

OLDER AMERICANS 2000:

KEY INDICATORS OF WELL-BEING

Members of the Federal Interagency Forum on Aging-Related Statistics (as of 2000)

Department of Commerce

Census Bureau
Nancy M. Gordon
Associate Director for Demographic Programs

Department of Health and Human Services

Administration on Aging
Jeanette C. Takamura
Assistant Secretary for Aging

Centers for Disease Control and Prevention
National Center for Health Statistics
Edward J. Sondik
Director

Health Care Financing Administration
Office of Strategic Planning
Thomas Kickham
Acting Director

National Institutes of Health
National Institute on Aging
Richard J. Hodes
Director

Office of the Secretary
Margaret A. Hamburg
Assistant Secretary for Planning and Evaluation

Department of Labor

Bureau of Labor Statistics
Philip L. Rones
Assistant Commissioner for Current Employment Analysis

Office of Management and Budget

Statistical Policy Office
Katherine K. Wallman
Chief Statistician

Social Security Administration

Office of Policy
Jane L. Ross
Deputy Commissioner for Policy

Foreword

Americans age 65 or older are an important and growing segment of our population. Many Federal agencies provide data on various aspects of the challenges confronting older Americans. Because these data come from multiple agencies, it is sometimes difficult to understand how this group is faring overall. In light of the anticipated growth of this segment of our population, it is increasingly important for policymakers and the general public to have an accessible, easy to understand portrait that shows how older Americans are doing. This new interagency report, *Older Americans 2000: Key Indicators of Well-Being (Older Americans)*, provides a unified picture of the health and well-being of our older population.

This is the first chartbook prepared by the Interagency Forum on Aging-Related Statistics (Forum), a coalition of nine Federal agencies (Administration on Aging; Bureau of Labor Statistics; Census Bureau; Health Care Financing Administration; 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; and Social Security Administration). The work of the Forum also benefitted from substantial contributions by the Bureau of Justice Statistics, Department of Justice; the National Highway Traffic Safety Administration, Department of Transportation; and the Center for Nutrition Policy and Promotion, Department of Agriculture.

This publication provides 31 key indicators about older Americans, categorized into five broad groups: population, economics, health status, health risks and behaviors, and health care. While Federal agencies currently collect and report substantial information on the population age 65 and older, there remain several important areas where there are gaps in our knowledge. This chartbook concludes with a discussion of data needs that the Forum has identified. By displaying what the government knows, and what it does not know, this report challenges the Federal statistical agencies to do even better.

The agencies participating in the Forum should be congratulated on the effort that went into creating *Older Americans*. They joined together to give the American people a valuable tool for tracking the condition of those who are age 65 or older, and for making policy decisions that will affect them. The Forum anticipates publishing additional volumes of this chartbook on a periodic basis, every three to five years.


We hope you will find this compendium a useful contribution to your work, and invite you to suggest ways we can enhance this portrait of our population age 65 and older. Please send comments to us at the Forum's Website (www.agingstats.gov).

Katherine K. Wallman

Chief Statistician

Office of Management and Budget

Acknowledgments

 *lder Americans 2000: 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 chartbook working group and reviewed by the Forum's organizing members.

The Forum's chartbook working group members include Saadia Greenberg, Administration on Aging; Ryan Helwig and Diane Herz, Bureau of Labor Statistics; Victoria Velkoff and Jane Lawson Dye (until 1999), Census Bureau; Gerald Riley, Health Care Financing Administration; Ellen Kramarow and Julie Dawson Weeks, National Center for Health Statistics; Rose Maria Li, National Institute on Aging; William Marton, Office of the Assistant Secretary for Planning and Evaluation (Department of Health and Human Services); Virginia de Wolf, Office of Management and Budget; and Susan Grad, Social Security Administration. The Forum's Staff Director, Kristen Robinson (National Center for Health Statistics), and Presidential Management Intern, Andrea Pernack, provided leadership and coordination for the chartbook working group. Their knowledge and expertise, coupled with their considerable energy, enthusiasm, patience, and persistence, were fundamental to the success of this new endeavor.

In addition to the nine organizing agencies of the Forum, agencies in the Department of Agriculture (USDA), the Department of Justice (DOJ), and the Department of Transportation (DOT) were invited to contribute to this report. The Forum greatly appreciates the efforts of Nadine Sahyoun, Center for Nutrition Policy and Promotion, USDA; Patsy Klaus, Bureau of Justice Statistics, DOJ; and Esther Wagner, National Highway Traffic Safety Administration, DOT, in providing valuable information from their agencies.

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The National Center for Health Statistics provided overall leadership and coordination for the production of this report. The Social Security Administration, the Office of the Assistant Secretary for Planning and Evaluation (Department of Health and Human Services), and the National Institute on Aging provided financial support for this report. Other members of the Forum provided valuable staff and administrative support.

