

Administration on Aging

Agency for Healthcare Research and Quality

Bureau of Labor Statistics

Centers for Medicare and Medicaid Services

Department of Housing and Urban Development

Department of Veterans Affairs

Employee Benefits Security Administration

Environmental Protection Agency

National Center for Health Statistics

National Institute on Aging

Office of the Assistant Secretary for Planning and Evaluation, HHS

Office of Management and Budget

Social Security Administration

Substance Abuse and Mental Health Services Administration

U.S. Census Bureau

Note to media: This press release is issued by the Federal Interagency Forum on Aging-Related Statistics. The Forum, which prepared Older Americans 2008: Key Indicators of Well-Being, is made up of 15 Federal agencies that use or produce data about older Americans. The agencies are: the U.S. Census Bureau at the Department of Commerce; the Administration on Aging, the Agency for Healthcare Research and Quality, the Centers for Medicare & Medicaid Services, the National Center for Health Statistics, the National Institute on Aging, the Office of the Assistant Secretary for Planning and Evaluation and the Substance Abuse and Mental Health Services Administration at the Department of Health and Human Services; the Department of Housing and Urban Development; the Bureau of Labor Statistics and Employee Benefits Security Administration at the Department of Labor; the Department of Veterans Affairs; the Environmental Protection Agency; the Office of Statistical and Science Policy at the Office of Management and Budget; and the Office of Research, Evaluation, and Statistics at the Social Security Administration.

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Americans Living Longer, Enjoying Greater Health and Prosperity, but Important Disparities Remain, Says Federal Report

Average life expectancy continues to increase, and today's older Americans enjoy better health and financial security than any previous generation. However, rates of gain are inconsistent between the genders and across age brackets, income levels and racial and ethnic groups. Some critical disparities also exist between older Americans and older people in other industrialized countries. These and other trends are reported in *Older Americans 2008: Key Indicators of Well-Being*, a unique, comprehensive look at aging in the United States from the Federal Interagency Forum on Aging-Related Statistics.

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For more information about the Forum, please visit our Web site at: www.agingstats.gov or call us at: (301) 458-4460

Older Americans 2008, the fourth chartbook prepared by the Forum since 2000, provides an updated, accessible compendium of indicators, drawn from the most reliable official statistics about the well-being of Americans primarily age 65 and over. The indicators are categorized into five broad areas—population, economics, health status, health risks and behaviors and health care. The 160-page report contains data on 38 key indicators—and a one-time special feature on health literacy.

The Forum—a consortium representing 15 agencies with responsibilities for Federal data collection or aging programs—collects, interprets and updates these data and makes them available to government agencies, policymakers, the media and the public.

"This report comes at a critical time," according to Edward Sondik, Ph.D., director, National Center for Health Statistics. "As the baby boomers age and America's older population grows larger and more diverse, community leaders, policymakers and researchers have an even greater need for reliable data to understand where older Americans stand today and what they may face tomorrow."

"The 'greatest generation' made enormous gains in health and financial security, although the gains were not shared equally," says Richard Suzman, Ph.D., director of the Behavioral and Social Research Program at the National Institute on Aging, part of the National Institutes of Health. "We'll be tracking their children, those just reaching their 60s, to see whether those gains can be sustained or even improved." Suzman cautions that there could be problems, however. For example, he notes that increased rates of obesity among today's middle-aged could threaten the health of these adults as they age.

"The sheer size of the baby boom cohorts is certain to affect our health, long-term care and pension systems," says Benjamin E. Sasse, Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. "As we look ahead, it is imperative that we collect and analyze quality data to help policymakers plan for the future of these programs so important to aging Americans."

Highlights from Older Americans 2008 include:

Population – The demographics of aging in the United States continue to change dramatically, as the baby boomers accelerate growth in the percentage and numbers of older people and other important parameters change.

- In 2006, an estimated 37 million people in the United States—12 percent of the population—were 65 and older. Projections forecast that by 2030, approximately 71.5 million people will be 65 and older, representing nearly 20 percent of the total U.S. population.
- In 1965, 24 percent of older adults had graduated from high school, and 5 percent had bachelor's degrees. By 2007, 76 percent were high school graduates, and 19 percent had at least a bachelor's degree. Substantial educational differences exist among racial and ethnic groups. Eighty-one percent of non-Hispanic whites age 65 and older had finished high school in 2007, compared with 72, 58 and 42 percent, respectively, of older Asians, blacks and Hispanics.

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Economics – More older people enjoy increased prosperity than any previous generation, with an increase in higher incomes and a decrease in the proportion of older people with low incomes and in poverty. However, major inequalities continue to exist for older blacks and for people without high school diplomas, who report smaller economic gains and fewer financial resources.

- Income generally rose between 1974 and 2006. The proportion of older people with incomes below the poverty line went from 15 percent to 9 percent; those categorized with low income dropped from 35 percent to 26 percent; those with high incomes increased from 18 percent to 29 percent.
- Median net worth for households headed by whites age 65 and older was six times that of older black households, although the gap has slightly narrowed since 2003.
- More older people, especially women, continued to work past age 55.

Health Status – Americans' longevity continues to increase, although life expectancy at age 65 in the United States is lower than that of other industrialized countries. While older people experience a variety of chronic health conditions that often accompany aging, the rate of functional limitations among people age 65 and older has declined in recent years.

