# 1 $\square$ <br> Older Americans Key Indicators of Well-Being 

## 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 2016 are listed below.

## Consumer Product Safety Commission

http://www.cpsc.gov

## Department of Commerce

U.S. Census Bureau
http://www.census.gov

## Department of Health and Human Services

Administration for Community Living http://www.acl.gov

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

Centers for Medicare and Medicaid Services http://www.cms.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<br>http://www.hud.gov<br>Department of Labor<br>Bureau of Labor Statistics<br>http://www.bls.gov<br>Employee Benefits Security Administration http://www.dol.gov/ebsa

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

## Environmental Protection Agency

http://www3.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

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## Older Americans 2016

 Key Indicators of Well-Being
## Foreword

Older Americans (those age 65 and over) are a vibrant and growing part of our Nation. They also experience unique challenges to their economic well-being, health, and independence. To inform decisions regarding the support and well-being of older Americans, robust statistics reflecting these experiences are needed. Although many Federal agencies provide statistics on aspects of older Americans' lives, it can be difficult to fit the pieces together into a comprehensive representation. 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 2016: Key Indicators of Well-Being (Older Americans 2016) provides a comprehensive, easy-to-understand picture of our older population. It is the seventh 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. Indicators are categorized into six broad groups: Population, Economics, Health Status, Health Risks and Behaviors, Health Care, and Environment.

The Forum's recent review of the Older Americans chartbook resulted in the addition of several new indicators particularly relevant to many of the challenges currently facing older Americans. Among these additions are an indicator describing the changing demographics of Social Security beneficiaries and an indicator describing transportation access for older Americans. Indicators have also been added to describe dementia rates (including Alzheimer's disease rates, among the non-nursing home population) as well as to examine the number of older Americans receiving long-term care by different types of providers. Finally, the Supplemental Poverty Measure (SPM) for Americans age 65 and over has been added.

The SPM extends the official poverty measure by taking into account many government programs designed to assist low-income families that are not included in the official poverty measure.

Although Federal agencies currently collect and report substantial information on the population age 65 and over, other important gaps in our knowledge remain. In Older Americans 2012, the Forum identified six such areas where more data are needed: informal caregiving, residential care, elder abuse, functioning and disability, mental health and cognitive functioning, pension measures, and end-of-life issues. In Older Americans 2016, we provide updated information on the data availability for these specific areas, in addition to a special feature on informal caregiving.

We continue to appreciate users' requests for greater detail for many existing indicators. 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 more accessible and useful. Please send any 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 challenges 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<br>Chief Statistician<br>Office of Management and Budget

## Acknowledgments

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## About This Report

## Introduction

Older Americans 2016: Key Indicators of Well-Being (Older Americans 2016) is the seventh 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 over time. By following these data trends, the reports make more information available targeted toward efforts to improving the lives of older Americans.
The Forum periodically conducts a conceptual and methodological review of report indicators and format according to an established indicator selection criteria (see "Selection Criteria for Indicators"). This review ensures that the report features the most current topics and the most reliable, accurate, and accessible statistics.

After conducting a conceptual framework and literature review in preparation for this report, the Forum modified several existing indicators and added four new indicators: Social Security Beneficiaries, Dementia, Long-Term Care Providers, and Transportation. The 2016 report also contains a newly established Environment domain.
This report is intended to stimulate relevant and timely public discussions, 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, and service providers can better understand the areas of wellbeing that are improving for older Americans as well as the areas that require more attention.

## Structure of the Report

By presenting data in a nontechnical, user-friendly format, Older Americans 2016 complements other more technical and comprehensive reports from the individual Forum agencies. The report includes 41 indicators grouped in six sections: Population, Economics, Health Status, Health Risks and Behaviors, Health Care, and Environment. There is also a special feature this year on Informal Caregiving.

## Each indicator includes

- A paragraph describing the relevance of the indicator to the well-being of the older population.
- One or more charts that illustrate important aspects of the data.
- Bulleted data highlights.

The data used in the indicators are presented in tables in the back of the report. Data source descriptions and a Glossary are also provided in the back matter.

## Selection Criteria for Indicators

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, making possible, 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 2016 usually describe the U.S. population age 65 and over. More specific age groups (e.g., ages 65-74, 75-84, and 85 and over) are reported whenever possible.
Data availability and analytical relevance may factor into the determination of the age groups presented in an indicator. For example, data for the age range 85 and over may not appear in an indicator because small survey sample sizes have resulted in statistically reliable data for that age range not being available. On the other hand, data for the population younger than age 65 are sometimes included in an indicator if the inclusion allows for a more comprehensive interpretation of the indicator's content. For example, in "Indicator 12: Participation in Labor Force," a comparison with a younger population provided an opportunity for an enhanced interpretation of labor force trends among people age 65 and over. In order to show trends in the amount of savings reserved
for retirement by the entire population, data on public and private retirement assets are included for the total population in "Indicator 11: Net Worth."

To standardize the age distribution of the population age 65 and over across years, some estimates have been age adjusted by multiplying age-specific rates by time-constant weights. If an indicator has been age adjusted, this 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 labeled under each chart and table and is 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, many indicators show data only for the civilian noninstitutionalized population. Because the older population residing in nursing homes (and other longterm care institutional settings) is not included in samples based on the noninstitutionalized population, use caution 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 2014,10 percent of the population age 85 and over was not included in the civilian noninstitutionalized population as defined by the U.S. Census Bureau.


## Survey Years

The reader should be aware that the range of years presented in each chart varies because data availability is not uniform across the data sources.

## 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 website at http:// www.agingstats.gov.
Where possible, data estimates have been obtained from the true unrounded value of the original data. Data are rounded to one decimal place in the data tables and are shown as whole numbers in the report text unless a finer breakdown is needed to show a significant difference between two estimates that would otherwise round to the same number. While figures display rounded numbers, the figures are created using unrounded estimates.
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 the tables in the back of the chartbook along with 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 matter. Additional information about these data sources and contact information for the agency providing the data are available on the Forum's website at http://www. agingstats.gov.

## Data Needs

In Older Americans 2012, the Forum identified six areas where better data were needed to support research and policy efforts related to older Americans: informal caregiving, residential care, elder abuse, functioning and disability, mental health and cognitive functioning, pension measures, and end-of-life issues.
Since then, the Federal statistical community and the Forum have made significant improvements to enhance data availability related to these data needs, many of which are reflected in Older Americans 2016. This report includes a new indicator on dementia using data from the 2011 National Health and Aging Trends Study (NHATS) as well as a special feature on informal caregiving based on data from the 2011 National Study of Caregiving (NSOC). Data from the 2015 NHATS and NSOC will be available in late 2016. A new indicator on long-term care providers, with data from the new 2014 National

Study of Long-Term Care Providers, addresses residential care data needs. The indicator on functional limitations presents disability prevalence among those 65 and over, using questions developed by the United Nationssponsored Washington Group on Disability Statistics and collected as part of the National Health Interview Survey.

The report also includes a new indicator on social security beneficiaries. This indicator is based on data from the Master Beneficiary Record (MBR) which are published annually in the Statistical Supplement to the Social Security Bulletin.

Other key indicators were identified by the Forum for inclusion in this year's report, such as new measures on oral health, cancer screenings, and transportation. Data on other topics of continued interest, like end-of-life, have been covered in other Federal reports.

With continued discussion on measurement issues and the effect of survey technique on estimates of the incidence of elder abuse ${ }^{1}$ as well as with the number of older adults with substance use disorders in the U.S. projected to double by 2020, ${ }^{2}$ the Forum continues to identify elder abuse and substance use disorder as ongoing areas of data need and will follow up with forthcoming survey findings.

## Mission

The Forum's mission is to encourage cooperation and collaboration among Federal agencies in order 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 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.
- Addressing concerns regarding collection, access, and dissemination of data.


