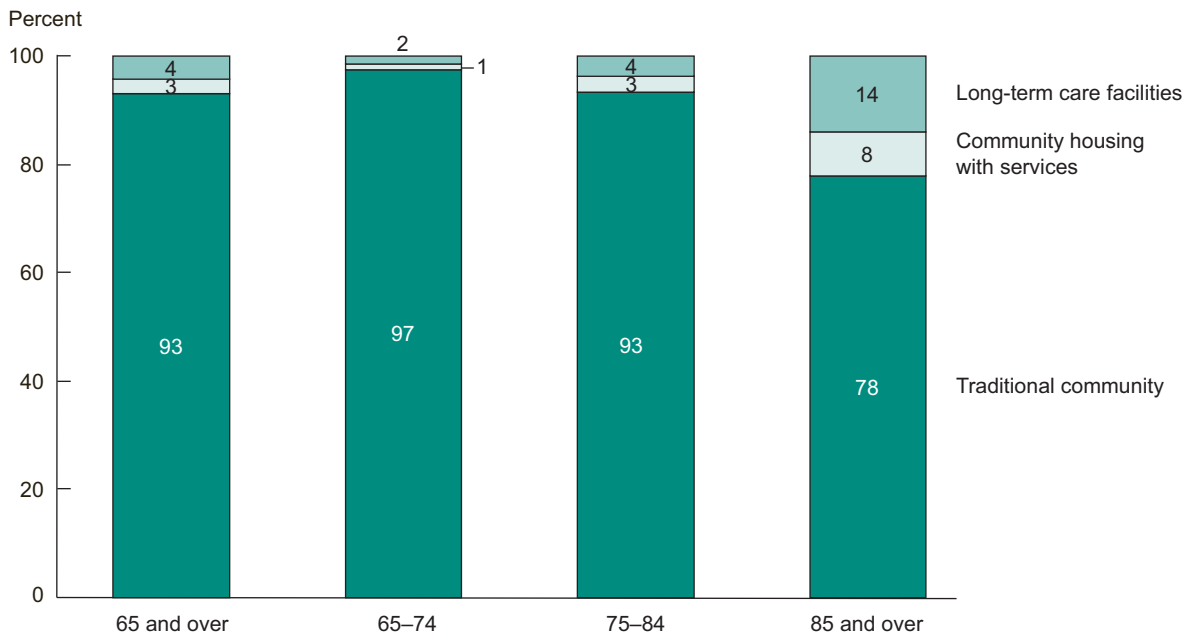
- In rural and highly rural areas, the number of VHA enrollees age 65 and over has increased to about 47 percent of all enrollees. About 70 percent of older enrollees in these areas used VHA health care in 2011. To further enable veterans to receive quality health care services within or near their home communities, VHA has expanded Home-Based Primary Care, telehealth and mobile clinic services, transportation and outreach services, and Project Access Received Closer to Home (ARCH).

Data for this indicator's charts and bullets can be found in Table 35 on page 147.

INDICATOR 36 Residential Services

Most older Americans live independently in traditional communities. Others live in licensed long-term care facilities, and some live in their communities and 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 in selected residential settings, by age group, 2009



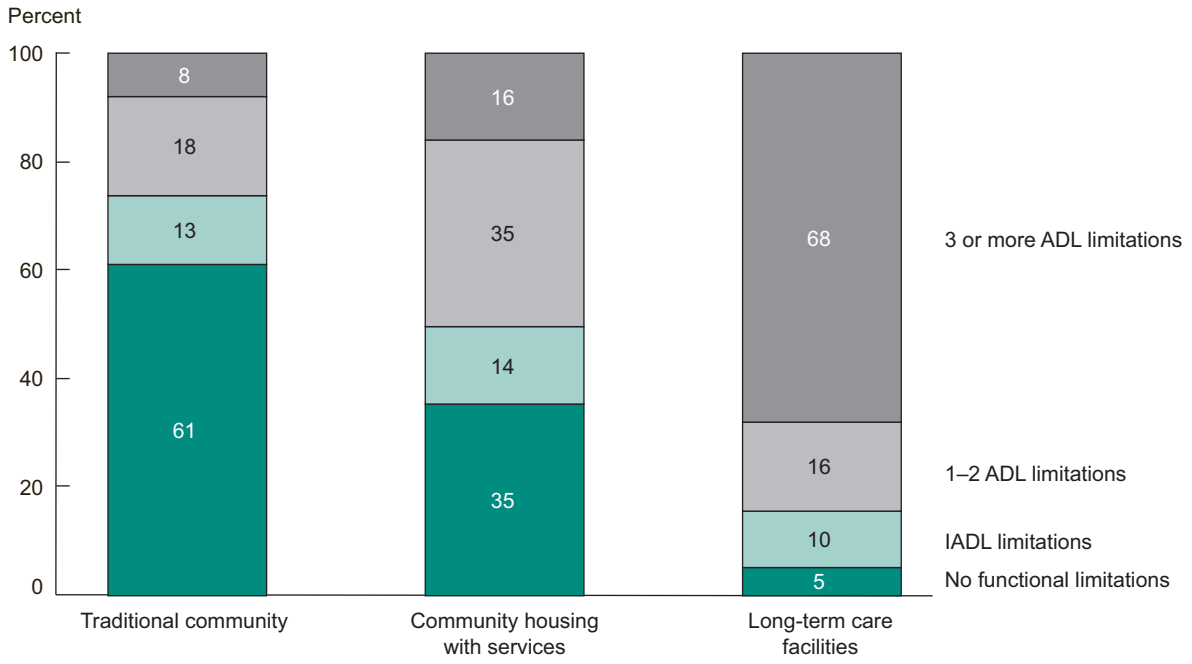
NOTE: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, 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 (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds, 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 non-family, paid caregiver.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- In 2009, about 3 percent of the Medicare population age 65 and over resided in community housing with at least one service available. Four percent resided in long-term care facilities. The percentage of people residing in community housing with services and in long-term care facilities was higher for the older age groups; among individuals age 85 and over, 8 percent resided in community housing with services, and 14 percent resided in long-term care facilities. Among individuals age 65–74, about 97 percent resided in traditional community settings.
- Among residents of community housing with services, 84 percent reported access to meal preparation services; 80 percent reported access to housekeeping/cleaning services; 73 percent reported access to laundry services; and 48 percent reported access to help with medications. These numbers reflect percentages reporting availability of specific services, but not necessarily the number that actually used these services.
- Sixty-two percent of residents in community housing with services reported that there were separate charges for at least some services.

Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2009



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 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 (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds, 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 non-family, paid caregiver. Instrumental Activities of Daily Living (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. Only the questions on telephone use, shopping, and managing money are asked of long-term care facility residents. Activities of Daily Living (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, toileting. Long-term care facility residents with no limitations may include individuals with limitations in certain IADLs such as doing light or heavy housework or meal preparation. These questions were not asked of facility residents.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- People living in community housing with services had more functional limitations than traditional community residents, but not as many as those living in long-term care facilities. Fifty-one percent of individuals living in community housing with services had at least one activity of daily living (ADL) limitation compared with 26 percent of traditional community residents. Among long-term care facility residents, 84 percent had at least one ADL limitation. Thirty-five percent of individuals living in community housing with services had no ADL or instrumental activities of daily living (IADL) limitations.

- The availability of personal services in residential settings may explain some of the observed decline in nursing home use.

- Residents of community housing with services tended to have somewhat lower incomes than traditional community residents, and higher incomes than long-term care facility residents. Forty-one percent of long-term care facility residents had incomes of $10,000 or less in 2009, compared with 11 percent of traditional community residents and 17 percent of residents of community housing with services.

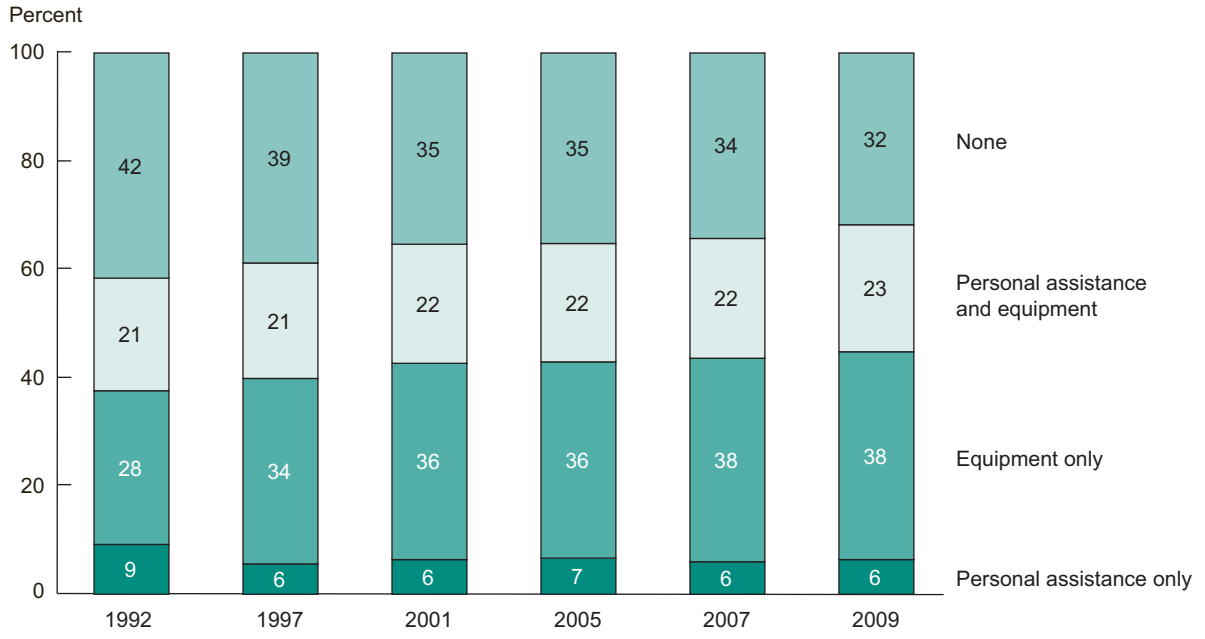
- Over one-half (53 percent) of people living in community housing with services reported they could continue living there if they needed substantial care.

Data for this indicator's charts and bullets can be found in Tables 36a through 36e on pages 148–149.

INDICATOR 37 Personal Assistance and Equipment

As the proportion of the older population residing in long-term care facilities has declined (see "Indicator 20: Functional Limitations"), the use of personal assistance and/or special equipment among those with limitations has increased. This assistance helps older people living in the community maintain their independence.

Percent distribution of noninstitutionalized Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs), by types of assistance, selected years 1992–2009



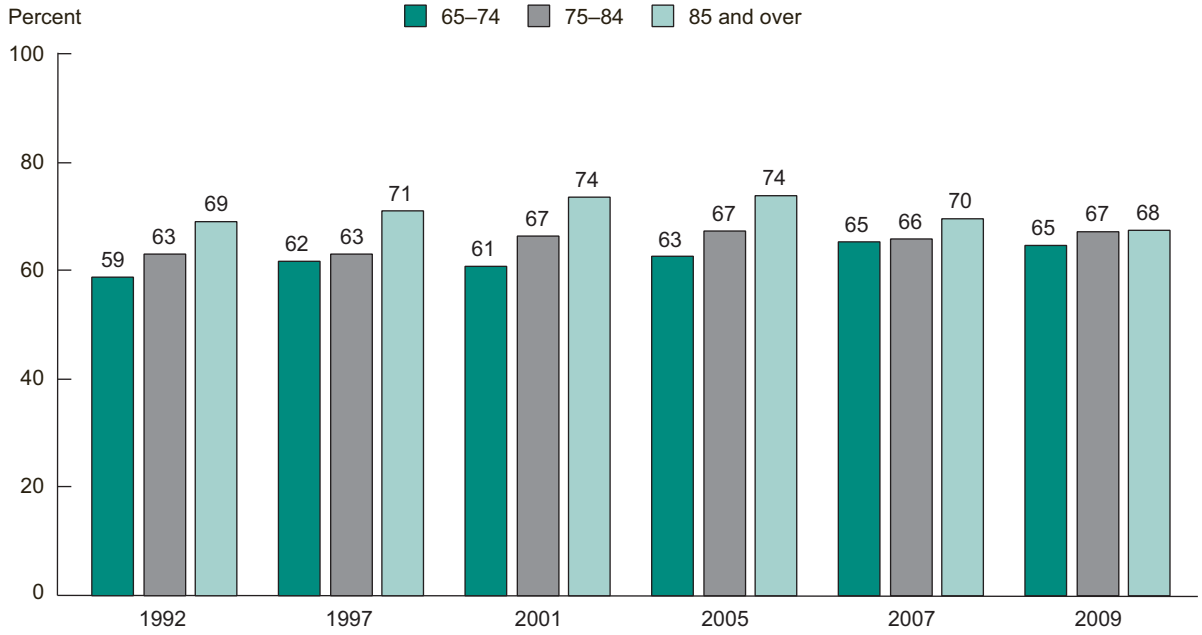
NOTE: ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. Respondents who report difficulty with an activity are subsequently asked about receiving help or supervision from another person with the activity and about using special equipment or aids. In this chart, personal assistance does not include supervision. Percents are age-adjusted using the 2000 standard population.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more ADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- Between 1992 and 2009, the age-adjusted proportion of people age 65 and over who had difficulty with one or more ADLs and who did not receive personal assistance or use special equipment with these activities decreased from 42 percent to 32 percent. More people were using equipment only—the percentage increased from 28 percent to 38 percent. The percentage of people who used personal assistance only decreased from 9 percent to 6 percent.
- In 2009, slightly more than two-thirds of people who had difficulty with one or more ADLs received personal assistance or used special equipment: 6 percent received personal assistance only, 38 percent used equipment only, and 23 percent used both personal assistance and equipment.
- In 2009, there were no significant differences in the percent of women and men with limitations in ADLs who received personal assistance only. However, men were more likely than women to receive no assistance with their limitations.

Percentage of noninstitutionalized Medicare enrollees age 65 and over who have limitations in instrumental activities of daily living (IADLs) and who receive personal assistance, by age group, selected years 1992–2009



NOTE: 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, or managing money. Respondents who report difficulty with an activity are subsequently asked about receiving help from another person with the activity. In this chart, personal assistance does not include supervision or special equipment.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more IADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

- In 1992, persons 85 and over who had difficulty with IADLs were more likely to receive personal assistance than those with IADL limitations, ages 65–74. In 2009, the percentages between these two groups were similar.
- In 2009, two-thirds of people age 65 and over who had difficulty with one or more IADLs received personal assistance.
- Men age 75–84 were more likely than women of the same age group to receive personal assistance with their IADLs in 2009.

Data for this indicator's charts and bullets can be found in Tables 37a through 37d on page 150.

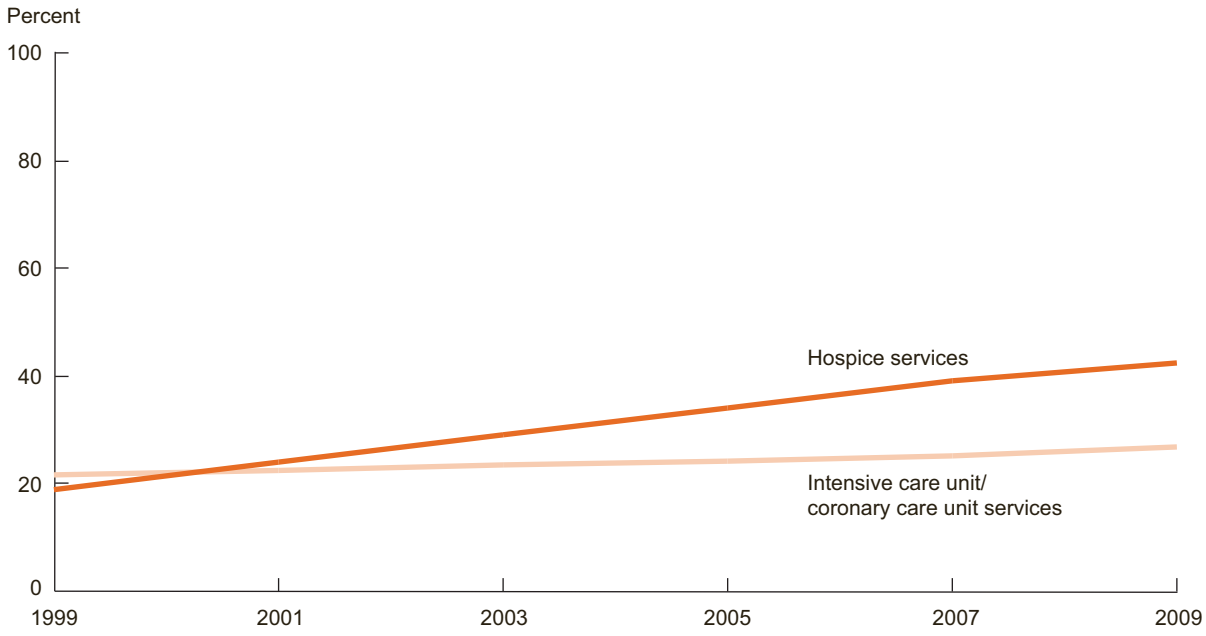
Special Feature: End of Life

SPECIAL FEATURE End of Life

The end of life is a uniquely difficult time for patients and their families. Many issues tend to arise, including decisions about medical care, formal and informal caregiving, transitions in living arrangements among community, assisted living, and nursing homes, financial impacts, and whether to use advance directives and living wills. The previous edition of *Older Americans* identified this topic as one of the urgent data needs for which new data collection efforts are needed to address the lack of knowledge and research. While national data are still lacking in many areas, this special feature will highlight two important aspects of end-of-life care: the place of death and the type of care received (hospice and intensive care unit/coronary care unit [ICU/CCU]) in the month prior to death.

The data on type of care received are derived from Medicare claims records. ICU/CCU use often represents an aggressive style of care, whereas hospice offers a contrasting style emphasizing palliation and psychosocial support. Many people receive both types of care at the end of life.

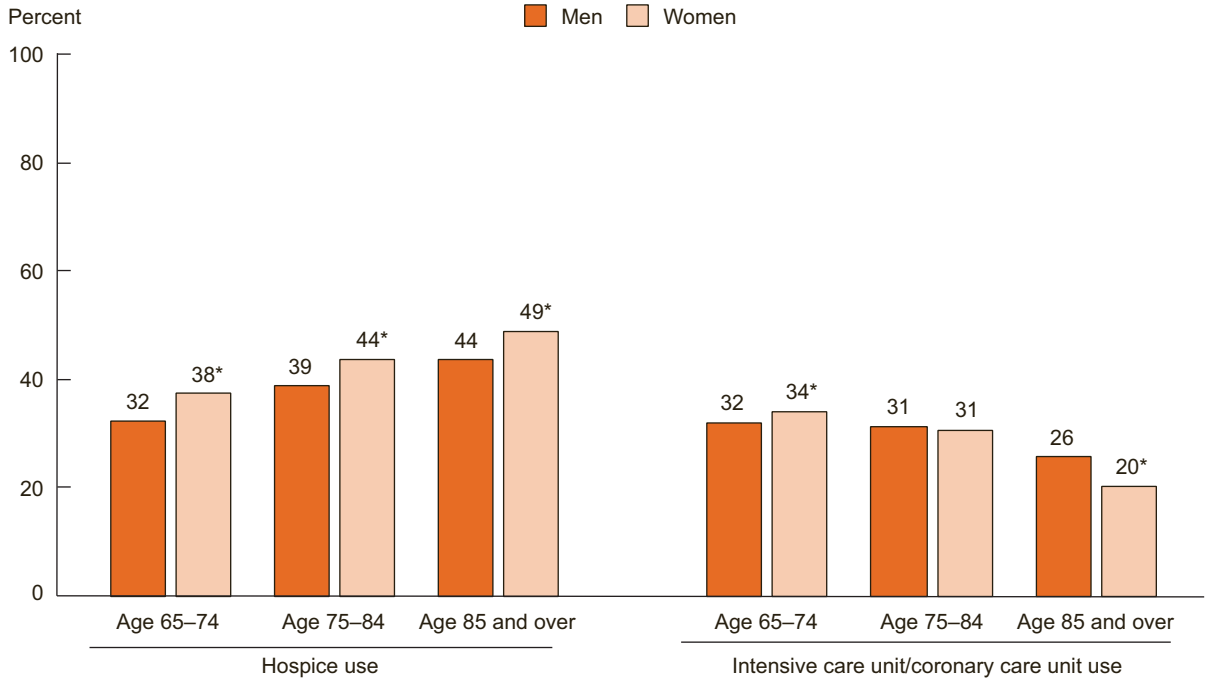
Percentage of Medicare decedents age 65 and over who used hospice or intensive care unit/coronary care unit services in their last 30 days of life, for selected years 1999–2009



NOTE: Chart is based on a 5 percent sample of deaths occurring between February and December of each year.
Reference population: These data refer to Medicare enrollees in fee-for-service.
SOURCE: Centers for Medicare and Medicaid Services, Medicare claims and enrollment data.

- Both hospice and ICU/CCU use are common in the last month of life. In 2009, 43 percent of elderly decedents used hospice services in the last 30 days of life, and 27 percent used ICU/CCU services.
- Use of hospice has increased substantially in recent years, from 19 percent of decedents in 1999 to 43 percent in 2009. Use of ICU/CCU services has grown more slowly, from 22 percent in 1999 to 27 percent in 2009.
- The primary diagnoses associated with hospice care have changed over time. Neoplasms accounted for 53 percent of hospice stays in 1999 and only 32 percent in 2009. The next most common primary diagnoses in 2009 were diseases of the circulatory system (19 percent) and symptoms, signs, and ill-defined conditions (17 percent).
- In 2009, length of stay in hospice varied considerably, with 34 percent lasting 7 days or less and 18 percent lasting more than 90 days. The percent of stays lasting more than 90 days increased from 13 percent in 1999 to 18 percent in 2009.

Percentage of Medicare decedents age 65 and over who used hospice or intensive care unit/coronary care unit services in their last 30 days of life, by age and sex, 2009



* $p < 0.05$ for difference between men and women.

NOTE: Chart is based on a 5 percent sample of deaths occuring between February and December of 2009.

Reference population: These data refer to Medicare enrollees in fee-for-service.

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

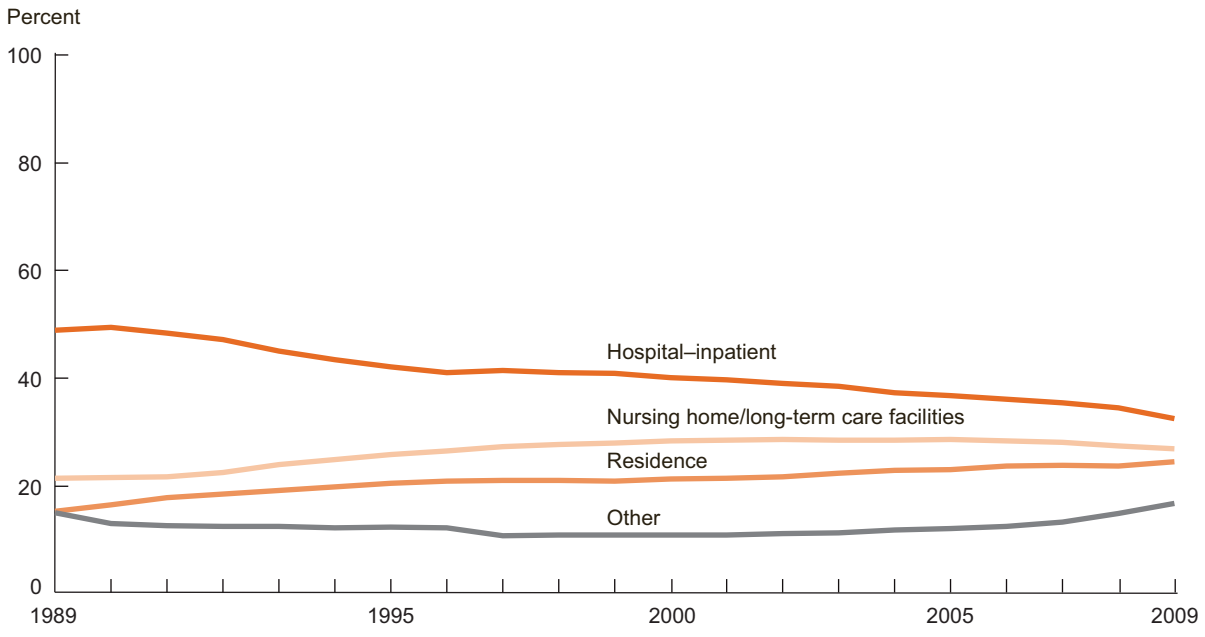
- Use of hospice services increased with age of decedent. Among women, 38 percent of those dying at age 65–74 received hospice care, compared with 49 percent of those age 85 and over.
- Hospice care was much more common among White decedents than among Black decedents or those of other races. In 2009, 44 percent of White decedents received hospice services in the last 30 days of life, compared with 34 percent of Blacks and 31 percent of decedents of other races.
- In contrast to hospice, the use of ICU/CCU services decreased with increasing age of decedents, especially for those dying at age 85 and over.
- Use of ICU/CCU services tended to be lower among White decedents than among Black decedents or those of other races, while differences within age and sex groups were not always statistically significant. Overall, 26 percent of White decedents used ICU/CCU services in the last 30 days of life compared with 32 percent of Black decedents and 33 percent of decedents of other races.

Data for this indicator's charts and bullets can be found in Tables EL1 through EL5 on pages 151–152.

SPECIAL FEATURE End of Life

U.S. death certificates record the place of death of decedents. Where a person dies is the outcome of many factors, including cause of death, personal preferences, cultural beliefs, availability of social support, and access to medical and hospice care, among others. The trends in place of death of older Americans offer insights into the changing nature of end-of-life care in the United States.

Percent distribution of decedents age 65 and over by place of death, 1989–2009



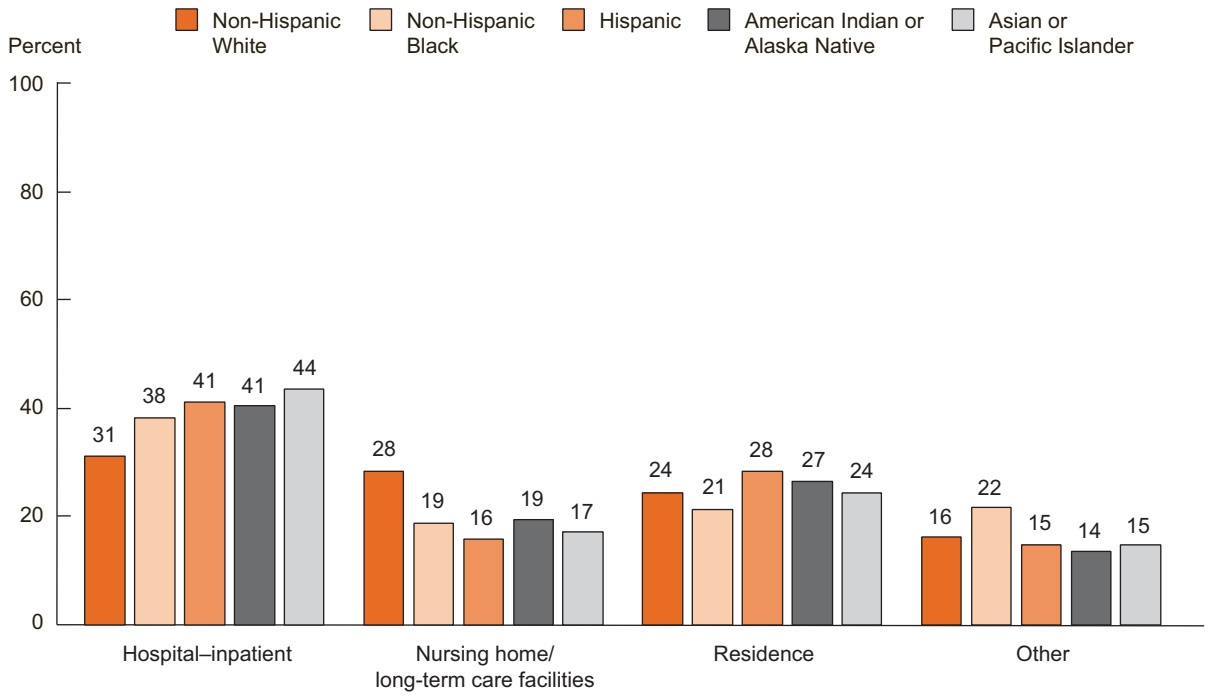
NOTE: "Other" includes hospital outpatient or emergency department, including dead on arrival, inpatient hospice facilities, and all other places and unknown. Beginning in 2003, the term "long-term care facility" was added to the nursing home check box on the death certificate.

Reference population: These data refer to the resident population.

SOURCE: National Vital Statistics System. Mortality public use data files, 1989–2009.

- Nearly 1.8 million deaths occurred among persons age 65 and over in 2009. Thirty-two percent of these deaths occurred while the decedent was a hospital inpatient, and 27 percent were in nursing homes or other long-term care facilities. Twenty-four percent of deaths to persons age 65 and over occurred at home.
- The percent of deaths that occurred while the decedent was a hospital inpatient declined over time, from 49 percent of all deaths to persons 65 and over in 1989 to 32 percent in 2009. In addition, the percent of decedents age 65 and over who died at home has increased from 15 percent in 1989 to 24 percent in 2009.
- In 2009, women age 65 and over were more likely than men to die in nursing homes or long-term care facilities (31 percent of female decedents compared with 21 percent of male decedents).