- Life expectancy in the U.S. is lower than that of many high-income countries, such as Canada, France, Sweden and Japan. For example, in 2003, women age 65 in Japan could expect to live 3.2 years more on average than women in the United States, with the difference among men at 1.2 years. In the early 1980s, U.S. women age 65 had one of the highest average life expectancies in the world, but over the next two decades, the life expectancies of older women in many countries surpassed that of women in the United States.
- The prevalence of certain conditions differs by sex and by race and ethnicity. Women reported higher levels of arthritis than men did, while men reported higher levels of heart disease and cancer. Non-Hispanic blacks reported higher levels of hypertension and diabetes than did non-Hispanic whites. Hispanics reported higher levels of diabetes than did non-Hispanic whites.
- The prevalence of functional limitations declined from 49 percent in 1992 to 42 percent in 2005.

Health Risks and Behaviors – Factors affecting the health and well-being of older Americans, such as smoking history, influenza and pneumonia vaccinations and mammogram screenings, are key indicators that have shown long-term improvements but no significant change in recent years.

- There was no significant change in the percentage of older people engaged in physical activity between 1997 and 2006.
- The percentage of people age 65 and older who are obese, as with other age groups, increased between 1988-1994 and 2005-2006, from 22 percent to 31 percent. However, over the past several years, the trend appears to have leveled off.
- The percentage of older people living in counties with poor air quality for any air pollutant decreased from 55 percent in 2000 to 34 percent in 2006.

Health Care – Health care costs, particularly for prescription drugs, have risen dramatically for older Americans.

- Between 1992 and 2004, average inflation-adjusted health care costs for older Americans increased from \$8,644 to \$13,052. Costs varied by race and ethnic group, income and health status.
- In 2004, as in the previous 4 years, over half of out-of-pocket health care spending (excluding health insurance premiums) by community-dwelling older people was for purchase of prescription drugs. By 2004, prescription medications accounted for 61 percent of these out-of-pocket expenses. Out-of-pocket costs for prescription drugs are expected to decline because of the savings available through the Medicare prescription drug program.
- The implementation of the Medicare Part D prescription drug benefits is included in the Indicators volume for the first time. From June 2006 through September 2007, the number of beneficiaries age 65 or older enrolled in the program increased from 18.2 million to 19.7 million, with two-thirds selecting stand-alone plans and one-third in Medicare Advantage plans.

Several new specific indicators have been added in *Older Americans* 2008:

- Housing. Most older people live in adequate, affordable housing. However, a significant percentage has housing-related issues that can pose problems to an older person's physical or psychological well-being. In 2005, 41 percent of households with people over age 65 had significant housing-related problems, such as housing cost burden (expenditures on housing and utilities that exceed 30 percent of household income), physically inadequate housing and crowded housing. The prevalence of housing cost burden for households with people age 65 and over increased from 30 percent in 1985 to 38 percent in 2005, compared with 26 and 33 percent, respectively, for all U.S. households. Notably, a smaller percentage of older adults' housing had major physical problems, such as faulty plumbing or poor upkeep—5 percent in 2005 versus 8 percent in 1985.
- Use of Time. The proportion of leisure time that older Americans spent socializing and communicating—such as visiting friends or attending social events—declines by age, from 13 percent in those ages 55 to 64 to 10 percent for those 75 and over. The proportion of leisure time devoted to sports, exercise, recreation and travel also declines with age. On an average day, most Americans age 65 and older spent at least half of their leisure time watching television. Americans age 75 and older spent a higher proportion of their leisure time reading, relaxing and thinking than did those ages 55 to 64.
- **Health Literacy.** Among older Americans, the average level of health literacy—the extent to which people can obtain, process and understand basic health information and services—was lower than that of any other age group, and it continued to decrease with age. Thirty-nine percent of people age 75 and over had below basic health literacy, compared with 23 percent of people ages 65 to 74 and 13 percent of people ages 50 to 64.

Members of the Federal Interagency Forum on Aging-Related Statistics – The Forum was established in 1986 to improve the quality and utility of Federal data on aging. The 15 agencies

that now compose the Forum include the Administration on Aging, Agency for Healthcare Research and Quality, Bureau of Labor Statistics, Centers for Medicare & Medicaid Services, U.S. Census Bureau, Department of Housing and Urban Development, Department of Veterans Affairs, Employee Benefits Security Administration, Environmental Protection Agency, National Center for Health Statistics, National Institute on Aging, Office of Management and Budget, Office of the Assistant Secretary for Planning and Evaluation (Department of Health and Human Services), Social Security Administration and Substance Abuse and Mental Health Services Administration.

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To access the update or order printed copies of Older Americans 2008 – Older Americans 2008: Key Indicators of Well-Being is available online at www.AgingStats.gov and in limited quantities in print. Supporting data for each indicator, including complete tables, PowerPoint slides and source descriptions, can be found on the Forum's Web site. Single printed copies of Older Americans 2008: Key Indicators of Well-Being are available at no charge through the National Center for Health Statistics while supplies last. Requests may be made by calling 1-866-441-6247 or by sending an e-mail to nchsquery@cdc.gov. For multiple print copies, contact Forum staff director Kristen Robinson at (301) 458-4460 or send an e-mail request to agingforum@cdc.gov.

Edward Sondik, Ph.D., director, National Center for Health Statistics, and Richard Suzman, Ph.D., director of the Behavioral and Social Research Program at the National Institute on Aging at the National Institutes of Health, are available to discuss the Forum report with the media. Those interested in data regarding specific indicators will be referred to the specific agency responsible for that topic. Media may contact Vicky Cahan, Director of Communications at the National Institute on Aging, (301) 496-1752 or nianews3@mail.nih.gov.