## More Information

For more information about Older Americans 2016 or other Forum activities, contact

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## Older Americans on the Internet

Additional material can be found at http://www. agingstats.gov. The website contains

- 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 website also provides other Forum publications, workshop documents, agency contacts, subject area contact lists for Federal statistics, and information about the Forum.

## Additional Online Resources

## Administration for Community Living

A Profile of Older Americans
http://www.aoa.acl.gov/Aging_Statistics/Profile/index.aspx
Aging Integrated Database
http://www.agid.acl.gov/
ACL Program Evaulations and Related Reports http://www.aoa.acl.gov/program_results/program_ evaluation.aspx

## Agency for Healthcare Research and Quality

Research Tools and Data
http://www.ahrq.gov/research/index.html

## Bureau of Labor Statistics

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

## U.S. Census Bureau

Age Data
http://www.census.gov/topics/population/age-and-sex. html

Statistical Abstract of the United States http://www.census.gov/library/publications/time-series/ statistical_abstracts.html

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

## Centers for Medicare \& Medicaid Services

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

## Department of Veterans Affairs

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

## Employee Benefits Security Administration

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

## Environmental Protection Agency

Information Resources http://www.epa.gov/healthresearch/aging-and-sustainability-listserve

## National Center for Health Statistics

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

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

Health Indicators Warehouse
http://www.healthindicators.gov/

## 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/research/dbsr/publicly-available-databases-aging-related-secondary-analyses-behavioral-and-social

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
https://fcsm.sites.usa.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.samhsa.gov/about-us/who-we-are/officescenters/cmhs

Other Resources
FedStats.gov
https://fedstats.sites.usa.gov

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## Highlights

Older Americans 2016: 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, 41 indicators depict the well-being of older Americans in the areas of Population, Economics, Health Status, Health Risks and Behaviors, Health Care, and Environment. This year's report also includes a special feature on informal caregiving. Selected highlights from each section of the report follow.

## Population

- In 2014, 46 million people age 65 and over lived in the United States, accounting for 15 percent of the total population. The older population in 2030 is projected to be more than twice as large as in 2000, growing from 35 million to 74 million and representing 21 percent of the total U.S. population (Indicator 1: Number of Older Americans).
- In 2014, non-Hispanic single-race Whites, Blacks, and Asians accounted for 78 percent, 9 percent, and 4 percent of the U.S. older population, respectively. Hispanics (of any race) were 8 percent of the older population (Indicator 2: Racial and Ethnic Composition).
- In 2015 , older men were much more likely than older women to be married. About 74 percent of men ages 65-74 were married, compared with over one-half ( 58 percent) of women in the same age group. The proportion who were married was lower at older ages: 42 percent of women ages $75-84$ and 17 percent of women age 85 and over were married in 2015. For men, the proportion who were married was also lower at older ages, but not as low as for older women. Even among men age 85 and over, the majority ( 59 percent) were married in 2015 (Indicator 3: Marital Status).
- In 2015, 84 percent of the population age 65 and over were high school graduates or more, and 27 percent had a Bachelor's degree or more (Indicator 4: Educational Attainment).
- In 2015, older men were more likely to live with their spouse than were older women. About 70 percent of older men lived with their spouse while less than half (45 percent) of older women did. In contrast, older women were more likely than older men to live alone (36 percent versus 20 percent) (Indicator 5: Living Arrangements).
- In 2010, there were 9.2 million veterans age 65 and over in the United States. This number is expected to drop to 8.9 million by 2025 , an expected decrease of about 2.7 percent (Indicator 6: Older Veterans).


## Economics

- In 1966, 29 percent of people age 65 and over lived below the poverty threshold. By 2014, the proportion of the older population living in poverty had decreased dramatically to 10 percent (Indicator 7: Poverty).
- Between 1974 and 2014, there was a decrease in the proportion of older people with an income below poverty (from 15 percent to 10 percent) and with low income (from 35 percent to 23 percent), and there was an increase in the proportion of people with high income (from 18 percent to 36 percent) (Indicator 8: Income).
- For persons age 65 and over, two-thirds of income in 2014 was from retirement benefits including Social Security which accounted for about half of average total family income (Indicator 9: Sources of Income).
- The type of Social Security benefits received by women age 62 and over dramatically changed between 1960 and 2014. The percentage who received spouse-only benefits decreased from 33 percent to 9 percent, and the percentage who received widow-only benefits decreased from 23 percent to 14 percent. In contrast, the percentage who received earned worker benefits increased from 43 percent in 1960 to 77 percent in 2014 (Indicator 10: Social Security Beneficiaries).
- In 2013, the median net worth of households headed by White people age 65 and over $(\$ 255,000)$ was almost five times that of the median net worth of households headed by older Black people ( $\$ 56,700$ ). This difference was 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 (Indicator 11: Net Worth).
- In 2015, labor force participation rates for women age 55 and over remained high after rising over the past four decades. This trend continued through the recent recession, but leveled off since the beginning of the recovery. Among men age 55 and over, labor participation rates increased in the mid-1990s,
following declines in the rates in the previous decades. Since the recent recession, participation rates among men have been fairly flat (Indicator 12: Participation in Labor Force).
- While housing cost burden has generally increased over time, between 2009 and 2013 the prevalence of cost burden decreased from 40 to 36 percent for older owner/renter households and from 39 to 34 percent for older-member households. For households headed by older Americans with children in their homes, housing cost burden remained relatively the same at approximately 40 percent. (Indicator 13: Housing Problems).
- As a share of total expenditures, health care increased dramatically with age in 2014. For the group age 75 and over, the share ( 16 percent) was more than double the share for the age $45-54$ group ( 7 percent) and larger than the share the oldest group allocated to transportation (14 percent) or the share allocated to food (12 percent) (Indicator 14: Total Expenditures).


## Health Status

- Life expectancy varies by race, but the difference decreases with age. In 2014, life expectancy at birth was 3.4 years higher for White people than for Black people. At age 65, White people can expect to live an average of 1.1 years longer than Black people. Among those who survive to age 85 , however, the life expectancy among Black people is slightly higher (6.9 years) than White people ( 6.5 years) (Indicator 15: Life Expectancy).
- Between 1999 and 2014, age-adjusted death rates for all causes of death among people age 65 and over declined by 20 percent. Death rates declined for heart disease, cancer, chronic lower respiratory disease, stroke, diabetes, and influenza and pneumonia. Death rates for Alzheimer's disease and unintentional injuries increased over the same period (Indicator 16: Mortality).
- The prevalence of certain chronic health conditions differed by sex in 2013-2014. Women reported higher levels of asthma and arthritis than men. Men reported higher levels of heart disease, cancer, and diabetes (Indicator 17: Chronic Health Conditions).
- In 2014, about 62 percent of people age 65 and over had a dental visit in the past year. The percentage visiting a dentist was higher among people ages 65-74
than among people age 85 and over ( 66 percent versus 56 percent) (Indicator 18: Oral Health).
- In 2012-2014, older non-Hispanic White people were more likely to report good to excellent health than their non-Hispanic Black and Hispanic counterparts ( 80 percent versus 65 and 66 percent, respectively) (Indicator 19: Respondent-Assessed Health Status).
- In 2011, among people ages 65-74, men were more likely to have dementia than women, but among adults age 85 and over, women were more likely to have dementia than men (Indicator 20: Dementia).
- The prevalence of clinically meaningful depressive symptoms for the U.S. population over age 50 remained fairly stable between 1998 and 2014. Although women over 50 have consistently higher prevalence of depressive symptoms than men, in 2014 both men and women had higher prevalence of depressive symptoms in middle adulthood and after age 80 , with the lowest prevalence occurring among those ages 65 to 79 (Indicator 21: Depressive Symptoms).
- In 2014, 22 percent of the population age 65 and over reported having a disability as defined by limitations in vision, hearing, mobility, communication, cognition, and self-care. Women were more likely to report any disability than men ( 24 percent versus 19 percent) (Indicator 22: Functional Limitations).


