

Health Status

Indicator 13: Life Expectancy

Indicator 14: Mortality

Indicator 15: Chronic Health Conditions

Indicator 16: Sensory Impairments and Oral Health

Indicator 17: Memory Impairment

Indicator 18: Depressive Symptoms

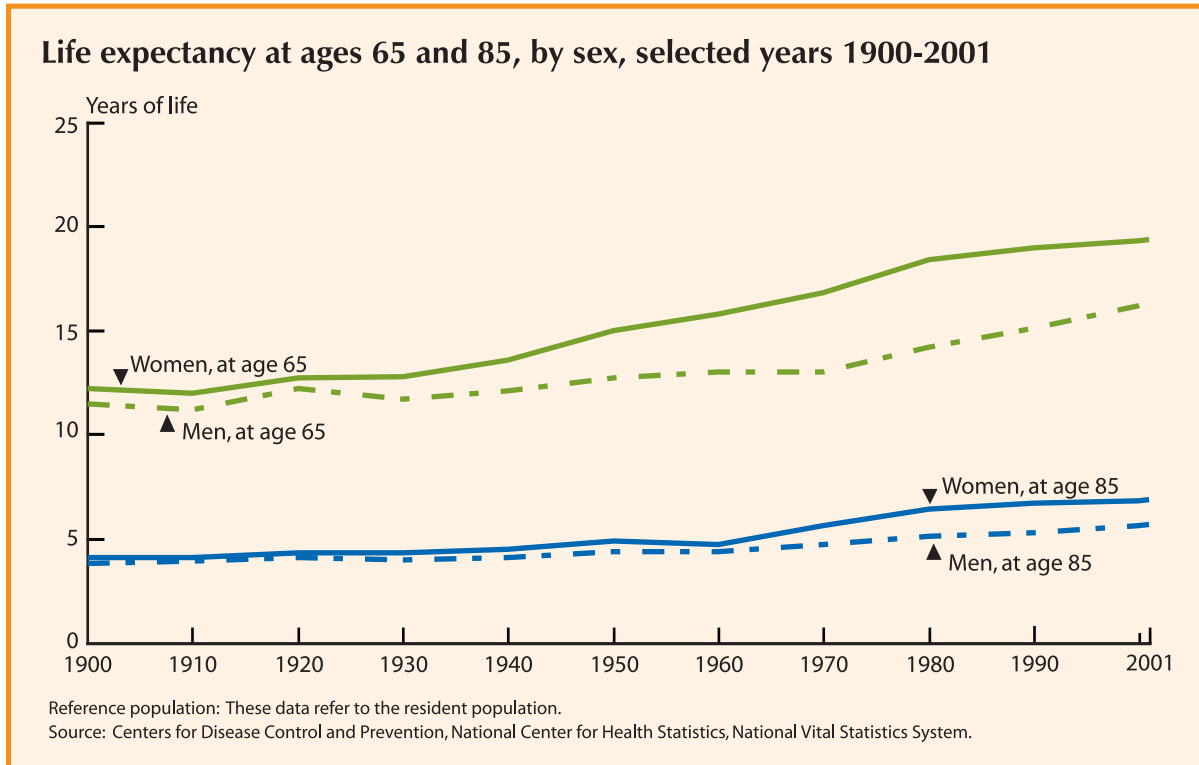
Indicator 19: Disability

Indicator 20: Respondent-Assessed Health Status

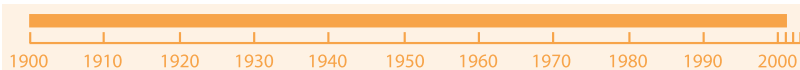
INDICATOR 13

Life Expectancy

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



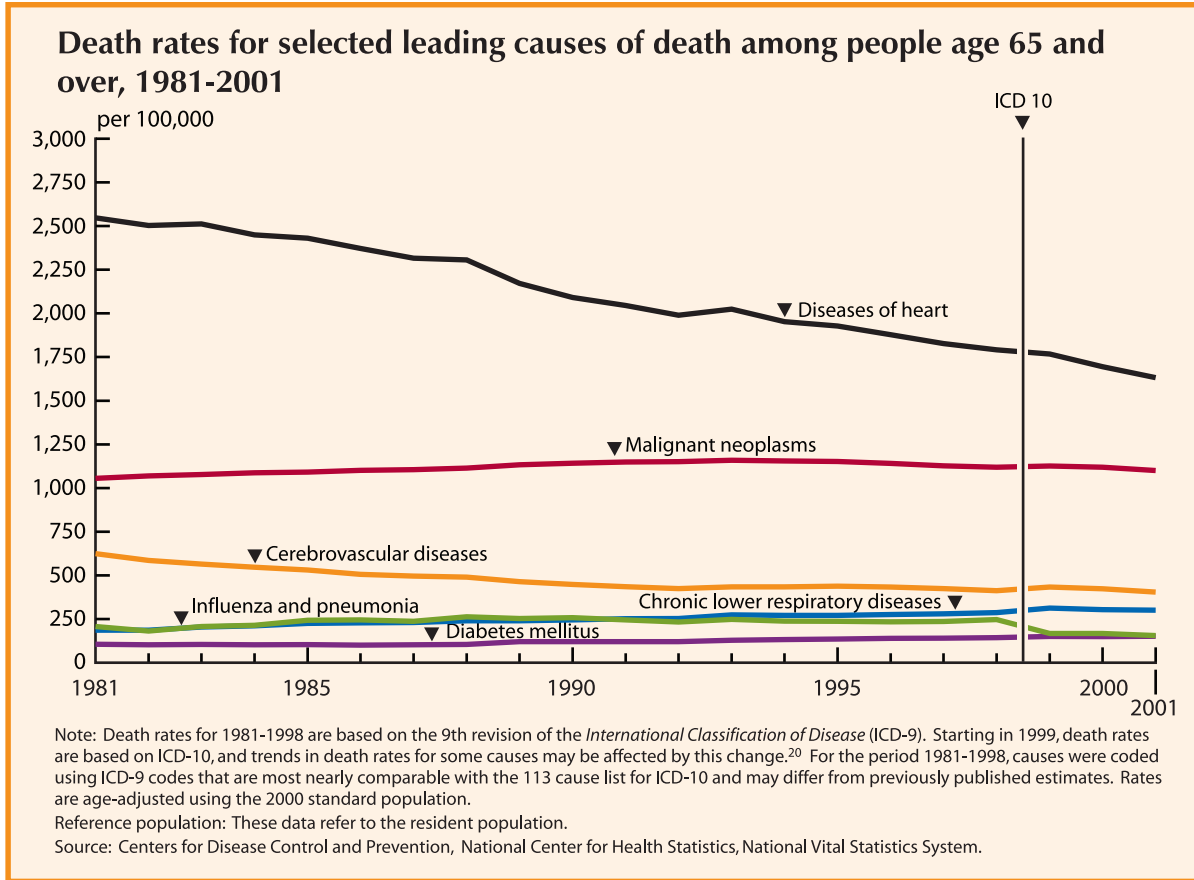
- ◆ Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of nearly 18 more years, more than 6 years longer than people age 65 in 1900. The life expectancy of people who survive to age 85 today is about 7 years for women and 6 years for men.
 - ◆ Life expectancy at age 65 in the United States is lower than that of many other industrialized nations. In 1999 women age 65 in Japan could expect to live on average 2.8 years longer than women in the United States. Among men, the difference was 0.9 years.¹⁸
 - ◆ Life expectancy varies by race, but the difference decreases with age. In 2001, life expectancy at birth was 5.5 years higher for white people than for black people. At age 65, white people can expect to live an average of nearly 2 years longer than black people. Among those who survive to age 85, however, the life expectancy among black people is slightly higher than among white people. Differences in life expectancy at birth have been declining over time.
- Data for this indicator's chart and bullets can be found in Tables 13a and 13b on page 82.*



