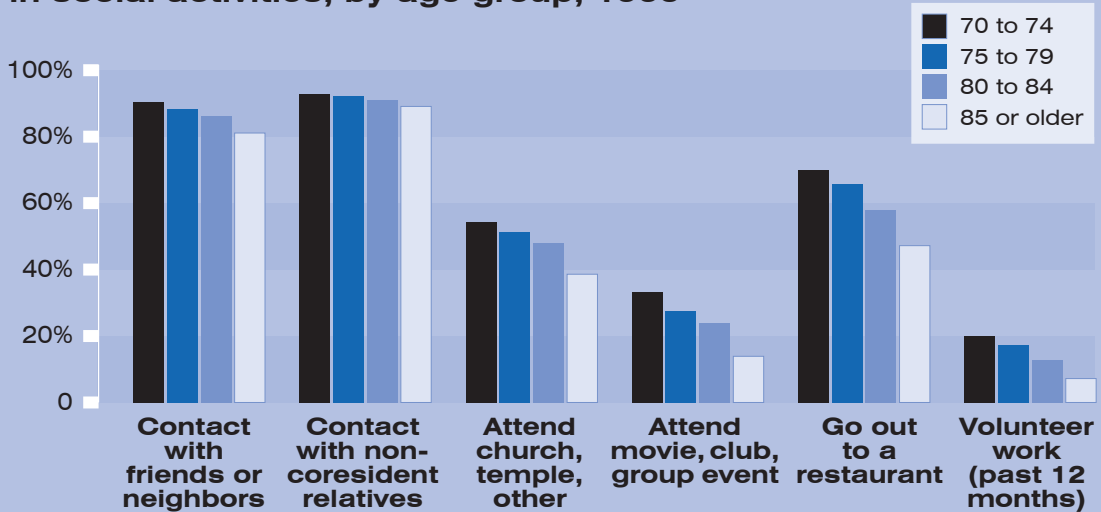


Health Risks and Behaviors

Social Activity

Men and women benefit from social activity at older ages. Those who continue to interact with others tend to be healthier, both physically and mentally, than those who become socially isolated. Interactions with friends and family members can provide emotional and practical support that enable older persons to remain in the community and reduce the likelihood they will need formal health care services.

Percentage of persons age 70 or older who reported engaging in social activities, by age group, 1995



Note: This indicator uses data from a sample of persons age 70 or older who were asked if they had engaged in any of a list of five common social activities during the preceding two weeks, or if they had performed volunteer work during the preceding twelve months.

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

Source: Second Supplement on Aging.

- The majority of persons age 70 or older reported engaging in some form of social activity in the past two weeks. Interactions with family were the most common type of interaction reported—92 percent of older persons got together with a non-coresident family member. A slightly smaller percentage reported getting together with friends and neighbors (88 percent). Half of all older persons reported going out to church or temple for services or other activities.
- The percentage reporting social activities declines with age. The percentage reporting volunteer work in the past year declined from 20 percent among persons

ages 70 to 74 to 7 percent among persons age 85 or older. About one-third of persons ages 70 to 74 reported attending a movie, sports event, club, or other group event in the preceding two weeks, while fewer than 14 percent of persons age 85 or older did so. The majority of persons even at the oldest ages reported some interactions outside the home.

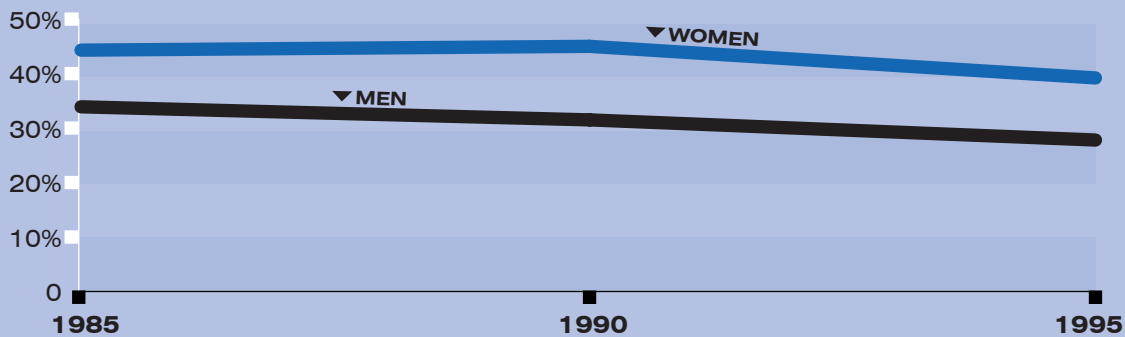
- The majority of both men and women, approximately two out of three, felt that there was enough social activity in their lives.