## Health Risks and Behaviors

- In 2014, 70 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. About 72 percent of non-Hispanic Whites reported receiving a flu shot, compared with 57 percent of non-Hispanic Blacks and 61 percent of Hispanics (Indicator 23: Vaccinations).
- A higher proportion of women in 2013 received a mammogram in the past 2 years than met colorectal cancer screening guidelines. For example, 71 percent of women ages 50-64 received a mammogram compared with 54 percent who met colorectal cancer screening guidelines (Indicator 24: Cancer Screenings).
- During 2011-2012, people age 75 and over met the dietary recommendations for whole fruits, while people age 65 and over met the dietary recommendations for total protein foods. Overall diet quality, as measured by the Total Healthy Eating Index-2010 score, was 68 out
of 100 for people age 65 and over (Indicator 25: Diet Quality).
- In 2014, about 12 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 15 percent among people ages 65-74 to 5 percent among people age 85 and over (Indicator 26: Physical Activity).
- As with other age groups, the percentage of people age 65 and over with obesity has increased since 19881994. In 2011-2014, about 35 percent of people age 65 and over had obesity, compared with 22 percent in 1988-1994 (Indicator 27: Obesity).
- The percentage of people age 65 and over who were current cigarette smokers declined between 1965 and 2014, with larger declines occuring among men than among women. Levels of cigarette smoking have been stable in the past decade. In 2014, 10 percent of men and 8 percent of women age 65 and over were current smokers (Indicator 28: Cigarette Smoking).


## Health Care

- While the number of hospital stays remained fairly stable from 1992 to 2013, the average length of stay in the hospital decreased steadily over time. In 1992, the average length of stay in the hospital for a Medicare beneficiary was 8.4 days; by 2013 the average length of stay had decreased to 5.3 days (Indicator 29: Use of Health Care Services).
- After adjusting for inflation, health care costs per capita increased slightly among those ages 65-74 between 1992 and 2012. In all years, average costs were substantially higher for those age 85 and over compared with those in the younger age groups (Indicator 30: Health Care Expenditures).
- Average prescription drug costs for noninstitutionalized Americans age 65 and over increased rapidly for many years but were relatively stable from 2005 to 2012. Medicare coverage of prescription drugs, which includes a low-income subsidy for beneficiaries with low income and assets, began in January 2006 (Indicator 31: Prescription Drug Costs).
- Enrollment in Medicare Advantage (MA)/Capitated Payment Plans has grown rapidly in recent years. In 2005, 16 percent of Medicare beneficiaries age 65 and
over were enrolled in an MA plan, compared with 34 percent in 2013 (Indicator 32: Sources of Health Insurance).
- From 1977 to 2013, 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 17 percent (Indicator 33: Out-of-Pocket Health Care Expenditures).
- Medicare paid for almost 60 percent of all health care costs of enrollees age 65 and over in 2012. Medicare financed all hospice costs and most hospital, physician, home health care, and short-term institution costs (Indicator 34: Sources of Payment for Health Care Services).
- The number of veterans age 65 and over enrolled with the Veterans Health Administration has been steadily increasing since 1999, when eligibility for this benefit was reformed, and the number of veterans age 85 and over enrolled is projected to exceed 1 million by 2034 (Indicator 35: Veterans' Health Care).
- In 2013, about 3 percent of the Medicare population age 65 and over resided in community housing with at least one service available. About 4 percent resided in long-term care facilities. Among those age 85 and over, 8 percent resided in community housing with services, and 15 percent resided in long-term care facilities. Among those ages $65-74$, about 98 percent resided in traditional community settings (Indicator 36: Residential Services).
- In 2013, about two-thirds of people who had difficulty with one or more activities of daily living (ADLs) received personal assistance or used special equipment: 7 percent received personal assistance only, 35 percent used equipment only, and 25 percent used both personal assistance and equipment (Indicator 37: Personal Assistance and Equipment).
- In 2014, about 1.2 million people age 65 and over were residents of nursing homes. Nearly 780,000 people of that age lived in residential care communities such as assisted living facilities. In both settings, people age 85 and over were the largest age group among residents (Indicator 38: Long-Term Care Providers).


## Environment

- 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. In 2014, the percentage of leisure time spent socializing and communicating was about 11 percent for those ages 55-64 and 9 percent for those age 75 and over (Indicator 39: Use of Time).
- The percentage of people age 65 and over living in counties that experienced poor air quality decreased from 66 percent in 2000 to 16 percent in 2014 (Indicator 40: Air Quality).
- In 2013, about 33 percent of the noninstitutionalized Medicare population age 65 and over limited their driving to daytime because of a health or physical problem. The percentage of people who limited their driving to daytime was greater for those age 85 and over ( 55 percent) than for those age 65-74 ( 25 percent) (Indicator 41: Transportation).


## Special Feature

"Informal caregivers" are family members or friends who are not paid and assist older adults who have functional limitations with everyday tasks such as bathing, dressing, preparing a meal, or managing money. Informal caregivers are a diverse population that includes spouses, children, and other relatives such as daughters-in-law, grandchildren, and friends.

- In 2011, an estimated 18 million informal caregivers provided 1.3 billion hours of care on a monthly basis.
- More informal caregivers were women (11.1 million) than men ( 6.9 million), and about half of informal caregivers were middle-aged (ages 45-64).
- Almost half of informal caregivers were a child of the care recipient. Although spouses made up only 21 percent of informal caregivers, they accounted for more than 31 percent of the total hours of informal care provided.
- Some types of care provided differ by caregiver gender. For example, men were more likely to provide assistance with mobility, whereas women were more likely to assist with self-care and medical care.
- Most informal caregivers reported positive impacts of caregiving; however, almost half said they have things they cannot handle or do not have enough time for themselves.


## INDICATOR 1: Number of Older Americans

The growth of the population age 65 and over affects many aspects of our society, presenting challenges to 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, 1900-2014, and projected years, 2020-2060


NOTE: Some data for 2020-2050 have been revised and differ from previous editions of Older Americans.
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, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010, to July 1, 2014 (PEPAGESEX); U.S. Census Bureau, Table 3: Projections of the Population by Sex and Selected Age Groups for the United States: 2015 to 2060 (NP2014-T3).

- In 2014, 46 million people age 65 and over lived in the United States, accounting for 15 percent of the total population. The older population grew from 3 million in 1900 to 46 million in 2014. The oldestold population (those age 85 and over) grew from just over 100,000 in 1900 to 6 million in 2014.
- 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 2014-2030 period. The older population in 2030 is projected to be twice as large as their counterparts in 2000, growing from 35 million to 74 million and representing nearly 21 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 of those who are age 65 and over will be relatively stable, ranging from 21 percent to 24 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 6 million in 2014 to 20 million by 2060 . 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. ${ }^{3-5}$


## Percentage of population age 65 and over, by county and state, 2014



Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010, to July 1, 2014 (PEPAGESEX).

- The proportion of the population age 65 and over varies by state and 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 2014, Florida was the state with the highest proportion of people age 65 and over (19 percent). Maine, West Virginia, Vermont, Montana, Pennsylvania, Delaware, Hawaii, and Oregon also had high proportions ( 16 percent or over).
- The proportion of the population age 65 and over varies even more by county. In 2014, 53 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 Chattahoochee County, Georgia, with only 4.1 percent of its population age 65 and over.
- Older women outnumbered older men in the United States, and the proportion who are female increased with age. In 2014, women accounted for 56 percent of the population age 65 and over and for 66 percent of the population age 85 and over.
- The United States is fairly young for a developed country, with 15 percent of its population age 65 and over in 2015. Japan had the highest percentage of persons age 65 and over ( 27 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 and above 20 percent in Germany, Italy, Greece, and Finland.
Data for this indicator's charts and bullets can be found in Tables la through If on pages 82-87.