INDICATOR 14

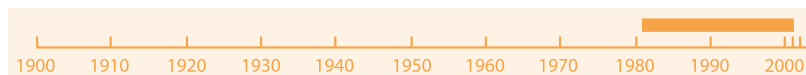
Mortality

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



- ◆ In 2001, the leading cause of death among people age 65 and over was diseases of heart (1,632 deaths per 100,000 people), followed by malignant neoplasms (cancer) (1,100 per 100,000), cerebrovascular diseases (stroke) (404 per 100,000), chronic lower respiratory diseases (301 per 100,000), influenza and pneumonia (155 per 100,000), and diabetes mellitus (151 per 100,000).
- ◆ Diseases of heart and malignant neoplasms are the top two leading causes of death among all people age 65 and over, irrespective of sex, race, or Hispanic origin.
- ◆ The relative importance of certain other causes of death varied among groups. For example, in 2001, diabetes mellitus was the fifth leading cause of death among black men, the fourth among Hispanic men, and the sixth among white and Asian or Pacific Islander men. Among women age 65 and over, diabetes mellitus was the fourth leading cause of death among Hispanics and blacks and the seventh leading cause among whites.
- ◆ Between 1981 and 2001, age-adjusted death rates for all causes of death among people age 65 and over declined by 12 percent.¹⁹ Death rates for diseases of heart and cerebrovascular diseases (stroke) declined by approximately one-third. Age-adjusted death rates for diabetes mellitus increased by 43 percent since 1981, and death rates for chronic lower respiratory diseases increased by 62 percent.