Data for this indicator can be found in Tables 19a and 19b on page 80.

Sedentary Lifestyle

Physical activity is beneficial for the health of people of all ages, including the older 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.²⁹ Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity.³⁰

Percentage of persons age 65 or older who reported having a sedentary lifestyle, by sex, 1985, 1990, and 1995



Note: Sedentary lifestyle is defined as engaging in no leisure-time physical activity (exercises, sports, physically active hobbies) in a two-week period.

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

Source: National Health Interview Survey.

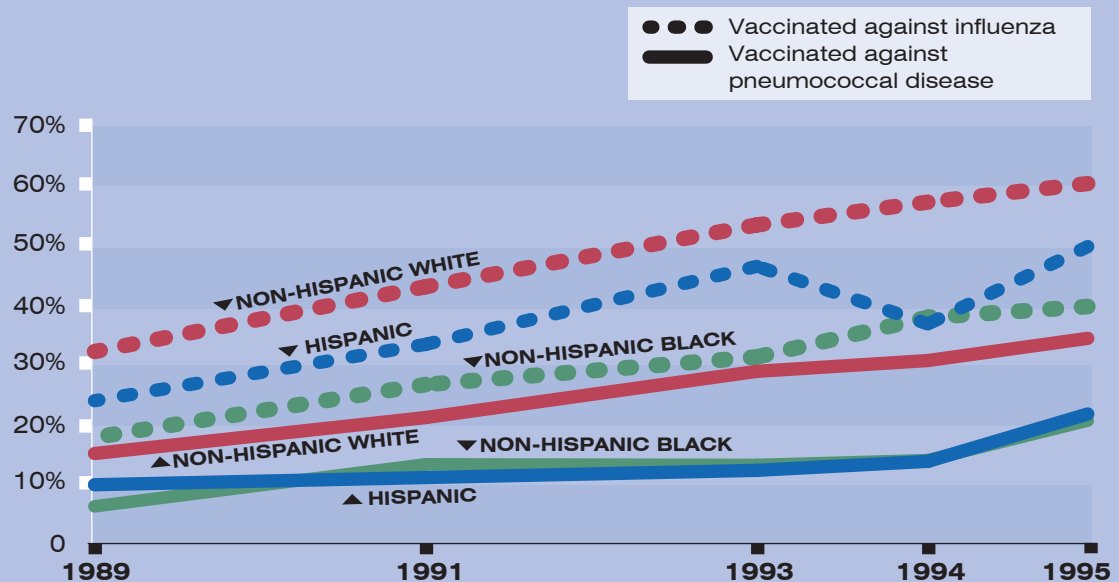
- The percentage of older persons who were sedentary declined between 1985 and 1995, from 34 percent to 28 percent among men and from 44 percent to 39 percent among women.
- In 1995, the most common types of exercise among older Americans were light to moderate activities such as walking, gardening, and stretching.³¹
- In 1995, 34 percent of persons age 65 or older had a sedentary lifestyle. Women were more likely than men to have a sedentary lifestyle.

Data for this indicator can be found in Table 20 on page 81.

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.³² Influenza vaccinations are given annually, while pneumococcal vaccinations are usually given once in a lifetime. The costs associated with these vaccinations are covered under Medicare Part B.

Percentage of persons age 65 or older who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, 1989 to 1995



Note: Hispanics may be of any race. For influenza, the percent vaccinated consists of persons who reported having a flu shot during the past 12 months. For pneumococcal disease, the percent refers to persons who reported ever having a pneumonia vaccination.

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

Source: National Health Interview Survey.