## 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 2060, 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, 2014 and projected 2060


NOTE: The presentation of racial and ethnic composition data in this table has changed from previous editions of Older Americans. Unlike in previous editions, Hispanics are not counted in any race group. 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 "non-Hispanic Black alone" is used to refer to people who reported being Black or African American and no other race and who are not Hispanic, and the term "non-Hispanic Asian alone" is used to refer to people who reported only Asian as their race and who are not Hispanic. 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 "non-Hispanic All other races alone or in combination" includes people who reported American Indian and Alaska Native alone who are not Hispanic; people who reported Native Hawaiian and Other Pacific Islander alone who are not Hispanic; and all people who reported two or more races who are not Hispanic. "Hispanic" refers to an ethnic category; Hispanics may be of any race.
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010, to July 1, 2014 (PEPASR6H); U.S. Census Bureau, Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060 (NP2014_D1).

- In 2014, non-Hispanic single-race Whites, Blacks, and Asians accounted for 78 percent, 9 percent, and 4 percent of the U.S. older population, respectively. Hispanics (of any race) were 8 percent of the older population.
- Projections indicate that by 2060 the composition of the older population will be 55 percent nonHispanic White alone, 12 percent non-Hispanic Black alone, and 9 percent non-Hispanic Asian alone. Hispanics will be 22 percent of the older population in 2060. While the older population will increase among all racial and ethnic groups, the older

Hispanic population is projected to grow the fastest, from 3.6 million in 2014 to 21.5 million in 2060. The older Hispanic population is expected to be larger than the older non-Hispanic Black alone population in 2060. The older non-Hispanic Asian alone population is also projected to experience rapid growth. In 2014, nearly 2 million older single-race non-Hispanic Asians lived in the United States; by 2060, this population is projected to be about 8.5 million.

[^1]
## 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 sex and age group, 2015


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.

- In 2015, older men were much more likely than older women to be married. About 74 percent of men ages 65-74 were married, compared with over one-half ( 58 percent) of women in the same age group. The proportion who were married was lower at older ages: 42 percent of women ages $75-84$ and 17 percent of women age 85 and over were married in 2015. For men, the proportion who were married was also lower at older ages, but not as low as for older women. Even among the oldest old (those age 85 and over), the majority of men ( 59 percent) were married in 2015.
- Widowhood was more common among older women than among older men in 2015. Women age 65 and over were more likely than men of the same age to be widowed ( 34 percent compared with 12 percent). Nearly three-quarters ( 73 percent) of women age 85 and over were widowed, compared with 34 percent of men.
- Relatively small proportions of older men (11 percent) and women (13 percent) were divorced in 2015. A small proportion ( 5 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 88.

## Population

## 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, 1965-2015


NOTE: A single question that asks for the highest grade or degree completed is 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.

- 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 2015, 84 percent were high school graduates or more and 27 percent had a Bachelor's degree or more.
- In 2015, 85 percent of older men and 83 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 ( 32 percent compared with 23 percent, respectively).


Educational attainment of the population age 65 and over, by race and Hispanic origin, 2015


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.

- Despite the overall increase in educational attainment among older Americans, substantial educational differences exist among racial and ethnic groups. In 2015, 89 percent of non-Hispanic Whites age 65 and over had completed high school. The percentages of older Asians and Blacks who had completed high school ( 74 percent and 75 percent, respectively) were not statistically different. In contrast, 54 percent of older Hispanics had completed high school.
- In 2015, older Asians had the highest proportion with at least a Bachelor's degree ( 34 percent). About 29 percent of older non-Hispanic Whites had this level of education. The proportions were 17 percent and 12 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 $4 a$ and $4 b$ on page 89.


## 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, 2015


NOTE: 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.

- In 2015, older men were more likely to live with their spouse than were older women. About 70 percent of older men lived with their spouse, while less than half (45 percent) of older women did. In contrast, older women were more likely than older men to live alone (36 percent versus 20 percent).
- 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 2015, 26 percent of older Asian women, 30 percent of older Black women, and 34 percent of older Hispanic women lived with other relatives, compared with only 12 percent of older non-Hispanic White women. The percentages of Asian and Black women were not different.
- Older non-Hispanic White women and Black women were more likely than women of other races to live alone. In 2015, 37 percent of non-Hispanic White and 43 percent of Black women lived alone, compared with about 20 percent for older Asian women and

23 percent for older Hispanic women. The percentages of older Asian and older Hispanic women living alone were not different.

- The percentage of older Black men living alone was about three times as high as the percentage of older Asian men ( 30 percent versus 10 percent). The percentage of older Black men living alone was also higher than that of older non-Hispanic White men (20 percent).
- Older Hispanic and Black men were more likely (13 and 14 percent, respectively, which did not differ) than non-Hispanic White men (4 percent) to live with relatives other than a spouse. The percentage of Asian men living with relatives other than a spouse ( 10 percent) was lower than the percentages for Hispanic and Black men and higher than the percentages for non-Hispanic White men.

> 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 $5 a$ and $5 b$ on page 90.

## INDICATOR 6: Older Veterans

Veteran status among America's older population is associated with higher median family income, lower percentages of individuals who are uninsured or covered by Medicaid, higher percentages 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. ${ }^{6}$ The oldest segment of the veteran population will continue to have significant ramifications with regard to the demand for health care services, particularly in the area of long-term care. ${ }^{7}$

Percentage of population age 65 and over who are veterans, by sex and age group, 2000, 2015, and projected 2025


Reference population: These data refer to the resident population of the United States and Puerto Rico.
SOURCE: U.S. Census Bureau, Population Projections 2014, and 2010 Census Summary File 1; Department of Veterans Affairs, VetPop2014.

- In 2015 , there were 9.9 million veterans age 65 and over in the United States and Pueto Rico. Approximately one out of every two men age 65 and over in 2015 were veterans.
- More than 95 percent of veterans age 65 and over are male. Over time, the number of male veterans age 65 and over will go from 9.4 million in 2000 to a projected 9.0 million in 2020.
- The number of men age 85 and over who are veterans increased from 400,000 in 2000 to over 1.4 million in 2015. The proportion of men age 85 and over who are veterans increased from 33 percent in 2000 to 66 percent in 2015.
- 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 56,000 by 2025.

Data for this indicator's charts and bullets can be found in Tables Ga and Gb on page 91.


## Economics

## INDICATOR 7: Poverty

Poverty rates are one way to evaluate economic well-being. People identified as living in poverty are at risk of having inadequate resources for food, housing, health care, and other needs.