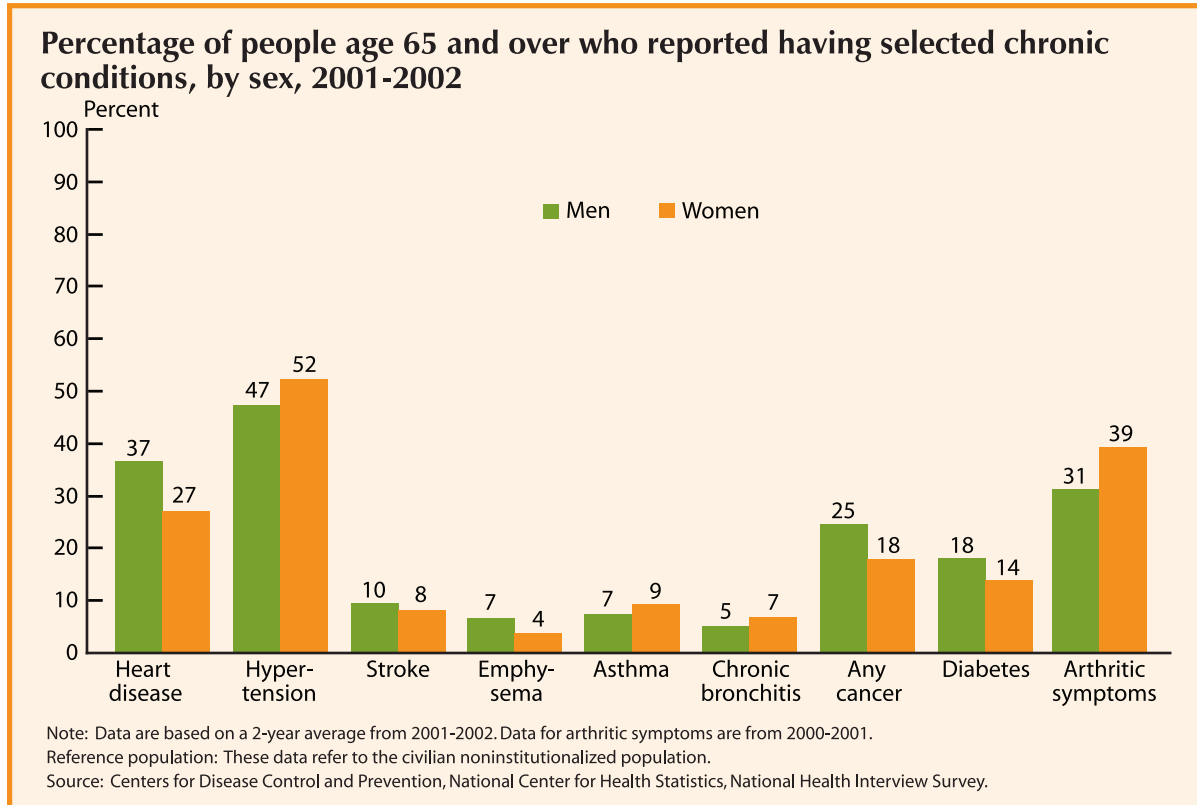
Data for this indicator's chart and bullets can be found in Tables 14a, 14b, and 14c on pages 83-87.



INDICATOR 15

Chronic Health Conditions

Chronic diseases are long-term illnesses that are rarely cured. Chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions.²¹ Chronic health conditions negatively affect quality of life, contributing to declines in functioning and the inability to remain in the community.²² Many chronic conditions can be prevented or modified with behavioral interventions. Five of the six leading causes of death among older Americans are chronic diseases. (See “Indicator 14: Mortality.”)