Percent distribution of decedents age 65 and over by place of death and race and ethnicity, 2009



NOTE: "Other" includes hospital outpatient or emergency department, including dead on arrival, inpatient hospice facilities, and all other places and unknown.

Reference population: These data refer to the resident population.

SOURCE: National Vital Statistics System. Mortality public use data files, 2009.

- The place of death for persons age 65 and over varied by race and ethnicity. In 2009, the percent of deaths occurring while a hospital inpatient was lower for non-Hispanic White decedents compared with other racial and ethnic groups. The percent of deaths in a nursing home or long-term care facility was higher for non-Hispanic Whites compared with other groups.

- The percent of decedents dying at home varied only slightly among racial and ethnic groups, with non-Hispanic Black decedents having the lowest percent of deaths at home (21 percent).

- Place of death also varied by age within the 65 and over population. In 2009, 38 percent of decedents age 85 and over died in a nursing home or long-term care facility, compared with 12 percent of decedents age 65–74. Younger decedents were more likely to die while a hospital inpatient compared with older decedents.

Data for this indicator's charts and bullets can be found in Tables EL6 through EL9 on pages 153–154.

Data Needs

In a previous version of *Older Americans*, the Federal Interagency Forum on Aging-Related Statistics (Forum) identified six areas where better data were needed to support research and policy efforts related to older Americans: caregiving, elder abuse, functioning and disability, mental health and cognitive functioning, pension measures, and residential care. In this report, the Forum updates those areas and identifies new data sources when available. The report also includes a special feature on end-of-life issues. As statistics in these areas improve, the Forum will consider expanding the list of existing indicators for inclusion in future editions of *Older Americans.*

Informal Caregiving

Informal (unpaid) family caregivers provide the majority of assistance that enables chronically disabled older people to continue to live in the community rather than in specialized care facilities. Informal family caregivers of older people with high levels of personal care needs can face considerable strain providing such care.

Data on this aspect of caregiving is still needed; however, to begin addressing these concerns, the National Health and Aging Trends Study (NHATS) was initiated. NHATS, a representative study of older adults, along with a supplemental survey of informal caregivers, the National Study of Caregiving (NSOC), will provide researchers and policy makers with improved national estimates of caregiving and its impact on care recipients and caregivers. Annual NHATS data collection began in May, 2011; NSOC data collection ended in November, 2011. Public use files are planned for release in 2012.[39]

Residential Care

A general shift in state Medicaid long-term-care policy and independent growth in private-pay residential care has led to an increasing set of alternatives to home care and traditional skilled nursing facilities. Residential care outside of the traditional nursing home is provided in diverse settings (e.g., assisted living facilities, board and care homes, personal care homes, and continuing-care retirement communities). A common characteristic is that these places provide both housing and supportive services. Supportive services typically include protective oversight and help with instrumental activities of daily living (IADLs), such as transportation, meal preparation, and taking medications, and more basic activities of daily living (ADLs), such as eating, dressing, and bathing. Despite the growing role of residential care, there has been little national data on the number and characteristics of facilities and the people living in these settings.

Recently completed, the 2010 National Survey of Residential Care Facilities (NSRCF)—the first-ever national survey of residential care providers with as few as four beds—will fill essential data gaps related to residential care facilities such as assisted living communities. With the NSRCF, both facility- and resident-level data can be generated to produce estimates of residential care facilities and their residents. The NSRCF public use data files were released in December, 2011 and two initial National Center for Health Statistics (NCHS) Data Briefs, one on facilities and the other on residents, have been published.[40]

The NSRCF will fill many data gaps, but it is a one-time survey. Its replacement is the National Study of Long-Term Care Providers (NSLTCP), which is intended to provide national and state estimates, where possible, of the supply and use of major types of paid, regulated long-term care providers. NSLTCP includes residential care facilities and adult day services centers using survey data and home health care agencies, hospices and nursing homes using administrative data. The NSLTCP survey components will be fielded for the first time starting in late 2012. The NSLTCP survey will not routinely collect person-level data on a sample of residents as the NSRCF did;[41] however, NSLTCP can be used as a platform to which components may be added to obtain person-level data.

Elder Abuse

Several expert panels and committees have reported a "paucity of research" on elder abuse and neglect. In response to this gap, the National Institute on Aging (NIA) funded a series of grants to develop survey methodologies for abuse and neglect surveillance.[42] The CDC (with the assistance of the member agencies of the Elder Justice Working Group) has developed preliminary definitions for elder abuse as a first step in designing recommended data elements for use in elder abuse surveillance.[43] Additionally, a new indicator is being included in the Healthy People 2020 initiative, increasing the number of

states that collect and publicly report incidences of elder abuse.[44] In 2010, the National Academy of Sciences issued a report of a state-of-the-science meeting of leading experts on elder abuse held jointly by the National Institute on Aging and the National Academy of Sciences.[45] The report highlights recent advances and continuing challenges. As part of the effort to meet these challenges, for example, the CDC integrated questions on elder abuse in a survey on intimate partner violence that will provide routine data, a promising prelude to CDC undertaking a full-scale national prevalence and incidence survey.[44] The NAS panel also agreed that more innovative methods are needed to gather longitudinal data in this sensitive and complex area.

Functioning and Disability

Information on trends in functioning and disability is critical for monitoring the health and well-being of the older population. However, the concept of disability encompasses many different dimensions of health and functioning, and their multifaceted interactions with the environment. Furthermore, specific definitions of disability are used by some government agencies to determine eligibility for benefits. As a result, disability is often measured in different ways across surveys, and this has led to disparate estimates of the prevalence of disability.

Recent developments in the area of measurement of functioning and disability among the older population include:

- Adoption of a common set of disability questions originally developed for use on the American Community Survey (ACS), across Federal surveys. The National Health Interview Survey (NHIS) has added these new measures, which will enable continued comparison and testing of questions.[46]

- Ongoing data collection of the National Health and Aging Trends Study (NHATS), which will provide new estimates of multiple components of disability.

- Ongoing work of the UN-sponsored Washington Group on Disability Statistics to test and field a comparable set of disability questions across countries.[4.]

Mental Health and Cognitive Functioning

Depression, anxiety, schizophrenia, and alcohol and drug misuse and abuse, if untreated, can be severely impairing, even fatal. Despite interest and increased efforts to track all of these disorders among older adults, obtaining national estimates has proven to be difficult. International efforts by the Washington Group on Disability Statistics and the Budapest Initiative[48] on Measuring Health State are underway to develop comparable short sets of survey questions to measure cognitive and psychological functioning along with measures of sensory functioning, mobility, upper body functioning, pain, fatigue, communication, and learning. In 2011, an expert group meeting reviewed results of tested survey measures and began to develop an implementation project.

Although there are several studies which report estimates of the prevalence of Alzheimer's Disease (AD) and other age-related cognitive impairment, one of the major barriers to reliable national estimates of prevalence is the lack of uniform diagnostic criteria among the national surveys that attempt to measure dementia or AD. A meeting convened by the National Institute on Aging (NIA) in 2009 to describe the prevalence of AD and other age-related cognitive impairment concluded that most of the variation in prevalence estimates is not driven primarily by the reliability of the measures or instruments per se, but by systematic differences in the definition of dementia.[49] Research is underway to address the challenges in developing consistent indicators of cognitive and mental health.

Although not intended to be a platform for the diagnosis of neurological disorders, the NIH Toolbox on the Assessment of Neurological and Behavioral Functions will allow different epidemiological studies to collect harmonized or comparable measures on many domains of cognitive, emotional, motor, and sensory function. The Toolbox will represent an attractive option for researchers wishing to obtain state-of-the-art data on cognition, emotion, sensation, and motor function. NIH Toolbox will be available for use in Fall 2012, and norms based on a nationally representative sample of over 5000 English and Spanish speakers between the ages of 3 and 85 will also be available (http://www.nihtoolbox.org/default.aspx).

Pension Measures

As pension plans shift away from defined-benefit pensions and annuities to defined-contribution plans, official statistical sources on income and poverty fail to measure substantial amounts of retirement income formerly provided by defined-benefit pensions. The common practice is to transfer retirement plan accumulations to IRAs and to take the money out of IRAs as irregular payments. These payments are not included as money income in the most widely used government surveys. Improved measurement of withdrawals from retirement investment accounts (deferred income in IRAs and 401ks) would result in improved measurement of retirement income. For *Older Americans 2012,* the Forum has modified Indicator 10 (Net Worth) to better incorporate all types of wealth, including pension wealth, using the Federal Reserve Board's Survey of Consumer Finances (SCF). Previously, the Panel Study of Income Dynamics was used to measure Net Worth instead of the SCF.

Additionally, the Forum is working on a report that documents the ongoing shift towards defined-contribution plans and IRAs. The report provides different measurements of yearly pension withdrawals—the disparities in these measurements highlight the difficulties of measuring income for older Americans.

End-of-Life Issues

The previous edition of *Older Americans* identified end-of-life issues as an urgent data need requiring new data collection efforts. This year's report addresses some of those data needs by including an end-of-life special feature highlighting two important aspects: the place of death and the type of care received (hospice and intensive care unit/coronary care unit (ICU/CCU)) in the month prior to death.

The end of life has been the subject of many studies and reports, including the *Health, United States, 2010* which presents a special feature on death and dying.[50] Data are presented on trends in the leading causes of death by age group and place of death, as well as characteristics of patients receiving hospice care and the services received by hospice care patients' families. Types of medications patients receive from hospice care are also highlighted. State data include preventable deaths (e.g., motor-vehicle traffic fatalities) and average number of intensive care days in the last 6 months of life for Medicare beneficiaries.[40]

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Tables

INDICATOR 1 Number of Older Americans

Table 1a. Number of people age 65 and over and age 85 and over, selected years 1900–2010 and projected 2020–2050

Year	*65 and over*	*85 and over*
Estimates	*In millions*	
1900	3.1	0.1
1910	3.9	0.2
1920	4.9	0.2
1930	6.6	0.3
1940	9.0	0.4
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
2005	36.7	4.7
2010	40.3	5.5
Projections		
2020	54.8	6.6
2030	72.1	8.7
2040	81.2	14.2
2050	88.5	19.0

NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012.

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File; 2000, U.S. Census Bureau, 2001, *Census 2000 Summary File 1;* U.S. Census Bureau, Table 1: Intercensal Estimates of the Resident Population by Sex and Age for the U.S.: April 1, 2000 to July 1, 2010 (US-EST00INT-01); U.S. Census Bureau, 2011. *2010 Census Summary File 1;* U.S. Census Bureau, Table 2: Projections of the population by selected age groups and sex for the United States: 2010–2050 (NP2008-t2).

Table 1b. Percentage of people age 65 and over and age 85 and over from the 2010 Census and projected 2020–2050

Year	*65 and over*	*85 and over*
Estimates	*Percent*	
1900	4.1	0.2
1910	4.3	0.2
1920	4.7	0.2
1930	5.4	0.2
1940	6.8	0.3
1950	8.1	0.4
1960	9.0	0.5
1970	9.9	0.7
1980	11.3	1.0
1990	12.6	1.2
2000	12.4	1.5
2005	12.4	1.6
2010	13.0	1.8
Projections		
2020	16.1	1.9
2030	19.3	2.3
2040	20.0	3.5
2050	20.2	4.3

NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012.

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File; 2000, U.S. Census Bureau, 2001, *Census 2000 Summary File 1;* U.S. Census Bureau, Table 1: Intercensal Estimates of the Resident Population by Sex and Age for the U.S.: April 1, 2000 to July 1, 2010 (US-EST00INT-01); U.S. Census Bureau, 2011. *2010 Census Summary File 1;* U.S. Census Bureau, Table 2: Projections of the population by selected age groups and sex for the United States: 2010–2050 (NP2008-t2).

Table 1c. Population of countries or areas with at least 10 percent of their population age 65 and over, 2010

	Population (number in thousands)		*Percent*
Country or area	*Total*	*65 and over*	*65 and over*
Japan	127,579	29,103	22.8
Germany	81,644	16,803	20.6
Italy	60,749	12,206	20.1
Greece	10,750	2,081	19.4
Sweden	9,074	1,749	19.3
Austria	8,214	1,490	18.1
Bulgaria	7,149	1,279	17.9
Portugal	10,736	1,906	17.8
Belgium	10,423	1,853	17.8
Estonia	1,291	227	17.6
Finland	5,255	905	17.2
Latvia	2,218	377	17.0
Spain	46,506	7,869	16.9
Croatia	4,487	757	16.9
Hungary	9,992	1,665	16.7
Switzerland	7,623	1,267	16.6
Serbia	7,345	1,221	16.6
Denmark	5,516	914	16.6
Slovenia	2,003	333	16.6
France	64,768	10,692	16.5
United Kingdom	62,348	10,157	16.3
Lithuania	3,545	578	16.3
Georgia	4,601	743	16.2
Czech Republic	10,202	1,619	15.9
Norway	4,676	728	15.6
Ukraine	45,416	7,045	15.5
Canada	33,760	5,231	15.5
Netherlands	16,574	2,570	15.5
Bosnia and Herzegovina	4,622	688	14.9
Romania	21,959	3,248	14.8
Puerto Rico	3,979	579	14.6
Belarus	9,613	1,367	14.2
Australia	21,516	2,957	13.7
Uruguay	3,301	450	13.6
Montenegro	666,730	90	13.5
Poland	38,464	5,174	13.5
Russia	139,390	18,516	13.3
Hong Kong	7,090	946	13.3

See notes at end of table.

Table 1c. Population of countries or areas with at least 10 percent of their population age 65 and over, 2010—continued

	Population (number in thousands)		*Percent*
Country or area	*Total*	*65 and over*	*65 and over*
United States*	308,746	40,268	13.0
New Zealand	4,252	552	13.0
Slovakia	5,470	690	12.6
Macedonia	2,072	239	11.5
Cuba	11,098	1,260	11.4
Ireland	4,623	524	11.3
Korea, South	48,636	5,392	11.1
Argentina	41,343	4,514	10.9
Taiwan	23,025	2,487	10.8
Moldova	3,732	402	10.8
Albania	2,987	307	10.3
Armenia	2,967	305	10.3
Cyprus	1,103	112	10.2
Israel	7,354	733	10.0

* These data are from the 2010 Census, not from the International Data Base.

NOTE: Table excludes countries and areas with less than 1,000,000 population.

SOURCE: U.S. Census Bureau, International Data Base, accessed on December 19, 2011; U.S. Census Bureau, *2010 Census Summary File 1*.

Table 1d. Percentage of the population age 65 and over, by state, 2010

State (listed alphabetically)	*Percent*	*State (ranked by percentage)*	*Percent*
United States	**13.0**	**United States**	**13.0**
Alabama	13.8	Florida	17.3
Alaska	7.7	West Virginia	16.0
Arizona	13.8	Maine	15.9
Arkansas	14.4	Pennsylvania	15.4
California	11.4	Iowa	14.9
Colorado	10.9	Montana	14.8
Connecticut	14.2	Vermont	14.6
Delaware	14.4	North Dakota	14.5
District of Columbia	11.4	Rhode Island	14.4
Florida	17.3	Arkansas	14.4
Georgia	10.7	Delaware	14.4
Hawaii	14.3	Hawaii	14.3
Idaho	12.4	South Dakota	14.3
Illinois	12.5	Connecticut	14.2
Indiana	13.0	Ohio	14.1
Iowa	14.9	Missouri	14.0
Kansas	13.2	Oregon	13.9
Kentucky	13.3	Arizona	13.8
Louisiana	12.3	Massachusetts	13.8
Maine	15.9	Michigan	13.8
Maryland	12.3	Alabama	13.8
Massachusetts	13.8	Wisconsin	13.7
Michigan	13.8	South Carolina	13.7
Minnesota	12.9	New Hampshire	13.5
Mississippi	12.8	New York	13.5
Missouri	14.0	Oklahoma	13.5
Montana	14.8	Nebraska	13.5
Nebraska	13.5	New Jersey	13.5
Nevada	12.0	Tennessee	13.4
New Hampshire	13.5	Kentucky	13.3
New Jersey	13.5	New Mexico	13.2
New Mexico	13.2	Kansas	13.2
New York	13.5	Indiana	13.0
North Carolina	12.9	North Carolina	12.9
North Dakota	14.5	Minnesota	12.9
Ohio	14.1	Mississippi	12.8
Oklahoma	13.5	Illinois	12.5
Oregon	13.9	Wyoming	12.4
Pennsylvania	15.4	Idaho	12.4
Rhode Island	14.4	Washington	12.3
South Carolina	13.7	Louisiana	12.3
South Dakota	14.3	Maryland	12.3
Tennessee	13.4	Virginia	12.2
Texas	10.3	Nevada	12.0
Utah	9.0	District of Columbia	11.4
Vermont	14.6	California	11.4
Virginia	12.2	Colorado	10.9
Washington	12.3	Georgia	10.7
West Virginia	16.0	Texas	10.3
Wisconsin	13.7	Utah	9.0
Wyoming	12.4	Alaska	7.7
Puerto Rico	14.5	Puerto Rico	14.5

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, *2010 Census Summary File 1.*

INDICATOR 1 Number of Older Americans

Table 1e. Percentage of the population age 65 and over, by county, 2010

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, *2010 Census Summary File 1.*

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

Table 1f. Number and percentage of people age 65 and over and age 85 and over, by sex, 2010

Age and sex	*Number (in thousands)*	*Percent*
65 and over		
Total	40,268	100.0
Men	17,363	43.1
Women	22,905	56.9
85 and over		
Total	5,493	100.0
Men	1,790	32.6
Women	3,704	67.4

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, *2010 Census Summary File 1.*

INDICATOR 2 Racial and Ethnic Composition

Table 2. Population age 65 and over, by race and Hispanic origin, 2010 and projected 2050

	2010 Census		*2050 projections*	
Race and Hispanic origin	*Number (in thousands)*	*Percent*	*Number (in thousands)*	*Percent*
Total	40,268	100.0	88,547	100.0
Non-Hispanic White alone	32,209	80.0	51,772	58.5
Black alone	3,438	8.5	10,553	11.9
Asian alone	1,387	3.4	7,541	8.5
All other races alone or in combination	638	1.6	2,397	2.7
Hispanic (of any race)	2,782	6.9	17,515	19.8

NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012. 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 table 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 race group “All other races alone or in combination” includes American Indian and Alaska Native alone; Native Hawaiian and Other Pacific Islander alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, 2011. *2010 Census Summary File 1;* U.S. Census Bureau, Table 4: Projections of the population by sex, race, and Hispanic origin for the United States: 2010–2050 (NP2008-t4).

INDICATOR 3 Marital Status

Table 3. Marital status of the population age 65 and over, by age group and sex, 2010

Sex and marital status	*65 and over*	*65–74*	*75–84*	*85 and over*
Both Sexes			*Percent*	
Total	100.0	100.0	100.0	100.0
Married	57.6	66.2	52.8	32.0
Widowed	28.1	15.8	36.5	59.6
Divorced	10.0	13.1	7.1	4.4
Never married	4.3	4.9	3.6	4.0
Men				
Total	100.0	100.0	100.0	100.0
Married	74.5	78.0	73.2	58.3
Widowed	12.7	6.4	17.2	34.6
Divorced	8.7	11.0	6.1	3.9
Never married	4.1	4.5	3.5	3.2
Women				
Total	100.0	100.0	100.0	100.0
Married	44.5	55.9	38.1	18.0
Widowed	39.9	24.0	50.4	72.9
Divorced	11.1	15.0	7.9	4.7
Never married	4.5	5.1	3.6	4.5

NOTE: Married includes married, spouse present; married, spouse absent; and separated.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010.

INDICATOR 4 Educational Attainment

Table 4a. Educational attainment of the population age 65 and over, selected years 1965–2010

Educational attainment	*1965*	*1970*	*1975*	*1980*	*1985*	*1990*	*1995*	*2000*	*2001*
					Percent				
High school graduate or more	23.5	28.3	37.3	40.7	48.2	55.4	63.8	69.5	70.0
Bachelor's degree or more	5.0	6.3	8.1	8.6	9.4	11.6	13.0	15.6	16.2
	2002	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
High school graduate or more	69.9	71.5	73.1	74.0	75.2	76.1	77.4	78.3	79.5
Bachelor's degree or more	16.7	17.4	18.7	18.9	19.5	19.2	20.5	21.7	22.5

NOTE: A single question which asks for the highest grade or degree completed is now used to determine educational attainment. Prior to 1995, educational attainment was measured using data on years of school completed.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010.

Table 4b. Educational attainment of the population age 65 and over, by sex and race and Hispanic origin, 2010

Race and Hispanic origin and sex	*High school graduate or more*	*Bachelor's degree or more*
	Percent	
Both sexes	79.5	22.5
Non-Hispanic White alone	84.3	24.1
Black alone	64.8	14.5
Asian alone	73.6	35.1
Hispanic (of any race)	47.0	9.5
Men	80.1	28.4
Women	79.0	18.0

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 table 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, 2010.

INDICATOR 5 Living Arrangements

Table 5a. Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2010

Selected characteristic	*With spouse*	*With other relatives*	*With nonrelatives*	*Alone*
Men		*Percent*		
Total	71.7	5.9	3.4	19.0
Non-Hispanic White alone	74.0	4.2	3.1	18.7
Black alone	54.8	11.5	5.3	28.4
Asian alone	78.7	7.5	2.0	11.9
Hispanic (of any race)	61.9	17.4	5.3	15.4
Women				
Total	42.4	17.9	2.4	37.3
Non-Hispanic White alone	44.9	13.3	2.6	39.1
Black alone	23.5	35.2	2.0	39.3
Asian alone	44.4	33.0	1.5	21.1
Hispanic (of any race)	38.7	35.8	2.0	23.4

NOTE: The calculation of the living arrangements estimates in this table changed from the previous edition of *Older Americans* to more accurately reflect the person's relationship to the householder, rather than an indication of whether the householder had relatives present in the household. 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 table 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, 2010.

Table 5b. Population age 65 and over living alone, by sex and age group, selected years 1970–2010

	Men		*Women*	
Year	*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	23.2	29.4	49.9
2005	16.1	23.2	28.9	47.8
2006	16.9	22.7	28.5	48.0
2007	16.7	22.0	28.0	48.8
2008	16.3	21.5	29.1	50.1
2009	—	—	—	—
2010	16.4	22.6	27.7	47.4

— Not available.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010.

INDICATOR 6 Older Veterans

Table 6a. Percentage of population age 65 and over who are veterans, by age group and sex, United States and Puerto Rico, 2000, 2010 and projected 2020

	65 and over		*65–74*		*75–84*		*85 and over*	
Year	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*
Estimates								
2000	64.3	1.7	65.2	1.1	70.9	2.7	32.6	1.0
2010	51.3	1.3	42.8	1.1	60.8	1.1	68.3	2.5
Projections								
2020	34.7	1.5	27.7	1.7	42.6	1.1	56.6	1.4

Reference population: These data refer to the resident population of the United States and Puerto Rico.

SOURCE: U.S. Census Bureau, Population Projections 2008, and *2010 Census Summary File 1;* Department of Veterans Affairs, VetPop2011.

Table 6b. Estimated and projected number of veterans age 65 and over, by age group and sex, United States and Puerto Rico, 2000, 2010, and projected 2020

	Estimates		*Projections*
Age group and sex	*2000*	*2010*	*2020*
	Number (in thousands)		
65 and over			
Total	9,723	9,169	8,892
Men	9,374	8,866	8,444
Women	349	303	448
65–74			
Total	5,628	4,377	4,467
Men	5,516	4,253	4,173
Women	112	124	294
75–84			
Total	3,667	3,403	3,039
Men	3,460	3,321	2,944
Women	207	82	95
85 and over			
Total	427	1,389	1,387
Men	398	1,292	1,327
Women	30	97	60

Reference population: These data refer to the resident population of the United States and Puerto Rico.

SOURCE: U.S. Census Bureau, Population Projections 2008, and *2010 Census Summary File 1;* Department of Veterans Affairs, VetPop2011.

Table 7a. Percentage of the population living in poverty, by age group, 1959–2010

Year	65 and over	Under 18	18–64	65–74	75–84	85 and over
1959	35.2	27.3	17.0	—	—	—
1960	—	26.9	—	—	—	—
1961	—	25.6	—	—	—	—
1962	—	25.0	—	—	—	—
1963	—	23.1	—	—	—	—
1964	—	23.0	—	—	—	—
1965	—	21.0	—	—	—	—
1966	28.5	17.6	10.5	—	—	—
1967	29.5	16.6	10.0	—	—	—
1968	25.0	15.6	9.0	—	—	—
1969	25.3	14.0	8.7	—	—	—
1970	24.6	15.1	9.0	—	—	—
1971	21.6	15.3	9.3	—	—	—
1972	18.6	15.1	8.8	—	—	—
1973	16.3	14.4	8.3	—	—	—
1974	14.6	15.4	8.3	—	—	—
1975	15.3	17.1	9.2	—	—	—
1976	15.0	16.0	9.0	—	—	—
1977	14.1	16.2	8.8	—	—	—
1978	14.0	15.9	8.7	—	—	—
1979	15.2	16.4	8.9	—	—	—
1980	15.7	18.3	10.1	—	—	—
1981	15.3	20.0	11.1	—	—	—
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
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

See notes at end of table.

Table 7a. Percentage of the population living in poverty, by age group, 1959–2010—continued

Year	*65 and over*	*Under 18*	*18–64*	*65–74*	*75–84*	*85 and over*
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
2005	10.1	17.6	11.1	8.9	10.9	13.4
2006	9.4	17.4	10.8	8.6	10.0	11.4
2007	9.7	18.0	10.9	8.8	9.8	13.0
2008	9.7	19.0	11.7	8.4	10.7	12.7
2009	8.9	20.7	12.9	8.0	9.4	11.6
2010	9.0	22.0	13.7	8.1	9.2	12.3

— 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. 239. Poverty status in the Current Population Survey is based on prior year income.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

Table 7b. Percentage of the population age 65 and over living in poverty, by selected characteristics, 2010

Selected characteristic	*65 and over*	*65 and over, living alone*	*65 and over, married couples*	*65–74*	*75 and over*
			Percent		
Both Sexes					
Total	9.0	16.8	4.2	8.1	10.0
Non-Hispanic White alone	6.8	13.3	3.1	5.8	7.9
Black alone	18.0	30.9	6.6	16.2	20.7
Asian alone	14.6	30.4	11.3	13.3	16.7
Hispanic (of any race)	18.0	35.2	10.2	17.3	19.0
Male					
Total	6.7	14.6	4.2	6.5	7.0
Non-Hispanic White alone	5.0	11.2	3.1	4.6	5.4
Black alone	14.2	29.7	6.5	14.8	13.3
Asian alone	14.0	33.0	11.2	12.8	15.8
Hispanic (of any race)	14.2	24.0	10.8	13.9	14.5
Female					
Total	10.7	17.8	4.2	9.5	12.1
Non-Hispanic White alone	8.3	14.2	3.1	6.9	9.7
Black alone	20.5	31.4	6.7	17.2	24.7
Asian alone	15.1	29.3	11.5	13.6	17.4
Hispanic (of any race)	20.9	41.5	9.5	19.9	22.4

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 details, see U.S. Census Bureau, Series P-60, No. 239. 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 table 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, 2011.

INDICATOR 8 Income

Table 8a. Income distribution of the population age 65 and over, 1974–2010

Year	Poverty	Low income	Middle income	High income
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
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
2005	10.1	26.6	35.2	28.1
2006	9.4	26.2	35.7	28.6
2007	9.8	26.3	33.3	30.6
2008	9.7	26.5	33.7	30.1
2009	8.9	24.8	35.1	31.2
2010	9.0	25.6	34.0	31.4

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. Income distribution in the Current Population Survey is based on prior year income.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

Table 8b. Median income of householders age 65 and over, in current and in 2010 dollars, 1974–2010

Year	*Number (in thousands)*	*Current dollars*	*2010 dollars*
1974	14,263	5,292	21,102
1975	14,802	5,585	20,579
1976	14,816	5,962	20,773
1977	15,225	6,347	20,802
1978	15,795	7,081	21,718
1979	16,544	7,879	22,053
1980	16,912	8,781	22,122
1981	17,312	9,903	22,780
1982	17,671	11,041	23,952
1983	17,901	11,718	24,380
1984	18,155	12,799	25,582
1985	18,596	13,254	25,612
1986	18,998	13,845	26,278
1987	19,412	14,443	26,517
1988	19,716	14,923	26,429
1989	20,156	15,771	26,776
1990	20,527	16,855	27,257
1991	20,921	16,975	26,501
1992	20,682	17,135	26,090
1993	20,806	17,751	26,375
1994	21,365	18,095	26,324
1995	21,486	19,096	27,128
1996	21,408	19,448	26,911
1997	21,497	20,761	28,120
1998	21,589	21,729	29,026
1999	22,478	22,797	29,831
2000	22,469	23,083	29,226
2001	22,476	23,118	28,471
2002	22,659	23,152	28,059
2003	23,048	23,787	28,199
2004	23,151	24,516	28,299
2005	23,459	26,036	29,078
2006	23,729	27,798	30,061
2007	24,113	28,305	29,764
2008	24,834	29,744	30,120
2009	25,270	31,354	31,872
2010	25,362	31,408	31,408

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 1975–2011.