Poverty rate by age, by official poverty measure and Supplemental Poverty Measure, 1966-2014


NOTE: Poverty status in the Current Population Survey (CPS) is based on prior year income. The source of the 2013 estimates shown in this figure is the portion of the CPS Annual Social and Economic Supplement (ASEC) sample which received the redesigned income questions. The 2013 estimates from the traditional ASEC can be found in Table 7a. For further information on the redesigned income questions and the Supplemental Poverty Measure (SPM), see NOTE for Table 7a. The official poverty measure 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. 252. The SPM extends the official poverty measure by taking account of many of the government programs designed to assist low income families and individuals that are not included in the current official poverty measure and by using thresholds derived from the Consumer Expenditure Survey by the Bureau of Labor Statistics.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- In 1966,29 percent of people age 65 and over lived below the poverty threshold. By 2014, the proportion of the older population living in poverty had decreased dramatically to 10 percent.
- Relative levels of poverty among the different age groups have changed over time. In 1966, older people had the highest poverty rate ( 29 percent), followed by children (18 percent) and those in the working ages ( 11 percent). By 2014, the proportions of the older population and of those of working age living in poverty were about 10 percent and 14 percent, respectively, while 21 percent of children lived in poverty. The poverty rate for older people in 2014 was not different from the poverty rate for people of working age in 1966.
- Poverty rates differed by age and sex among the older population. Older women ( 12 percent) were more likely than older men ( 7 percent) to live in poverty in 2014. People ages 65-74 had a poverty rate of 9 percent, compared with 12 percent of those age 75 and over.
- Race and ethnicity are related to poverty among older men. In 2014, 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 17 percent for older Black men, 16 percent for older Hispanic men, and 13 percent for older Asian men. The poverty rates for older Black men, older Hispanic men, and older Asian men were not statistically different from each other.
- Older non-Hispanic White women (10 percent) were less likely than older Black women (21 percent), older Hispanic women ( 20 percent), and older Asian women (16 percent) to live in poverty. The poverty rates for older Black women, older Hispanic women, and older Asian women were not statistically different from each other.
- In 2014, poverty rates for those 65 years and over were higher under the Supplemental Poverty Measure (14 percent) compared with the official measure (10 percent).

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 $7 a$ and $7 b$ on pages 92-93.

## 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, 1974-2014


NOTE: Income distribution in the Current Population Survey (CPS) is based on prior year income. The source of the 2013 estimates shown in this figure is the portion of the CPS Annual Social and Economic Supplement (ASEC) sample that received the redesigned income questions. The 2013 estimates for the portion of the sample that received the traditional ASEC income questions can be found in Table 8a. For further information on the redesigned income questions see the NOTE for Table 8a. The income categories are derived from the ratio of the family's income (or an unrelated individual's income) to the corresponding official poverty threshold. Being in poverty is measured as income less than 100 percent of the poverty threshold. Low income is between 100 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. Some data have been revised and differ from previous versions of Older Americans.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- Since 1974, the proportion of older people living in poverty and in the low income group has generally declined; as a consequence, by 2014, 10 percent of the older population lived in poverty and 23 percent of the older population was in the low income group.
- In 2014, people in the high income group made up the largest share of older people by income category ( 36 percent). The proportion with a high income has increased over time. The proportion of the older population in the middle income group decreased from 33 percent in 1974 to 31 percent in 2014.
- 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 $\$ 22,921$, when expressed in 2014 dollars. By 2014, the median household income of the older population had increased to $\$ 36,895$.

Data for this indicator's charts and bullets can be found in Tables $8 a$ and 86 on pages 94-95.

## Economics

## 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 older Americans.

Since the early 1960s, Social Security has provided the largest share of aggregate income for older Americans. ${ }^{8}$ The share of income from pensions increased rapidly in the 1960 s and 1970 s, peaked in 1992, and has fluctuated since then at around one-fifth of aggregate income. ${ }^{8}$ Asset income generally decreased while earnings generally increased after the mid-1980s. ${ }^{8}$

Percentage distribution of per capita family income for persons age 65 and over, by income quintile and source of income, 2014


NOTE: The definition of "other" includes, but is not limited to, unemployment compensation, workers' compensation, veterans' payments, and personal contributions. Quintile limits are $\$ 12,492, \$ 19,245, \$ 29,027$, and $\$ 47,129$. Estimates may not sum to the totals because of rounding. Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- In 2014, most persons ( 86 percent) age 65 and over lived in families with Social Security income. About two-fifths ( 41 percent) lived in families with private pensions or annuities, while almost a fifth ( 18 percent) lived in families with other public pensions. Two-thirds ( 67 percent) lived in families with income from assets. Two-fifths ( 40 percent) lived in families with earnings, and about one-tenth ( 13 percent) were in families receiving public assistance (cash and noncash) with other income sources. One-tenth (13 percent) were in families receiving income from other sources.
- The proportion of per capita family income of persons age 65 and over from specified sources varied across major sources and levels of income. Overall, Social Security accounted for 49 percent of per capita family
income. For those in the lowest quintile of income, Social Security accounted for two-thirds and earnings accounted for about one-tenth ( 13 percent) of per capita family income. For those in the highest income quintile, Social Security accounted for one-fifth (18 percent) of per capita family income, pension income accounted for one-quarter, and earnings accounted for about two-fifths.
- For those age 80 and over, a larger percentage lived in families with Social Security income ( 90 percent, including families of one) and a smaller percentage ( 23 percent) had earnings than did the population age 65-69.

Number of participants in private pension plans, by type of plan, 1975-2013


NOTE: The methodology for calculating participants was changed beginning with the 2005 Form 5500 series in response to the discontinuance of the IRS Form 5500 Schedule T. For 2004, the revision increases counts of participants by 9 million. Under the current methodology, participant counts include all workers eligible to participate in a plan. The term "participants" refers to active, retired, and separated vested participants not yet in pay status. Workers participating in more than one plan are counted separately for each plan in which they participate. Reference population: These data refer to counts of participants reported by private pension plans on the Form 5500.
SOURCE: U.S. Department of Labor, Employee Benefits Security Administration, Form 5500 filings.

- Retirement savings held in private sector employersponsored retirement plans are an important source of income for older Americans. Over time, the number of participants in such plans has grown along with the rising number of participants in defined contribution plans such as $401(\mathrm{k})$ plans. However, the number of participants in traditional defined benefit plans in the private sector has remained steady, while the proportion of these participants that are either retired or separated from their employer has been increasing.
- A growing share of the participants in defined benefit plans participate in hybrid defined benefit plans, like cash balance plans, that have some characteristics that are similar to defined contribution plans. Among defined benefit plan participants, the share in plans that are cash balance plans has risen from less than 15 percent in 1999 to over 30 percent in 2013.
- Out of the 93 million participants in private sector employer-sponsored defined contribution plans in 2013, about 77 million were in $401(\mathrm{k})$-type plans. Among participants in $401(\mathrm{k})$-type plans, the share in plans that allow participants to direct all or a portion of their investments has risen from 85 percent in 1999 to 97 percent in 2013.
- Private sector workers most commonly have access to only a defined contribution plan, while state and local government workers most commonly have access to only a defined benefit plan. Among private sector workers in 2015, 47 percent had access to only a defined contribution plan, 14 percent had access to both a defined benefit and a defined contribution plan, and 4 percent had access to only a defined benefit plan. The rates for state and local government workers were 6 percent, 27 percent, and 57 percent, respectively.

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| 1950 | 1960 | 1970 | 1980 | 1990 | 2000 | 2010 | 201 |

## Economics

## INDICATOR 10: Social Security Beneficiaries

Social Security benefits provide a baseline for retirement income for the majority of older Americans and are the most important income source for the aged. In December 2014, 47 million adults age 62 and over received Social Security benefits. ${ }^{9}$ About 5.1 million adults ages $62-64$ received an average of $\$ 1,134$ per month in benefits and 42 million adults age 65 and over received an average of $\$ 1,309$ per month.

In December 2014, most aged beneficiaries received retired worker benefits (about 60 percent of those ages 62-64 and 86 percent of those 65 and over). Social Security provides retired worker benefits to workers with full insurance from work covered by Social Security over a lifetime. Full insurance of the aged usually requires a minimum of 10 years of covered earnings. About 1.9 million disabled workers ages 62-65 also received benefits in 2014, an increase from the number receiving benefits in 2000 .

Percentage distribution of people who began receiving Social Security benefits in 2014, by age and sex

${ }^{\text {a }}$ At Full Retirement Age (FRA), persons formerly receiving disabled worker benefits are reclassified and begin receiving retired worker benefits. NOTE: FRA is defined as age 66 for those born between 1943 and 1955. The percentages are not probabilities of a birth cohort claiming at a particular age. A person begins receiving Social Security benefits the month after he or she becomes entitled. Totals may not sum to 100 percent because of rounding.
Reference population: Persons fully insured for Social Security retired worker benefits who became entitled to benefits in 2014. SOURCE: Social Security Administration, Master Beneficiary Record.