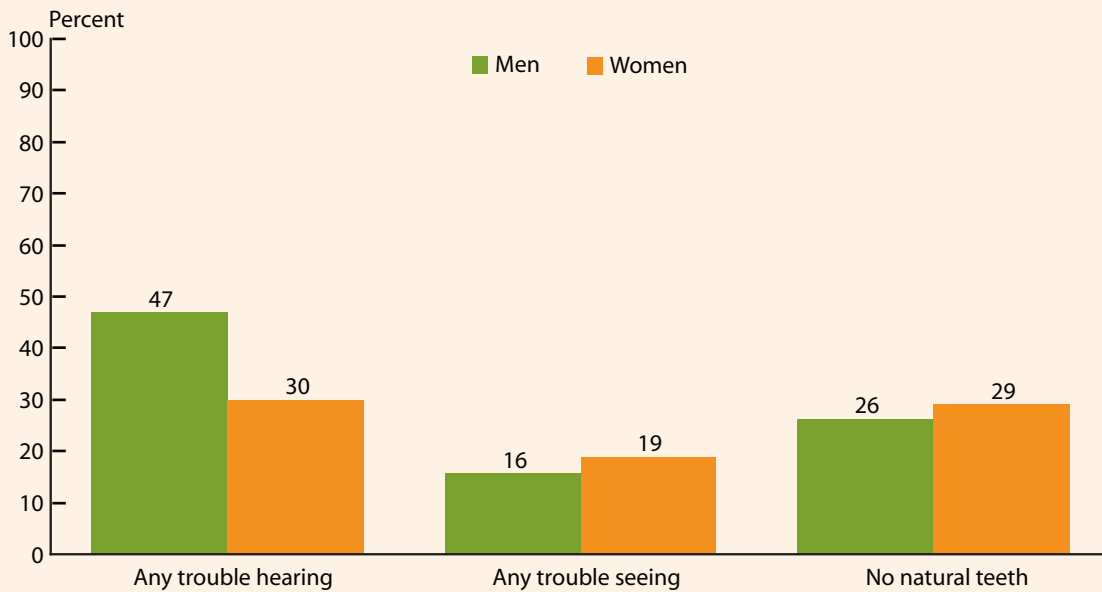
- ◆ The prevalence of chronic conditions differs by sex. Women report higher levels of hypertension, asthma, chronic bronchitis, and arthritic symptoms than men. Men report higher levels of heart disease, cancer, diabetes, and emphysema.
 - ◆ There are differences by race and ethnicity in the prevalence of certain chronic conditions. Among people age 65 and over, non-Hispanic blacks report higher levels of hypertension and diabetes than non-Hispanic whites (66 percent compared with 49 percent for hypertension and 23 percent compared with 14 percent for diabetes). Hispanics also report higher levels of diabetes than non-Hispanic whites (24 percent compared with 14 percent) but similar levels of hypertension (48 percent).
 - ◆ The prevalence of some conditions is increasing over time. In 1997-1998, 47 percent of people age 65 and over reported having hypertension compared with 50 percent in 2001-2002. Diabetes is also increasing among the older population, from 13 percent in 1997-1998 to 16 percent in 2001-2002.
- Data for this indicator's chart and bullets can be found in Tables 15a and 15b on page 88.*

INDICATOR 16

Sensory Impairments and Oral Health

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

Percentage of people age 65 and over who reported having any trouble hearing, any trouble seeing, or no natural teeth, by sex, 2002



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

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

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

- ◆ In 2002, close to one-half of older men and nearly one-third of older women reported trouble hearing. The percentage with trouble hearing was higher for people age 85 and over (60 percent) than for people age 65-74 (30 percent). Ten percent of all older women and 19 percent of all older men reported having ever worn a hearing aid.
- ◆ Vision trouble affects 18 percent of the older population, 16 percent of men and 19 percent of women. Among people age 85 and over, 33 percent reported trouble seeing. In 2002, among people age 65 and over who reported trouble seeing, 16 percent reported having ever had glaucoma, 16 percent reported ever having had macular degeneration, and 44 percent reported having had cataracts in the past 12 months.
- ◆ The prevalence of edentulism, having no natural teeth, was higher for people age 85 and over (38 percent) than for people age 65-74 (24 percent). Socioeconomic differences are large. Forty-six percent of older people with family income below the poverty line reported no natural teeth compared with 27 percent of people above the poverty threshold.