The report was produced under a contract to the Population Reference Bureau. Mark Mather coordinated and managed the project. Theresa Kilcourse designed and produced the report. Lisa Hisel provided editorial oversight and review. John Haaga and Ellen Carnevale provided general oversight.

The HCR Consulting Group provided administrative assistance for many of the Forum's meetings.

About This Report

In an effort to describe the overall status of the U.S. population age 65 and older, the Federal Interagency Forum on Aging-Related Statistics (Forum) has produced *Older Americans 2000: Key Indicators of Well-Being (Older Americans)*. This new report focuses on several important areas in the lives of older people—population, economics, health status, health risks and behaviors, and health care.

Older Americans is the first in a continuing series of reports the Forum plans to produce. Federal agencies have collaborated to create a comprehensive set of indicators that can be followed over time. By following these data trends, more accessible information will be available to target efforts that can 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 is designed to present data in a nontechnical, user-friendly format; it complements other more technical and comprehensive reports produced by the Forum agencies. The report includes 31 indicators that are divided into five sections: Population, Economics, Health Status, Health Risks and Behaviors, and Health Care. A list of the indicators included in this report is located on p. viii.

Each indicator includes:

- an introductory paragraph that describes the relevance of the indicator to the well-being of the older population;
- one or more charts that graphically display analyses of the data; and

- bulleted highlights of salient findings from the data and other sources.

The data used to develop each indicator are presented in table format in Appendix A. Data source descriptions are provided in Appendix B. A glossary is supplied in Appendix C.

Selection Criteria for Indicators

Older Americans presents a selected set of key indicators that measure critical aspects of older people's lives. The Forum chose these indicators because they are:

- easy to understand by a wide range of audiences;
- based on reliable, nationwide, official data (collected or sponsored by Federal or state governments);
- objectively based on substantial research that connects them to the well-being of older Americans;
- balanced so that no single area dominates the report;
- measured periodically (not necessarily annually) so that they can be updated as appropriate and show trends over time; and
- representative of large segments of the aging population, rather than one particular group.

Considerations When Examining the Indicators

Older Americans generally addresses the U.S. population age 65 and older. Mutually exclusive age groups (e.g., ages 65 to 74, 75 to 84, and age 85 and older) are reported whenever possible. Because life expectancy is increasing and larger numbers of people will be entering older age cohorts, future reports will aim to include information on the population ages 85 to 94 and 95 and older.

Data availability and analytical relevance may affect the specific age groups that are

included for an indicator. For example, the first and second Supplements on Aging (see Data Source Descriptions) collected data only on the population age 70 and older. Because of small sample sizes in some surveys, statistically reliable data for the population age 85 and older often are not available. Conversely, data from the population younger than age 65 sometimes are included if they help in the interpretation of the indicator. For example, in “Indicator 10: Participation in the Labor Force,” a comparison with a younger population enhances the interpretation of the labor force trends among people age 65 or older.

Because the older population is becoming more diverse, analyses often are presented by sex, race and Hispanic origin, income, and other characteristics.

Data are presented for mutually exclusive racial and ethnic groups whenever possible. Hispanic origin classification is provided when the data are available. When racial groups are listed *without* the “non-Hispanic” classification, both Hispanics and non-Hispanics are included in those racial groups. Data for racial groups that comprise a smaller proportion of the population (e.g., American Indian and Alaska Native, Asian and Pacific Islander) are included whenever sample sizes are large enough to allow reliable statistical estimates.

The reference population for the indicators sometimes differs. Whenever possible, the indicators include data on the resident population (i.e., people living in the community and people living in institutions). However, some indicators show data only for the civilian noninstitutional population. Because the older population residing in nursing homes is excluded from samples based on the noninstitutional population, caution should be exercised when attempting to generalize the findings from these data sources to the entire population age 65 and older. The reference population (the base population sampled at the time of enrollment) for each indicator in this report is clearly labeled and defined in the glossary.

Data are age-adjusted when this is the standard procedure used by the Forum agency contributing the data.

In the charts, tick marks along the x-axis indicate years for which data are available. The range of years presented in each chart is not standardized because data availability

is not uniform across the different data sources used in this report.

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

Sources of Data

The data used to create each chart are provided in tables in the back of the report (Appendix A). 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 Appendix B. Additional information about these data sources also is available in the 1999 publication *Data Base News in Aging*, which can be obtained from the Forum’s Staff Director.

Sometimes, data from another publication are included to give a more complete explanation of the indicator. The citations for these sources are included in the References section (p. 53). For those who wish to access the survey data used in this chartbook, contact information is given for each of the data sources in Appendix B.

Data Needs

Because *Older Americans* 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. While 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 (p. 51). By identifying and highlighting these data needs, the Forum—as well as other policymakers, researchers, and service providers—will be better able to focus their future efforts.