- In 2014, the majority (59 percent) of new Social Security retired worker beneficiaries became entitled to benefits prior to Full Retirement Age (FRA) at age 66 and, thus, started receiving reduced monthly Social Security benefits. Few received a greater amount of benefits by waiting to claim benefits until after reaching FRA. Persons begin receiving benefits the month after entitlement.
- Of new Social Security retired worker beneficiaries in 2014, over one-third of men and two-fifths of women
became entitled at age 62 and about one-quarter of men and women became entitled at ages 63-65. In contrast, 17 percent of men and 12 percent of women became entitled at FRA, and few ( 8 percent of both men and women) became entitled post-FRA.
- Of new Social Security retired worker beneficiaries in 2014, 18 percent of men and 16 percent of women converted from receiving disabled worker benefits to receiving retired worker benefits.

Percentage distribution of female Social Security beneficiaries age 62 and over, by type of benefit received, selected years 1960-2014

${ }^{a}$ Worker benefits include retired and disabled worker benefits.
${ }^{\mathrm{b}}$ Widow-only beneficiaries include disabled workers and mothers of surviving children under age 19.
NOTE: All data for 2005 and dual-entitlement data for 1995 and 2000 are based on a 10 percent sample of administrative records. All other estimates are based on 100 percent of available data. Benefits exclude special age-72 beneficiaries and disabled adult children and include disabled workers. Totals may not sum to 100 percent because of rounding.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Social Security Administration, Master Beneficiary Record.

- In 2014, 77 percent of women beneficiaries age 62 and over received earned worker benefits.
- The remaining portion of women ( 23 percent) received benefits only as the spouse or surviving widow of an entitled worker. In 2014, about 9 percent of women received spouse-only benefits and 14 percent received widow-only benefits.
- Women entitled to their own earned worker benefits and to higher auxiliary benefits, such as spouse or widow benefits, are considered dually entitled. Of female Social Security beneficiaries age 62 and over in 2014, about 51 percent received only earned worker benefits, 12 percent received both earned worker and spouse benefits, and 15 percent received both earned worker and widow benefits.
- The type of benefits received by women age 62 and over dramatically changed between 1960 and 2014. The percentage of female Social Security beneficiaries who received spouse-only benefits decreased from 33 percent to 9 percent, and the percentage receiving widow-only benefits decreased from 23 percent to 14 percent. In contrast, the percentage of female Social Security beneficiaries who received earned worker benefits increased from 43 percent in 1960 to 77 percent in 2014.
Data for this indicator's charts and bullets can be found in Tables 10a and 10b on page 101.



## Economics

## INDICATOR 11: 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 due to job loss, health problems, or family changes such as divorce.

## Median household net worth, in 2013 dollars, by race and educational attainment of head of household age 65 and over, selected years, 1983-2013



NOTE: Median net worth is measured in constant 2013 dollars. Net worth includes assets held in investment retirement accounts such as individual retirement accounts, Keoghs, and 401(k)-type plans. All observations are weighted for analysis. The term "household" in this indicator is from the codebook of the 2013 Survey of Consumer Finance (www.federalreserve.gov/econresdata/). The data are for the "primary economic unit" (PEU). The PEU consists of an economically dominant single individual or couple (married or living partners) in a household and all other members of the household who are financially interdependent with the individual or couple. In the majority of cases, the PEU and household are identical.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Survey of Consumer Finances.

- Overall between 1983 and 2013, the median net worth, in 2013 dollars (including the value of retirement investment accounts), of households headed by people age 65 and over almost doubled, from $\$ 116,500$ to $\$ 210,500$. The rate of change was quite variable over this time period. The largest increase was between 1995 and 1998. In addition, there was a decrease between 2001 and 2004 and between 2007 and 2013.
- Between 1983 and 2013, the median net worth of households headed by White people age 65 and over almost doubled, from $\$ 137,300$ to $\$ 255,000$. The median net worth of households headed by Black people age 65 and over almost tripled over the same period, increasing from $\$ 20,200$ to $\$ 56,700$.
- 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 2013, the median net worth of households headed by older White people was about four and a half times that of households headed by older Black people.
- In 2013, the median net worth of households headed by married people age 65 and over $(\$ 319,800)$ was more than twice as high as that of households headed by unmarried people in the same age group (\$119,300).
- Between 1983 and 2013, the median net worth of people age 65 and over either without a high school diploma or with some college had similar increases (33 percent and 22 percent, respectively). In 2013, households headed by persons age 65 and over who attended college had a median net worth almost four and a half times greater than persons without a high school diploma.
- With the shift from traditional defined benefit pension plans to investment retirement accounts such as 401 (k)-type Individual Retirement Accounts (IRAs), financial assets held in individual retirement accounts have become prevalent among older Americans. Data from the Survey of Consumer Finances show public and private retirement assets for all ages, broken out by age group. The proportion of American families headed by people age 65 and over with retirement accounts to all households headed by people age 65 and over remained about two-fifths in 2007 and 2013.
- The median retirement account value for households headed by a person age 65 and over almost doubled between 2007 and 2013, increasing from $\$ 68,000$ to $\$ 118,000$. (These retirement accounts are more likely to be held by later birth cohorts.) People seldom withdraw account money as annuity payments or regular payments; rather, most are taken as ad hoc distributions. Tax laws require that the account funds be distributed based on life expectancy beginning in the year after 70 and a half years of age.

Amount of funds held in retirement assets, by sector and type of plan, 1975-2014

${ }^{\text {a }}$ Public and private defined benefit plans do not include claims of pension funds on sponsor. Reference population: Public and private retirement assets for total population.
SOURCE: Federal Reserve Board Z. 1 Statistical Release for Dec. 10, 2015.

- Retirement savings held in public and private pension plans or IRAs play a large role in the net worth of older Americans. In 2014, IRAs held about $\$ 7.4$ trillion in assets, public and private defined contribution plans held about $\$ 6.3$ trillion in assets, and public and private defined benefit plans held about $\$ 8.0$ trillion in assets.
- Over time, an increasing proportion of retirement assets has shifted from traditional defined benefit plans to individual account-based retirement vehicles such as defined contribution plans and IRAs.
- While defined contribution plans are more commonly provided in the private sector, defined benefit plans have been largely dominant in the public sector.
Data for this indicator's charts and bullets can be found in Tables 11a through 11c on pages 102-104.



## Economics

## INDICATOR 12: 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 (annual averages) of men age 55 and over, by age group, 1963-2015


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 2015, the labor force participation rate for men ages 55-61 was 75 percent, far below the rate in 1963 ( 90 percent). The participation rate for men ages 62-64 declined from 76 percent in 1963 to a low of 45 percent in 1995. In 2015, the participation rate for men ages 62-64 increased to 56 percent.
- Men ages 65-69 also experienced a gradual rise in labor force participation following a period of decline in the late 1960 s and 1970 s . The labor force participation rate for men ages 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. In the mid-1990s, the labor force participation rate for men in this age group began to increase and reached 37 percent in 2011; it has remained mostly unchanged since then.
- From 1963 to 2015, the participation rate for men age 70 and over showed a somewhat similar pattern as men ages 65-69. 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 ages 70 and over has trended higher but has leveled off in recent years. The rate was 16 percent in 2015.


The labor force participation rate for older women reflects changes in the work experience of successive generations of women. Many women now in their 60 s and 70 s did not work outside the home when they were younger, or they moved in and out of the labor force. As new cohorts of women Baby Boomers approach older ages, they are participating in the labor force at higher rates than in previous generations.