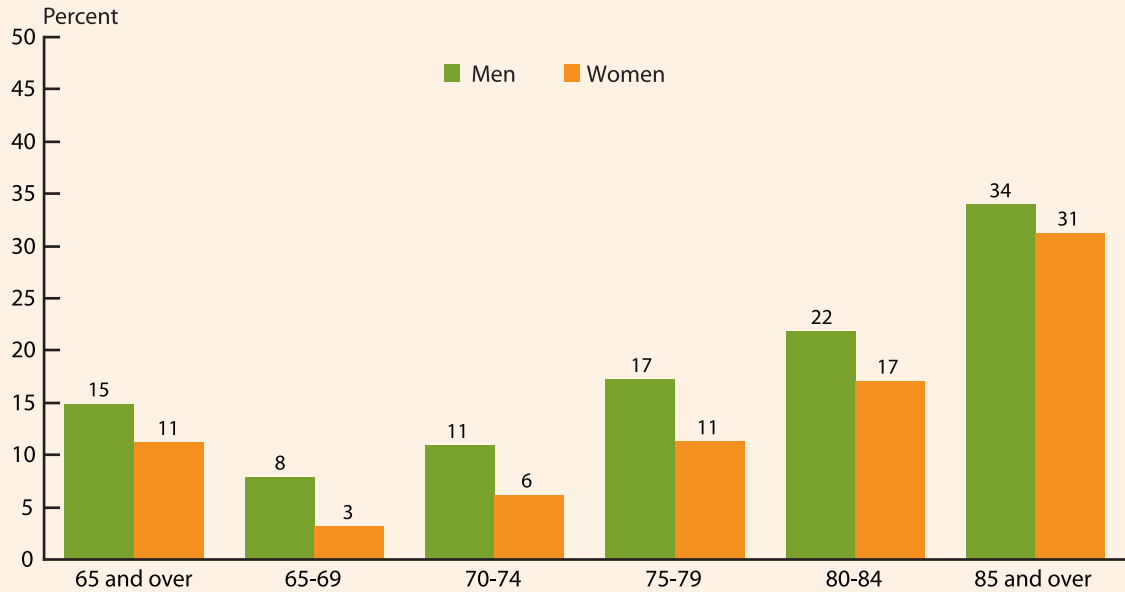
Data for this indicator's chart and bullets can be found in Tables 16a, 16b, and 16c on pages 89 and 90.

INDICATOR 17

Memory Impairment

Memory skills are important to general cognitive functioning, and declining scores on memory tests are indicators of general cognitive loss for older adults. Low cognitive functioning (i.e., memory impairment) is a major risk factor for entering a nursing home.^{23,24}

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



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

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

Source: Health and Retirement Study.

- ◆ Older men are more likely to experience moderate or severe memory impairment than older women. In 2002, 15 percent of men age 65 and over experienced moderate or severe memory impairment compared with 11 percent of women. At age 85 and over, the difference narrowed, and approximately one-third of both men and women experienced moderate or severe memory impairment.
- ◆ The prevalence of moderate or severe memory impairment is six times as high for people age

85 and over as it is for people age 65-69. In 2002, the proportion of people age 85 and over with moderate or severe memory impairment was 32 percent compared with 5 percent for people age 65-69.

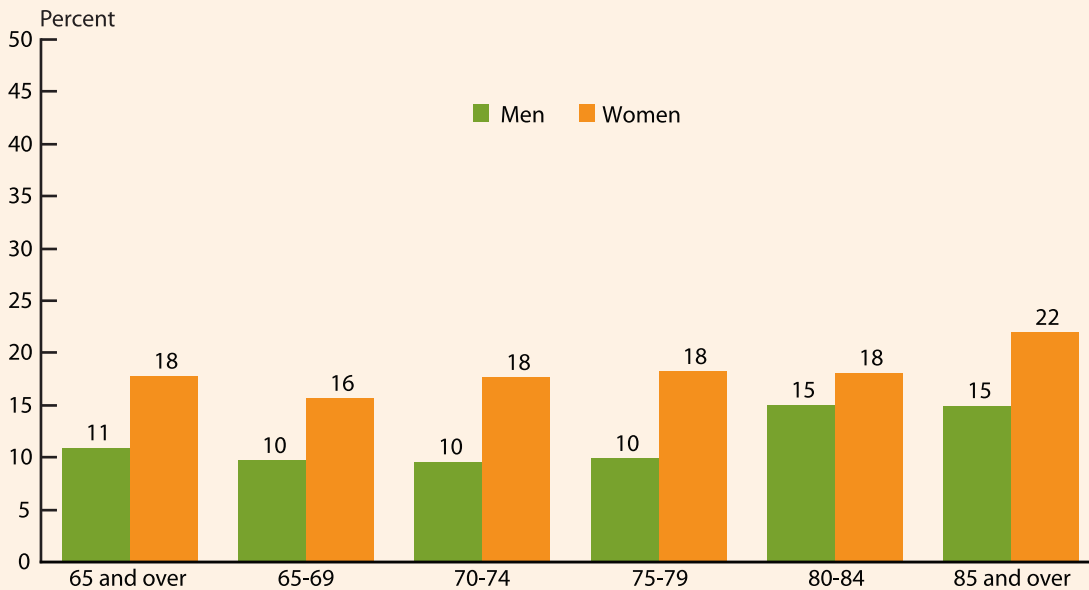
Data for this indicator's chart and bullets can be found in Table 17 on page 90.