INDICATOR 9 Sources of Income

Table 9a. Percentage distribution of sources of income for married couples and nonmarried persons age 65 and over, 1962–2010

Year	Total	Social Security	Asset Income	Pensions	Earnings	Other
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
2005	100	37	13	19	28	3
2006	100	37	15	18	28	3
2008	100	37	13	19	30	3
2009	100	37	11	19	30	3
2010	100	37	11	19	30	3

NOTE: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over. The definition of "other" includes, but is not limited to, unemployment compensation, workers compensation, alimony, child support, and personal contributors.

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

SOURCE: Current Population Survey, Annual Social and Economic Supplement, 1977–2011.

Table 9b. Percentage distribution of sources of income for married couples and nonmarried persons age 65 and over, by income quintile, 2010

	All units				
Source of income	First	Second	Third	Fourth	Fifth
Total	100.0	100.0	100.0	100.0	100.0
Percentage of income from					
Earnings	2.4	4.1	9.6	19.4	44.9
Retirement benefits	87.2	90.2	81.7	69.3	36.4
Social Security	84.3	83.3	65.7	43.5	17.3
Railroad Retirement	0.2	0.5	0.5	0.8	0.2
Government employee pensions	0.9	2.3	6.0	12.3	10.3
Private pensions or annuities	1.8	4.1	9.4	12.7	8.6
Income from assets	1.8	2.6	5.4	7.8	16.1
Cash public assistance	7.0	1.6	0.5	0.2	0.1
Other	1.6	1.4	2.8	3.3	2.4
Number (in thousands)	5,900	5,900	5,900	5,900	5,900

NOTE: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over. The definition of "other" includes, but is not limited to, unemployment compensation, workers compensation, alimony, child support, and personal contributors. Quintile limits are $12,554, $20,145, $32,602, and $56,957 for all units; $24,470, $36,967, $54,360, and $86,754 for married couples; and $10,145, $14,966, $21,157, and $35,405 for nonmarried persons.

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

INDICATOR 9 Sources of Income

Table 9c. Percentage of people age 55 and over with family income from specified sources, by age group, 2010

Source of family income	Age 55–61	Age 62–64	Age 65 and over				
			Total	65–69	70–74	75–79	80 and over
Earnings	84.3	72.6	38.2	56.2	40.1	30.2	21.4
Wages and salaries	81.0	68.5	35.2	52.2	36.8	27.9	19.3
Self-employment	11.7	10.5	6.4	9.5	6.8	4.7	3.6
Retirement benefits	31.5	61.3	90.9	84.8	92.7	93.8	94.3
Social Security	20.8	51.5	88.0	80.4	90.3	91.4	92.5
Benefits other than Social Security	17.6	32.1	43.0	40.2	43.7	45.9	43.5
Other public pensions	8.5	13.7	17.1	17.5	17.2	18.4	15.9
Railroad Retirement	0.2	0.5	0.7	0.7	0.8	0.9	0.6
Government employee pensions	8.3	13.3	16.5	16.8	16.6	17.6	15.4
Military	1.7	1.9	2.3	2.1	1.9	2.5	2.8
Federal	1.8	3.3	4.5	4.2	4.4	5.2	4.7
State or local	5.0	8.4	10.6	11.7	11.1	11.0	8.6
Private pensions or annuities	9.9	20.1	28.9	25.3	30.2	30.9	30.6
Income from assets	56.2	57.6	56.9	58.5	55.6	56.4	56.5
Interest	53.3	55.5	53.8	55.2	52.6	53.9	53.2
Other income from assets	27.3	27.5	27.1	29.5	27.7	26.3	24.5
Dividends	23.2	23.5	22.0	24.1	22.8	20.7	19.7
Rent or royalties	8.1	8.5	9.1	9.9	8.9	9.6	8.1
Estates or trusts	0.3	0.3	0.4	0.5	0.3	0.2	0.4
Veterans' benefits	3.4	5.1	4.2	3.8	3.5	4.4	5.1
Unemployment compensation	10.8	9.0	3.9	5.4	4.1	3.0	2.6
Workers' compensation	1.4	1.2	0.6	0.8	0.6	0.4	0.6
Cash public assistance and noncash benefits	12.1	11.5	12.2	11.2	11.8	13.8	12.5
Cash public assistance	6.2	5.5	4.6	4.8	4.3	5.1	4.3
Supplemental Security Income	5.6	4.8	4.1	4.4	3.8	4.6	3.8
Other	0.9	0.8	0.6	0.6	0.6	0.5	0.5
Noncash benefits	9.5	8.8	10.0	9.0	9.8	11.5	10.3
Food	7.4	6.6	6.3	6.1	6.3	7.1	5.8
Energy	2.9	2.5	3.3	3.1	3.3	3.6	3.2
Housing	2.5	2.4	3.8	3.0	3.7	4.6	4.1
Personal contributions	2.2	1.8	1.4	1.5	1.1	1.3	1.5
Number (in thousands)	26,829	10,155	39,179	12,160	9,254	7,088	10,676

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

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

INDICATOR 10 Net Worth

Table 10a. Median household net worth of head of household, in 2007 dollars, by selected characteristics and selected years 1983–2007

	In dollars							
Selected characteristic	*1983*	*1989*	*1992*	*1995*	*1998*	*2001*	*2004*	*2007*
Age of family head								
65 and over	$103,750	$122,510	$132,780	$136,530	$175,040	$196,960	$195,380	$220,800
45–54	109,360	157,930	113,310	125,320	134,490	157,100	159,030	185,000
55–64	136,880	158,040	164,680	156,160	162,840	216,700	276,770	253,700
65–74	121,110	124,930	142,830	150,000	186,520	208,190	208,890	239,400
75 and over	71,080	116,800	125,750	125,730	160,170	182,870	179,130	213,200
Marital status, family head age 65 and over[a]								
Married	139,870	216,130	219,390	216,570	270,300	332,050	311,030	300,500
Unmarried	67,240	67,620	92,760	103,800	115,770	108,770	132,400	165,090
Race, family head age 65 and over								
White	122,320	154,870	157,590	158,310	200,400	252,400	231,110	248,300
Black	17,960	36,770	40,270	33,800	35,960	57,140	57,660	87,800
Education, family head age 65 and over								
No high school diploma	58,030	64,400	56,310	77,600	69,260	85,850	59,830	101,800
High school diploma only	132,980	128,790	157,280	144,260	186,270	191,980	193,080	187,200
Some college or more	283,200	392,960	284,930	274,160	307,730	464,630	394,280	510,750

[a] Married includes legally married couples; unmarried includes cohabitating couples, separated, divorced, widowed, and never married.

NOTE: The Survey of Consumer Finances has replaced the Panel Study of Income Dynamics as the data source for this indicator. Median net worth is measured in constant 2007 dollars. Net worth includes housing wealth, financial assets, and investment retirement accounts such as IRAs, Keoghs, and 401(k) type plans. Data are weighted. The term "household" here is similar to the Census Bureau's household definition. See Indicator 10 data source for more detail.

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

SOURCE: Survey of Consumer Finances.

Table 10b. Value of household financial assets held in retirement investment accounts by selected characteristics, 2007

	In dollars			
Selected characteristic	*25th percentile (for households with positive values)*	*Median (for households with positive values)*	*75th percentile (for households with positive values)*	*Percent holding*
Age of family head				
65 and over	$16,000	$61,000	$180,000	40.8
45–54	21,000	66,000	176,000	64.9
55–64	29,000	98,000	267,000	60.9
65–74	20,000	77,000	206,000	51.7
75 and over	13,000	35,000	110,000	30.0
Marital status, family head age 65 and over[a]				
Married	15,000	61,000	177,000	64.7
Unmarried	7,000	27,000	82,000	40.1
Race, family head age 65 and over				
White	13,000	51,000	157,000	57.4
Black	7,000	25,000	65,000	36.6
Education, family head age 65 and over				
No high school diploma	5,000	15,000	48,000	21.6
High school diploma only	7,000	29,000	78,000	43.2
Some college or more	15,000	60,000	181,000	66.2

[a] Married includes legally married couples; unmarried includes cohabitating couples, separated, divorced, widowed, and never married.

NOTE: The Survey of Consumer Finances has replaced the Panel Study of Income Dynamics as the data source for this indicator. Values are measured in 2007 dollars. Financial assets held in retirement investment accounts include IRAs, Keoghs, and 401(k) type plans. Data are weighted. The term "household" here is similar to the Census Bureau's household definition. See Indicator 10 data source for more detail.

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

SOURCE: Survey of Consumer Finances.

INDICATOR 11 Participation in the Labor Force

Table 11. Labor force participation of persons age 55 and over, by sex and age group, annual averages, 1963–2011

	Men				Women			
Year	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

See notes at end of table.

Table 11. Labor force participation of persons age 55 and over, by sex and age group, annual averages, 1963–2011—continued

Year	Men				Women			
	55–61	62–64	65–69	70 and over	55–61	62–64	65–69	70 and over
	Percent							
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
2006	75.2	52.4	34.4	13.9	63.8	41.5	24.2	7.1
2007	75.4	51.7	34.3	14.0	63.8	41.8	25.7	7.7
2008	75.8	53.0	35.6	14.6	64.6	42.0	26.4	8.1
2009	75.4	55.1	36.3	14.8	65.5	44.0	26.6	8.3
2010	75.6	54.6	36.5	14.7	65.6	45.3	27.0	8.3
2011	75.4	53.2	37.4	15.4	65.3	44.7	27.3	8.4

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.

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

SOURCE: Bureau of Labor Statistics, Current Population Survey.

INDICATOR 12 Total Expenditures

Table 12. Percentage of total household annual expenditures, by age of reference person, 2010

	45–54	*55–64*	*65 and over*	*65–74*	*75 and over*
Personal insurance and pensions	13.3	12.6	5.1	6.4	3.2
Health care	5.6	7.6	13.2	11.9	15.1
Transportation	16.0	15.9	14.2	14.7	13.6
Housing	32.7	32.8	35.4	34.8	36.2
Food	12.5	11.9	12.4	12.4	12.3
Other	19.9	19.2	19.7	19.8	19.6

NOTE: Other expenditures include apparel, personal care, entertainment, reading, education, alcohol, tobacco, cash contributions, and miscellaneous expenditures. Data from the Consumer Expenditure Survey by age group represent average annual expenditures for consumer units by the age of reference person, who is the person listed as the owner or renter of the home. For example, the data on people age 65 and over reflect consumer units with a reference person age 65 or over. The Consumer Expenditure Survey collects and publishes information from consumer units, which are generally defined as a person or group of people who live in the same household and are related by blood, marriage, or other legal arrangement (i.e., a family), or people who live in the same household but who are unrelated and financially independent from one another (e.g., roommates sharing an apartment). A household usually refers to a physical dwelling, and may contain more than one consumer unit. However, for convenience, the term "household" is substituted for "consumer unit" in this text.

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

SOURCE: Bureau of Labor Statistics, Consumer Expenditure Survey.

INDICATOR 13 Housing Problems

Table 13a. Prevalence of housing problems among households with householder or spouse age 65 and over, by type of problem, selected years 1985–2009

	2009				2007			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over (Numbers in 1000s)								
Total	24,128	100.0	32,527	100.0	23,858	100.0	32,153	100.0
Number and percent with								
One or more of the housing problems	10,168	42.1	12,624	38.8	9,498	39.8	11,729	36.5
Housing cost burden (> 30%)	9,618	39.9	11,890	36.6	8,955	37.5	11,016	34.3
Physically inadequate housing	1,000	4.1	1,241	3.8	1,023	4.3	1,272	4.0
Crowded housing	54	0.2	76	0.2	61	0.3	80	0.2

	2005				2003			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over (Numbers in 1000s)								
Total	23,138	100.0	31,230	100.0	22,423	100.0	30,258	100.0
Number and percent with								
One or more of the housing problems	9,570	41.4	11,994	38.4	8,120	36.2	10,298	34.0
Housing cost burden (> 30%)	8,936	38.6	11,157	35.7	7,344	32.8	9,312	30.8
Physically inadequate housing	1,090	4.7	1,370	4.4	1,138	5.1	1,413	4.7
Crowded housing	64	0.3	86	0.3	109	0.5	157	0.5

	2001				1999			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over (Numbers in 1000s)								
Total	22,366	100.0	30,083	100.0	22,044	100.0	29,774	100.0
Number and percent with								
One or more of the housing problems	8,551	38.2	10,888	36.2	8,038	36.5	10,187	34.2
Housing cost burden (> 30%)	7,833	35.0	9,962	33.1	7,230	32.8	9,182	30.8
Physically inadequate housing	1,190	5.3	1,484	4.9	1,265	5.7	1,547	5.2
Crowded housing	105	0.5	143	0.5	94	0.4	117	0.4

See notes at end of table.

INDICATOR 13 Housing Problems

Table 13a. Prevalence of housing problems among households with householder or spouse age 65 and over, by type of problem, selected years 1985–2009—continued

	1997				1995			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over (Numbers in 1000s)								
Total	21,455	100.0	29,136	100.0	20,841	100.0	28,221	100.0
Number and percent with								
One or more of the housing problems	8,071	37.6	10,163	34.9	7,177	34.4	8,840	31.3
Housing cost burden (> 30%)	7,243	33.8	9,106	31.3	6,306	30.3	7,730	27.4
Physically inadequate housing	1,222	5.7	1,491	5.1	1,251	6.0	1,552	5.5
Crowded housing	98	0.5	131	0.4	67	0.3	89	0.3

	1989				1985			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over (Numbers in 1000s)								
Total	20,101	100.0	27,354	100.0	18,896	100.0	25,244	100.0
Number and percent with								
One or more of the housing problems	6,827	34.0	8,481	31.0	6,970	36.9	8,527	33.8
Housing cost burden (> 30%)	5,710	28.4	7,031	25.7	5,879	31.1	7,108	28.2
Physically inadequate housing	1,560	7.8	1,959	7.2	1,563	8.3	1,945	7.7
Crowded housing	75	0.4	100	0.4	99	0.5	127	0.5

[a] Number of persons age 65 or over.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

Table 13b. Prevalence of housing problems among households with a household member(s) age 65 and over—excludes households with householder or spouse age 65 and over—by type of problem, selected years 1985–2009

	2009				2007			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Households with household members age 65 and over (excluding household and spouse) (Numbers in 1000s)								
Total	2,031	100.0	2,232	100.0	1,970	100.0	2,153	100.0
Number and percent with								
One or more of the housing problems	896	44.1	1,014	45.4	754	38.3	843	39.2
Housing cost burden (> 30%)	783	38.6	882	39.5	663	33.7	740	34.4
Physically inadequate housing	95	4.7	104	4.7	85	4.3	90	4.2
Crowded housing	126	6.2	154	6.9	103	5.2	119	5.5

	2005				2003			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Households with household members age 65 and over (excluding household and spouse) (Numbers in 1000s)								
Total	1,844	100.0	2,037	100.0	1,718	100.0	1,904	100.0
Number and percent with								
One or more of the housing problems	583	31.6	654	32.1	598	34.8	669	35.1
Housing cost burden (> 30%)	463	25.1	515	25.3	450	26.2	496	26.1
Physically inadequate housing	98	5.3	115	5.6	92	5.4	104	5.5
Crowded housing	89	4.8	104	5.1	116	6.8	143	7.5

	2001				1999			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Households with household members age 65 and over (excluding household and spouse) (Numbers in 1000s)								
Total	1,673	100.0	1,852	100.0	1,545	100.0	1,713	100.0
Number and percent with								
One or more of the housing problems	604	36.1	689	37.2	496	32.1	563	32.9
Housing cost burden (> 30%)	479	28.6	539	29.1	406	26.3	460	26.9
Physically inadequate housing	79	4.7	83	4.5	72	4.7	80	4.7
Crowded housing	117	7.0	145	7.8	79	5.1	92	5.4

See notes at end of table.

INDICATOR 13 Housing Problems

Table 13b. Prevalence of housing problems among households with a household member(s) age 65 and over—excludes households with householder or spouse age 65 and over—by type of problem, selected years 1985–2009—continued

	1997				1995			
	Households	*%*	*Persons[a]*	*%*	*Household*	*%*	*Persons[a]*	*%*
Households with household members age 65 and over (excluding household and spouse) (Numbers in 1000s)								
Total	1,520	100.0	1,641	100.0	1,950	100.0	2,107	100.0
Number and percent with								
One or more of the housing problems	495	32.6	552	33.6	664	34.1	750	35.6
Housing cost burden (> 30%)	400	26.3	433	26.4	509	26.1	560	26.6
Physically inadequate housing	99	6.5	101	6.2	151	7.7	180	8.5
Crowded housing	68	4.5	93	5.7	83	4.3	110	5.2

	1989				1985			
	Households	*%*	*Persons[a]*	*%*	*Household*	*%*	*Persons[a]*	*%*
Households with household members age 65 and over (excluding household and spouse) (Numbers in 1000s)								
Total	1,916	100.0	2,018	100.0	2,015	100.0	2,131	100.0
Number and percent with								
One or more of the housing problems	487	25.4	514	25.5	552	27.4	591	27.7
Housing cost burden (> 30%)	346	18.1	363	18.0	372	18.5	390	18.3
Physically inadequate housing	146	7.6	158	7.8	174	8.6	186	8.7
Crowded housing	73	3.8	80	4.0	95	4.7	110	5.2

[a] Number of persons (excluding householder and spouse) age 65 or over.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

Table 13c. Prevalence of housing problems among all U.S. households except those households with an older person(s) age 65 and over by type of problem, selected years 1985–2009

	2009				2007			
	Households	*%*	*Persons*	*%*	*Household*	*%*	*Persons*	*%*
Households with no household member age 65 and over (Numbers in 1000s)								
Total	85,702	100.0	233,583	100.0	84,891	100.0	230,100	100.0
Number and percent with								
One or more of the housing problems	34,471	40.2	96,052	41.1	32,585	38.4	90,045	39.1
Housing cost burden (> 30%)	30,874	36.0	82,939	35.5	28,675	33.8	75,731	32.9
Physically inadequate housing	4,655	5.4	11,828	5.1	4,651	5.5	11,961	5.2
Crowded housing	2,330	2.7	14,328	6.1	2,365	2.8	14,328	6.2

	2005				2003			
	Households	*%*	*Persons*	*%*	*Household*	*%*	*Persons*	*%*
Households with no household member age 65 and over (Numbers in 1000s)								
Total	83,918	100.0	229,727	100.0	81,727	100.0	223,588	100.0
Number and percent with								
One or more of the housing problems	30,625	36.5	85,542	37.2	27,683	33.9	76,617	34.3
Housing cost burden (> 30%)	26,435	31.5	70,074	30.5	23,250	28.4	60,750	27.2
Physically inadequate housing	5,011	6.0	12,648	5.5	5,051	6.2	13,109	5.9
Crowded housing	2,468	2.9	15,009	6.5	2,334	2.9	13,975	6.3

	2001				1999			
	Households	*%*	*Persons*	*%*	*Household*	*%*	*Persons*	*%*
Households with no household member age 65 and over (Numbers in 1000s)								
Total	81,397	100.0	223,724	100.0	79,214	100.0	218,183	100.0
Number and percent with								
One or more of the housing problems	26,783	32.9	75,454	33.7	25,420	32.1	71,513	32.8
Housing cost burden (> 30%)	21,940	27.0	57,817	25.8	20,568	26.0	54,026	24.8
Physically inadequate housing	5,342	6.6	14,473	6.5	5,541	7.0	14,927	6.8
Crowded housing	2,408	3.0	14,514	6.5	2,398	3.0	14,359	6.6

See notes at end of table.

INDICATOR 13 Housing Problems

Table 13c. Prevalence of housing problems among all U.S. households except those households with an older person(s) age 65 and over by type of problem, selected years 1985–2009—continued

	1997				1995			
	Households	*%*	*Persons*	*%*	*Household*	*%*	*Persons*	*%*
Households with no household member age 65 and over (Numbers in 1000s)								
Total	76,512	100.0	214,267	100.0	74,903	100.0	210,905	100.0
Number and percent with								
One or more of the housing problems	24,836	32.5	71,539	33.4	24,545	32.8	71,343	33.8
Housing cost burden (> 30%)	19,802	25.9	53,200	24.8	20,135	26.9	54,506	25.8
Physically inadequate housing	5,666	7.4	15,960	7.4	4,969	6.6	14,612	6.9
Crowded housing	2,641	3.5	15,742	7.3	2,404	3.2	14,318	6.8

	1989				1985			
	Households	*%*	*Persons*	*%*	*Household*	*%*	*Persons*	*%*
Households with no household member age 65 and over (Numbers in 1000s)								
Total	71,666	100.0	206,493	100.0	67,513	100.0	195,416	100.0
Number and percent with								
One or more of the housing problems	20,955	29.2	63,022	30.5	21,187	31.4	63,645	32.6
Housing cost burden (> 30%)	15,634	21.8	43,037	20.8	16,382	24.3	45,456	23.3
Physically inadequate housing	5,897	8.2	17,466	8.5	5,636	8.3	16,967	8.7
Crowded housing	2,529	3.5	15,139	7.3	2,303	3.4	13,782	7.1

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

Table 13d. Prevalence of housing problems among households with householder or spouse age 65 and over with children, by type of problem, selected years 1985–2009

	2009				2007			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over with children (Numbers in 1000s)								
Total	1,001	100.0	1,230	100.0	1,039	100.0	1,272	100.0
Number and percent with								
One or more of the housing problems	446	44.6	519	42.2	445	42.8	526	41.4
Housing cost burden (> 30%)	408	40.8	475	38.6	401	38.6	470	36.9
Physically inadequate housing	46	4.6	53	4.3	31	3.0	36	2.8
Crowded housing	44	4.4	57	4.6	55	5.3	70	5.5

	2005				2003			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over with children (Numbers in 1000s)								
Total	1,064	100.0	1,297	100.0	1,052	100.0	1,313	100.0
Number and percent with								
One or more of the housing problems	482	45.3	565	43.6	427	40.6	529	40.3
Housing cost burden (> 30%)	414	38.9	485	37.4	330	31.4	408	31.1
Physically inadequate housing	79	7.4	86	6.6	64	6.1	75	5.7
Crowded housing	49	4.6	61	4.7	97	9.2	137	10.4

	2001				1999			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over with children (Numbers in 1000s)								
Total	1,011	100.0	1,233	100.0	1,000	100.0	1,212	100.0
Number and percent with								
One or more of the housing problems	436	43.1	531	43.1	374	37.4	435	35.9
Housing cost burden (> 30%)	329	32.5	388	31.5	285	28.5	329	27.1
Physically inadequate housing	76	7.5	97	7.9	72	7.2	85	7.0
Crowded housing	95	9.4	127	10.3	83	8.3	104	8.6

See notes at end of table.

Table 13d. Prevalence of housing problems among households with householder or spouse age 65 and over with children, by type of problem, selected years 1985–2009—continued

	1997				1995			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over with children (Numbers in 1000s)								
Total	916	100.0	1,117	100.0	1,360	100.0	1,626	100.0
Number and percent with								
One or more of the housing problems	371	40.5	440	39.4	525	38.6	623	38.3
Housing cost burden (> 30%)	282	30.8	329	29.5	385	28.3	450	27.7
Physically inadequate housing	89	9.7	106	9.5	136	10.0	155	9.5
Crowded housing	82	9.0	105	9.4	61	4.5	82	5.0

	1989				1985			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder or spouse age 65 and over with children (Numbers in 1000s)								
Total	923	100.0	1,148	100.0	782	100.0	930	100.0
Number and percent with								
One or more of the housing problems	323	35.0	402	35.0	347	44.4	412	44.3
Housing cost burden (> 30%)	192	20.8	235	20.5	200	25.6	233	25.1
Physically inadequate housing	114	12.4	136	11.8	130	16.6	151	16.2
Crowded housing	64	6.9	87	7.6	92	11.8	114	12.3

[a] Number of persons age 65 or over.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

Table 13e. Prevalence of housing problems among households with a household member(s) age 65 and over with children—excludes households with householder or spouse age 65 and over, by type of problem, selected years 1985–2009

	2009				2007			
	Households	*%*	*Persons[a]*	*%*	*Household*	*%*	*Persons[a]*	*%*
Household members (excluding household or spouse) age 65 and over with children (Numbers in 1000s)								
Total	815	100.0	930	100.0	785	100.0	878	100.0
Number and percent with								
One or more of the housing problems	440	54.0	508	54.6	356	45.4	400	45.6
Housing cost burden (> 30%)	363	44.5	418	44.9	291	37.1	323	36.8
Physically inadequate housing	47	5.8	49	5.3	37	4.7	39	4.4
Crowded housing	114	14.0	132	14.2	98	12.5	113	12.9

	2005				2003			
	Households	*%*	*Persons[a]*	*%*	*Household*	*%*	*Persons[a]*	*%*
Household members (excluding household or spouse) age 65 and over with children (Numbers in 1000s)								
Total	808	100.0	895	100.0	743	100.0	837	100.0
Number and percent with								
One or more of the housing problems	278	34.4	310	34.6	314	42.3	355	42.4
Housing cost burden (> 30%)	219	27.1	248	27.7	217	29.2	236	28.2
Physically inadequate housing	29	3.6	37	4.1	40	5.4	50	6.0
Crowded housing	72	8.9	74	8.3	108	14.5	134	16.0

	2001				1999			
	Households	*%*	*Persons[a]*	*%*	*Household*	*%*	*Persons[a]*	*%*
Household members (excluding household or spouse) age 65 and over with children (Numbers in 1000s)								
Total	732	100.0	802	100.0	622	100.0	703	100.0
Number and percent with								
One or more of the housing problems	300	41.0	340	42.4	236	37.9	270	38.4
Housing cost burden (> 30%)	215	29.4	244	30.4	171	27.5	191	27.2
Physically inadequate housing	37	5.1	40	5.0	33	5.3	38	5.4
Crowded housing	110	15.0	124	15.5	71	11.4	84	11.9

See notes at end of table.

Table 13e. Prevalence of housing problems among households with a household member(s) age 65 and over with children—excludes households with householder or spouse age 65 and over, by type of problem, selected years 1985–2009—continued

	1997				*1995*			
	Households	*%*	*Persons[a]*	*%*	*Household*	*%*	*Persons[a]*	*%*
Household members (excluding household or spouse) age 65 and over with children (Numbers in 1000s)								
Total	363	100.0	713	100.0	622	100.0	705	100.0
Number and percent with								
One or more of the housing problems	242	38.1	282	39.6	262	42.1	313	44.4
Housing cost burden (> 30%)	188	29.6	207	29.0	173	27.8	193	27.4
Physically inadequate housing	35	5.5	35	4.9	60	9.6	75	10.6
Crowded housing	63	9.9	88	12.3	80	12.9	108	15.3

	1989				*1985*			
	Households	*%*	*Persons[a]*	*%*	*Household*	*%*	*Persons[a]*	*%*
Household members (excluding household or spouse) age 65 and over with children (Numbers in 1000s)								
Total	686	100.0	732	100.0	652	100.0	709	100.0
Number and percent with								
One or more of the housing problems	205	29.9	228	31.1	221	33.9	246	34.7
Housing cost burden (> 30%)	128	18.7	141	19.3	115	17.6	124	17.5
Physically inadequate housing	61	8.9	73	10.0	70	10.7	74	10.4
Crowded housing	71	10.3	78	10.7	81	12.4	95	13.4

[a] Number of persons age 65 or over.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

Table 13f. Prevalence of housing problems among all older households: householder, spouse, or member(s) age 65 and over, by type of problem, selected years 1985–2009

	2009				2007			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder, spouse, or member(s) age 65 and over (Numbers in 1000s)								
Total	26,159	100.0	34,759	100.0	25,828	100.0	34,306	100.0
Number and percent with								
One or more of the housing problems	11,064	42.3	13,638	39.2	10,252	39.7	12,572	36.6
Housing cost burden (> 30%)	10,401	39.8	12,772	36.7	9,618	37.2	11,756	34.3
Physically inadequate housing	1,095	4.2	1,345	3.9	1,108	4.3	1,362	4.0
Crowded housing	180	0.7	230	0.7	164	0.6	199	0.6

	2005				2003			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder, spouse, or member(s) age 65 and over (Numbers in 1000s)								
Total	24,982	100.0	33,267	100.0	24,141	100.0	32,162	100.0
Number and percent with								
One or more of the housing problems	10,153	40.6	12,648	38.0	8,718	36.1	10,967	34.1
Housing cost burden (> 30%)	9,399	37.6	11,672	35.1	7,794	32.3	9,808	30.5
Physically inadequate housing	1,188	4.8	1,485	4.5	1,230	5.1	1,517	4.7
Crowded housing	153	0.6	190	0.6	225	0.9	300	0.9

	2001				1999			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder, spouse, or member(s) age 65 and over (Numbers in 1000s)								
Total	24,039	100.0	31,935	100.0	23,589	100.0	31,487	100.0
Number and percent with								
One or more of the housing problems	9,155	38.1	11,577	36.3	8,534	36.2	10,750	34.1
Housing cost burden (> 30%)	8,312	34.6	10,501	32.9	7,636	32.4	9,642	30.6
Physically inadequate housing	1,269	5.3	1,567	4.9	1,337	5.7	1,627	5.2
Crowded housing	222	0.9	288	0.9	173	0.7	209	0.7

See notes at end of table.