About the Federal Interagency Forum on Aging-Related Statistics

In 1986, the National Institute on Aging, in cooperation with the National Center for Health Statistics and the Census Bureau, established the Federal Interagency Forum on Aging-Related Statistics to foster collaboration among Federal agencies that produce or use statistical data on the older popula-

tion. Over a period of several years, the Forum played a key role in improving aging-related data by encouraging cooperation and data sharing among different agencies, furthering professional collaboration across different fields, and compiling aging-related statistical data in a centralized location. The meetings of the Forum helped promote a number of important developments, including the establishment of the Health and Retirement Study and the Study of Asset and Health Dynamics Among the Oldest Old; the comparison of disability measures across national surveys;¹ the acceptance of more standardized age categories; and the collection and presentation of statistics on more narrowly defined age and race categories.

In response to changes in the Federal statistical system, the Forum was reorganized in 1998. As part of this reorganization, the Administration on Aging, Bureau of Labor Statistics, Health Care Financing Administration, Office of the Assistant Secretary for Planning and Evaluation (Department of Health and Human Services), Office of Management and Budget, and Social Security Administration were invited to become organizing members of the Forum.

The inaugural meeting of the “new” Forum was held in March 1999. At this meeting, the organizing members agreed that the Forum should focus its efforts on developing an indicators chartbook, exploring opportunities to integrate data for research applications, and initiating projects to improve measurement methods and data quality.

Mission of the Forum

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

The specific goals of the Forum are to improve both the quality and use of data on the aging population by:

- widening access to information on the aging population through periodic publications and other means;
- promoting communication among data producers, researchers, and public policymakers;
- 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; and
- addressing concerns regarding collection, access, and dissemination of data.

Financial Support of the Forum

The work of the Forum is currently funded by the Office of Demography of Aging, National Institute on Aging, National Institutes of Health. Valuable staff support is provided by all members of the Forum.

Where to Find More Information About Forum Activities

If you would like more information about *Older Americans* or the Federal Interagency Forum on Aging-Related Statistics, contact the Forum’s staff director:

Kristen Robinson, Ph.D.
Staff Director
Federal Interagency Forum on
Aging-Related Statistics
6525 Belcrest Road, Room 790
Hyattsville, MD 20782
Phone: (301) 458-4460
Fax: (301) 458-4037
E-mail: kgr4@cdc.gov
Website: www.agingstats.gov

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Highlights

The indicators assembled in this chart-book show the results of decades of progress. At the beginning of a new century, older Americans are living longer and enjoying greater prosperity than any previous generation. Despite these advances, persistent inequalities between the sexes, income classes, and racial and ethnic groups continue to exist. The rapid growth of the older population over the next 50 years will intensify the need for policymakers, researchers, and community leaders to better understand the health and economic needs of older Americans.

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, will accelerate this growth. Both the number and the proportion of older people relative to the rest of the population are increasing. This increase in the size of the older population is accompanied by rapid growth in the population age 85 and older, as well as increasing racial and ethnic diversity among all older people.

- In 2000, there are an estimated 35 million persons age 65 or older in the United States, accounting for almost 13 percent of the total population. The older population is expected to double over the next 30 years to 70 million by the year 2030. Over the next 50 years, the population age 85 and older is expected to grow faster than any other age group. (See Indicator 1.)
- Women make up 58 percent of the population age 65 and older and 70 percent of the population age 85 and older. Older women are less likely than older men to be currently married and are more likely to live alone. In 1998, about 41 percent of older women were living alone, compared with 17 percent of older men. (See Indicators 1, 3, and 5.)
- The older population will become more racially and ethnically diverse during the

next 50 years. Non-Hispanic whites make up 84 percent of the population age 65 and older in 2000, and this is expected to decline to 64 percent by 2050. (See Indicator 2.)

- The current generation of older Americans is more highly educated than previous cohorts of older persons, and this trend will continue. In 1998, about 11 percent of older women and 20 percent of older men were college graduates. (See Indicator 4.)

Economics

Generally, the economic status of older people has improved markedly over the past few decades. Poverty rates have declined and there has been a substantial increase in net worth for many older Americans. Still, major disparities exist, with older blacks and older women reporting fewer financial resources.

- The percentage of older persons living in poverty declined from about 35 percent in 1959 to 11 percent in 1998. (See Indicator 6.)
- In 1998, Social Security provided over 80 percent of income for older Americans with the lowest levels of income. For those in the highest income category, Social Security accounted for approximately 20 percent of total income. (See Indicator 8.)
- Between 1984 and 1999, the median net worth of households headed by older persons increased by about 70 percent. But there are large disparities in net worth. Households headed by older black persons had median net worth of about \$13,000 in 1999, compared with \$181,000 among households headed by older white persons. (See Indicator 9.)
- Between 1963 and 1999, labor force participation rates for men ages 62 to 64 declined from 76 percent to 47 percent, but participation rates increased from 29 percent to 34 percent for women in this age group. (See Indicator 10.)