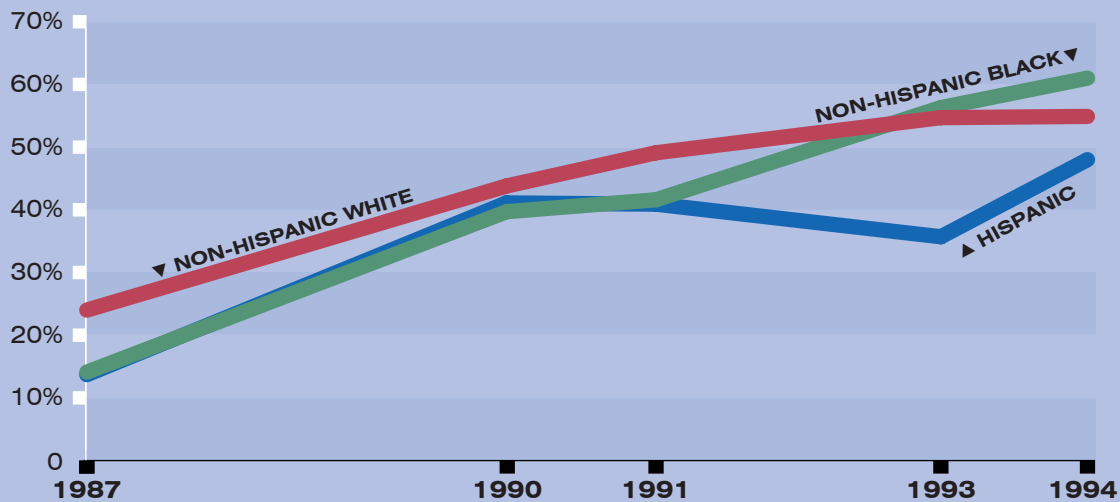
- Healthy People 2000, a national effort to improve health through establishing health objectives and measuring progress, set targets of 60 percent coverage for both influenza and pneumococcal vaccinations among older Americans.³³ Between 1989 and 1995, the percentage of non-Hispanic white persons who were vaccinated against influenza increased from 32 percent to 60 percent. Over the same period, influenza vaccination rates increased from 18 percent to 40 percent among older non-Hispanic black persons and from 24 percent to 50 percent among older Hispanic persons.
- Vaccination rates also increased for pneumococcal disease, but none of the racial or ethnic groups have reached the 60 percent target.
- During the period 1993 to 1995, the level of vaccination for both influenza and pneumococcal disease was similar among older women and men. Persons ages 75 to 84 had slightly higher levels of vaccination coverage than persons ages 65 to 74 and persons age 85 or older.

Data for this indicator can be found in Tables 21a and 21b on page 82.

Mammography

Health care services and screenings can help to prevent disease or detect it at an early, treatable stage. Mammography has been shown to be effective in reducing breast cancer mortality among women ages 50 to 65 and some experts recommend screenings at older ages as well.

Percentage of women age 65 or older who had a mammogram in the past two years, by race and Hispanic origin, 1987 to 1994



Note: Hispanics may be of any race.

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

Source: National Health Interview Survey.

- Among women age 65 or older, the percentage who had a mammogram within the preceding two years increased from 23 percent in 1987 to 55 percent in 1994.
- The percentage of women who had a mammogram increased among all racial and ethnic groups. Until recently, non-Hispanic white women were the most like-

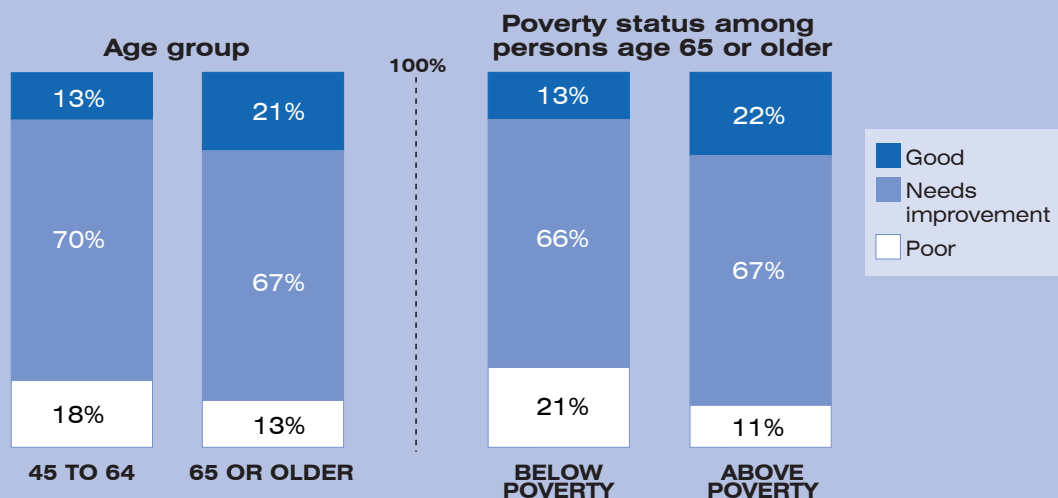
ly to report having had a mammogram, but in 1994 non-Hispanic black women were more likely to report having had a mammogram (61 percent) than either non-Hispanic white women (55 percent) or Hispanic women (48 percent).

Data for this indicator can be found in Table 22 on page 83.