Table 13f. Prevalence of housing problems among all older households: householder, spouse, or member(s) age 65 and over, by type of problem, selected years 1985–2009—continued

	1997				*1995*			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder, spouse, or member(s) age 65 and over (Numbers in 1000s)								
Total	22,975	100.0	30,777	100.0	22,800	100.0	30,300	100.0
Number and percent with								
One or more of the housing problems	8,566	37.3	10,715	34.8	7,841	34.4	9,590	31.6
Housing cost burden (> 30%)	7,643	33.3	9,539	31.0	6,815	29.9	8,290	27.3
Physically inadequate housing	1,321	5.7	1,592	5.2	1,402	6.2	1,732	5.7
Crowded housing	166	0.7	224	0.7	150	0.7	199	0.7

	1989				*1985*			
	Households	*%*	*Persons*[a]	*%*	*Household*	*%*	*Persons*[a]	*%*
Householder, spouse, or member(s) age 65 and over (Numbers in 1000s)								
Total	22,017	100.0	29,372	100.0	20,911	100.0	27,375	100.0
Number and percent with								
One or more of the housing problems	7,314	33.2	8,995	30.6	7,522	36.0	9,118	33.3
Housing cost burden (> 30%)	6,056	27.5	7,394	25.2	6,251	29.9	7,498	27.4
Physically inadequate housing	1,706	7.7	2,117	7.2	1,737	8.3	2,131	7.8
Crowded housing	148	0.7	180	0.6	194	0.9	237	0.9

[a] Number of persons age 65 or over.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

INDICATOR 14 Life Expectancy

Table 14a. Life expectancy, by age and sex, selected years 1900–2009

Age and sex	*1900*	*1910*	*1920*	*1930*	*1940*	*1950*	*1960*	*1970*	*1980*	*1990*
At birth										
Both sexes	49.2	51.5	56.4	59.2	63.6	68.1	69.9	70.8	73.9	75.4
Men	47.9	49.9	55.5	57.7	61.6	65.5	66.8	67.0	70.1	71.8
Women	50.7	53.2	57.4	60.9	65.9	71.0	73.2	74.6	77.6	78.8
At age 65										
Both sexes	11.9	11.6	12.5	12.2	12.8	13.8	14.4	15.0	16.5	17.3
Men	11.5	11.2	12.2	11.7	12.1	12.7	13.0	13.0	14.2	15.1
Women	12.2	12.0	12.7	12.8	13.6	15.0	15.8	16.8	18.4	19.0
At age 85										
Both sexes	4.0	4.0	4.2	4.2	4.3	4.7	4.6	5.3	6.0	6.2
Men	3.8	3.9	4.1	4.0	4.1	4.4	4.4	4.7	5.1	5.3
Women	4.1	4.1	4.3	4.3	4.5	4.9	4.7	5.6	6.4	6.7

	2000	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*
At birth										
Both sexes	76.8	76.9	76.9	77.1	77.5	77.4	77.7	77.9	78.1	78.5
Men	74.1	74.2	74.3	74.5	74.9	74.9	75.1	75.4	75.6	76.0
Women	79.3	79.4	79.5	79.6	79.9	79.9	80.2	80.4	80.6	80.9
At age 65										
Both sexes	17.6	17.7	17.8	17.9	18.2	18.2	18.5	18.6	18.8	19.2
Men	16.0	16.2	16.2	16.4	16.7	16.8	17.0	17.2	17.3	17.6
Women	19.0	19.0	19.1	19.2	19.5	19.5	19.7	19.9	20.0	20.3
At age 85										
Both sexes	6.1	6.1	6.1	6.1	6.3	6.2	6.4	6.5	6.4	6.7
Men	5.4	5.5	5.4	5.5	5.6	5.6	5.7	5.8	5.7	5.9
Women	6.5	6.5	6.5	6.5	6.7	6.6	6.8	6.8	6.8	7.0

NOTE: The life expectancies (LEs) for decennial years 1910 to 1990 are based on decennial census data and deaths for a 3-year period around the census year. The LEs for decennial year 1900 are based on deaths from 1900 to 1902. LEs for years prior to 1930 are based on the death registration area only. The death registration area increased from 10 states and the District of Columbia in 1900 to the coterminous United States in 1933. LEs for 2000–2006 are based on a newly revised methodology that uses vital statistics death rates for ages under 66 and modeled probabilities of death for ages 66 to 100 based on blended vital statistics and Medicare probabilities of dying and may differ from figures previously published.

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.

Table 14b. Life expectancy, by sex, selected race, and age, 2009

	Total		*Men*		*Women*	
Age	*White*	*Black*	*White*	*Black*	*White*	*Black*
At birth	78.8	74.5	76.4	71.1	81.2	77.6
At age 65	19.1	17.8	17.7	15.8	20.4	19.3
At age 85	6.6	6.8	5.8	5.9	7.0	7.2

NOTE: See data sources for the definition of race and Hispanic origin in the National Vital Statistics System.

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 14 Life Expectancy

Table 14c. Average life expectancy at age 65, by sex and selected countries or areas, selected years 1980–2009

	Men					Women				
Country	*1980*	*1990*	*2000*	*2005*	*2009*	*1980*	*1990*	*2000*	*2005*	*2009*
Australia	13.7	15.2	16.9	18.1	18.7	17.9	19	20.4	21.4	21.8
Austria	12.9	14.4	16	17	17.7	16.3	18.1	19.6	20.3	21.2
Belgium	12.9	14.3	15.6	16.6	17.5	16.8	18.8	19.7	20.2	21.1
Canada	14.5	15.7	16.5	17.6	—	18.9	19.9	20.2	20.9	—
Chile	—	13.7	15.5	16.2	16.8	—	17.2	19.3	19.7	19.9
Czech Republic	11.2	11.7	13.8	14.4	15.2	14.4	15.3	17.3	17.7	18.8
Denmark	13.6	14	15.2	16.1	16.8	17.6	17.9	18.3	19.1	19.5
Estonia	—	11.9	12.5	13.1	14.4	—	15.5	16.8	18.1	18.3
Finland	12.6	13.8	15.5	16.8	17.3	17.0	17.8	19.5	20.9	21.5
France	13.6	15.5	16.7	17.7	—	18.2	19.8	21.2	22.0	—
Germany[1]	12.8	14.0	15.8	16.9	17.6	16.3	17.7	19.6	20.1	20.8
Greece	15.2	15.7	16.1	17.1	18.1	17.0	18.0	18.4	19.2	20.2
Hungary	11.6	12.0	12.7	13.1	13.7	14.6	15.3	16.5	16.9	17.6
Iceland	15.8	16.2	18.1	18.0	18.3	19.1	19.5	19.7	20.7	20.6
Ireland	12.6	13.3	14.6	16.7	17.2	15.7	17.0	18.0	19.8	20.6
Israel[2]	—	15.7	17.0	18.0	18.9	—	17.8	19.0	20.2	21.2
Italy	13.3	15.2	16.7	17.4	—	17.1	18.9	20.7	21.3	—
Japan	14.6	16.2	17.5	18.1	18.9	17.7	20.0	22.4	23.2	24.0
Korea (Republic of)	10.5	12.4	14.3	15.8	17.1	15.1	16.3	18.2	19.9	21.5
Luxembourg	12.6	14.3	15.5	16.7	17.6	16.5	18.5	20.1	20.4	21.4
Mexico	15.4	16.0	16.5	16.8	16.8	17.0	17.8	18.1	18.2	18.3
Netherlands	13.7	14.4	15.3	16.4	17.4	18.0	18.9	19.2	20.0	20.8
New Zealand	13.2	14.6	16.5	17.7	18.6	17.0	18.3	19.8	20.5	21.1
Norway	14.3	14.6	16.1	17.2	18.0	18.2	18.7	19.9	20.9	21.1
Poland	12.0	12.4	13.6	14.4	14.7	15.5	16.1	17.5	18.6	19.1
Portugal	13.1	14.0	15.4	16.1	17.1	16.1	17.1	18.9	19.4	20.5
Slovak Republic	12.3	12.2	12.9	13.2	13.9	15.4	15.7	16.5	16.9	17.6
Slovenia	—	13.2	14.1	15.5	16.3	—	16.7	17.9	19.9	20.1
Spain	14.6	15.5	16.7	17.3	18.3	17.8	19.3	20.8	21.3	22.4
Sweden	14.3	15.3	16.7	17.4	18.2	17.9	19.0	20.0	20.6	21.0
Switzerland	14.3	15.3	17.0	18.1	19.0	18.2	19.7	20.9	21.7	22.2
Turkey	11.7	12.8	13.4	13.9	14.0	12.8	14.3	15.1	15.6	15.9
United Kingdom	12.6	14.0	15.8	17.0	18.1	16.6	17.9	19.0	19.7	20.8
United States	14.1	15.1	16.0	16.8	17.6	18.3	18.9	19.0	19.5	20.3

— Not available.

[1] Germany (code DEU) was created 3 October 1990 by the accession of the Democratic Republic of Germany (code DDR) to the then Federal Republic of Germany (code DEW).

[2] The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem, and Israeli settlements in the West Bank under the terms of international law.

NOTE: Estimates for the United States for 2009 are from the National Vital Statistics System and may differ from the OECD estimates published elsewhere.

SOURCE: Organisation for Economic Co-operation and Development (OECD) Health Data 2011, OECD.StatExtracts, available from: http://www.oecd.org.

Table 15. Death rates for selected leading causes of death among people age 65 and over, 1981–2009

Year	Total	Heart disease	Cancer	Stroke	Chronic lower respiratory diseases	Influenza and pneumonia	Diabetes	Alzheimer's disease
	Number per 100,000 population							
1981	5,714	2,547	1,056	624	186	207	106	6
1982	5,610	2,503	1,069	585	186	181	102	9
1983	5,685	2,512	1,078	564	204	207	104	16
1984	5,645	2,450	1,087	546	211	214	103	24
1985	5,694	2,431	1,091	531	225	243	103	31
1986	5,629	2,372	1,101	506	228	245	101	35
1987	5,578	2,316	1,106	496	230	237	102	42
1988	5,625	2,306	1,114	489	240	263	105	45
1989	5,457	2,172	1,133	464	240	253	120	47
1990	5,353	2,091	1,142	448	245	258	120	49
1991	5,291	2,046	1,150	435	252	245	121	49
1992	5,205	1,990	1,151	425	253	233	121	49
1993	5,349	2,024	1,159	435	274	248	128	55
1994	5,270	1,952	1,155	434	271	238	133	60
1995	5,265	1,927	1,153	438	271	237	136	65
1996	5,222	1,878	1,141	433	276	234	139	66
1997	5,179	1,827	1,127	424	280	236	140	68
1998	5,168	1,792	1,119	412	269	247	143	67
1999	5,220	1,767	1,126	433	313	167	150	129
2000	5,137	1,695	1,119	423	304	167	150	140
2001	5,044	1,632	1,100	404	301	155	151	148
2002	5,001	1,585	1,091	393	301	161	152	159
2003	4,907	1,525	1,073	373	299	155	151	168
2004	4,699	1,418	1,052	346	284	139	146	171
2005	4,676	1,376	1,041	320	299	142	147	179
2006	4,519	1,297	1,025	297	279	124	137	177
2007	4,418	1,232	1,015	288	281	112	132	178
2008	4,420	1,200	997	277	304	116	128	192
2009	4,300	1,156	982	264	291	104	121	184
	Percent change between 1981 and 2009							
	-24.7	-54.6	-7.0	-57.7	56.7	*-37.9	14.7	*42.7

* Change calculated from 1999 when 10th revision of the International Classification of Disease (ICD-10) was implemented.

NOTE: Death rates for 1981–1998 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 1981–1998, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for the ICD-10 and may differ from previously published estimates. Population estimates for July 1, 2000 and July 1, 2001 are postcensal 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 (NCHS) 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 http://www.cdc.gov/nchs/nvss/bridged_race.htm. Death rates for 1990–2001 may differ from those published elsewhere because of the use of the bridged intercensal and postcensal 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 16 Chronic Health Conditions

Table 16a. Percentage of people age 65 and over who reported having selected chronic health conditions, by sex and race and Hispanic origin, 2009–2010

	Heart disease	*Hyper-tension*	*Stroke*	*Asthma*	*Chronic bronchitis or emphysema*	*Any cancer*	*Diabetes*	*Arthritis*
Total	30.4	55.9	8.6	11.3	10.3	24.0	20.5	51.2
Men	36.9	54.1	9.1	9.7	9.6	27.6	23.5	44.8
Women	25.5	57.2	8.2	12.5	10.8	21.2	18.2	56.1
Non-Hispanic White	32.1	54.2	8.5	11.3	10.9	26.9	18.0	52.6
Non-Hispanic Black	25.1	69.2	11.7	11.5	8.4	13.9	31.6	51.0
Hispanic	22.2	57.2	7.2	11.1	7.1	10.4	32.5	43.8

NOTE: Data are based on a 2-year average from 2009–2010. See data sources for the definition of race and Hispanic origin 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.

Table 16b. Percentage of people age 65 and over who reported having selected chronic health conditions, 1997–1998 through 2009–2010

Year	*Heart disease*	*Hyper-tension*	*Stroke*	*Emphy-sema*	*Asthma*	*Chronic bronchitis*	*Any cancer*	*Diabetes*	*Arthritis*
1997–1998	32.3	46.5	8.2	5.2	7.7	6.4	18.7	13.0	—
1999–2000	29.8	47.4	8.2	5.2	7.4	6.2	19.9	13.7	—
2001–2002	31.5	50.2	8.9	5.0	8.3	6.1	20.8	15.4	—
2003–2004	31.8	51.9	9.3	5.2	8.9	6.0	20.7	16.9	50.0
2005–2006	30.9	53.3	9.3	5.7	10.6	6.1	21.1	18.0	49.5
2007–2008	31.9	55.7	8.8	5.1	10.4	5.4	22.5	18.6	49.5
2009–2010	30.4	55.9	8.6	6.2	11.3	6.2	24.0	20.5	51.2

— Not available.
NOTE: Data are based on 2-year averages.
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 17 Sensory Impairments and Oral Health

Table 17a. Percentage of people age 65 and over who reported having any trouble hearing, trouble seeing, or no natural teeth, by selected characteristics, 2010

Sex, age, and poverty status	*Any trouble hearing*	*Any trouble seeing*	*No natural teeth*
Both sexes			
65 and over	37.5	14.0	24.3
65–74	31.2	12.2	19.3
75–84	40.3	13.8	29.8
85 and over	58.6	22.5	32.5
Below poverty	31.4	24.0	42.3
Above poverty	37.5	13.1	21.6
Men			
65 and over	46.1	12.7	23.5
65–74	41.0	10.5	18.4
75–84	50.8	14.6	30.0
85 and over	61.7	19.5	33.4
Women			
65 and over	30.9	14.9	24.9
65–74	22.8	13.6	20.0
75–84	32.4	13.2	29.6
85 and over	57.1	23.9	32.1

NOTE: Respondents were asked "WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?" For the purposes of this indicator, the category "Any trouble hearing" includes: "a little trouble hearing, moderate 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" includes those who responded yes or 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.

Table 17b. Percentage of people age 65 and over who reported ever having worn a hearing aid, by sex, 2010

Age group	*Both sexes*	*Men*	*Women*
65 and over	14.3	18.4	11.2
65–74	9.1	12.5	6.2
75–84	15.7	22.9	10.3
85 and over	34.2	40.0	31.4

NOTE: Respondents were asked "Do you now use a hearing aid(s)?" For those who responded no, they were also asked "Have you ever used a hearing aid(s) in the past?"

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 18 Respondent-Assessed Health Status

Table 18. Percentage of people age 65 and over with respondent-assessed good to excellent health status by age group and race and Hispanic origin, 2008–2010.

Selected characteristics	*Total*	*Not Hispanic or Latino White only*	*Not Hispanic or Latino Black only*	*Hispanic or Latino (of any race)*
Fair or poor health				
Both sexes				
65 and over	24.4	21.7	37.5	37.3
65–74	20.9	18.1	32.8	34.5
75–84	26.9	23.9	43.4	40.2
85 and over	33.0	30.6	45.8	48.2
Men				
65 and over	24.4	22.2	36.3	35.7
65–74	21.2	19.1	32.1	33.0
75–84	27.2	24.7	42.3	39.3
85 and over	34.4	31.8	46.0	45.1
Women				
65 and over	24.4	21.3	38.3	38.5
65–74	20.7	17.3	33.3	35.6
75–84	26.8	23.4	44.1	40.8
85 and over	32.3	29.9	45.7	50.2
Good to excellent health				
Both sexes				
65 and over	75.6	78.3	62.5	62.7
65–74	79.1	81.9	67.2	65.6
75–84	73.1	76.1	56.6	59.9
85 and over	67.0	69.4	54.2	51.8
Men				
65 and over	75.6	77.8	63.7	64.3
65–74	78.8	80.9	67.9	67.0
75–84	72.8	75.3	57.8	60.8
85 and over	65.6	68.2	54.0	54.9
Women				
65 and over	75.6	78.7	61.8	61.5
65–74	79.3	82.7	66.7	64.4
75–84	73.2	76.7	55.9	59.2
85 and over	67.7	70.1	54.3	49.9

NOTE: Data are based on a 3-year average from 2008–2010. See data sources for the definition of race and Hispanic origin 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 19 Depressive Symptoms

Table 19a. Percentage of people age 65 and over with clinically relevant depressive symptoms, by sex, selected years 1998–2008

	1998	*2000*	*2002*	*2004*	*2006*	*2008*
Both sexes	15.9	15.6	15.4	14.4	14.6	13.7
Men	11.9	11.4	11.5	11.0	10.1	10.7
Women	18.6	18.5	18.0	16.8	17.9	15.7

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 of Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). 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 "four or more symptoms" cut-off can be found in the following documentation, http://hrsonline.isrumich.edu/docs/userg/dr-005.pdf. Proportions are based on weighted data using the preliminary respondent weight from HRS 2008.

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

SOURCE: Health and Retirement Study.

Table 19b. Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2008

	Both sexes	*Men*	*Women*
65 and over	13.6	10.7	15.7
65–69	12.3	9.7	14.5
70–74	11.9	9.6	13.7
75–79	13.8	10.1	16.5
80–84	14.6	9.9	17.6
85 and over	18.3	18.9	17.9

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 of Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study (HRS). 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 "four or more symptoms" cut-off can be found in the following documentation, http://hrsonline.isrumich.edu/docs/userg/dr-005.pdf. Proportions are based on weighted data using the preliminary respondent weight from HRS 2008.

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

SOURCE: Health and Retirement Study.

INDICATOR 20 Functional Limitations

Table 20a. Percentage of Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a long-term care facility, selected years 1992–2009

	1992	*1997*	*2001*	*2005*	*2007*	*2009*
Total	48.8	42.5	43.7	42.1	42.2	41.4
IADLs only	13.7	12.7	13.4	12.3	13.8	12.1
1–2 ADLs	19.6	16.6	17.2	18.3	17.7	17.6
3–4 ADLs	6.1	4.9	5.3	4.7	4.5	5.1
5–6 ADLs	3.5	3.2	3.0	2.5	2.3	2.7
Long-term care facility	5.9	5.1	4.8	4.3	3.9	3.9

NOTE: A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has three or more beds, 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. ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. 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, or managing money. Rates are age-adjusted using the 2000 standard population.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 20b. Percentage of Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a long-term care facility, by sex, 2009

	Both Sexes	*Men*	*Women*
Total	41.4	35.5	45.8
IADLs only	12.1	9.5	14.2
1–2 ADLs	17.6	16.1	18.8
3–4 ADLs	5.1	4.3	5.8
5–6 ADLs	2.7	2.7	2.6
Long-term care facility	3.9	2.9	4.4

NOTE: A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; has 3 or more beds, 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. ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. 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, or managing money. Rates are age-adjusted using the 2000 standard population.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 20c. Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2009

Function	*1991*	*2009*
Men		
Stoop/kneel	8.0	10.2
Reach over head	3.1	3.1
Write/grasp small objects	2.3	1.5
Walk 2–3 blocks	14.2	14.5
Lift 10 lbs.	9.4	7.1
Any of these five	19.1	19.0
Women		
Stoop/kneel	15.2	17.9
Reach over head	6.2	4.1
Write/grasp small objects	2.6	1.8
Walk 2–3 blocks	23.1	21.4
Lift 10 lbs.	18.4	13.5
Any of these five	32.0	29.7

NOTES: Rates for 1991 are age-adjusted to the 2009 population.
Reference population: These data refer to Medicare enrollees.
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 20d. Percentage of Medicare enrollees age 65 and over who are unable to perform any one of five physical functions, by selected characteristics 2009

Selected characteristic	*Men*	*Women*
Age		
65–74	12.9	18.7
75–84	22.1	33.7
85 and over	39.6	53.0
Race		
White, not Hispanic or Latino	18.4	28.6
Black, not Hispanic or Latino	23.1	33.4
Hispanic or Latino (any race)	20.4	33.6

NOTE: The five physical functions include stooping/kneeling, reaching over the head, writing/grasping small objects, walking 2–3 blocks, and lifting 10 lbs.
Reference population: These data refer to Medicare enrollees.
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

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 1989–2010

	Influenza			*Pneumococcal disease*		
Year	*Not Hispanic or Latino White*	*Not Hispanic or Latino Black*	*Hispanic or Latino (of any race)*	*Not Hispanic or Latino White*	*Not Hispanic or Latino Black*	*Hispanic or Latino (of any race)*
1989	32.0	17.7	23.8	15.0	6.2	9.8
1991	42.8	26.5	33.2	21.0	13.2	11.0
1993	53.1	31.1	46.2	28.7	13.1	12.2
1994	56.9	37.7	36.6	30.5	13.9	13.7
1995	60.0	39.5	49.5	34.2	20.5	21.6
1997	65.8	44.6	52.7	45.6	22.2	23.5
1998	65.6	45.9	50.3	49.5	26.0	22.8
1999	67.9	49.7	55.1	53.1	32.3	27.9
2000	66.6	47.9	55.7	56.8	30.5	30.4
2001	65.4	47.9	51.9	57.8	33.9	32.9
2002	68.7	49.5	48.5	60.3	36.9	27.1
2003	68.6	47.8	45.4	59.6	37.0	31.0
2004	67.3	45.7	54.6	60.9	38.6	33.7
2005	63.2	39.6	41.7	60.6	40.4	27.5
2006	67.3	47.1	44.9	62.0	35.6	33.4
2007	69.3	55.7	52.2	62.2	44.1	31.8
2008	69.9	50.2	54.9	64.3	44.5	36.4
2009	69.0	52.9	56.9	64.9	44.8	40.1
2010	65.5	52.1	53.6	63.6	45.9	39.0

NOTE: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months and does not include receipt of nasal spray flu vaccinations. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. See data sources for the definition of race and Hispanic origin 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.

Table 21b. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by selected characteristics, 2010

Selected characteristic	*Influenza*	*Pneumococcal disease*
Both Sexes	63.3	59.7
Men	63.7	57.6
Women	63.1	61.3
65–74	59.1	54.7
75–84	68.1	65.4
85 and over	70.0	67.7
High school graduate or less	60.3	56.8
More than high school	67.1	63.2

NOTE: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months and does not include receipt of nasal spray flu vaccinations. 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.

INDICATOR 22 Mammography

Table 22. Percentage of women who reported having had a mammogram within the past two years, by selected characteristics, selected years 1987–2010

	1987	*1990*	*1991*	*1993*	*1994*	*1998*
Women age 40 and over						
Age group						
40–49	31.9	55.1	55.6	59.9	61.3	63.4
50–64	31.7	56.0	60.3	65.1	66.5	73.7
65 and over	22.8	43.4	48.1	54.2	55.0	63.8
65–74	26.6	48.7	55.7	64.2	63.0	69.4
75 and over	17.3	35.8	37.8	41.0	44.6	57.2
Women age 65 and over						
Race and Hispanic origin						
White, not Hispanic or Latino	24.0	43.8	49.1	54.7	54.9	64.3
Black, not Hispanic or Latino	14.1	39.7	41.6	56.3	61.0	60.6
Hispanic or Latino	*	41.1	40.9	35.7	48.0	59.0
Poverty						
Below 100%	13.1	30.8	35.2	40.4	43.9	51.9
100%–199%	19.9	38.6	41.8	47.6	48.8	57.8
200%–399%	27.7	47.4	55.9	60.3	61.0	69.5
400% or more	34.7	61.2	63.0	71.3	73.0	71.1
Education						
No high school diploma or GED	16.5	33.0	37.7	44.2	45.6	54.7
High school diploma or GED	25.9	47.5	54.0	57.4	59.1	66.8
Some college or more	32.3	56.7	57.9	64.8	64.3	71.3

	1999	*2000*	*2003*	*2005*	*2008*	*2010*
Women age 40 and over						
Age group						
40–49	67.2	64.3	64.4	63.5	61.5	62.3
50–64	76.5	78.7	76.2	71.8	74.2	72.6
65 and over	66.8	67.9	67.7	63.8	65.4	64.4
65–74	73.9	74.0	74.6	72.5	72.6	71.9
75 and over	58.9	61.3	60.6	54.7	57.9	55.7
Women age 65 and over						
Race and Hispanic origin						
White, not Hispanic or Latino	66.8	68.3	68.1	64.7	66.1	65.0
Black, not Hispanic or Latino	68.1	65.5	65.4	60.5	66.4	60.9
Hispanic or Latino	67.2	68.3	69.5	63.8	59.0	65.2
Poverty						
Below 100%	57.6	54.8	57.0	52.3	49.1	50.6
100%–199%	60.2	60.3	62.8	56.1	59.4	55.5
200%–399%	70.0	71.1	72.3	68.6	65.0	67.2
400% or more	76.7	81.9	73.0	72.6	78.3	74.5
Education						
No high school diploma or GED	56.6	57.4	56.9	50.7	49.2	54.1
High school diploma or GED	68.4	71.8	69.7	64.3	65.7	62.5
Some college or more	77.1	74.1	75.1	73.0	75.6	70.9

* Estimate is considered unreliable.

NOTE: Questions concerning the use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. For details, see Health, United States 2011, Appendix II. The poverty categories shown here differ from previous versions of *Older Americans.*

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 23 Diet Quality

Table 23. Average diet scores,[a] population age 65 and over, by age group, 2007–2008

	Age group (Years)		
	65 and over	*65–74*	*75 and over*
Total Healthy Eating Index-2005 score	67	66	67
Dietary adequacy components[b]			
Total fruit	90	86	94
Whole fruit	100	100	100
Total vegetables	84	86	82
Dark green and orange vegetables and legumes	36	36	35
Total grains	100	100	100
Whole grains	34	32	37
Milk	60	58	63
Meat and beans	100	100	100
Oils	75	77	73
Dietary moderation components[c]			
Saturated fat	60	59	63
Sodium	33	32	35
Calories from solid fats, alcoholic beverages, and added sugars	59	59	59

[a] Scores are Healthy Eating Index-2005 scores.

[b] Higher scores reflect higher intakes.

[c] Higher scores reflect lower intakes.

NOTE: The Healthy Eating Index-2005 (HEI-2005) has 12 components, and a higher score indicates a higher quality diet. Intakes equal to or better than the standards set for each component are assigned a maximum score of 100 percent. For the nine adequacy components (e.g., total fruit), no intake gets 0 percent, and scores increase up to 100 percent of the standard. The three moderation components (e.g., sodium) are scored in reverse; that is, excessively high intakes get 0 percent and as intakes decrease towards the standard, scores increase up to 100 percent. Scores are averages across all adults and reflect long-term dietary intake.

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

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, 2007–2008 and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Healthy Eating Index-2005.

INDICATOR 24 Physical Activity

Table 24a. Percentage of people age 45 and over who reported participating in leisure-time aerobic and muscle-strengthening activities that meet the 2008 Federal physical activity guidelines, by age group, 1998–2010

Year	*45–64*	*65 and over*	*65–74*	*75–84*	*85 and over*
1998	11.4	5.5	7.0	3.9	2.0
1999	11.9	5.9	7.7	4.5	0.9
2000	12.8	6.9	8.4	5.7	1.9
2001	13.1	6.7	7.7	6.1	3.1
2002	14.2	7.1	8.8	5.8	2.1
2003	14.6	7.6	9.2	6.7	2.9
2004	14.0	7.8	9.7	6.4	3.5
2005	14.4	7.9	10.5	5.7	3.0
2006	13.8	7.5	9.1	6.5	3.0
2007	15.0	7.9	9.5	6.6	4.1
2008	16.3	9.5	11.3	9.3	2.3
2009	16.9	10.0	12.8	7.9	2.8
2010	17.8	10.5	13.6	7.3	4.0

NOTE: This measure of physical activity differs from previous editions of *Older Americans.* The measure reflects the 2008 Federal Physical Activity Guidelines for Americans (available from: http://www.health.gov/PAGuidelines/). The 2008 Federal guidelines recommend that for substantial health benefits, adults perform at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week. The 2008 guidelines also recommend that adults perform muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on two or more days a week, because these activities provide additional health benefits. The measure shown here presents the percentage of people who fully met both the aerobic activity and muscle-strengthening guidelines.