Labor force participation rates (annual averages) of women age 55 and over, by age group, annual averages, 1963-2015


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 ages 55-61, rising from 44 percent in 1963 to 66 percent in 2010, with a majority of the increase occurring after 1985. For women ages 62-64, 65-69, and 70 and over, labor force participation rates began increasing in the mid1980s but have leveled off in recent years.
- In 2015, 64 percent of women ages 55-61 were in the labor force, compared with 44 percent in 1963. Over the same period, the labor force participation rate for women ages 62-64 increased from 29 percent to 45 percent, and the rate for women ages 65-69 increased from 17 percent to 28 percent.
- The difference between labor force participation rates for men and women has narrowed over time. Among those ages 55-61, for example, the gap between men's and women's rates in 2015 was 11 percentage points, compared with 46 percentage points in 1963.
Data for this indicator's charts and bullets can be found in Table 12 on pages 105-106.


## Economics

## 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. While housing cost burden has remained the most prevalent housing problem for all older American households over the years, some older American households and intergenerational households continue to face physically inadequate housing problems, such as housing that lacks complete plumbing or has multiple and major upkeep problems. These households also have crowded housing situations, which are households that have more than one person per room.

Percentage of older American households and all other U.S. households that report housing cost burden, selected years 1985-2013


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 a member age 65 and over who is not the householder or spouse; and all other households are households without one or more persons age 65 and over. Some data for 2009 have been revised and differ slightly from previous editions of Older Americans.
Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded.
SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

- Approximately 39 percent of both older-owner/ renter households (households with a householder or spouse age 65 and over) and older-member households (households with a member age 65 and over who is not the householder or spouse) have housing problems. The most prevalent housing problem remains cost burden (expenditures on housing and utilities that exceed 30 percent of household income).
- While cost burden has generally increased over time, between 2009 and 2013 the prevalence of cost burden decreased from 40 to 36 percent for olderowner/renter households and from 39 to 34 percent for older-member households. In comparison, the prevalence of housing cost burden for all other U.S. households (households without one or more persons age 65 and over) decreased from 36 to 34 percent over the same time period.

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| 1950 | 1960 | 1970 | 1980 | 1990 | 2000 | 2010 | 2016 |

Cost burden is also 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. For some intergenerational households, crowded housing continues to be fairly prevalent.

Percentage of older American households and intergenerational households that report housing cost burden, selected years 1985-2013


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 a 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 a member age 65 and over and children (age 19 or younger). Some data for 2009 have been revised and differ slightly from previous editions of Older Americans.
Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded.
SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

- 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 2009 to 2013, housing cost burden remained relatively the same at approximately 40 percent for older-owner/
renter intergenerational households. For older-member intergenerational households, housing problems overall decreased, largely as a result of housing cost burden decreasing from 46 to 37 percent between 2009 and 2013.

Data for this indicator's charts and bullets can be found in Tables 13a through 13f on pages 107-109.

## Economics

## INDICATOR 14: Total Expenditures

Household 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 vary with changes in work status, health status, or income.

Percentage distribution of total household annual expenditures, by expenditure category and age group of reference person, 2014


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 the reference person, that 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 and 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 who are unrelated but make financial decisions together. A household usually refers to a physical dwelling and may contain more than one consumer unit (e.g., roommates who are sharing an apartment but who are financially independent from each other). 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 (nearly onethird 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 and over. In 2014, the share was 37 percent for households with a reference person age 75 and over.
- As a share of total expenditures, health care expenditures increased dramatically with age. For the group age 75 and over, the share ( 16 percent) was nearly twice as high as it was for the group age 55-64 ( 9 percent); in addition, the share that those age 75 and over allocated to health care was slightly higher than this group allocated to transportation (4 percent).
- Among the age groups studied, the share of total expenditures allocated to food ranged between 12 and 13 percent.
Data for this indicator's charts and bullets can be found in Table 14 on page 110.

Health Status

## Health Status

## INDICATOR 15: 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 remain constant. Improvements in health have resulted in increased life expectancy. However, there are differences in life expectancy by socioeconomic status, and these differences have been increasing over time. ${ }^{10}$ Life expectancy in the United States is lower than in many other industrialized countries. ${ }^{11}$

Life expectancy at ages 65 and 85, by race and sex 1981-2014


NOTE: Life expectancy estimates are from annual life tables produced by the National Center for Health Statistics found at http://www.cdc. gov/nchs/products/life_tables.htm. Some estimates have been revised and may differ from previous editions of Older Americans due to changes in methodology and to the use of intercensal population estimates for 2001-2009. See Appendix II, Life Expectancy, of Health, United States, 2015 for a description of the changes in life table methodology.
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 19.3 more years. In 2014, the life expectancy of people who survive to age 85 was 7.0 years for women and 5.9 years for men.
- Life expectancy varies by race, but the difference decreases with age. In 2014, life expectancy at birth was 3.4 years higher for White people than for Black people. At age 65, White people can expect to live an average of 1.1 years longer than Black people. Among those who survive to age 85 , however, the life expectancy for Black people is slightly higher ( 6.9 years) than White people ( 6.5 years).
- In 2014, women had higher life expectancy than men. At age 65 , women can expect to live 2.5 years longer. At age 85 , women can expect to live 1.1 years longer. Differences by sex are seen among the White, Black, and Hispanic populations.
- Life expectancy in 2014 among the Hispanic population was higher than among non-Hispanic Whites or non-Hispanic Blacks. Hispanic people who survive to age 65 can expect to live 1.8 years longer than non-Hispanic Whites and 3.0 years longer than non-Hispanic Blacks.
Data for this indicator's charts and bullets can be found in
Tables 15a and 15b on pages 111-113.


## INDICATOR 16: Mortality

Overall, death rates for the population age 65 and over have declined in recent decades. However, for some causes of death, rates among older Americans have increased in recent years. There are differences in death rates by sex and race and Hispanic origin for many causes of death.

Death rates among people age 65 and over, by selected leading causes of death, 1981-2014


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 more comparable with codes for corresponding ICD-10 categories and may differ from other published estimates. See http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_02. pdf for information on the comparability of death rates between ICD-9 and ICD-10. Some data from 2000-2009 have been revised and differ from previous versions of Older Americans. 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 2014, the leading cause of death among people age 65 and over was heart disease ( 1,062 deaths per 100,000 people), followed by cancer ( 915 per 100,000 ), chronic lower respiratory diseases ( 277 per 100,000 ), stroke ( 247 per 100,000) , Alzheimer's disease ( 200 per 100,000) , diabetes ( 119 per 100,000), unintentional injuries ( 105 per 100,000), and influenza and pneumonia ( 97 per 100,000 ).
- Between 1999 and 2014, age-adjusted death rates for all causes of death among people age 65 and over declined by 20 percent. Death rates declined for heart disease, cancer, chronic lower respiratory disease, stroke, diabetes, and influenza and pneumonia. Death rates for Alzheimer's disease and unintentional injuries increased over the same period.
- Heart disease and cancer were the top two leading causes of death in 2014 among all people age 65 and over. They were also the top two leading causes of
death for both men and women as well as for nonHispanic Whites, non-Hispanic Blacks, and Hispanics. Diabetes was the seventh leading cause of death among non-Hispanic Whites, but the fourth leading cause among non-Hispanic Blacks and Hispanics.
- Other causes of death varied among older Americans by sex and race and Hispanic origin. For example, in 2014 women had higher death rates from Alzheimer's disease than men ( 222 per 100,000 compared with 161 per 100,000 ), while men had higher rates of death from unintentional injuries ( 131 per 100,000 compared with 86 per 100,000). Rates of death for heart disease and stroke were higher among nonHispanic Blacks than among non-Hispanic Whites and Hispanics.

> Data for this indicator's charts and bullets can be found in Tables 16a and 16b on pages 114-115.