INDICATOR 18

Depressive Symptoms

Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, and higher health care resource utilization.^{23,25}

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



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

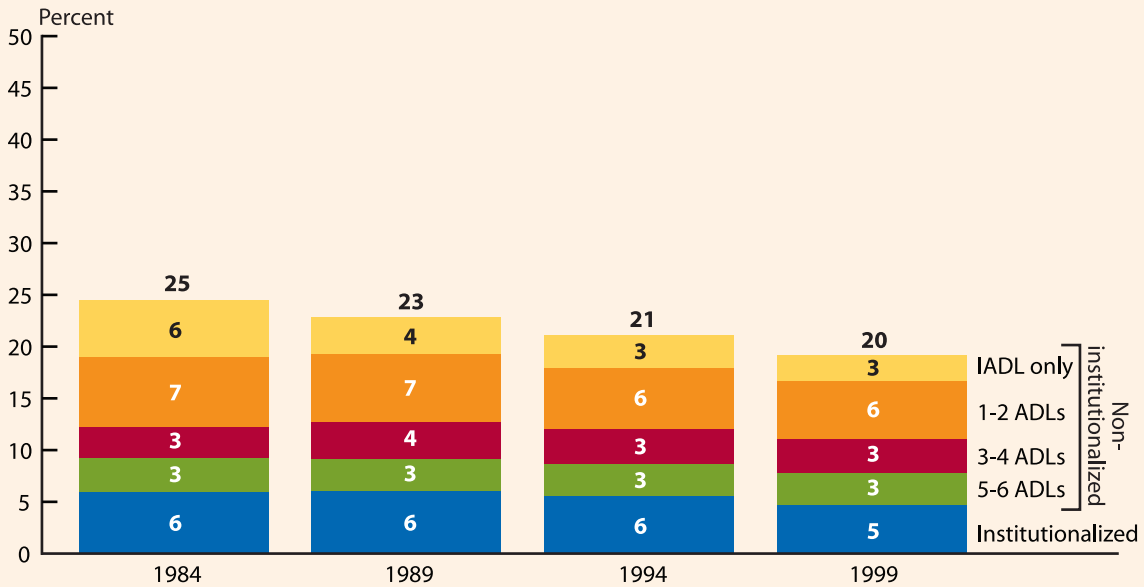
- ◆ Older women are more likely to report clinically-relevant depressive symptoms than older men. In 2002, 16 percent of women age 65-69 reported depressive symptoms compared with 10 percent of men. At age 85 and over, 22 percent of women reported depressive symptoms compared with 15 percent of men.
 - ◆ The prevalence of clinically-relevant depressive symptoms is related to age. In 2002, the proportion of people age 65 and over with clinically-relevant depressive symptoms was higher for people age 85 and over (20 percent) than for people age 65-69 (13 percent).
 - ◆ Serious mental illness is another measure of mental health. It identifies people who have a diagnosable mental disorder, such as schizophrenia, bipolar disorder, or severe forms of depression, resulting in functional impairment in major life activities.²⁶ In 2000-2001, 3 percent of women and 2 percent of men age 65 and over reported experiencing symptoms of serious mental illness.²⁷
 - ◆ Psychotropic medications are commonly prescribed by doctors to treat mental disorders in older patients. In 1996, more than 6 million noninstitutionalized people age 65 and over used psychotropic medications (e.g., antidepressants, antianxiety agents, and sedative/hypnotics).²⁸
- Data for this indicator's charts and bullets can be found in Table 18 on page 90.*

INDICATOR 19

Disability

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

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

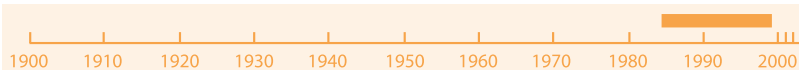


Note: Disabilities are grouped into two categories: limitations in activities of daily living (ADLs) and limitations in instrumental activities of daily living (IADLs). The six ADLs included are bathing, dressing, getting in or out of bed, getting around inside, toileting, and eating. The eight IADLs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

Reference population: These data refer to Medicare enrollees.