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.

Table 24b. Percentage of people age 65 and over who reported participating in leisure-time aerobic and muscle-strengthening activities that meet the 2008 Federal physical activity guidelines, by sex and race and ethnicity, 2010

	Aerobic activity only			
	All	*White, not Hispanic or Latino*	*Black, not Hispanic or Latino*	*Hispanic or Latino*
Both sexes	10.5	11.5	5.2	5.6
Men	13.6	14.6	7.8	9.0
Women	8.0	9.0	3.6	3.0

NOTE: This measure of physical activity differs from previous editions of *Older Americans.* The measure reflects the 2008 Federal Physical Activity Guidelines for Americans (available from: http://www.health.gov/PAGuidelines/). The 2008 Federal guidelines recommend that for substantial health benefits, adults perform at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week. The 2008 guidelines also recommend that adults perform muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on two or more days a week, because these activities provide additional health benefits. The measure shown here presents the percentage of people who fully met both the aerobic activity and muscle-strengthening guidelines.

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 25 Obesity

Table 25. Body weight status among persons 65 years of age and over, by sex and age group, selected years 1976–2010

Sex and age group	*1976–1980*	*1988–1994*	*1999–2000*	*2001–2002*	*2003–2004*	*2005–2006*	*2007–2008*	*2009–2010*
Overweight								
Both sexes								
65 and over	—	60.1	69.0	69.1	70.5	68.6	71.2	72.8
65–74	57.2	64.1	73.5	73.1	74.0	73.8	73.7	77.5
75 and over	—	53.9	62.3	63.5	65.9	61.8	68.3	66.2
Men								
65 and over	—	64.4	73.3	73.1	72.1	73.9	77.0	74.6
65–74	54.2	68.5	77.2	75.4	76.6	79.5	78.7	76.6
75 and over	—	56.5	66.4	69.2	65.2	66.3	75.0	71.3
Women								
65 and over	—	56.9	65.6	66.3	69.2	64.6	66.8	71.3
65–74	59.5	60.3	70.1	71.3	71.7	69.4	69.8	78.2
75 and over	—	52.3	59.6	60.1	66.4	58.7	63.7	62.7
Obese								
Both sexes								
65 and over	—	22.2	31.0	29.2	29.7	30.5	32.1	37.8
65–74	17.9	25.6	36.3	35.9	34.6	35.0	36.8	44.2
75 and over	—	17.0	23.2	19.8	23.5	24.7	26.7	29.0
Men								
65 and over	—	20.3	28.7	25.3	28.9	29.7	33.5	36.9
65–74	13.2	24.1	33.4	30.8	33.0	32.9	39.7	42.9
75 and over	—	13.2	20.4	16.0	22.7	25.3	25.9	27.3
Women								
65 and over	—	23.6	32.9	32.1	30.4	31.1	31.1	38.6
65–74	21.5	26.9	38.8	40.1	36.1	36.7	34.6	45.4
75 and over	—	19.2	25.1	22.1	24.1	24.4	27.3	30.2

— Data not available.

NOTE: Data are based on measured height and weight. Height was measured without shoes. Overweight is defined as having a body mass index (BMI) greater than or equal to 25 kilograms/meter^2. Obese is defined by a BMI of 30 kilograms/meter^2 or greater. The percentage of people who are obese is a subset of the percentage of those who are overweight. See glossary for the definition of BMI. Some data for 2007–2008 have been revised and differ from previous editions of *Older Americans*.

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.

INDICATOR 26 Cigarette Smoking

Table 26a. Percentage of people age 45 and over who are current cigarette smokers, by selected characteristics, selected years 1965–2010

	Total		*White*		*Black or African American*	
Sex and year	*45–64*	*65 and over*	*45–64*	*65 and over*	*45–64*	*65 and over*
Men						
1965	51.9	28.5	51.3	27.7	57.9	36.4
1974	42.6	24.8	41.2	24.3	57.8	29.7
1979	39.3	20.9	38.3	20.5	50.0	26.2
1983	35.9	22.0	35.0	20.6	44.8	38.9
1985	33.4	19.6	32.1	18.9	46.1	27.7
1987	33.5	17.2	32.4	16.0	44.3	30.3
1988	31.3	18.0	30.0	16.9	43.2	29.8
1990	29.3	14.6	28.7	13.7	36.7	21.5
1991	29.3	15.1	28.0	14.2	42.0	24.3
1992	28.6	16.1	28.1	14.9	35.4	28.3
1993	29.2	13.5	27.8	12.5	42.4	*27.9
1994	28.3	13.2	26.9	11.9	41.2	25.6
1995	27.1	14.9	26.3	14.1	33.9	28.5
1997	27.6	12.8	26.5	11.5	39.4	26.0
1998	27.7	10.4	27.0	10.0	37.3	16.3
1999	25.8	10.5	24.5	10.0	35.7	17.3
2000	26.4	10.2	25.8	9.8	32.2	14.2
2001	26.4	11.5	25.1	10.7	34.3	21.1
2002	24.5	10.1	24.4	9.3	29.8	19.4
2003	23.9	10.1	23.3	9.6	30.1	18.0
2004	25.0	9.8	24.4	9.4	29.2	14.1
2005	25.2	8.9	24.5	7.9	32.4	16.8
2006	24.5	12.6	23.4	12.6	32.6	16.0
2007	22.6	9.3	22.1	8.9	28.4	14.3
2008	24.8	10.5	24.0	9.9	33.6	17.5
2009	24.5	9.5	24.0	9.3	28.9	14.0
2010	23.2	9.7	22.6	9.6	31.8	10.0

See notes at end of table.

Table 26a. Percentage of people age 45 and over who are current cigarette smokers, by selected characteristics, selected years 1965–2010—continued

	Total		White		Black or African American	
Sex and year	*45–64*	*65 and over*	*45–64*	*65 and over*	*45–64*	*65 and over*
Women						
1965	32.0	9.6	32.7	9.8	25.7	7.1
1974	33.4	12.0	33.0	12.3	38.9	*8.9
1979	30.7	13.2	30.6	13.8	34.2	*8.5
1983	31.0	13.1	30.6	13.2	36.3	*13.1
1985	29.9	13.5	29.7	13.3	33.4	14.5
1987	28.6	13.7	29.0	13.9	28.4	11.7
1988	27.7	12.8	27.7	12.6	29.5	14.8
1990	24.8	11.5	25.4	11.5	22.6	11.1
1991	24.6	12.0	25.3	12.1	23.4	9.6
1992	26.1	12.4	25.8	12.6	30.9	*11.1
1993	23.0	10.5	23.4	10.5	21.3	*10.2
1994	22.8	11.1	23.2	11.1	23.5	13.6
1995	24.0	11.5	24.3	11.7	27.5	13.3
1997	21.5	11.5	20.9	11.7	28.4	10.7
1998	22.5	11.2	22.5	11.2	25.4	11.5
1999	21.0	10.7	21.2	10.5	22.3	13.5
2000	21.7	9.3	21.4	9.1	25.6	10.2
2001	21.4	†9.1	21.6	9.4	22.6	9.3
2002	21.1	8.6	21.5	8.5	22.2	9.4
2003	20.2	8.3	20.1	8.4	23.3	8.0
2004	19.8	8.1	20.1	8.2	20.9	6.7
2005	18.8	8.3	18.9	8.4	21.0	10.0
2006	19.3	8.3	18.8	8.4	25.5	9.3
2007	20.0	7.6	20.0	8.0	22.6	6.4
2008	20.5	8.3	20.9	8.6	21.3	8.1
2009	19.5	9.5	19.4	9.6	22.7	11.5
2010	19.1	9.3	19.5	9.4	19.8	9.4

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20 to 30 percent.

† The value for all women includes other races who may have very low rates of cigarette smoking. Thus, the weighted average for all women is lower than that for the race groups shown in the table.

NOTE: Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 National Health Interview Survey (NHIS) questionnaire redesign. Starting with 1993 data, current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days. See data sources for the definiton of race and Hispanic origin in the NHIS.

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.

Table 26b. Cigarette smoking status of people age 18 and over, by sex and age group, 2010

Sex and age group	*All current smokers*	*Every day smokers*	*Some day smokers*	*Former smokers*	*Non-smokers*
Both sexes	19.4	15.1	4.2	21.7	59.0
Men					
18–44	23.9	17.3	6.6	14.9	61.2
45–64	23.2	19.5	3.7	28.9	47.9
65 and over	9.7	8.4	1.3	52.5	37.8
Women					
18–44	19.1	14.6	4.5	10.6	70.3
45–64	19.1	15.6	3.6	22.5	58.4
65 and over	9.3	7.6	1.7	29.3	61.4

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 27a. Percentage of people age 65 and over living in counties with "poor air quality," 2000–2010

Pollutant measures	*2000*	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
Particulate Matter (PM 2.5)	40.5	38.8	37.9	32.6	23.3	35.1	21.1	23.6	10.7	9.5	4.8
8hr Ozone	51.7	55.1	54.3	54.4	34.8	52.0	49.8	47.8	36.1	16.6	31.6
Any standard	64.2	63.3	62.2	60.7	50.1	60.4	55.9	54.3	41.8	23.7	36.3

NOTE: The term "poor air quality" is defined as air quality concentrations above the level of the National Ambient Air Quality Standards (NAAQS). The term "any standard" refers to any NAAQS for ozone, particulate matter, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. Data for previous years have been computed using the new daily PM 2.5 standard of 35 micrograms/m^3 to enable comparisons over time. This results in percentages that are not comparable to previous publications of *Older Americans.* Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard.

Reference population: These data refer to the resident population.

SOURCE: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2000–2010.

Table 27b. Counties with "poor air quality" for any standard in 2010

State	*County*	*State*	*County*
Alabama	Jefferson County	Colorado	Jefferson County
Alabama	Mobile County	Colorado	La Plata County
Alabama	Pike County	Colorado	Larimer County
Alaska	Fairbanks North Star Borough	Colorado	Mesa County
Alaska	Matanuska-Susitna Borough	Connecticut	Fairfield County
Arizona	Gila County	Connecticut	Hartford County
Arizona	Maricopa County	Connecticut	Middlesex County
Arizona	Pima County	Connecticut	New Haven County
Arizona	Pinal County	Connecticut	Tolland County
Arizona	Santa Cruz County	Delaware	Kent County
Arizona	Yuma County	Delaware	New Castle County
Arkansas	Crittenden County	Delaware	Sussex County
California	Butte County	District of Columbia	District of Columbia
California	Calaveras County	Florida	Hillsborough County
California	Contra Costa County	Florida	Nassau County
California	El Dorado County	Georgia	Chatham County
California	Fresno County	Georgia	Cobb County
California	Imperial County	Georgia	Fulton County
California	Inyo County	Georgia	Henry County
California	Kern County	Georgia	Rockdale County
California	Kings County	Hawaii	Hawaii County
California	Los Angeles County	Idaho	Franklin County
California	Madera County	Idaho	Shoshone County
California	Mariposa County	Illinois	Cook County
California	Merced County	Illinois	Lake County
California	Mono County	Illinois	Madison County
California	Nevada County	Illinois	Tazewell County
California	Placer County	Indiana	Clark County
California	Plumas County	Indiana	Daviess County
California	Riverside County	Indiana	Delaware County
California	Sacramento County	Indiana	Floyd County
California	San Bernardino County	Indiana	Marion County
California	San Diego County	Indiana	Morgan County
California	San Joaquin County	Indiana	Vigo County
California	San Luis Obispo County	Indiana	Wayne County
California	Santa Clara County	Iowa	Black Hawk County
California	Stanislaus County	Iowa	Linn County
California	Tehama County	Iowa	Muscatine County
California	Tulare County	Iowa	Pottawattamie County
California	Ventura County	Kansas	Saline County
Colorado	Alamosa County	Kentucky	Campbell County
Colorado	Archuleta County	Kentucky	Jefferson County
Colorado	Douglas County	Kentucky	Oldham County

See notes at end of table.

Table 27b. Counties with "poor air quality" for any standard in 2010—continued

State	*County*	*State*	*County*
Louisiana	Ascension Parish	Montana	Silver Bow County
Louisiana	Bossier Parish	Montana	Yellowstone County
Louisiana	Caddo Parish	Nebraska	Cass County
Louisiana	Calcasieu Parish	Nevada	Clark County
Louisiana	East Baton Rouge Parish	New Hampshire	Hillsborough County
Louisiana	Jefferson Parish	New Hampshire	Merrimack County
Louisiana	Livingston Parish	New Jersey	Atlantic County
Louisiana	St. Bernard Parish	New Jersey	Bergen County
Louisiana	St. Tammany Parish	New Jersey	Camden County
Louisiana	West Baton Rouge Parish	New Jersey	Cumberland County
Maine	Hancock County	New Jersey	Essex County
Maryland	Anne Arundel County	New Jersey	Gloucester County
Maryland	Baltimore County	New Jersey	Hudson County
Maryland	Calvert County	New Jersey	Hunterdon County
Maryland	Carroll County	New Jersey	Mercer County
Maryland	Cecil County	New Jersey	Middlesex County
Maryland	Charles County	New Jersey	Monmouth County
Maryland	Frederick County	New Jersey	Morris County
Maryland	Garrett County	New Jersey	Ocean County
Maryland	Harford County	New Jersey	Passaic County
Maryland	Montgomery County	New Jersey	Warren County
Maryland	Prince George's County	New Mexico	Doña Ana County
Maryland	Washington County	New Mexico	Luna County
Massachusetts	Barnstable County	New York	Chautauqua County
Massachusetts	Bristol County	New York	Dutchess County
Massachusetts	Dukes County	New York	Jefferson County
Massachusetts	Hampshire County	New York	Putnam County
Michigan	Chippewa County	New York	Queens County
Michigan	Ionia County	New York	Richmond County
Michigan	Macomb County	New York	Rockland County
Michigan	Muskegon County	New York	Suffolk County
Michigan	St. Clair County	North Carolina	Forsyth County
Michigan	Wayne County	North Carolina	Guilford County
Minnesota	Dakota County	North Carolina	Mecklenburg County
Minnesota	Ramsey County	North Carolina	New Hanover County
Mississippi	DeSoto County	North Carolina	Rowan County
Missouri	Clay County	North Dakota	Williams County
Missouri	Clinton County	Ohio	Ashtabula County
Missouri	Greene County	Ohio	Butler County
Missouri	Iron County	Ohio	Clinton County
Missouri	Jefferson County	Ohio	Cuyahoga County
Missouri	Lincoln County	Ohio	Franklin County
Missouri	Perry County	Ohio	Geauga County
Missouri	St. Charles County	Ohio	Hamilton County
Missouri	St. Louis County	Ohio	Jefferson County
Montana	Lewis and Clark County	Ohio	Lake County

See notes at end of table.

Table 27b. Counties with "poor air quality" for any standard in 2010—continued

State	*County*	*State*	*County*
Ohio	Meigs County	Texas	Galveston County
Ohio	Montgomery County	Texas	Gregg County
Ohio	Morgan County	Texas	Harris County
Ohio	Stark County	Texas	Hood County
Ohio	Summit County	Texas	Jefferson County
Ohio	Trumbull County	Texas	Johnson County
Ohio	Warren County	Texas	Montgomery County
Ohio	Washington County	Texas	Orange County
Pennsylvania	Allegheny County	Texas	Tarrant County
Pennsylvania	Armstrong County	Utah	Box Elder County
Pennsylvania	Beaver County	Utah	Cache County
Pennsylvania	Berks County	Utah	Davis County
Pennsylvania	Bucks County	Utah	Salt Lake County
Pennsylvania	Chester County	Utah	Uintah County
Pennsylvania	Clearfield County	Utah	Utah County
Pennsylvania	Dauphin County	Utah	Weber County
Pennsylvania	Delaware County	Virginia	Arlington County
Pennsylvania	Greene County	Virginia	Charles City County
Pennsylvania	Indiana County	Virginia	Chesterfield County
Pennsylvania	Lancaster County	Virginia	Fairfax County
Pennsylvania	Lehigh County	Virginia	Hanover County
Pennsylvania	Mercer County	Virginia	Henrico County
Pennsylvania	Monroe County	Virginia	Loudoun County
Pennsylvania	Montgomery County	Virginia	Stafford County
Pennsylvania	Northampton County	Virginia	Alexandria City
Pennsylvania	Philadelphia County	Virginia	Hampton City
Pennsylvania	Warren County	Washington	Skagit County
Pennsylvania	Westmoreland County	West Virginia	Berkeley County
Pennsylvania	York County	West Virginia	Brooke County
Rhode Island	Washington County	West Virginia	Hancock County
South Carolina	Lexington County	West Virginia	Marshall County
South Carolina	Spartanburg County	West Virginia	Monongalia County
Tennessee	Blount County	West Virginia	Ohio County
Tennessee	Bradley County	West Virginia	Wood County
Tennessee	Hamilton County	Wisconsin	Brown County
Tennessee	Jefferson County	Wisconsin	Door County
Tennessee	Loudon County	Wisconsin	Kenosha County
Tennessee	Sevier County	Wisconsin	Kewaunee County
Tennessee	Shelby County	Wisconsin	Manitowoc County
Tennessee	Sullivan County	Wisconsin	Milwaukee County
Tennessee	Sumner County	Wisconsin	Oneida County
Texas	Bexar County	Wisconsin	Outagamie County
Texas	Brazoria County	Wisconsin	Ozaukee County
Texas	Collin County	Wisconsin	Racine County
Texas	Dallas County	Wisconsin	Sheboygan County
Texas	Denton County	Wisconsin	Waukesha County
Texas	El Paso County		

NOTE: The term "poor air quality" is defined as air quality concentrations above the level of the National Ambient Air Quality Standards (NAAQS). The term "any standard" refers to any NAAQS for ozone, particulate matter, nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard.

Reference population: These data refer to the resident population.

SOURCE: U.S. Environmental Protection Agency, Office of Air Quality Planning and Standards, Air Quality System; U.S. Census Bureau, Population Projections, 2000–2010.

INDICATOR 28 Use of Time

Table 28a. Average number of hours per day and percentage of day that people age 55 and over spent doing selected activities on an average day, by age group, 2010

	55–64		65–74		75 and over	
Selected activities	*Average hours per day*	*Percent of day*	*Average hours per day*	*Percent of day*	*Average hours per day*	*Percent of day*
Sleeping	8.5	35.4	8.8	36.6	9.3	38.8
Leisure activities	5.2	21.8	6.9	28.6	7.7	32.0
Work and work-related activities	3.8	16.0	1.2	4.8	0.2	1.0
Household activities	2.1	8.6	2.4	10.0	2.3	9.6
Caring for and helping others	0.4	1.6	0.4	1.8	0.2	0.7
Eating and drinking	1.3	5.4	1.4	5.9	1.5	6.4
Purchasing goods and services	0.8	3.5	0.9	3.9	0.7	3.1
Grooming	0.7	2.7	0.6	2.7	0.6	2.6
Other activities	1.2	4.8	1.4	5.9	1.4	5.9

NOTE: "Other activities" includes activities such as educational activities; organizational, civic and religious activities; and telephone calls. Table includes people who did not work at all.

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

SOURCE: Bureau of Labor Statistics, American Time Use Survey.

Table 28b. Average number of hours and percentage of total leisure time that people age 55 and over spent doing selected leisure activities on an average day, by age group, 2010

	55–64		65–74		75 and over	
Selected leisure activities	*Average hours per day*	*Percent of leisure time*	*Average hours per day*	*Percent of leisure time*	*Average hours per day*	*Percent of leisure time*
Socializing and communicating	0.6	11.3	0.7	10.3	0.6	8.0
Watching TV	3.0	57.8	3.8	55.6	4.4	57.7
Participation in sports, exercise, and recreation	0.3	4.9	0.3	4.3	0.2	3.0
Relaxing and thinking	0.3	5.2	0.5	7.8	0.7	8.6
Reading	0.4	7.1	0.6	9.5	0.9	12.2
Other leisure activities	0.7	13.7	0.8	12.2	0.8	10.6

NOTE: "Other leisure activities" includes activities such as playing games, using the computer for leisure, arts and crafts as a hobby, arts and entertainment (other than sports), and related travel.

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

SOURCE: Bureau of Labor Statistics, American Time Use Survey.

INDICATOR 29 Use of Health Care Services

Table 29a. Use of Medicare-covered health care services by Medicare enrollees age 65 and over, 1992–2009

Year	Utilization measure: Hospital stays	Skilled nursing facility stays	Physician visits and consultations	Home health care visits	Average length of hospital stay
	Rate per thousand				Days
1992	306	28	—	3,822	8.4
1993	300	33	—	4,648	8.0
1994	331	43	—	6,352	7.5
1995	336	50	—	7,608	7.0
1996	341	59	—	8,376	6.6
1997	351	67	—	8,227	6.3
1998	354	69	—	5,058	6.1
1999	365	67	11,395	3,708	6.0
2000	361	67	11,490	2,913	6.0
2001	364	69	11,546	2,295	5.9
2002	361	72	12,232	2,358	5.9
2003	359	74	12,662	2,440	5.8
2004	353	75	12,730	2,594	5.7
2005	350	79	13,302	2,770	5.7
2006	343	80	13,193	3,072	5.6
2007	336	81	13,505	3,409	5.6
2008	331	82	13,897	3,609	5.6
2009	320	80	15,437	3,864	5.4

— Data not available.

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. The data base used to generate rates of physician visits and consultations in previous *Older American* reports is no longer available. This table uses a different data base that begins with 1999 data and yields slightly different rates. Therefore, this table uses the new data base to estimate rates of physician visits and consultations for all years between 1999 and 2009 to get a consistently defined trend. 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 and Medicaid Services, Medicare claims and enrollment data.

Table 29b. Use of Medicare-covered home health care and skilled nursing facility services by Medicare enrollees age 65 and over, by age group, 2009

Utilization measure	65–74	75–84	85 and over
	Rate per thousand		
Skilled nursing facility stays	33	94	222
Home health care visits	1,896	4,768	8,974

NOTE: Data are for Medicare enrollees in fee-for-service only.

Reference population: These data refer to Medicare enrollees.

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

INDICATOR 30 Health Care Expenditures

Table 30a. Average annual health care costs for Medicare enrollees age 65 and over, in 2008 dollars, by age group, 1992–2008

Age	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*
Total	$9,850	$10,557	$11,377	$11,903	$12,039	$12,304	$12,011	$12,347	$12,816
65–74	7,330	7,658	8,406	8,661	8,714	8,693	8,403	9,374	9,544
75–84	10,779	12,067	12,601	13,025	13,551	13,669	13,362	13,093	13,970
85 and over	19,052	19,750	21,321	22,516	22,042	22,293	22,440	21,683	22,095

Age	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*
Total	$13,522	$14,510	$14,645	$14,878	$15,753	$16,105	$15,956	$15,709
65–74	10,281	11,184	11,090	11,059	11,893	12,053	11,927	11,793
75–84	15,037	15,757	16,367	16,202	17,411	17,999	17,893	18,160
85 and over	22,560	23,522	23,013	24,971	24,997	25,270	25,414	23,693

NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation-adjusted to 2008 using the Consumer Price Index (Series CPI-U-RS).
Reference population: These data refer to Medicare enrollees.
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 30b. Major components of health care costs among Medicare enrollees age 65 and over, 1992 and 2008

	1992		*2008*	
Cost component	*Average dollars*	*Percent*	*Average dollars*	*Percent*
Total	$6,551	100	$15,709	100
Inpatient hospital	2,107	32	3,778	24
Physician/outpatient hospital	2,071	32	5,630	36
Nursing home/long-term institution	1,325	20	1,899	12
Home health care	244	4	524	3
Prescription drugs	522	8	2,530	16
Other (short-term institution/hospice/dental)	282	4	1,349	9

NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are not inflation-adjusted.
Reference population: These data refer to Medicare enrollees.
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 30 Health Care Expenditures

Table 30c. Average annual health care costs among Medicare enrollees age 65 and over, by selected characteristics, 2008

Characteristics	*Cost*
Total	$15,708
Race and ethnicity	
Non-Hispanic White	15,526
Non-Hispanic Black	19,839
Hispanic	15,362
Other	12,746
Institutional status	
Community	13,150
Institution	61,318
Annual income	
Under $10,000	21,924
$10,000–$20,000	17,845
$20,001–$30,000	14,930
$30,001 and over	13,149
Chronic conditions	
0	5,520
1–2	10,363
3–4	17,876
5 and over	24,658
Veteran status (men only)	
Yes	14,791
No	15,762

NOTE: Data include both out-of-pocket costs and costs covered by insurance. See data sources for the definition of race and Hispanic origin in the Medicare Current Beneficiary Survey. Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema/asthma/chronic obstructive pulmonary disease). Annual income includes that of respondent and spouse.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 30d. Major components of health care costs among Medicare enrollees age 65 and over, by age group, 2008

	Age		
Cost component	*65–74*	*75–84*	*85 and over*
Total	$11,793	$18,160	$23,693
Inpatient hospital	2,895	4,661	4,866
Physician/outpatient hospital	4,870	6,731	5,768
Nursing home/long-term institution	526	1,916	6,594
Home health care	292	605	1,142
Prescription drugs	2,471	2,748	2,203
Other (short-term institution/hospice/dental)	738	1,499	3,120

NOTE: Data include both out-of-pocket costs and costs covered by insurance.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 30e. Percentage of noninstitutionalized Medicare enrollees age 65 and over who reported problems with access to health care, 1992–2007

	1992	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*
Difficulty obtaining care	3.1	2.6	2.6	2.6	2.3	2.4	2.4	2.8
Delayed getting care due to cost	9.8	9.1	7.6	6.8	5.5	4.8	4.4	4.7
	2000	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*
Difficulty obtaining care	2.9	2.8	2.5	2.3	2.3	2.5	2.8	2.7
Delayed getting care due to cost	4.8	5.1	6.1	5.3	5.3	4.8	5.3	4.6

Reference population: These data refer to noninstitutionalized Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.[1]

[1] MCBS Project. (2011). *Health and Health Care of the Medicare Population: Data from the 2007 Medicare Current Beneficiary Survey* (prepared under contract to the Centers for Medicare and Medicaid Services). Rockville, MD: Westat.

INDICATOR 31 Prescription Drugs

Table 31a. Average prescription drug costs and sources of payment among noninstitutionalized Medicare enrollees age 65 and over, 1992–2008

	1992	1993	1994	1995	1996	1997	1998	1999	2000
					Average cost in dollars				
Total	$649	$861	$914	$959	$1,034	$1,130	$1,307	$1,464	$1,675
Out-of-pocket	390	500	497	503	514	560	605	644	703
Private	165	216	251	283	344	368	457	512	583
Public	94	145	166	173	177	202	245	308	389

	2001	2002	2003	2004	2005	2006	2007	2008
Total	$1,877	$2,082	$2,238	$2,402	$2,795	$2,720	$2,758	$2,834
Out-of-pocket	750	822	839	870	994	799	677	663
Private	653	759	851	923	1,146	871	684	672
Public	474	502	547	609	655	1,050	1,397	1,499

NOTE: Dollars have been inflation-adjusted to 2008 using the Consumer Price Index (Research Series). Reported costs have been adjusted to account for underreporting of prescription drug use. The adjustment factor changed in 2006 with the initiation of the Medicare Part D prescription drug program. Public programs include Medicare, Medicaid, Department of Veterans Affairs, and other State and Federal programs.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 31b. Distribution of annual prescription drug costs among noninstitutionalized Medicare enrollees age 65 and over, 2008

Cost in dollars	Percent of enrollees
Total	100.0
$0	6.1
1–499	13.9
500–999	10.5
1,000–1,499	10.2
1,500–1,999	10.2
2,000–2,499	8.3
2,500–2,999	7.4
3,000–3,499	6.2
3,500–3,999	4.9
4,000–4,499	3.9
4,500–4,999	3.1
5,000 or more	15.1

NOTE: Reported costs have been adjusted to account for underreporting of prescription drug use.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 31c. Number of Medicare enrollees age 65 and over who enrolled in Part D prescription drug plans or who were covered by retiree drug subsidy payments, June 2006 and October 2011

Part D benefit categories	*June 2006*	*October 2011*
All Medicare enrollees age 65 or over	36,052,991	40,752,219
Enrollees in prescription drug plans	18,245,980	23,832,723
Type of plan		
Stand-alone plan	12,583,676	14,325,499
Medicare Advantage plan	5,662,304	9,507,224
Low-income subsidy		
Yes	5,935,532	6,392,018
No	12,310,448	17,440,705
Retiree drug subsidy	6,498,163	5,850,214
Other	11,308,848	11,069,282

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Management Information Integrated Repository.