- The burden of housing costs relative to all expenditures declines as income increases. In 1998, low-income households headed by persons age 65 or older allocated an average of 36 percent of all expenditures to basic housing, compared with high-income households, which spent an average of 26 percent. (See Indicator 11.)

Health Status

The increase in life expectancy during the 20th century has been a remarkable achievement. Older age, however, is accompanied by increased risk of certain diseases and disorders. Significant proportions of older Americans suffer from a variety of chronic health conditions such as arthritis or hypertension. Despite these and other conditions, the rate of disability among older people has declined in recent years.

- Americans are living longer than ever before. If mortality rates remain constant, persons age 65 in 2000 are expected to live another 18 years, on average, compared with persons age 65 in 1900 who had a remaining life expectancy of 12 years. Life expectancy at age 65 is almost 2 years greater for whites than for blacks. (See Indicator 12.)
- The leading causes of death for older Americans are heart disease, cancer, and stroke (respectively). Mortality rates for heart disease and stroke have declined by about a third since 1980. The mortality rates for cancer have risen slightly over the same period. (See Indicator 13.)
- In 1995, about 58 percent of persons age 70 or older reported having arthritis, 45 percent reported having hypertension, and 21 percent reported having heart disease. (See Indicator 14.)
- In 1998, the percentage of older Americans with moderate or severe memory impairment ranged from about 4 percent among persons ages 65 to 69 to about 36 percent among persons age 85 or older. About 23 percent of persons age 85 or older reported severe symptoms of depression. (See Indicators 15 and 16.)
- The percentage of older Americans with a chronic disability declined from 24 percent in 1982 to 21 percent in 1994. In 1994, about 25 percent of older women reported disabilities, compared with 16 percent of older men. (See Indicator 18.)

Health Risks and Behaviors

The social and behavioral aspects of life for older Americans can make a difference in health and well-being. Most older people report being socially active, which may contribute to their emotional and physical health. However, other measured aspects of social and health behaviors may threaten health, including the failure of many older adults to engage in physical activity, to have healthy diets, or to be vaccinated against influenza and pneumococcal disease.

- The majority of persons age 70 or older reported engaging in some form of social activity during a two-week period. About two out of every three persons age 70 or older reported that they were satisfied with their level of social activities. (See Indicator 19.)
- In 1995, about one third of older Americans reported a sedentary lifestyle (i.e., no leisure-time physical activities in a two-week period). (See Indicator 20.)
- From 1994 to 1996, a higher proportion of the population age 65 and older (21 percent) had diets that were rated “good” compared with persons ages 45 to 64 (13 percent). Even so, a majority of older persons reported diets that were poor (13 percent) or needed improvement (67 percent). (See Indicator 23.)
- Older persons are much less likely to be victims of both violent and property crime than persons ages 12 to 64. (See Indicator 24.)

Health Care

Health care expenditures and use of services among older people are closely associated with age and disability status. There are large differences, for example, in health expenditures and use of services between persons ages 65 to 69 and persons age 85 or older. Older persons of all ages are generally satisfied with their health care and report few difficulties in obtaining health care services.

- In 1996, the average annual expenditure on health care (both out-of-pocket expenditures and expenditures covered by insurance) was \$5,864 among persons ages 65 to 69, compared with \$16,465 among persons age 85 or older. (See Indicator 25.)

- Although dollar expenditures increase with income, the relative burden of health care costs is much higher among lower- and middle-income households compared with higher income households. (See Indicator 27.)
- Among Medicare beneficiaries not enrolled in HMOs (82 percent of all beneficiaries in 1998), the rate of hospital admissions during the year increased from 307 per 1,000 in 1990 to 365 per 1,000 in 1998. However, the average length of stay in a hospital declined from 9 days to 6 days during the same time period. (See Indicator 29.)
- In 1997, about 1.5 million older persons (4 percent of the population age 65 or older) resided in nursing homes. This represents a decline since the mid-1980s in the proportion of older people living in nursing homes. Three-fourths of nursing home residents were women in 1997. Though a smaller proportion of older people were residents of nursing homes in 1997 compared with 1985, those who were in nursing homes were more likely to have serious functional limitations, such as incontinence, difficulty eating, or mobility limitation. (See Indicator 30.)
- The percentage of older Americans living in the community and receiving home care for disabilities declined from 18 percent in 1982 to 15 percent in 1994. Of those who received care in 1994, 64 percent relied exclusively on informal (unpaid) care, 8 percent received only formal care, and 28 percent received a combination of informal and formal care. (See Indicator 31.)