Source: National Long Term Care Survey.

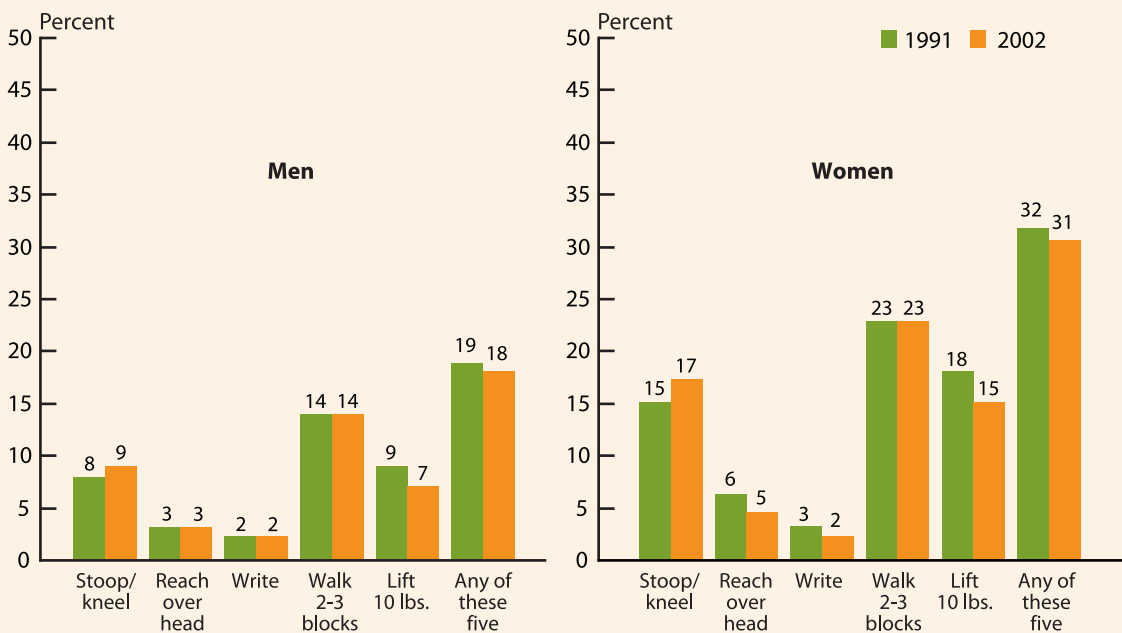
- ◆ The age-adjusted proportion of Americans age 65 and over with a chronic disability declined from 25 percent in 1984 to 20 percent in 1999. Some researchers have estimated that disability rates have declined more rapidly during this period.²⁹
- ◆ This proportion declined for both sexes—from 28 percent in 1984 to 23 percent in 1999 for older women and from 19 percent in 1984 to 15 percent in 1999 for older men.
- ◆ Despite the decline in rates, the number of older Americans with chronic disabilities increased from about 6.2 million in 1984 to 6.8 million in 1999. This is because the overall population of older people was growing fast enough to outweigh the decline in disability rates from 1984 to 1999.



INDICATOR 19 Disability continued

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

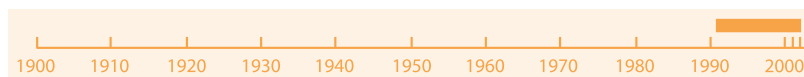
Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2002



Note: Rates for 1991 are age-adjusted to the 2002 population.
Reference population: These data refer to Medicare enrollees.
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

- ◆ Older women reported more problems with physical functioning than older men. In 2002, 31 percent of women reported they were unable to perform at least one of five activities, compared with 18 percent of men.
- ◆ Problems with physical functioning were more frequent at older ages. Thirteen percent of men age 65-74 reported they were unable to perform at least one of five activities, compared with 35 percent of men age 85 and over. Among women, 20 percent of those age 65-74 were unable to perform at least one activity, compared with 58 percent of those age 85 and over.
- ◆ Physical functioning was related to race, but not strongly. Among men, 17 percent of non-Hispanic whites were unable to perform at least one activity, compared with 26 percent of non-Hispanic blacks and 22 percent of Hispanics. Among women, 30 percent of non-Hispanic whites were unable to perform at least one activity, compared with 36 percent of non-Hispanic blacks and 29 percent of Hispanics.