Table 31d. Average prescription drug costs among noninstitutionalized Medicare enrollees age 65 and over, by selected characteristics, 2000, 2004, and 2008

	Average cost in dollars		
Characteristics	*2000*	*2004*	*2008*
Chronic conditions			
0	$628	$912	$1,230
1–2	1,314	1,985	2,276
3–4	2,314	3,243	3,653
5 and over	3,159	4,402	5,299
Annual income			
Under $10,001	1,577	2,209	3,530
$10,001–$20,000	1,598	2,371	2,898
$20,001–$30,000	1,790	2,437	2,759
$30,001 and over	1,733	2,495	2,666

NOTE: Dollars have been inflation-adjusted to 2008 using the Consumer Price Index (Research Series). Reported costs have been adjusted to account for underreporting of prescription drug use. Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema/asthma/chronic obstructive pulmonary disease). Annual income includes that of respondent and spouse.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 32 Sources of Health Insurance

Table 32a. Percentage of noninstitutionalized Medicare enrollees age 65 and over with supplemental health insurance, by type of insurance, 1991–2009

Type of insurance	*1991*	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*
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
Private (Medigap)*	44.8	45.0	45.3	45.2	44.3	38.6	35.8	33.9	33.2	33.5
HMO/health plans	6.3	5.9	7.7	9.1	10.9	13.8	16.6	18.6	20.5	20.4
Medicaid	8.9	9.0	9.4	9.9	10.1	9.5	9.4	9.6	9.7	9.9
TRICARE	—	—	—	—	—	—	—	—	—	—
Other public	4.0	5.3	5.8	5.5	5.0	4.8	4.7	4.8	5.1	4.9
No supplement	11.3	10.4	9.7	9.3	9.1	9.4	9.2	8.9	9.0	9.7

	2001	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*
Private (employer- or union-sponsored)	36.0	36.1	36.1	36.6	36.1	34.9	35.3	34.2	32.5
Private (Medigap)*	34.5	37.5	34.3	33.7	34.6	32.5	31.5	29.5	27.8
HMO/health plans	18.0	15.5	14.8	15.6	15.5	20.7	21.5	23.2	28.1
Medicaid	10.6	10.7	11.6	11.3	11.8	11.9	11.9	11.7	11.7
TRICARE	—	—	4.5	4.2	5.1	5.2	5.1	5.4	5.2
Other public	5.4	5.5	5.7	5.2	5.6	4.3	4.0	3.9	3.6
No supplement	10.1	12.3	9.1	9.7	8.9	9.4	10.5	10.5	9.4

* Includes people with private supplement of unknown sponsorship.

— Not available.

NOTE: HMO/health plans include Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and private fee-for-service plans (PFFS). Not all types of plans were available in all years. Since 2003 these types of plans have been known collectively as Medicare Advantage. 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 to 3 percent of enrollees). Medicaid coverage was determined from both survey responses and Medicare administrative records. TRICARE coverage was added to Medicare Current Beneficiary Survey Access to Care files beginning in 2003. Previous versions of *Older Americans* did not include data on TRICARE coverage. Adding TRICARE coverage to the table changes the percentage of enrollees in the "No supplement" group.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 32b. Percentage of people age 55–64 with health insurance coverage, by type of insurance and poverty status, 2010

		Poverty threshold		
Type of insurance	*Total*	*Below 100 percent*	*100–199 percent*	*200 percent or more*
Private	71.8	19.0	38.2	84.6
Medicaid	6.5	35.5	13.0	1.8
Medicare	4.4	8.3	12.0	2.5
Other coverage	4.5	6.2	6.1	4.0
Uninsured	12.8	31.0	30.7	7.2

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 33 Out-of-Pocket Health Care Expenditures

Table 33a. Percentage of people age 55 and over with out-of-pocket expenditures for health care service use, by age group, 1977, 1987, 1996, and 2000–2009

Age group	*1977*	*1987*	*1996*	*2000*	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*
65 and over	83.3	88.6	92.4	93.6	94.7	94.4	94.7	95.5	95.0	95.0	94.3	95.0	94.3
55–64	81.9	84.0	89.6	90.2	90.4	90.9	90.4	90.0	90.5	88.9	89.5	90.1	88.5
55–61	81.6	83.9	89.5	89.4	90.2	90.7	89.6	89.5	89.6	88.4	88.7	89.0	88.6
62–64	82.6	84.3	89.7	92.4	91.1	91.3	92.7	91.6	93.3	90.6	91.9	93.0	88.3
65–74	83.4	87.9	91.8	93.3	94.1	94.4	93.7	95.1	94.2	94.1	93.2	94.3	93.8
75–84	83.8	90.0	92.9	93.5	95.6	94.6	95.7	95.8	96.1	96.2	95.3	95.7	94.8
85 and over	80.8	88.6	93.9	95.2	94.6	93.8	95.8	96.3	95.1	95.5	95.6	95.8	95.1

NOTE: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Data for the 1987 survey have been adjusted to permit comparability across years; for details, see Zuvekas and Cohen.[51]

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.

INDICATOR 33 Out-of-Pocket Health Care Expenditures

Table 33b. Out-of-pocket health care expenditures as a percentage of household income among people age 55 and over, by selected characteristics, 1977, 1987, 1996, and 2000–2009

Selected characteristic	*1977*	*1987*	*1996*	*2000*	*2001*	*2002*	*2003*
Total							
65 and over	7.2	8.8	8.4	9.1	10.0	10.8	11.6
55–64	5.2	5.8	7.1	7.0	7.6	7.1	7.3
55–61	5.1	5.7	6.2	6.1	6.9	6.6	6.9
62–64	5.5	5.9	9.5	9.3	9.6	8.5	8.4
65–74	6.4	7.2	7.7	8.1	8.7	9.5	9.2
75–84	8.8	11.0	9.0	10.4	11.4	11.9	13.4
85 and over	7.9	12.0	9.8	10.1	11.8	12.7	16.4
Income Category							
Poor/near poor							
65 and over	12.3	15.8	19.2	22.6	23.5	27.6	27.8
55–64	16.1	18.1	30.0	29.9	31.2	27.1	29.9
55–61	17.5	19.8	27.6	28.1	29.6	26.5	30.0
62–64	13.3	14.0	34.3	*	34.9	28.5	29.9
65–74	11.0	13.7	21.6	24.4	25.7	27.7	23.4
75–84	14.4	19.0	18.3	22.9	23.3	28.4	30.2
85 and over	12.4	14.7	*	17.6	18.7	25.7	32.4
Low/middle/high							
65 and over	5.4	7.0	5.6	6.3	7.3	7.2	8.0
55–64	3.9	3.7	3.2	3.4	4.2	4.1	4.5
55–61	3.7	3.4	2.9	3.1	3.9	3.8	4.2
62–64	4.2	4.6	3.8	4.3	5.3	5.0	5.5
65–74	5.0	5.9	4.9	5.6	6.2	6.4	6.9
75–84	6.2	8.4	6.3	6.9	8.4	8.2	9.1
85 and over	5.2	10.9	7.8	7.6	9.3	7.9	10.3
Health Status Category							
Poor or fair health							
65 and over	9.5	11.0	11.7	13.1	13.9	14.6	16.0
55–64	8.7	8.5	13.0	14.1	13.6	13.3	13.3
55–61	8.8	9.0	11.8	12.8	12.9	12.8	12.4
62–64	8.6	7.6	15.9	17.4	15.2	14.7	15.9
65–74	8.7	10.0	10.7	11.8	13.5	14.4	13.8
75–84	11.3	12.4	11.8	14.6	14.7	15.2	17.5
85 and over	8.9	12.2	*	13.8	13.2	13.5	19.5
Excellent, very good, or good health							
65 and over	6.1	7.1	6.6	6.7	7.6	8.4	8.9
55–64	3.9	4.6	5.0	4.0	5.2	4.6	5.0
55–61	3.9	4.5	4.1	3.5	4.8	4.4	4.9
62–64	4.1	4.9	7.3	5.6	6.6	5.6	5.4
65–74	5.3	5.4	6.3	6.2	6.2	7.1	6.9
75–84	7.5	9.7	7.2	7.5	9.1	9.6	10.7
85 and over	7.6	11.8	6.4	7.1	10.6	11.9	13.9

See notes at end of table.

Table 33b. Out-of-pocket health care expenditures as a percentage of household income among people age 55 and over, by selected characteristics, 1977, 1987, 1996, and 2000–2009—continued

Selected characteristic	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*
Total						
65 and over	11.6	10.9	10.0	8.6	8.4	8.1
55–64	7.5	7.1	7.1	6.0	6.2	6.2
55–61	7.1	6.7	6.6	5.8	5.8	5.8
62–64	8.8	8.2	8.5	6.6	7.3	7.4
65–74	10.7	9.2	9.1	7.2	7.0	7.0
75–84	11.8	12.5	10.5	10.0	9.5	9.3
85 and over	14.9	13.0	12.2	10.1	10.7	9.4
Income Category						
Poor/near poor						
65 and over	29.3	27.6	28.1	21.9	19.4	22.4
55–64	30.0	27.7	28.8	23.3	24.3	26.1
55–61	29.6	27.9	27.7	24.1	24.2	25.1
62–64	30.9	27.3	31.5	21.2	24.4	28.5
65–74	29.0	26.2	29.4	20.2	19.4	23.3
75–84	29.4	28.6	27.9	24.5	18.3	21.5
85 and over	30.0	28.6	24.9	20.0	21.6	22.5
Low/middle/high						
65 and over	8.1	7.4	6.0	5.6	5.9	5.2
55–64	4.1	4.2	4.0	3.8	3.8	3.4
55–61	4.0	3.9	3.8	3.5	3.4	3.2
62–64	4.8	5.3	4.8	4.5	4.9	4.0
65–74	7.4	6.2	5.2	4.9	4.8	4.3
75–84	8.2	8.8	6.5	6.1	7.2	6.2
85 and over	11.1	8.2	8.2	7.2	7.4	6.4
Health Status Category						
Poor or fair health						
65 and over	15.2	15.5	12.9	11.3	11.8	10.5
55–64	13.8	12.7	13.2	10.0	11.3	9.8
55–61	13.5	11.8	12.9	9.8	10.9	10.2
62–64	14.7	15.3	14.0	10.5	12.2	8.8
65–74	14.3	14.3	13.1	11.3	11.4	9.6
75–84	15.4	17.1	13.0	11.3	11.2	11.9
85 and over	17.9	14.5	12.2	11.2	14.4	10.0
Excellent, very good, or good health						
65 and over	9.4	8.1	8.2	7.0	6.4	6.8
55–64	5.0	4.9	4.8	4.4	4.1	4.8
55–61	4.5	4.6	4.3	4.3	3.9	4.1
62–64	6.4	5.6	6.3	5.0	4.8	6.8
65–74	8.9	6.6	7.1	5.3	5.0	5.7
75–84	9.3	9.2	8.8	9.2	8.3	7.8
85 and over	12.8	11.9	12.2	9.2	7.9	9.0

* Base is not large enough to produce reliable results.

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 "low/middle/high" 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 4.5 percent of the population age 65 and over in 2004). Data from the 1987 survey have been adjusted to permit comparability across years; for details see Zuvekas and Cohen.[51]

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.

INDICATOR 33 Out-of-Pocket Health Care Expenditures

Table 33c. Distribution of total out-of-pocket health care expenditures among people age 55 and over, by type of health care services and age group, 2000–2009

Type of health care service, by year	*65 and over*	*55–64*	*55–61*	*62–64*	*65–74*	*75–84*	*85 and over*
2000							
Hospital care	6.4	8.5	7.5	*	7.3	4.6	8.6
Office-based medical provider services	9.8	18.9	19.8	16.7	11.6	9.0	6.0
Dental services	15.8	20.0	21.3	17.0	17.5	15.9	9.6
Prescription drugs	53.6	44.7	44.0	46.5	57.1	51.5	48.0
Other health care	14.3	7.8	7.5	8.7	6.6	19.0	27.9
2001							
Hospital care	5.4	9.8	9.4	10.7	5.2	5.8	*
Office-based medical provider services	9.4	19.8	19.9	19.7	10.5	9.6	6.0
Dental services	13.0	18.6	20.0	15.2	15.6	11.9	8.3
Prescription drugs	56.0	45.7	44.3	48.9	57.2	58.9	45.1
Other health care	16.2	6.1	6.4	5.5	11.5	13.8	*
2002							
Hospital care	5.0	10.2	9.2	13.1	4.6	5.5	5.1
Office-based medical provider services	10.5	21.3	21.6	20.3	12.3	9.3	7.8
Dental services	14.0	18.1	18.3	17.7	17.6	12.3	6.2
Prescription drugs	58.2	43.8	43.5	44.7	57.9	56.6	65.5
Other health care	12.3	6.6	7.4	4.3	7.7	16.3	15.4
2003							
Hospital care	5.2	9.2	8.8	10.1	5.9	4.5	5.1
Office-based medical provider services	8.7	18.8	18.3	19.9	9.4	9.1	5.4
Dental services	11.8	16.7	16.7	16.9	14.5	9.5	9.5
Prescription drugs	58.3	48.5	49.0	47.5	61.3	54.5	59.8
Other health care	16.0	6.8	7.3	5.6	8.9	22.4	20.2
2004							
Hospital care	5.0	9.2	10.1	6.9	5.1	4.5	*
Office-based medical provider services	10.1	20.1	18.7	23.6	12.4	9.2	5.3
Dental services	11.8	16.9	18.5	12.8	13.2	12.0	7.5
Prescription drugs	61.4	46.0	45.0	48.7	61.9	64.8	51.9
Other health care	11.8	7.8	7.7	8.1	7.4	9.5	29.5
2005							
Hospital care	5.4	12.2	12.8	10.8	5.1	5.7	5.4
Office-based medical provider services	11.4	19.6	19.6	19.9	11.4	12.3	8.7
Dental services	15.3	15.7	16.3	14.3	19.4	12.6	9.8
Prescription drugs	57.8	45.9	44.7	49.0	57.9	59.1	53.3
Other health care	10.1	6.5	6.7	6.1	6.2	10.4	22.7

See notes at end of table.

Table 33c. Distribution of total out-of-pocket health care expenditures among people age 55 and over, by type of health care services and age group, 2000–2009—continued

Type of health care service, by year	*65 and over*	*55–64*	*55–61*	*62–64*	*65–74*	*75–84*	*85 and over*
2006							
Hospital care	7.2	*	9.4	*	6.6	5.9	12.2
Office-based medical provider services	12.3	19.8	20.9	17.4	14.1	11.0	9.5
Dental services	16.2	13.9	15.4	10.6	19.7	15.3	7.6
Prescription drugs	51.1	43.2	48.5	32.0	51.5	53.2	45.2
Other health care	13.2	5.5	5.8	4.9	8.1	14.7	25.5
2007							
Hospital care	*	12.4	12.6	11.9	4.4	*	*
Office-based medical provider services	13.7	22.1	21.7	23.1	15.5	12.7	10.4
Dental services	18.5	21.1	21.3	20.7	21.4	16.4	14.9
Prescription drugs	47.3	38.8	38.8	38.7	49.5	45.4	45.3
Other health care	11.6	5.6	5.7	5.5	9.2	10.2	21.6
2008							
Hospital care	6.3	14.2	14.7	13.3	7.3	5.9	4.5
Office-based medical provider services	15.0	23.1	24.0	21.4	17.3	14.9	9.3
Dental services	19.6	19.9	19.8	20.2	21.4	19.8	14.2
Prescription drugs	42.0	35.9	35.8	36.3	44.8	41.2	35.9
Other health care	17.1	6.8	5.8	8.8	9.2	18.2	36.1
2009							
Hospital care	10.6	16.0	13.3	*	6.4	14.5	12.7
Office-based medical provider services	15.8	23.2	24.6	20.3	18.8	14.0	11.8
Dental services	18.7	21.6	23.0	18.6	23.0	15.4	15.0
Prescription drugs	41.3	32.2	32.2	32.1	44.2	40.2	36.1
Other health care	13.6	7.0	6.9	7.1	7.7	15.9	24.4

* Estimate not shown due to a relative standard error greater than 30 percent.

NOTE: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Hospital care includes hospital inpatient care and care provided in hospital outpatient departments and emergency rooms. Office-based medical provider services include services provided by medical providers in non-hospital-based medical offices or clinic settings. Dental services include care provided by any type of dental provider. Prescription drugs include prescribed medications purchased, including refills. Other health care includes care provided by home health agencies and independent home health providers and expenses for eyewear, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous services. The majority of expenditures in the "other" category are for home health services and eyeglasses. Estimates might not sum to 100 percent because of rounding.

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

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

INDICATOR 34 Sources of Payment for Health Care Services

Table 34a. Average cost and percentage of sources of payment for health care services for Medicare enrollees age 65 and over, by type of service, 2008

Type of service	*Average cost*	*Total*	*Medicare*	*Medicaid*	*OOP*	*Other*
All	$15,710	100	60	7	18	15
Hospice	260	100	100	0	0	0
Inpatient hospital	3,780	100	87	1	4	8
Home health care	520	100	92	1	5	2
Short-term institution	690	100	81	2	8	9
Physician/medical	4,170	100	63	2	19	16
Outpatient hospital	1,460	100	69	2	10	19
Prescription drugs	2,530	100	45	1	22	33
Dental	390	100	1	0	76	22
Long-term care facility	1,900	100	0	52	41	7

NOTE: "OOP" refers to out-of-pocket payments. "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 34b. Average cost and percentage of sources of payment for health care services for Medicare enrollees age 65 and over, by income, 2008

Income	*Average cost*	*Total*	*Medicare*	*Medicaid*	*OOP*	*Other*
All	$15,710	100	60	7	18	15
Under $10,000	21,920	100	61	21	12	7
$10,000–$20,000	17,850	100	62	10	16	12
$20,001–$30,000	14,930	100	62	3	20	16
$30,001 and over	13,150	100	57	1	20	22

NOTE: Income refers to annual income of respondent and spouse. "OOP" refers to out-of-pocket payments. "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 35 Veterans' Health Care

Table 35. Total number of veterans age 65 and over who are enrolled in or are receiving health care from the Veterans Health Administration, 1990–2011

Year	*Veteran population*	*VA enrollees*	*VA patients*
		Number (in millions)	
1990	7.9	—	0.9
1991	8.3	—	0.9
1992	8.7	—	1.0
1993	9.0	—	1.0
1994	9.2	—	1.0
1995	9.4	—	1.1
1996	9.7	—	1.1
1997	9.8	—	1.1
1998	9.9	—	1.3
1999	10.0	1.9	1.4
2000	10.0	2.2	1.6
2001	9.9	2.8	1.9
2002	9.9	3.2	2.2
2003	9.8	3.3	2.3
2004	9.6	3.4	2.4
2005	9.5	3.5	2.4
2006	9.4	3.5	2.4
2007	9.3	3.5	2.4
2008	9.2	3.4	2.2
2009	9.2	3.6	2.4
2010	9.2	3.7	2.5
2011	9.4	3.8	2.6

— Data not available.

NOTE: Department of Veterans Affairs (VA) enrollees are veterans who have signed up to receive health care from the Veterans Health Administration (VHA). VA patients are veterans who have received care each year through VHA, including those who received care but were not enrolled in VA. Death Master File from the Social Security Administration (SSA) is used to ascertain veteran deaths.

Reference population: These data refer to the total veteran population, VHA enrollment population, and VHA patient population.

SOURCE: Department of Veterans Affairs, Veteran Population Projections; Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, Fiscal 2011 Year-end Enrollment file linked with VHA Vital Status data (including data from VA, Medicare, and SSA).

INDICATOR 36 Residential Services

Table 36a. Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2009

Residential setting	*65 and over*	*65–74*	*75–84*	*85 and over*
		Numbers (in thousands)		
All settings	34,200	16,900	12,400	4,900
		Percent		
Total	100.0	100.0	100.0	100.0
Traditional community	93.0	97.4	93.3	77.8
Community housing with services	2.7	1.1	2.9	8.1
Long-term care facilities	4.2	1.5	3.8	14.2

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 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, or help with medications. Respondents were asked about access to these services, but not whether they actually used the services. A residence (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds, 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 non-family, paid caregiver.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 36b. Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2009

Functional status	*Traditional community*	*Community housing with services*	*Long-term care facilities*
Total	100.0	100.0	100.0
No functional limitations	61.0	35.3	5.2
IADL limitation only	12.7	14.2	10.4
1–2 ADL limitations	18.2	34.5	16.3
3 or more ADL limitations	8.1	16.1	68.0

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 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, or help with medications. Respondents were asked about access to these services, but not whether they actually used the services. A residence (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds, 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 non-family, paid caregiver. Instrumental Activities of Daily Living (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, or managing money. Only the questions on telephone use, shopping, and managing money are asked of long-term care facility residents. Activities of Daily Living (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, or toileting. 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 beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 36c. Percent availability of specific services among Medicare enrollees age 65 and over residing in community housing with services, 2009

Access to	*Percent*
Prepared meals	84.3
Housekeeping, maid, or cleaning services	80.0
Laundry services	73.1
Help with medications	47.9

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 carefacilities/homes, and similar situations, AND who reported they had access to one or more services listed in the table through their place of residence. Respondents were asked about access to these services, but not whether they actually used the services.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 36d. Percent distribution of annual income of Medicare enrollees age 65 and over, by residential setting, 2009

Income	*Traditional community*	*Community housing with services*	*Long-term care facilities*
Total	100.0	100.0	100.0
Under $10,000	11.4	16.9	41.1
$10,001–$20,000	22.4	27.1	34.2
$20,001–$30,000	19.7	19.7	10.8
$30,001 and over	46.5	36.3	13.9

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 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, or help with medications. Respondents were asked about access to these services, but not whether they actually used the services. A residence (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds, 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 non-family, paid caregiver. Income refers to annual income of respondent and spouse. Table excludes data for respondents who reported only that their income was greater or less than $25,000.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 36e. Characteristics of services available to Medicare enrollees age 65 and over residing in community housing with services, 2009

Selected characteristic	*Percent*
Services included in housing costs	100.0
All included	37.6
Some included/some separate	51.7
All separate	10.7
Can continue living there if they need substantial services	100.0
Yes	53.3
No	46.7

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 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, or help with medications. Respondents were asked about access to these services, but not whether they actually used the services.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

INDICATOR 37 Personal Assistance and Equipment

Table 37a. Percent distribution of noninstitutionalized Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs), by type of assistance, selected years 1992–2009

	1992	*1997*	*2001*	*2005*	*2007*	*2009*
Personal assistance only	9.2	5.6	6.3	6.6	6.0	6.4
Equipment only	28.3	34.2	36.3	36.3	37.6	38.4
Personal assistance and equipment	20.9	21.4	22.0	21.9	22.1	23.4
None	41.6	38.8	35.3	35.2	34.3	31.9

NOTE: ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. Respondents who report difficulty with an activity are subsequently asked about receiving help or supervision from another person with the activity and about using special equipment or aids. In this table, personal assistance does not include supervision.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more ADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 37b. Percent distribution of noninstitutionalized Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs), by type of assistance and sex, 2009

	Men	*Women*
Personal assistance only	6.0	6.6
Equipment only	36.4	39.7
Personal assistance and equipment	22.4	24.0
None	35.2	29.7

NOTE: ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. Respondents who report difficulty with an activity are subsequently asked about receiving help or supervision from another person with the activity and about using special equipment or aids. In this table, personal assistance does not include supervision.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more ADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 37c. Percentage of noninstitutionalized Medicare enrollees age 65 and over who have limitations in instrumental activities of daily living (IADLs) and who receive personal assistance, by age group, selected years 1992–2009

	1992	*1997*	*2001*	*2005*	*2007*	*2009*
65 and over	61.6	63.6	65.2	66.4	66.3	66.2
65–74	58.9	61.8	60.9	62.7	65.4	64.8
75–84	63.2	63.2	66.5	67.4	66.0	67.3
85 and over	69.2	71.1	73.7	74.0	69.7	67.6

NOTE: 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, or managing money. Respondents who report difficulty with an activity are subsequently asked about receiving help from another person with the activity. In this table, personal assistance does not include supervision or special equipment.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more IADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table 37d. Percentage of noninstitutionalized Medicare enrollees age 65 and over who have limitations in instrumental activities of daily living (IADLs) and who receive personal assistance, by age group and sex, 2009

	Men	*Women*
65–74	60.8	66.5
75–84	73.2	64.1
85 and over	70.1	66.4

NOTE: 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, or managing money. Respondents who report difficulty with an activity are subsequently asked about receiving help from another person with the activity. In this table, personal assistance does not include supervision or special equipment.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more IADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Table EL1. Percentage of Medicare decedents age 65 and over who used hospice or intensive care unit/coronary care unit services in their last 30 days of life, selected years 1999–2009

	1999	2001	2003	2005	2007	2009
Hospice	19.2	24.3	29.4	34.3	39.3	42.6
Intensive care unit/coronary care unit	22.0	22.8	23.8	24.5	25.5	27.1

NOTE: Table is based on a 5 percent sample of deaths occurring between February and December of each year.
Reference population: These data refer to Medicare enrollees in fee-for-service.
SOURCE: Centers for Medicare and Medicaid Services, Medicare claims and enrollment data.

Table EL2. Percentage of Medicare decedents age 65 and over who used hospice services in their last 30 days of life, by age, sex, and race, 2009

	Total		White		Black		Other	
Age and sex	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Both Sexes	71,400	42.6	62,400	44.0	6,000	34.3	3,000	31.3
65–74	14,200	34.7	11,800	36.1	1,700	27.8	680	27.4
75–84	24,600	41.4	21,300	42.9	2,200	32.9	1,200	29.3
85 and over	32,600	47.0	29,400	47.9	2,100	41.1	1,200	35.6
Men								
65–74	7,700	32.3	6,400	33.4	910	27.8	400	25.9
75–84	10,900	38.8	9,500	40.2	910	32.0	540	25.2
85 and over	9,600	43.5	8,700	44.5	500	35.4	430	32.6
Women								
65–74	6,400	37.5	5,300	39.4	800	27.9	290	29.4
75–84	13,700	43.5	11,800	45.1	1,200	33.6	650	32.6
85 and over	23,000	48.5	20,600	49.4	1,600	42.9	740	37.3

NOTE: Table is based on a 5 percent sample of deaths occurring between February and December of 2009.
Reference population: These data refer to Medicare enrollees in fee-for-service.
SOURCE: Centers for Medicare and Medicaid Services, Medicare claims and enrollment data.

Table EL3. Percentage of Medicare decedents age 65 and over who used intensive care unit/coronary care unit services in their last 30 days of life, by age, sex, and race, 2009

	Total		White		Black		Other	
Age and sex	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
Both Sexes	71,400	27.1	62,400	26.4	6,000	32.1	3,000	32.8
65–74	14,200	32.7	11,800	32.2	1,700	36.0	680	33.5
75–84	24,600	30.9	21,300	30.2	2,200	34.5	1,200	37.2
85 and over	32,600	21.8	29,400	21.3	2,100	26.2	1,200	27.9
Men								
65–74	7,700	31.7	6,400	31.6	910	31.9	400	32.7
75–84	10,900	31.3	9,500	30.8	910	31.6	540	39.1
85 and over	9,600	25.8	8,700	25.4	500	28.2	430	31.0
Women								
65–74	6,400	33.9	5,300	32.9	810	40.5	290	34.6
75–84	13,700	30.6	11,800	29.7	1,200	36.6	650	35.7
85 and over	23,000	20.2	20,600	19.5	1,600	25.5	740	26.1

NOTE: Table is based on a 5 percent sample of deaths occurring between February and December of 2009.

Reference population: These data refer to Medicare enrollees in fee-for-service.

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

Table EL4. Number and percent distribution of lengths of stay in hospice among Medicare decedents age 65 and over, 1999 and 2009

Length of stay	*1999*	*2009*
Number	15,500	30,400
Total	100.0	100.0
1–7 days	31.5	34.1
8–14 days	17.0	15.3
15–30 days	18.1	15.1
31–60 days	14.3	11.7
61–90 days	6.5	6.0
91–180 days	7.9	8.3
181 days or more	4.8	9.6

NOTE: Table is based on a 5 percent sample of deaths occurring between February and December of each year. Length of hospice stay consists of continuous enrollment in hospice ending within 30 days of death. Length of stay was not available for 126 cases in 1999 and 79 cases in 2009.

Reference population: These data refer to Medicare enrollees in fee-for-service.

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

Table EL5. Percent distribution of primary diagnoses related to hospice among Medicare decedents age 65 and over who used hospice services in their last 30 days of life, 1999 and 2009

Primary diagnosis	*ICD-9-CM*	*1999*	*2009*
Number		15,600	30,300
Total		100.0	100.0
Neoplasms	140-208, 230-234	53.4	31.5
Diseases of the circulatory system	390-459	17.2	19.2
Diseases of the respiratory system	460-519	6.6	8.5
Diseases of the nervous system and sense organs	320-389	5.5	7.8
Symptoms, signs, and ill-defined conditions	780-799	5.3	16.8
Diseases of the genitourinary system	580-629	3.2	3.5
Diseases of the digestive system	520-579	1.6	1.4
Other		7.2	11.4

NOTE: Table is based on a 5 percent sample of deaths occurring between February and December of each year. For each decedent the table reflects the most frequent first-listed diagnosis appearing on hospice claims. Table excludes 124 cases for which a diagnosis could not be determined.

Reference population: These data refer to Medicare enrollees in fee-for-service.