Dietary Quality

Dietary quality plays a major role in preventing or delaying the onset of chronic diseases. The Healthy Eating Index (HEI) is a summary measure of dietary quality. The HEI consists of 10 components, each representing a different aspect of a healthful diet based on the U.S. Department of Agriculture's Food Guide Pyramid and the Dietary Guidelines for Americans. Scores for each component are given equal weight and added to calculate an overall HEI score with a maximum value of 100. An HEI score above 80 indicates a good diet, an HEI score between 51 and 80 signals a diet that needs improvement, and an HEI score below 51 indicates a poor diet.³⁴

Dietary quality ratings of persons age 45 or older, as measured by the Healthy Eating Index, by age group and poverty status, 1994 to 1996



Note: Dietary quality was measured using the Healthy Eating Index. See "Indicator 6: Poverty" for information on the definition of poverty. The data were collected between 1994 and 1996. Reference population: These data refer to the civilian noninstitutional population. Source: Continuing Survey of Food Intakes by Individuals.

- Diets were rated "good" for a higher percentage of the population age 65 and older (21 percent) than for persons ages 45 to 64 (13 percent). Even so, a majority of older persons reported diets that needed improvement (67 percent).
- Older persons living in poverty were more likely to report a poor diet (21 percent) than were older persons living above the poverty level (11 percent).
- Older persons' scores were lowest for the components of the Healthy Eating Index measuring daily servings of fruit and milk products. Older persons' scores were best for the components of the index measuring cholesterol intake and the variety of the diet.

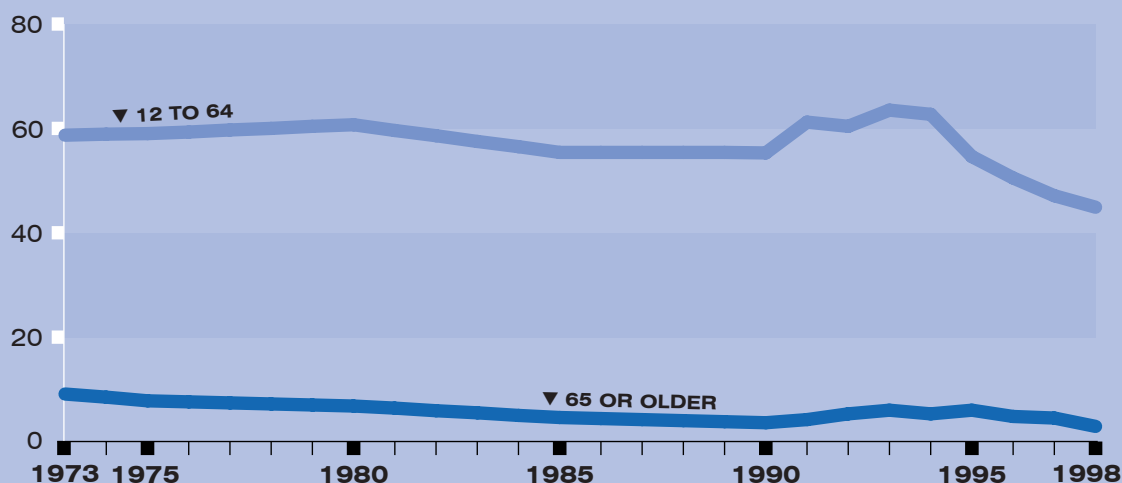
Data for this indicator can be found in Tables 23a and 23b on page 84.

Criminal Victimization

The fear of crime is an important concern among persons of all ages. Although older persons may be more fearful of violent crime, they are more likely to be victims of property crime.

Violent crime rate by age of victim, 1973 to 1998

per 1,000



Note: Violent crime includes murder, rape, robbery, aggravated and simple assault. Since 1992, sexual assault has also been included.

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

Source: National Crime Victimization Survey and Uniform Crime Reports.

- Violent crime rates against persons age 65 or older declined from 9 per 1,000 older persons in 1973 to 3 per 1,000 in 1998.
 - In 1998, persons age 65 or older were much less likely to be victims of violent crimes (3 per 1,000) than were persons ages 12 to 64 (45 per 1,000).
 - Among persons in all age groups, most measured crime was property crime. Property crime rates have fallen in recent decades. Among households headed by older persons, 88 per 1,000 were victims of property crimes in 1998, down from 205 per 1,000 households in 1973.
 - Households headed by persons age 65 or older were much less likely to be victims of property crime than were households headed by persons under age 65 (88 per 1,000 for older households, compared with 249 per 1,000 for younger households in 1998).
- Data for this indicator can be found in Table 24 on page 85.*