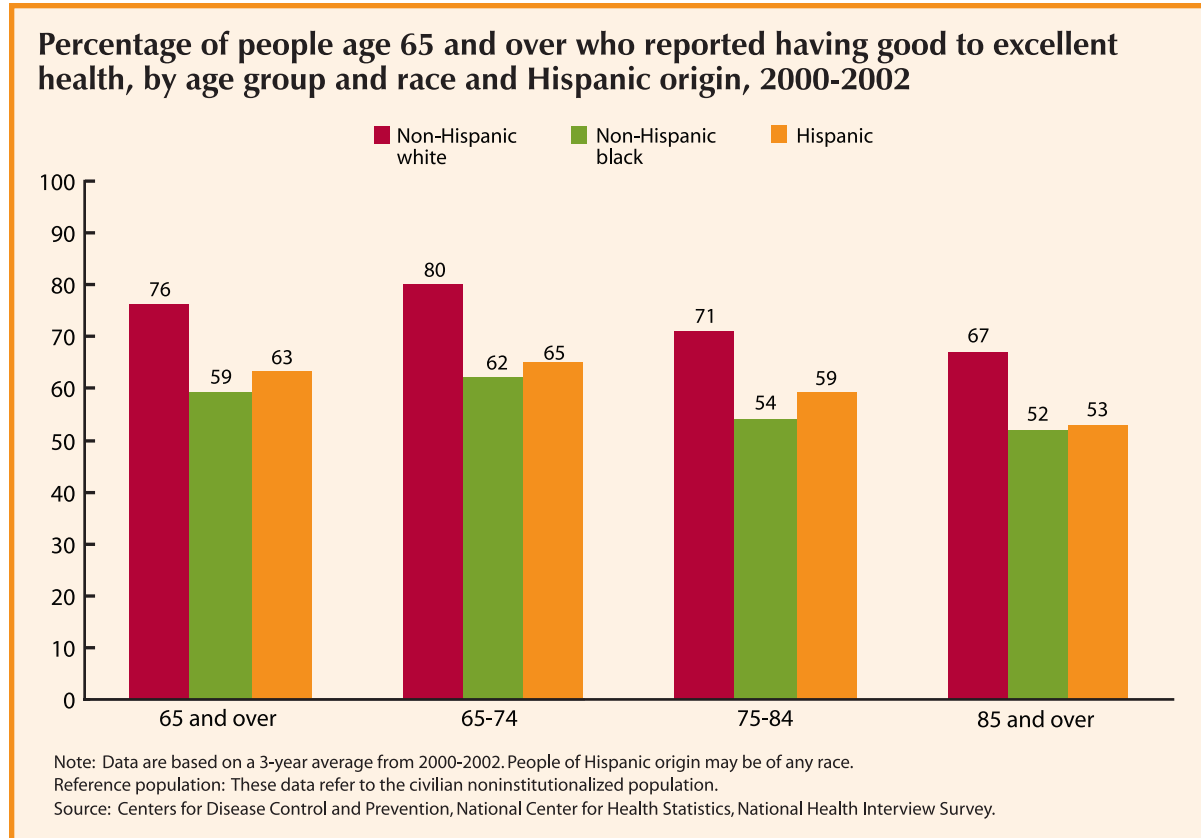
Data for this indicator's charts and bullets can be found in Tables 19a, 19b, and 19c on pages 91 and 92.



INDICATOR 20

Respondent-Assessed Health Status

Asking people to rate their health as excellent, very good, good, fair, or poor provides a common indicator of health easily measured in surveys. It represents physical, emotional, and social aspects of health and well-being. Respondent-assessed health ratings of good, very good, and excellent correlate with lower risks of mortality.³⁰



- ◆ During the period 2000-2002, 73 percent of people age 65 and over rated their health as good or better. This pattern was true for the decade preceding 2002 as well; the majority of older people reported their health to be good to excellent. In fact, the percentage of people age 65 and over reporting fair or poor health declined from 29 percent in 1991 to 27 percent in 2001.³¹
- ◆ The proportion of people reporting positive health decreases among the older age groups. Among non-Hispanic white men, 79 percent of those age 65-74 report good or better health. At age 85 and over, 65 percent of non-Hispanic white men report good or better ratings. While

the difference is greatest among white males, this pattern is evident for non-Hispanic black men, Hispanic men, and women of similar race and ethnic categories.

- ◆ Regardless of age, older non-Hispanic white men and women are more likely to report good health than their non-Hispanic black and Hispanic counterparts. The greatest differences in reporting good health occurred between non-Hispanic whites and blacks. Non-Hispanic blacks and Hispanics are similar to one another in their positive health evaluations.

Data for this indicator's chart and bullets can be found in Table 20 on page 93.