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

Table EL6. Percent distribution of decedents age 65 and over by place of death, 1989–2009

Place of death	*1989*	*1990*	*1991*	*1992*	*1993*	*1994*	*1995*
Hospital—inpatient	48.7	49.3	48.2	47.0	44.9	43.3	41.9
Nursing home/long-term care facilities	21.3	21.4	21.6	22.30	23.8	24.8	25.7
Residence	15.2	16.4	17.7	18.3	19.0	19.7	20.3
Other	14.9	12.9	12.5	12.4	12.3	12.1	12.2

	1996	*1997*	*1998*	*1999*	*2000*	*2001*	*2002*
Hospital—inpatient	40.9	41.3	40.9	40.7	40.0	39.6	38.9
Nursing home/long-term care facilities	26.3	27.2	27.6	27.8	28.2	28.3	28.5
Residence	20.7	20.9	20.9	20.8	21.2	21.3	21.6
Other	12.1	10.6	10.7	10.7	10.7	10.8	11.0

	2003	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*
Hospital—inpatient	38.3	37.2	36.6	35.9	35.3	34.4	32.4
Nursing home/long-term care facilities	28.4	28.3	28.5	28.2	27.9	27.3	26.7
Residence	22.2	22.8	22.9	23.5	23.7	23.5	24.3
Other	11.2	11.7	12.0	12.4	13.1	14.8	16.6

NOTE: Other includes hospital outpatient or emergency department, including dead on arrival, inpatient hospice facilities, and all other places and unknown. Beginning in 2003, the term "long-term care facilities" was added to the nursing home check box on the death certificate.

Reference population: These data refer to the resident population.

SOURCE: National Vital Statistics System. Mortality public use data files, 1989–2009.

Table EL7. Percent distribution of decedents age 65 and over by place of death and sex, 2009

Place of death	*Male*	*Female*
Hospital—inpatient	34.8	30.5
Nursing home/long-term care facilities	21.2	31.3
Residence	26.5	22.4
Other	17.5	15.8

NOTE: Other includes hospital outpatient or emergency department, including dead on arrival, inpatient hospice facilities, and all other places and unknown.

Reference population: These data refer to the resident population.

SOURCE: National Vital Statistics System. Mortality public use data files, 2009.

Table EL8. Percent distribution of decedents age 65 and over by place of death and age group, 2009

Place of death	*65–74*	*75–84*	*85 and over*
Hospital—inpatient	38.6	35.3	26.6
Nursing home/long-term care facilities	12.4	22.6	38.0
Residence	29.6	25.3	20.5
Other	19.4	16.8	14.9

NOTE: Other includes hospital outpatient or emergency department, including dead on arrival, inpatient hospice facilities, and all other places and unknown.
Reference population: These data refer to the resident population.
SOURCE: National Vital Statistics System. Mortality public use data files, 2009.

Table EL9. Percent distribution of decedents age 65 and over by place of death and race and ethnicity, 2009

Place of death	*Non-Hispanic White*	*Non-Hispanic Black*	*Hispanic*	*American Indian or Alaska Native*	*Asian or Pacific Islander*
Hospital—inpatient	31.1	38.2	41.1	40.5	43.6
Nursing home/long-term care facilities	28.4	18.8	15.8	19.4	17.2
Residence	24.3	21.3	28.4	26.5	24.4
Other	16.2	21.7	14.8	13.5	14.8

NOTE: Other includes hospital outpatient or emergency department, including dead on arrival, inpatient hospice facilities, and all other places and unknown.
Reference population: These data refer to the resident population.
SOURCE: National Vital Statistics System. Mortality public use data files, 2009.

Data Sources

Air Quality System

The Air Quality System (AQS) contains ambient air pollution data collected by the U.S. Environmental Protection Agency (EPA) and state, local, and tribal air pollution control agencies. Data on criteria pollutants consist of air quality measurements collected by sensitive equipment at thousands of monitoring stations located across all 50 states, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a specified time interval, usually 1 hour or 24 hours. AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and its operator), and data quality assurance or quality control information. The system is administered by EPA, Office of Air Quality Planning and Standards, Outreach and Information Division, located in Research Triangle Park, NC.

For more information, contact:
David Mintz
U.S. Environmental Protection Agency
Phone: 919-541-5224
Web site: http://www.epa.gov/ttn/airs/airsaqs

American Housing Survey

The American Housing Survey (AHS) was mandated by Congress in 1968 to provide data for evaluating progress toward "a decent home and a suitable living environment for every American family." It is the primary source of detailed information on housing in the United States and is used to generate a biennial report to Congress on the conditions of housing in the United States, among other reports. The survey is conducted for the Department of Housing and Urban Development by the U.S. Census Bureau. The AHS encompasses a national survey and 60 metropolitan surveys and is designed to collect data from the same housing units for each survey. The national survey, a representative sample of approximately 85,000 housing units beginning in 2011 (60,000 in prior years), is conducted biennially in odd-numbered years; the metropolitan surveys, representative samples of 4,500 housing units, are conducted in odd-numbered years on a 4-year cycle. The AHS collects data about the inventory and condition of housing in the United States and the demographics of its inhabitants. The survey provides detailed data on the types of housing in the United States and its characteristics and conditions; financial data on housing costs, utilities, mortgages, equity loans, and market value; and demographic data on family composition, income, education, and race and ethnicity. Information on neighborhood quality, walkability, public transportation and recent movers; the health and safety aspects of a home; accommodations for older and disabled household members; doubling up of households; working from home; and energy efficiency are collected in rotating supplements to the survey.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
Carolyn Lynch
U.S. Department of Housing and Urban Development
E-mail: Carolyn.Lynch@hud.gov
Phone: 202-708-1060
Web site: http://www.census.gov/housing/ahs

American Time Use Survey

The American Time Use Survey (ATUS) is a nationally representative sample survey conducted for the Bureau of Labor Statistics by the U.S. Census Bureau. The ATUS measures how people living in the United States spend their time. Estimates show the kinds of activities people do and the time they spend doing them by sex, age, educational attainment, labor force status, and other characteristics, as well as by weekday and weekend day.

ATUS respondents are interviewed one time about how they spent their time on the previous day, where they were, and whom they were with. The survey is a continuous survey, with interviews conducted nearly every day of the year and a sample that builds over time. About 13,000 members of the civilian noninstitutionalized population age 15 and over are interviewed each year.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
American Time Use Survey Staff
E-mail: atusinfo@bls.gov
Phone: 202-691-6339
Web site: http://www.bls.gov/tus

Consumer Expenditure Survey

The Consumer Expenditure Survey (CE) is conducted for the Bureau of Labor Statistics by the U.S. Census Bureau. The survey contains both a Diary component and an Interview component. Data are integrated before publication. The data presented in this chartbook are derived from the integrated data available on the CE website. The published data are weighted to reflect the U.S. population.

In the interview portion of the CE, respondents are interviewed once every 3 months for 5 consecutive quarters. Respondents report information on characteristics of the consumer unit, which is similar to a household, and expenditures during each interview. Income data are collected during the second and fifth interviews only.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
E-mail: CEXINFO@bls.gov
Phone: 202-691-6900
Web site: http://www.bls.gov/cex

Current Population Survey

The Current Population Survey (CPS) is a nationally representative sample survey of about 60,000 households conducted monthly for the Bureau of Labor Statistics (BLS) by the U.S. Census Bureau. The CPS base survey is the primary source of information on the labor force characteristics of the civilian noninstitutionalized population age 16 and over, including a comprehensive body of monthly data on the labor force, employment, unemployment, persons not in the labor force, hours of work, earnings, and other demographic and labor force characteristics.

In most months, CPS supplements provide additional demographic and social data. The Annual Social and Economic Supplement (ASEC) is the primary source of detailed information on income and poverty in the United States. The ASEC is used to generate the annual Population Profile of the United States, reports on geographical mobility and educational attainment, and is the primary source of detailed information on income and poverty in the United States. The ASEC, historically referred to as the March supplement, now is conducted in February, March, and April with a sample of about 100,000 addresses. The questionnaire asks about income from more than 50 sources and records up to 27 different income amounts, including receipt of many noncash benefits, such as food stamps and housing assistance.

Race and Hispanic origin: CPS respondents are asked to identify themselves as belonging to one or more of six racial groups (White, Black, American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Some Other Race). People who responded to the question on race by indicating only one race are referred to as the race alone or single-race population, and individuals who chose more than one of the race categories are referred to as the Two or More Races population.

The CPS includes a separate question on Hispanic origin. People of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino. People of Hispanic origin may be of any race.

The 1994 redesign of the CPS had an impact on labor force participation rates for older men and women (See "Indicator 11: Participation in the Labor Force"). For more information on the effect of the redesign, see "The CPS After the Redesign: Refocusing the Economic Lens."[52]

For more information regarding the CPS, its sampling structure, and estimation methodology, see "Explanatory Notes and Estimates of Error."[53]

For more information, contact:
Bureau of Labor Statistics
Department of Labor
E-mail: cpsinfo@bls.gov
Phone: 202-691-6378
Web site: http://www.bls.gov/cps
Additional Web site: http://www.census.gov/cps

Decennial Census

Every 10 years, beginning with the first census in 1790, the United States government conducts a census, or count, of the entire population as mandated by the U.S. Constitution. For most data collections, Census Day was April 1st of the respective year.

For the 2010 Census, the Bureau devised a short-form questionnaire that asked for the age, sex, race, and ethnicity (Hispanic or non-Hispanic) of each household resident, his or her relationship to the person filling out the form, and whether the housing unit was rented or owned by a member of the household. The census long form, which for decades collected detailed socioeconomic and housing data from a sample of the population on education, housing, jobs, etc., was replaced by the American Community Survey (ACS), an ongoing survey of about 250,000 households per month that gathers largely the same data as its predecessor.

Race and Hispanic origin: Starting in Census 2000, and continuing in the 2010 Census, respondents were given the option of selecting one or more race categories to indicate their racial identities. People who responded to the question on race indicating only one of the six race categories (White, Black, American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Some Other Race) are referred to as the race alone or single-race population. Individuals who chose more than one of the race categories are referred to as the Two or More Races population. The six single-race categories, which made up nearly 98 percent of all respondents, and the Two or More Races category sum to the total population. Because respondents were given the option of selecting one or more race categories in Census 2000 and the 2010 Census, these data are not directly comparable with data from the 1990 or earlier censuses.

As in earlier censuses, the 2010 Census included a separate question on Hispanic origin. In the 2010 Census, people of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Mexican American or Chicano, Puerto Rican, Cuban, or Another Hispanic, Latino, or Spanish origin. People of Hispanic origin may be of any race.

For more information, contact:
Age and Special Populations Branch
Phone: 301-763-2378
Web site: http://2010.census.gov/2010census/

Health and Retirement Study

The Health and Retirement Study (HRS) is a national panel study conducted by the University of Michigan's Institute for Social Research under a cooperative agreement with the National Institute on Aging. In 1992, the study had an initial sample of over 12,600 people from the 1931–1941 birth cohort and their spouses. The HRS was joined in 1993 by a companion study, Asset and Health Dynamics Among the Oldest Old (AHEAD), with a sample of 8,222 respondents (born before 1924 who were age 70 and over) and their spouses. In 1998, these two data collection efforts were combined into a single survey instrument and field period and were expanded through the addition of baseline interviews with two new birth cohorts: Children of the Depression Age (1924–1930) and War Babies (1942–1947). The HRS steady-state desig. calls for the addition of a new 6-year cohort of Americans entering their 50s every 6 years. So, the Early Boomer birth cohort (1948–1953) was added in 2004, the Mid "Baby Boomer" birth cohort (1954–1959) was added in 2010, and the Late "Baby Boomers" (1960–1965) will be added in 2016. The 2010 wave also included an expansion of the minority sample of Early and Mid "Baby Boomers". Telephone follow-ups are conducted every second year, with proxy interviews after death. Beginning in 2006, one-half of the sample has an enhanced face-to-face interview that includes the collection of physical measures and biomarker collection. The Aging, Demographics, and Memory Study (ADAMS) supplements the HRS with the specific aim of conducting a population-based study of dementia. A genome-wide scan is being completed on approximately 20,000 HRS participants by the end of 2012 that can support genetic and genomic studies.

The combined studies, which are collectively called HRS, have become a steady state sample that is representative of the entire U.S. population age 50 and over (excluding people who resided in a nursing home or other institutionalized setting at the time of sampling). HRS will follow respondents longitudinally until they die (including following people who move into a nursing home or other institutionalized setting).

The HRS is intended to provide data for researchers, policy analysts, and program planners who make major policy decisions that affect retirement, health insurance, saving, and economic well-being. The study is designed to

explain the antecedents and consequences of retirement; examine the relationship between health, income, and wealth over time; examine life cycle patterns of wealth accumulation and consumption; monitor work disability; provide a rich source of interdisciplinary data, including linkages with administrative data; monitor transitions in physical, functional, and cognitive health in advanced old age; relate late-life changes in physical and cognitive health to patterns of spending down assets and income flows; relate changes in health to economic resources and intergenerational transfers; and examine how the mix and distribution of economic, family, and program resources affect key outcomes, including retirement, spending down assets, health declines, and institutionalization.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
Health and Retirement Study
E-mail: hrsquest@isr.umich.edu
Phone: 734-936-0314
Web site: http://hrsonline.isr.umich.edu/

Intercensal Population Estimates: 2000 to 2010

Intercensal population estimates are produced for the years between two decennial censuses when both the beginning and ending populations are known. They are produced by adjusting the existing time series of postcensal estimates for the entire decade to smooth the transition from one decennial census count to the next. They differ from the annually released postcensal estimates because they rely on mathematical formulae that redistribute the difference between the April 1 postcensal estimate and April 1 census count for the end of the decade across the postcensal estimates for that decade. For dates when both postcensal and intercensal estimates are available, intercensal estimates are preferred.

The 2000–2010 intercensal estimates reconcile the postcensal estimates with the 2010 Census counts and provide a consistent time series of population estimates that reflect the 2010 Census results. The 2000–2010 intercensal estimates were produced for the nation, states, and counties by demographic characteristics (age, sex, race and Hispanic origin).

For a more detailed discussion of the methods used to create the intercensal estimates, see http://www.census.gov/popest/data/intercensal/index.html.

For more information, contact:
Population Estimates Branch
Phone: 301-763-2385
Web site: http://www.census.gov/popest/index.html

International Data Base

The U.S. Census Bureau produces the International Data Base (IDB), which includes regularly updated population estimates and projections for over 200 countries and areas. The series of estimates and projections provide a consistent set of demographic indicators, including population size and growth, mortality, fertility, and net migration. The IDB is accessible via the internet at www.census.gov/population/international/data/idb.

For more information, contact:
Eurasia Branch, International Programs Center for Demographic and Economic Studies
Phone: 301-763-1360
Web site: http://www.census.gov/population/international/data/

Medicare Current Beneficiary Survey

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to help the Centers for Medicare and Medicaid Services (CMS) administer, monitor, and evaluate the Medicare program. The MCBS collects information on health care use, cost, and sources of payment; health insurance coverage; household composition; sociodemographic characteristics; health status and physical functioning; income and assets; access to care; satisfaction with care; usual source of care; and how beneficiaries get information about Medicare.

MCBS data enable CMS to determine sources of payment for all medical services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services; develop reliable and current information on the use and cost of services not covered by Medicare (such as long-term care); ascertain all types of health

insurance coverage and relate coverage to sources of payment; and monitor the financial effects of changes in the Medicare program. Additionally, the MCBS is the only source of multidimensional person-based information about the characteristics of the Medicare population and their access to and satisfaction with Medicare services and information about the Medicare program. The MCBS sample consists of Medicare enrollees in the community and in institutions.

The survey is conducted in three rounds per year, with each round being four months in length. MCBS has a multistage, stratified, random sample design and a rotating panel survey design. Each panel is followed for 12 interviews. In-person interviews are conducted using computer-assisted personal interviewing. A sample of approximately 16,000 people are interviewed in each round. However, because of the rotating panel design, only 12,000 people receive all three interviews in a given calendar year. Information collected in the survey is combined with information from CMS administrative data files and made available through public-use data files.

Race and Hispanic origin: The MCBS defines race as White, Black, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, and Other. People are allowed to choose more than one category. There is a separate question on whether the person is of Hispanic or Latino origin. The "Other" category in Table 30c consists of people who answered "no" to the Hispanic/Latino question and who answered something other than "White" or "Black" to the race question. People who answer with more than one racial category are assigned to the "Other" category.

For more information, contact:
MCBS Staff
E-mail: MCBS@cms.hhs.gov
Web site: http://www.cms.hhs.gov/mcbs

The Research Data Assistance Center
E-mail: resdac@umn.edu
Phone: 888-973-7322
Web site: http://www.resdac.umn.edu

Medical Expenditure Panel Survey

The Medical Expenditure Panel Survey (MEPS) is an ongoing annual survey of the civilian noninstitutionalized population that collects detailed information on health care use and expenditures (including sources of payment), health insurance, income, health status, access, and quality of care. MEPS, which began in 1996, is the third in a series of national probability surveys conducted by the Agency for Healthcare Research and Quality on the financing and use of medical care in the United States. MEPS predecessor surveys are the National Medical Care Expenditure Survey (NMCES) conducted in 1977 and the National Medical Expenditure Survey (NMES) conducted in 1987. Each of the three surveys (i.e., NMCES, NMES, and MEPS) used multiple rounds of in-person data collection to elicit expenditures and sources of payments for each health care event experienced by household members during the calendar year. The current MEPS Household Component (HC) sample is drawn from respondents to the National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics (NCHS). To yield more complete information on health care spending and payment sources, followback surveys of health providers were conducted for a subsample of events in MEPS (and events in the MEPS predecessor surveys).

Since 1977, the structure of billing mechanism for medical services has grown more complex as a result of increasing penetration of managed care and health maintenance organizations and various cost-containment reimbursement mechanisms instituted by Medicare, Medicaid, and private insurers. As a result, there has been substantial discussion about what constitutes an appropriate measure of health care expenditures.[54] Health care expenditures presented in this report refer to what is actually paid for health care services. More specifically, expenditures are defined as the sum of direct payments for care received, including out-of-pocket payments for care received. This definition of expenditures differs somewhat from what was used in the 1987 NMES, which used charges (rather than payments) as the fundamental expenditure construct. To improve comparability of estimates between the 1987 NMES and the 1996 and 2001 MEPS, the 1987 data presented in this report were adjusted using the method described by Zuvekas and Cohen.[51] Adjustments to the 1977 data were considered unnecessary because virtually all of the discounting for health care services occurred after 1977 (essentially equating charges with payments in 1977).

A number of quality-related enhancements were made to the MEPS beginning in 2000, including the fielding of an annual adult self-administered questionnaire (SAQ). This questionnaire contains items on patient satisfaction and accountability measures from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®; previously known as the Consumer Assessment of Health Plans), the SF-12 physical and mental health assessment tool, EQ-5D EuroQol 5 dimensions with visual scale (2000–2003), and several attitude items. Starting in 2004, the K–6 Kessler mental health distress scale and the PH2 two-item depression scale were added to the SAQ.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information:
MEPS Web site: http://www.meps.ahrq.gov/mepsweb

National Health Interview Survey

The National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics since 1960, is a continuing nationwide sample survey in which data are collected during personal household interviews. NHIS is the principal source of information on the health of the civilian, noninstitutionalized, household population of the United States. A major strength of this survey lies in the ability to analyze health measures by many demographic and socioeconomic characteristics. Sampling and interviewing are continuous throughout each year. The sampling plan follows a multistage area probability design that permits the representative sampling of households and noninstitutional group quarters (e.g., college dormitories). The sampling plan is redesigned after every decennial census. The current NHIS sample design oversamples Asian Americans, African Americans, and Hispanics.

Interviewers collect data on illnesses, injuries, impairments, and chronic conditions; activity limitation caused by chronic conditions; utilization of health services; and other health topics. Information is also obtained on personal, social, economic, and demographic characteristics, including race and ethnicity and health insurance status. The survey is reviewed each year, core questionnaire items are revised every 10–15 years (with major revisions occurring in 1982 and 1997), and special topics are added or deleted annually.

NHIS data are used to monitor trends in illness and disability, to track progress toward achieving national health objectives, to link behaviors to health outcomes, and to identify new health risks. NCHS has conducted a mortality linkage of NHIS with death certificate records from the National Death Index (NDI) to allow researchers to investigate the association of a variety of health factors with mortality, using the richness of the NHIS questionnaires. The NHIS Early Release Program publishes a periodic report on 15 Early Release measures prior to final data editing and final weighting to provide access to the most recent information. These estimates are then updated as each new quarter of NHIS data becomes available. In addition to these reports, preliminary microdata files containing selected NHIS variables are produced as part of the Early Release Program.

Race and Hispanic origin: Starting with data year 1999, race-specific estimates in NHIS are tabulated according to 1997 standards for Federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The single race categories for data from 1999 and later conform to 1997 standards and are for people who reported only one racial group. Prior to data year 1999, data were tabulated according to the 1977 standards and included people who reported one race or, if they reported more than one race, identified one race as best representing their race.

For more information, contact:
NHIS staff
E-mail: nhis@cdc.gov
Phone: 301-458-4901
301-458-4001
Web site: http://www.cdc.gov/nchs/nhis.htm

National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, is a family of cross-sectional surveys designed to assess the health and nutritional status of the noninstitutionalized civilian population through a combination of health interviews, physical examinations, and

laboratory tests. The health interviews are conducted in respondent's homes and health measurements are performed in specially-designed and equipped mobile examination centers, which travel to locations throughout the country. The study team consists of a physician, medical and health technicians, as well as dietary and health interviewers. Many of the study staff are bilingual (English/Spanish). All health information gathered is held in strict confidentiality. Each survey's sample was selected using a complex, stratified, multistage, probability sampling design. Interviewers obtain information on personal and demographic characteristics, including age, household income, and race and ethnicity directly from sample persons (or their proxies). In addition, dietary intake data, biochemical tests, physical measurements, and clinical assessments are collected.

The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics and includes the following surveys conducted on a periodic basis through 1994: the first, second, and third National Health Examination Surveys (NHES I, 1960–1962; NHES II, 1963–1965; and NHES III, 1966–1970); and the first, second, and third National Health and Nutritional Examination Surveys (NHANES I, 1971–1974; NHANES II, 1976–1980; and NHANES III, 1988–1994). Beginning in 1999, NHANES became a continuous, annual survey, which allows increased flexibility in survey content. Since April 1999, NHANES has collected data every year from a representative sample of the civilian noninstitutionalized U.S. population, newborns and older. To produce reliable statistics, NHANES over-samples persons 60 and older, Asian Americans, African Americans, and Hispanics.

Information collected from the current survey is comparable with information collected in previous surveys. This allows health planners to detect the extent various health problems and risk factors have changed in the U.S. population over time. NHANES has collected data on chronic disease prevalence and conditions (including undiagnosed conditions) and on risk factors such as obesity, smoking, elevated serum cholesterol levels, hypertension, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, oral health, pharmaceuticals and dietary supplements used, and physical fitness. Results from the survey allow scientists to determine the prevalence of major diseases and risk factors for diseases, assess nutritional status and its association with health promotion and disease prevention, and produce national references for such measurements as height, weight, and blood pressure.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

For more information, contact:
NHANES
E-mail: cdcinfo@cdc.gov
Phone: 800-232-4636
Web site: http://www.cdc.gov/nchs/nhanes.htm

National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics collects and publishes data on births, deaths, fetal deaths, and, prior to 1996, marriages and divorces occurring in the United States based on U.S. standard certificates. The Division of Vital Statistics obtains information on births and deaths from the registration offices of each of the 50 states, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands. Geographic coverage for births and deaths has been complete since 1933. By law, the registration of deaths is the responsibility of the funeral director. The funeral director obtains demographic data for the death certificate from an informant. The physician in attendance at the death is required to certify the cause of death. Where death is from other than natural causes, a coroner or medical examiner may be required to examine the body and certify the cause of death. The mortality data file is a fundamental source of cause-of-death information by demographic characteristics and for geographic areas such as states. The mortality file is one of the few sources of comparable health-related data for smaller geographic areas in the United States and over a long time period. Mortality data can be used not only to present the characteristics of those dying in the United

States but also to determine life expectancy and to compare mortality trends with other countries. Data in this report for the entire United States refer to events occurring within the 50 states and the District of Columbia.

Race and Hispanic origin: Race and Hispanic origin are reported separately on the death certificate. Therefore, data by race shown in Table 14b include people of Hispanic or non-Hispanic origin.

For more information, contact:
Mortality Statistics Branch
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Phone: 800-232-4636
Web site: http://www.cdc.gov/nchs/nvss.htm

Population Projections

The 2008 National Population Projections provide projections of resident population and demographic components of change (births, deaths, and net international migration) through 2050. Population projections are available by age, sex, race and Hispanic origin. The projections do not precisely agree with population estimates available elsewhere on the U.S. Census Bureau website for various reasons. For example, the 2008 National Projections are based on, and move forward from, Census 2000, whereas the estimates are updated annually. Where both estimates and projections are available for a given time reference, we recommend use of the population estimates as the measure of the current population. Below we provide a general description of the methods used to produce the 2008 National Population Projections.

The projections originate with a base population from Census 2000 and are produced using a cohort-component method. Many of the characteristics of the U.S. resident population, as measured by Census 2000, are preserved as demographic patterns that work their way through the projection period. Using the cohort-component method, the components of population change (births, deaths, and net international migration) are projected for each birth cohort (persons born in a given year). For each passing year, we advance the population one year of age. We update the new age categories using survival rates and levels of net international migration projected for the passing year. A new birth cohort is added to form the population under one year of age by applying projected age-specific fertility rates to the female population aged 15 to 49, and updating the new cohort for the effects of mortality and net international migration.

The assumptions for the components of change are based on time series analysis. Because of limited information about racial characteristics in the fertility and mortality historical series, the assumptions were first developed for three mutually exclusive and exhaustive groups: Hispanic origin (any race), non-Hispanic Black alone, and non-Hispanic all other races. These assumptions were then applied to their respective detailed racial and ethnic categories to project the population, which allows us to present the race categories described above.

For more information see:
http://www.census.gov/population/www/projections/2008projections.html.

Survey of the Aged, 1963

The major purpose of the 1963 Survey of the Aged was to measure the economic and social situations of a representative sample of all people age 62 and over in the United States in 1963 in order to serve the detailed information needs of the Social Security Administration (SSA). The survey included a wide range of questions on health insurance, medical care costs, income, assets and liabilities, labor force participation and work experience, housing and food expenses, and living arrangements.

The sample consisted of a representative subsample (one-half) of the Current Population Survey (CPS) sample and the full Quarterly Household Survey. Income was measured using answers to 17 questions about specific sources. Results from this survey have been combined with CPS results from 1971 to the present in an income time series produced by SSA.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Survey of Consumer Finances

The Survey of Consumer Finances (SCF) is a triennial, cross-sectional, national survey of non-institutionalized Americans conducted by the Federal Reserve Board with the cooperation of the Statistics of Income Division of the Internal Revenue Service. It includes data on household assets and debts, use of financial services, income, demographics, and labor force participation. The survey is considered one of the best sources for wealth measurement because of its detailed treatment of assets and debts and because it oversamples wealthy households.[55,56] The data for the panels of SCF used in this study were collected by the National Opinion Research Center at the University of Chicago. The SCF uses a dual-frame sample consisting of both a standard random sample and a special over-sample of wealthier households in order to correct for the under-representation of high income families in the survey. It uses multiple imputation techniques to deal with missing data, which procedure results in the creation of five data sets called "implicates". There are five implicates for every record. In the SCF, a household unit is divided into a "primary economic unit" (PEU)—the family—and everyone else in the household. The PEU is intended to be the economically dominant single person or couple (whether married or living together as partners) and all other persons in the household who are financially interdependent with the economically dominant person or couple."[57] The Indicator 10 data represent the PEU which we call households in the chart and discussion.

Race and Hispanic origin: Data in this report are shown for race is white or race is black for the head of the primary economic unit. Data are not shown by Hispanic origin.

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Survey of Demographic and Economic Characteristics of the Aged, 1968

The 1968 Survey of Demographic and Economic Characteristics of the Aged was conducted by the Social Security Administration (SSA) to provide continuing information on the socioeconomic status of the older population for program evaluation. Major issues addressed by the study include the adequacy of Old-Age, Survivors, Disability, and Health Insurance benefit levels, the impact of certain Social Security provisions on the incomes of the older population, and the extent to which other sources of income are received by older Americans.

Data for the 1968 survey were obtained as a supplement to the Current Medicare Survey, which yields current estimates of health care services used and charges incurred by people covered by the hospital insurance and supplemental medical insurance programs. Supplemental questions covered work experience, household relationships, income, and assets. Income was measured using answers to 17 questions about specific sources. Results from this survey have been combined with results from the Current Population Survey from 1971 to the present in an income time series produced by SSA.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.

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Survey of Veteran Enrollees' Health and Reliance Upon VA, 2010

The 2010 Survey of Veteran Enrollees' Health and Reliance Upon VA (Survey of Enrollees) is the eighth in a series of surveys of Veteran enrollees conducted by the Veterans Health Administration (VHA) within the Department of Veterans Affairs (VA), under multiyear Office of Management and Budget authority. Previous surveys of VHA-enrolled Veterans were conducted in 1999, 2000, 2002, 2003, 2005, 2007, and 2008. All eight VHA Surveys of Enrollees consisted of telephone interviews with stratified random samples of enrolled Veterans. Over time, the survey instrument has been modified to reflect VA management's need for specific data on enrolled Veterans.

As with the other surveys in the series, the 2010 Survey of Enrollees sample was stratified by Veterans Integrated Service Network, enrollment priority, and type of enrollee (new or past user). Beginning in 2008, Operation Enduring Freedom/ Operation Iraqi Freedom/Operation New Dawn enrollees were oversampled in order to provide more data about this group of Veterans.

Information gathered from the survey includes socioeconomic characteristics of the enrollee population, public and private insurance coverage, pharmaceutical use, tobacco use, health status measures, and future use of VA health care services by the Veteran enrollee population. The 2010 survey included a series of questions regarding Activities of Daily Living/Instrumental Activities of Daily Living. The survey includes these questions periodically, and these questions were last included in the 2005 Survey of Enrollees.

Telephone interviews averaged 18 minutes in length. In the 2010 survey, interviews were conducted beginning on May 28, 2008, over a course of 12 weeks. Of the approximately 7.8 million eligible enrollees as of September 30, 2009, 42,920 completed interviews in the 2010 telephone survey.

The VHA Survey of Enrollees provides a fundamental source of data and information on enrollees that cannot be obtained in any other way except through surveys and yet are basic to many VHA activities. The primary purpose of the survey is to provide critical inputs into the VA Enrollee Health Care Projection Model enrollment, patient, and expenditure projections, and the Secretary's enrollment level decision processes. Data from the surveys are also useful into a variety of strategic analysis areas related to budget, policy, or legislation.

Race and Hispanic origin: The report displays ethnicity and race data from this survey at the national level.

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Veteran Population Estimates and Projections

VA Office of the Chief Actuary (OACT) provided veteran population projection by key demographic characteristics such as age and gender as well as geographic areas. VetPop2007 was last updated using Census 2000 data, VA administrative data, and Department of Defense data. VetPop2011 will be released in Summer 2012.

Race and Hispanic origin: Data from this model are not shown by race and Hispanic origin in this report.

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Glossary

Activities of daily living (ADLs): Activities of daily living (ADLs) are basic activities that support survival, including eating, bathing, and toileting. *See Instrumental activities of daily living (IADLs).*

In the Medicare Current Beneficiary Survey, ADL disabilities are measured as difficulty performing (or inability to perform because of a health reason) one or more of the following activities: eating, getting in/out of chairs, walking, dressing, bathing, or toileting.

Asset income: Asset income includes money income reported in the Current Population Survey from interest (on savings or bonds), dividends, income from estates or trusts, and net rental income. Capital gains are not included.

Assistive device: Assistive device refers to any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Body mass index (BMI): This is a measure of body weight adjusted for height that correlates with body fat. A tool for indicating weight status in adults, BMI is generally computed using metric units and is defined as weight divided by height^2 or kilograms/meters^2. The categories used in this report are consistent with those set by the World Health Organization. For adults 20 years of age and over, underweight is defined as having a BMI less than 18.5; healthy weight is defined as having a BMI of at least 18.5 and less than 25; overweight is defined as having a BMI equal to 25 or greater; and obese is defined as having a BMI equal to 30 or greater. To calculate your own body mass index, go to http://www.nhlbisupport.com/bmi. For more information about BMI, see "Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults."[58]

Cause of death: For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and using the international rules for selecting the underlying cause of death from the conditions stated on the death certificate. In addition to the underlying cause, all other conditions reported on the death certificate are captured and coded and are referred to as multiple causes of death. Cause of death is coded according to the appropriate revision of the International Classification of Diseases (ICD). Effective with deaths occurring in 1999, the United States began using the Tenth Revision of the ICD (ICD–10). Data from earlier time periods were coded using the appropriate revision of the ICD for that time period. Changes in classification of causes of death in successive revisions of the ICD may introduce discontinuities in cause-of-death statistics over time. These discontinuities are measured using comparability ratios. These measures of discontinuity are essential to the interpretation of mortality trends. For further discussion, see the "Mortality Technical Appendix" available at http://www.cdc.gov/nchs/data/statab/techap99.pdf.

Cause-of-death ranking: The cause-of-death ranking for adults is based on the List of 113 Selected Causes of Death. The top-ranking causes determine the leading causes of death. Certain causes on the tabulation lists are not ranked if, for example, the category title represents a group title (such as "Major cardiovascular diseases" and "Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified") or the category title begins with the words "Other" and "All other." In addition, when a title that represents a subtotal (such as "Cancer") is ranked, its component parts are not ranked. Causes that are tied receive the same rank; the next cause is assigned the rank it would have received had the lower-ranked causes not been tied (i.e., they skip a rank).

Cigarette smoking: Information about cigarette smoking in the National Health Interview Survey is obtained for adults age 18 and over. Although there has been some variation in question wording, smokers continue to be defined as people who have ever smoked 100 cigarettes and currently smoke. Starting in 1993, current smokers are identified by asking the following two questions: "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" (revised definition). People who smoked 100 cigarettes and who now smoke every day or some days are defined as current smokers. Before 1992, current smokers were identified based on positive responses to the following two questions: "Have you smoked at least 100 cigarettes in your entire life?" and "Do you smoke now?" (traditional definition). In 1992,

cigarette smoking data were collected for a half sample with one-half the respondents (a one-quarter sample) using the traditional smoking questions and the other half of respondents (a one-quarter sample) using the revised smoking question. The statistics reported for 1992 combined data collected using the traditional and the revised questions. The information obtained from the two smoking questions listed above is combined to create the variables represented in Tables 26a and 26b.

Current smoker: There are two categories of current smokers: people who smoke every day and people who smoke only on some days.

Former smoker: This category includes people who have smoked at least 100 cigarettes in their lifetimes but currently do not smoke at all.

Nonsmoker: This category includes people who have never smoked at least 100 cigarettes in their lifetime.

Civilian population: *See Population.*

Civilian noninstitutionalized population: *See Population.*

Death rate: The death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population as of April 1. Death rates are expressed as the number of deaths per 100,000 people. The rate may be restricted to deaths in specific age, race, sex, or geographic groups or from specific causes of death (specific rate), or it may be related to the entire population (crude rate).

Dental services: In the Medicare Current Beneficiary Survey (Indicators 30 and 34), the Medical Expenditure Panel Survey (MEPS), and the data used from the MEPS predecessor surveys used in this report (Indicator 33) this category covers expenses for any type of dental care provider, including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists.

Earnings: Earnings are considered money income reported in the Current Population Survey from wages or salaries and net income from self-employment (farm and nonfarm).

Emergency room services: In the Medical Expenditure Panel Survey (MEPS) and the data used from the MEPS predecessor surveys used in this report (Indicator 33), this category includes expenses for visits to medical providers seen in emergency rooms (except visits resulting in a hospital admission). These expenses include payments for services covered under the basic facility charge and those for separately billed physician services. In the Medicare Current Beneficiary Survey (Indicators 30 and 34) emergency room services are included as a hospital outpatient service unless they are incurred immediately prior to a hospital stay, in which case they are included as a hospital inpatient service.

Fee-for-service: This is the method of reimbursing health care providers on the basis of a fee for each health service provided to the insured person.

Group quarters: A group quarters is a place where people live or stay, in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents. This is not a typical household-type living arrangement. These services may include custodial or medical care as well as other types of assistance, and residency is commonly restricted to those receiving these services. People living in group quarters are usually not related to each other. The group quarters definitions used in the 2010 Census are available in Appendix B at: http://www.census.gov/prod/cen2010/doc/sf1.pdf.

Head of household: The Survey of Consumer Finances (SCF) estimates wealth for the "Primary Economic Unit" which is similar to the Census Bureau's Household. The "Primary Economic Unit" is the economically dominant single person or couple (whether married or living together as partners) and all other persons in the household who are financially interdependent with the economically dominant person or couple. If a couple is economically dominant in the PEU, the head is the male in a mixed sex couple or the older person in a same-sex couple. If a single person is economically dominant, that person is designated as the family head in this report.

Health care expenditures: In the Consumer Expenditure Survey (Indicator 12), health care expenditures include out-of-pocket expenditures

for health insurance, medical services, prescription drugs, and medical supplies. In the Medicare Current Beneficiary Survey (Indicators 30 and 34), health care expenditures include all expenditures for inpatient hospital, medical, nursing home, outpatient (including emergency room visits), dental, prescription drugs, home health care, and hospice services, including both out-of-pocket expenditures and expenditures covered by insurance. Personal spending for health insurance premiums is excluded. In the Medical Expenditure Panel Survey (MEPS) and the data used from the MEPS predecessor surveys used in this report (Indicator 33), health care expenditures refers to payments for health care services provided during the year. (Data from the 1987 survey have been adjusted to permit comparability across years; see Zuvekas and Cohen.[51]) Out-of-pocket health care expenditures are the sum of payments paid to health care providers by the person, or the person's family, for health care services provided during the year. Health care services include inpatient hospital, hospital emergency room, and outpatient department care; dental services; office-based medical provider services; prescription drugs; home health care; and other medical equipment and services. Personal spending for health insurance premium(s) is excluded.

Health maintenance organization (HMO): An HMO is a prepaid health plan delivering comprehensive care to members through designated providers, having a fixed monthly payment for health care services, and requiring members to be in a plan for a specified period of time (usually 1 year).

Hispanic origin: *See specific data source descriptions.*

Home health care/services/visits: Home health care is care provided to individuals and families in their places of residence for promoting, maintaining, or restoring health or for minimizing the effects of disability and illness, including terminal illness. In the Medicare Current Beneficiary Survey and Medicare claims data (Indicators 29, 30, and 34), home health care refers to skilled nursing care, physical therapy, speech language pathology services, occupational therapy, and home health aide services provided to homebound patients. In the Medical Expenditure Panel Survey (Indicator 33), home health care services are classified into the "Other health care" category and are considered any paid formal care provided by home health agencies and independent home health providers. Services can include visits by professionals including nurses, doctors, social workers, and therapists, as well as home health aides, homemaker services, companion services, and home-based hospice care. Home care provided free of charge (informal care by family members) is not included.

Hospice care/services: Hospice care is a program of palliative and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones by a hospice program or agency. Hospice services are available in home and inpatient settings. In the Medicare Current Beneficiary Survey (MCBS) (Indicators 30 and 34) hospice care includes only those services provided as part of a Medicare benefit. In MCBS Indicator 30 (Medicare), hospice services are included as part of the "Other" category. In MCBS Indicator 34 (Medicare), hospice services are included as a separate category. In the Medical Expenditure Panel Survey (MEPS) (Indicator 33), hospice care provided in the home (regardless of the source of payment) is included in the "Other health care" category, while hospice care provided in an institutional setting (e.g., nursing home) is excluded from the MEPS universe.

Hospital care: Hospital care in the Medical Expenditure Panel Survey (Indicator 33) includes hospital inpatient care and care provided in hospital outpatient departments and emergency rooms. Care can be provided by physicians or other health practitioners. Payments for hospital care include payments billed directly by the hospital and those billed separately by providers for services provided in the hospital.

Hospital inpatient services: In the Medicare Current Beneficiary Survey (Indicators 30 and 34) hospital inpatient services include room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, as well as emergency room expenses incurred immediately prior to inpatient stays. Expenses for hospital stays with the same admission and discharge dates are included if the Medicare bill classified the stay as an "inpatient" stay. Payments for separate billed physician inpatient services are excluded. In the Medical Expenditure Panel Survey (Indicator 33) these services include room and board and all hospital diagnostic and

laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays. Expenses for reported hospital stays with the same admission and discharge dates are also included.

Hospital outpatient services: These services in the Medicare Current Beneficiary Survey (Indicators 30 and 34) include visits to both physicians and other medical providers seen in hospital outpatient departments or emergency rooms (provided the emergency room visit does not result in an inpatient hospital admission), as well as diagnostic laboratory and radiology services. Payments for these services include those covered under the basic facility charge. Expenses for in-patient hospital stays with the same admission and discharge dates and classified on the Medicare bill as "outpatient" are also included. Separately billed physician services are excluded.

Hospital stays: Hospital stays in the Medicare claims data (Indicator 29) refers to admission to and discharge from a short-stay acute care hospital.

Housing cost burden: In the American Housing Survey, housing cost burden is defined as expenditures on housing and utilities in excess of 30 percent of household reported income.

Housing expenditures: In the Consumer Expenditure Survey's Interview Survey, housing expenditures include payments for mortgage interest; property taxes; maintenance, repairs, insurance, and other expenses; rent; rent as pay (reduced or free rent for a unit as a form of pay); maintenance, insurance, and other expenses for renters; and utilities.

Incidence: Incidence is the number of cases of disease having their onset during a prescribed period of time. It is often expressed as a rate, for example, the incidence of measles per 1,000 children ages 5 to 15 during a specified year. Incidence is a measure of morbidity or other events that occur within a specified period of time. *See Prevalence.*

Income: In the Current Population Survey, income includes money income (prior to payments for personal income taxes, Social Security, union dues, Medicare deductions, etc.) from: (1) money wages or salary; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security or Railroad Retirement; (5) Supplemental Security Income; (6) public assistance or welfare payments; (7) interest (on savings or bonds); (8) dividends, income from estates or trusts, or net rental income; (9) veterans' payment or unemployment and worker's compensation; (10) private pensions or government employee pensions; and (11) alimony or child support, regular contributions from people not living in the household, and other periodic income. Certain money receipts such as capital gains are not included.

In the Medicare Current Beneficiary Study, income is for the sample person, or the sample person and spouse if the sample person was married at the time of the survey. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income, interest, dividends, and other income sources are included.

Income, household: Household income from the Medical Expenditure Panel Survey (MEPS) and the MEPS predecessor surveys used in this report was created by summing personal income from each household member to create family income. Family income was then divided by the number of people that lived in the household during the year to create per capita household income. Potential income sources asked about in the survey interviews include annual earnings from wages, salaries, or withdrawals; Social Security and VA payments; Supplemental Security Income and cash welfare payments from public assistance; Temporary Assistance for Needy Families, formerly known as Aid to Families with Dependent Children; gains or losses from estates, trusts, partnerships, C corporations, rent, and royalties; and a small amount of other income. *See Poverty Indicator 33: Out-of-Pocket Health Care Expenditures.*

Income fifths: A population can be divided into groups with equal numbers of people based on the size of their income to show how the population differs on a characteristic at various income levels. Income fifths are five groups of equal size, ordered from lowest to highest income.

Inpatient hospital: *See Hospital inpatient services.*

Institutions: For the 2010 Census, the Census Bureau defined institutions as adult correctional facilities, juvenile facilities, skilled-nursing facilities, and other institutional facilities such as mental (psychiatric) hospitals and in-patient hospice facilities. *See Population.*

Institutionalized population: *See Population.*

Instrumental activities of daily living (IADLs): IADLs are indicators of functional well-being that measure the ability to perform more complex tasks than the related activities of daily living (ADLs). *See Activities of daily living (ADLs).*

In the Medicare Current Beneficiary Survey. IADLs are measured as difficulty performing (or inability to perform because of a health reason) one or more of the following activities: heavy housework, light housework, preparing meals, using a telephone, managing money, or shopping.

Long-term care facility: In the Medicare Current Beneficiary Survey (MCBS) (Indicators 20 and 36), a residence (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; has three or more beds, 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 non-family, paid caregiver. In MCBS (Indicators 30 and 34), a long-term care facility excludes "short-term institutions" (e.g., sub-acute care) stays. See Short-term institution (Indicators 30 and 34), and Skilled nursing home (Indicator 29).

Mammography: Mammography is an X-ray image of the breast used to detect irregularities in breast tissue.

Mean: The mean is an average of n numbers computed by adding the numbers and dividing by *n*.

Median: The median is a measure of central tendency, the point on the scale that divides a group into two parts.

Medicaid: This nationwide health insurance program is operated and administered by the states with Federal financial participation. Within certain broad, federally determined guidelines, states decide who is eligible; the amount, duration, and scope of services covered; rates of payment for providers; and methods of administering the program. Medicaid pays for health care services, community-based supports, and nursing home care for certain low-income people. Medicaid does not cover all low-income people in every state. The program was authorized in 1965 by Title XIX of the Social Security Act.

Medicare: This nationwide program provides health insurance to people age 65 and over, people entitled to Social Security disability payments for 2 years or more, and people with end-stage renal disease, regardless of income. The program was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged of the Social Security Act, and became effective on July 1, 1966. Medicare covers acute care services and post-acute care settings such as rehabilitation and long-term care hospitals, and generally does not cover nursing home care. Prescription drug coverage began in 2006.

Medicare Advantage: *See Medicare Part C.*

Medicare Part A: Medicare Part A (Hospital Insurance) covers inpatient care in hospitals, critical access hospitals, skilled nursing facilities, and other post-acute care settings such as rehabilitation and long-term care hospitals. It also covers hospice and some home health care.

Medicare Part B: Medicare Part B (Medical Insurance) covers doctor's services, outpatient hospital care, and durable medical equipment. It also covers some other medical services that Medicare Part A does not cover, such as physical and occupational therapy and some home health care. Medicare Part B also pays for some supplies when they are medically necessary.

Medicare Part C: With the passage of the Balanced Budget Act of 1997, Medicare beneficiaries were given the option to receive their Medicare benefits through private health insurance plans, instead of through the original Medicare plan (Parts A and B). These plans were known as "Medicare+Choice" or "Part C" plans. Pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the types of plans allowed to contract with Medicare were expanded, and the Medicare Choice program became known as "Medicare Advantage." In addition to offering comparable coverage to Part

A and Part B, Medicare Advantage plans may also offer Part D coverage.

Medicare Part D: Medicare Part D subsidizes the costs of prescription drugs for Medicare beneficiaries. It was enacted as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and went into effect on January 1, 2006. Beneficiaries can obtain the Medicare drug benefit through two types of private plans: beneficiaries can join a Prescription Drug Plan (PDP) for drug coverage only or they can join a Medicare Advantage plan (MA) that covers both medical services and prescription drugs (MA-PD). Alternatively, beneficiaries may receive drug coverage through a former employer, in which case the former employer may qualify for a retiree drug subsidy payment from Medicare.

Medigap*: See Supplemental health insurance.*

National population adjustment matrix: The national population adjustment matrix adjusts the population to account for net underenumeration. Details on this matrix can be found on the U.S. Census Bureau website: http://www.census.gov/population/www/censusdata/adjustment.html.

Noninstitutional group quarters: For the 2010 Census, the Census Bureau defined noninstitutional group quarters as facilities that house those who are primarily eligible, able, or likely to participate in the labor force while resident. The noninstitutionalized population lives in noninstitutional group quarters such as college/university student housing, military quarters, and other noninstitutional group quarters such as emergency and transitional shelters for people experiencing homelessness and group homes. For more information on noninstitutional group quarters, please see Appendix B at http://www.census.gov/prod/cen2010/doc/sf1.pdf.

Obesity: *See Body mass index.*

Office-based medical provider services: In the Medical Expenditure Panel Survey (Indicator 33), this category includes expenses for visits to physicians and other health practitioners seen in office-based settings or clinics. "Other health practitioner" includes audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, and physician's assistants, as well as providers of diagnostic laboratory and radiology services. Services provided in a hospital based setting, including outpatient department services, are excluded.

Other health care: In the Medicare Current Beneficiary Survey (Indicator 34), this category includes short-term institution, hospice, and dental services. In the Medical Expenditure Panel Survey (MEPS) (Indicator 33) other health care includes home health services (formal care provided by home health agencies and independent home health providers) and other medical equipment and services. The latter includes expenses for eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year.

Other income: Other income is total income minus retirement benefits, earnings, asset income, and public assistance. It includes, but is not limited to, unemployment compensation, worker's compensation, alimony, and child support.

Outpatient hospital: *See Hospital outpatient services.*

Out-of-pocket health care costs: These are health care costs that are not covered by insurance.

Overweight: *See Body mass index.*

Pensions: Pensions include money income reported in the Current Population Survey from Railroad Retirement, company or union pensions (including profit sharing and 401(k) payments), IRAs, Keoghs, regular payments from annuities and paid-up life insurance policies, Federal government pensions, U.S. military pensions, and state or local government pensions.

Physician/Medical services: In the Medicare Current Beneficiary Survey (Indicator 34), this category includes visits to a medical doctor, osteopathic doctor, and health practitioner as well as diagnostic laboratory and radiology services. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. Services provided in a hospital-based setting, including outpatient department services, are included.

Physician/Outpatient hospital: In the Medicare Current Beneficiary Survey (Indicator 30), this term refers to "physician/medical services" combined with "hospital outpatient services."

Physician visits and consultations: In Medicare claims data (Indicator 29), physician visits and consultations include visits and consultations with primary care physicians, specialists, and chiropractors in their offices, hospitals (inpatient and outpatient), emergency rooms, patient homes, and nursing homes.

Population: Data on populations in the United States are often collected and published according to several different definitions. Various statistical systems then use the appropriate population for calculating rates.

Resident population: The resident population of the United States includes people resident in the 50 states and the District of Columbia. It excludes residents of the Commonwealth of Puerto Rico and residents of the outlying areas under United State sovereignty or jurisdiction (principally American Samoa, Guam, Virgin Islands of the United States and the Commonwealth of the Northern Mariana Islands). An area's resident population consists of those persons "usually resident" in that particular area (where they live and sleep most of the time). The resident population includes people living in housing units, nursing homes, and other types of institutional settings. People whose usual residence is outside of the United States, such as the U.S. military and civilian personnel as well as private U.S. citizens living overseas, are excluded from the resident population.

Resident noninstitutionalized population: The resident noninstitutionalized population is the resident population residing in noninstitutional group quarters. *See also the definitions of Resident population and Noninstitutional group quarters.*

Civilian population: The civilian population is the U.S. resident population not in the active-duty Armed Forces.

Civilian noninstitutionalized population: This population includes all U.S. civilians residing in noninstitutional group quarters. *See also the definitions of Civilian population and Noninstitutional group quarters.*

Institutionalized population: For the 2010 Census, the Census Bureau defined institutional group quarters as facilities that house those who are primarily ineligible, unable, or unlikely to participate in the labor force while resident. The institutionalized population is the population residing in institutional group quarters such as adult correctional facilities, juvenile facilities, skilled-nursing facilities, and other institutional facilities such as mental (psychiatric) hospitals and in-patient hospice facilities. People living in noninstitutional group quarters are the noninstitutionalized population. For more information on institutional and noninstitutional group quarters, please see Appendix B at http://www.census.gov/prod/cen2010/doc/sf1.pdf.

Poverty: The official measure of poverty is computed each year by the U.S. Census Bureau and is defined as having income less than 100 percent of the poverty threshold (i.e., $10,458 for one person age 65 and over in 2010).[59] Poverty thresholds are the dollar amounts used to determine poverty status. Each family (including single-person households) is assigned a poverty threshold based upon the family's size and the ages of the family members. All family members have the same poverty status. Several of the indicators included in this report include a poverty status measure. Poverty status (less than 100 percent of the poverty threshold) was computed for "Indicator 7: Poverty," "Indicator 8: Income," "Indicator 17: Sensory Impairments and Oral Health," "Indicator 22: Mammography," "Indicator 32: Sources of Health Insurance," and "Indicator 33: Out-of-Pocket Health Care Expenditures" using the official U.S. Census Bureau definition for the corresponding year. In addition, the following income-to-poverty categories are used in this report.

Indicator 8: Income: The income categories are derived from the ratio of the family's money income (or an unrelated individual's money income) to the poverty threshold. Being in poverty is having income less than 100 percent of the poverty threshold. Low income is income between 100 percent and 199 percent of the poverty threshold (i.e., $10,458 and $20,915 for one person age 65 and over in 2010). Middle income is income between 200 percent and 399 percent of the poverty threshold (i.e., between $20,916 and $41,831 for one person age 65 and over in 2010). High income is income 400 percent or more of the poverty threshold.

Indicator 22: Mammography: Below poverty is defined as having income less than 100 percent of the poverty threshold. Above poverty is grouped into 3 categories: (1) income between 100 percent and 199 percent of the poverty threshold (2) income between 200 percent and 399 percent of the poverty threshold and (3) income equal to or greater than 400 percent of the poverty threshold.

Indicator 32: Sources of Health Insurance: Below poverty is defined as having income less than 100 percent of the poverty threshold. Above poverty is grouped into two categories: (1) income between 100 percent and 199 percent of the poverty threshold and (2) income equal to or greater than 200 percent of the poverty threshold.

Indicator 33: Out-of-Pocket Health Care Expenditures: Two income categories were used to examine out-of-pocket health care expenditures using the Medical Expenditure Panel Survey (MEPS) and MEPS predecessor survey data. The categories were expressed in terms of poverty status (i.e., the ratio of the family's income to the Federal poverty thresholds for the corresponding year), which controls for the size of the family and the age of the head of the family. The income categories were (1) poor and near poor and (2) other income. The poor and near poor income category includes people in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income (i.e., the poor), as well as people in families with income from 100 percent to less than 125 percent of the poverty line (i.e., the near poor). The other income category includes people in families with income greater than or equal to 125 percent of the poverty line. *See Income, household.*

Prescription drugs/medicines: In the Medicare Current Beneficiary Survey (Indicators 30, 31, 34) and in the Medical Expenditure Panel Survey (Indicator 33), prescription drugs are all prescription medications (including refills) except those provided by the doctor or practitioner as samples and those provided in an inpatient setting.

Prevalence: Prevalence is the number of cases of a disease, infected people, or people with some other attribute present during a particular interval of time. It is often expressed as a rate (e.g., the prevalence of diabetes per 1,000 people during a year). *See Incidence.*

Private supplemental health insurance: *See Supplemental health insurance.*

Public assistance: Public assistance is money income reported in the Current Population Survey from Supplemental Security Income (payments made to low-income people who are age 65 and over, blind, or disabled) and public assistance or welfare payments, such as Temporary Assistance for Needy Families and General Assistance.

Quintiles: *See Income fifths.*

Race: *See specific data source descriptions.*

Rate: A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time.

Reference population: The reference population is the base population from which a sample is drawn at the time of initial sampling. *See Population.*

Respondent-assessed health status: In the National Health Interview Survey, respondent-assessed health status is measured by asking the respondent, "Would you say [your/subject name's] health is excellent, very good, good, fair, or poor?" The respondent answers for all household members including himself or herself.

Retiree Drug Subsidy: The Retiree Drug Subsidy is designed to encourage employers to continue providing retirees with prescription drug benefits. Under the program, employers may receive a subsidy of up to 28 percent of the costs of providing the prescription drug benefit.

Short-term institution: This category in the Medicare Current Beneficiary Survey (Indicators 30 and 34) includes skilled nursing facility stays and other short-term (e.g., sub-acute care) facility stays (e.g., a rehabilitation facility stay). Payments for these services include Medicare and other payment sources. See Skilled nursing facility (Indicator 29), Nursing facility (Indicator 36), and Long-term care facility (Indicators 20, 30, 34, and 37).

Skilled nursing facility stays: Skilled nursing facility stays in the Medicare claims data (Indicator 29) refers to admission to and discharge from a skilled nursing facility, regardless of the length of stay. See Skilled nursing facility (Indicator 29).

Skilled nursing facility: A skilled nursing facility (SNF) as defined by Medicare (Indicator 29) provides short-term skilled nursing care on an inpatient basis, following hospitalization. These facilities provide the most intensive care available outside of inpatient acute hospital care. In the Medicare Current Beneficiary Survey (Indicators 30 and 34) "skilled nursing facilities" are classified as a type of "short-term institution." See Short-term institution (Indicators 30 and 34), and Long-term care facility (Indicators 20, 30, 34, and 36).

Social Security benefits: Social Security benefits include money income reported in the Current Population Survey from Social Security old-age, disability, and survivors' benefits.

Standard population: This is a population in which the age and sex composition is known precisely, as a result of a census. A standard population is used as a comparison group in the procedure for standardizing mortality rates.

Supplemental health insurance: Supplemental health insurance is designed to fill gaps in the original Medicare plan coverage by paying some of the amounts that Medicare does not pay for covered services and may pay for certain services not covered by Medicare. Private Medigap is supplemental insurance individuals purchase themselves or through organizations such as AARP or other professional organizations. Employer-or union-sponsored supplemental insurance policies are provided through a Medicare enrollee's former employer or union. For dual-eligible beneficiaries, Medicaid acts as a supplemental insurer to Medicare. Some Medicare beneficiaries enroll in HMOs and other managed care plans that provide many of the benefits of supplemental insurance, such as low copayments and coverage of services that Medicare does not cover.

TRICARE: TRICARE is the Department of Defense's regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors.

TRICARE for Life: TRICARE for Life is TRICARE's Medicare wraparound coverage (similar to traditional Medigap coverage) for Medicare-eligible uniformed services beneficiaries and their eligible family members and survivors.

Veteran: Veterans include those who served on active duty in the Army, Navy, Air Force, Marines, Coast Guard, uniformed Public Health Service, or uniformed National Oceanic and Atmospheric Administration; Reserve Force and National Guard called to Federal active duty; and those disabled while on active duty training. Excluded are those dishonorably discharged and those whose only active duty was for training or State National Guard service.

Veterans' health care: Health care services provided by the Veterans Health Administration (Indicator 35) includes preventive care, ambulatory diagnosis and treatment, inpatient diagnosis and treatment, and medications and supplies. This includes home- and community-based services (e.g., home health care) and long-term care institutional services (for those eligible to receive these services).

The Historical Experience of Three Cohorts of Older Americans: A Timeline of Selected Events 1923–2012