## Health Status

## INDICATOR 17: Chronic Health Conditions

Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, and arthritis are among the most common and costly health conditions. ${ }^{12}$ The majority of older adults have multiple chronic conditions, which contribute to frailty and disability. ${ }^{13}$ Many of the negative effects of chronic conditions are caused by health risk behaviors that can be changed. ${ }^{12}$ The six leading causes of death among older Americans in 2014 were chronic diseases (see "Indicator 16: Mortality").

Percentage of people age 65 and over who reported having selected chronic health conditions, by sex, 2013-2014


NOTE: Data are based on a 2-year average from 2013-2014.
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 and arthritis than men. Men reported higher levels of heart disease, cancer, and diabetes than women.
- There were differences by race and ethnicity in the prevalence of certain chronic health conditions. In 2013-2014, among people age 65 and over, nonHispanic Blacks reported higher levels of hypertension and diabetes than non-Hispanic Whites (71 percent compared with 54 percent for hypertension, and 32 percent compared with 18 percent for diabetes).

Hispanics also reported higher levels of diabetes (32 percent) than non-Hispanic Whites, but lower levels of arthritis than non-Hispanic Whites (44 percent compared with 50 percent).

- The prevalence of some chronic health conditions among people age 65 and over has increased over time. The percentage of people who reported hypertension, asthma, cancer, and diabetes was higher in 2013-2014 compared with 1997-1998.

Data for this indicator's charts and bullets can be found in Tables $17 a$ and $17 b$ on page 116.

## INDICATOR 18: Oral Health

Oral health is an important component of an older person's general health and well-being. Oral health reflects overall health status and is related to the risk and treatment of various chronic conditions. ${ }^{14}$ Regular dental care is not covered under Medicare.

Percentage of people age 65 and over who had dental insurance, had a dental visit in the past year, and had no natural teeth, by age group, 2014


[^3]- About 25 percent of people age 65 and over reported having dental insurance in 2014. The percentage with dental insurance declines with age, from 30 percent among people ages 65-74 to 16 percent among people age 85 and over.
- In 2014, about 62 percent of people age 65 and over had a dental visit in the past year. The percentage visiting a dentist was higher among people ages 65-74 than among people age 85 and over ( 66 percent versus 56 percent).
- The prevalence of edentulism, having no natural teeth, was nearly twice as high among people age 85 and over (31 percent) as among people ages 65-74 (16 percent).
- The percentage of older women with dental insurance was lower than the percentage of older men with dental insurance. Similar percentages of men and women age 65 and over had a dental visit in the past year and had no natural teeth.
- Non-Hispanic Black people age 65 and over had higher levels of edentulism and lower levels of dental visits than non-Hispanic Whites and Hispanics.
Data for this indicator's charts and bullets can be found in Tables 18a and $18 b$ on page 117.


## Health Status

## INDICATOR 19: Respondent-Assessed Health Status

Asking people to rate their health as excellent, very good, good, fair, or poor provides an indicator of health status easily measured in surveys. It represents physical, emotional, and social aspects of health and well-being. Self-rated health has been shown to predict mortality and health care expenditures. ${ }^{15,16}$

Percentage of people age 65 and over with respondent-assessed good to excellent health status, by age group and race and Hispanic origin, 2012-2014


NOTE: Data are based on a 3-year average from 2012-2014. Total includes all other races not shown separately. 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 2012-2014, 78 percent of people age 65 and over rated their health as good, very good, or excellent. The levels of health reported by older men and older women were similar.
- The proportion of people reporting good to excellent health was lower among the oldest age groups. About 80 percent of those age 65-74 reported good or better health. At age 85 and over, 68 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 the percentages of positive health evaluations that they reported.
Data for this indicator's charts and bullets can be found in Table 19 on page 118.


## INDICATOR 20: Dementia

Dementias, including Alzheimer's disease and other related disorders that cause memory impairment and cognitive decline, affect the health and well-being of the U.S. population (see "Indicator 16: Mortality"). ${ }^{17}$ Dementia is a condition overwhelmingly faced by older adults, although there are some conditions in which the onset is seen in people under age 65. Increasing age is one of the strongest risk factors for dementia.

Percentage of the non-nursing home population age 65 and over with dementia, by age group and sex, 2011


NOTE: The estimate of dementia presented here includes Alzheimer's disease and other related dementias such as frontotemporal, Lewy body, mixed, and vascular dementia, which are often indistinguishable from Alzheimer's disease in their presentation and outcomes. Dementia status in the National Health and Aging Trends Study (NHATS) was determined using three types of information: (1) a report (by the respondent or proxy) that a doctor told the sample person that he or she had dementia or Alzheimer's disease; (2) a score indicating probable dementia on a screening instrument administered to proxy respondents during the interview; and (3) cognitive tests that evaluate memory, orientation, and executive function administered to the respondent during the interview. See http://nhats.org/scripts/documents/ DementiaTechnicalPaperJuly_2_4_2013_10_23_15.pdf for details on dementia measurements in NHATS.
Reference population: These data refer to Medicare beneficiaries not living in nursing homes.
SOURCE: National Health and Aging Trends Study.

- There are sex differences in the prevalence of dementia. Although women overall are more likely than men to have dementia, this pattern is not consistent at all age groups. In 2011, for those people ages 65-74, men were more likely to have dementia than women ( 5 percent versus 3 percent, respectively). For those adults age 85 and over, women were more likely to have dementia than men ( 30 percent versus 24 percent).
- In addition to the higher prevalence of dementia among women age 85 and over, the size of the population of women in this age group is larger than that of men. As a result, far more women than men age 85 and over have dementia. Over 900,000 women in this age group have dementia, compared with just under 400,000 men.
- Most people with dementia live in the community. However, the prevalence of dementia among nursing home residents is higher than among the non-nursing home population. It is estimated that in 2011, between 41 percent and 68 percent of nursing home residents had moderate or severe cognitive impairment. ${ }^{18}$
- The prevalence of dementia decreased with educational level. In 2011, among people age 65 and over, 21 percent with less than a high school education had dementia, compared with 5 percent of people who had a bachelor's degree or more. These differences by educational level are seen for both men and women and in all age groups.
Data for this indicator's charts and bullets can be found in Tables 20a through 20d on page 119.


## INDICATOR 21: 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, higher health care resource utilization, ${ }^{19}$ and dementia. ${ }^{20}$

Percentage of people age 51 and over with clinically relevant depressive symptoms, by sex and age group, selected years, 1998-2014


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.isr.umich.edu/sitedocs/userg/ dr_005.pdf. Percentages are based on weighted data using the preliminary respondent weights from the 2014 Early Release HRS Tracker File. Some data for 1998-2008 have been revised and differ from previous editions of Older Americans.
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 2014, 15 percent of women age 65 and over reported depressive symptoms, compared with 10 percent of men. There was no significant change in this difference between the sexes from 1998 to 2014.
- The percentage of people age 51 and over reporting clinically relevant symptoms has remained relatively stable over the past few years. Between 1998 and 2014, the percentage of men in this age group who reported depressive symptoms ranged between 11 and 12 percent. For women in this age group, the percentage reporting these symptoms ranged between 16 and 19 percent.

Percentage of people age 51 and over with clinically relevant depressive symptoms, by age group and sex, 2014


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.isr.umich.edu/sitedocs/userg/dr_005.pdf. Percentages are based on weighted data using the preliminary respondent weight from HRS 2014.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Health and Retirement Study.

- The prevalence of depressive symptoms varies by age. In 2014, the proportion of people age 51 and over with clinically relevant symptoms was higher for the younger age group (17 percent among those ages 51-54) and the older age group ( 15 to 16 percent among those age 80 and over) than for people ages 65-79 (10 to 13 percent).
- In 2014, the percentage of men 85 and over (14 percent) reporting clinically relevant depressive
symptoms was almost twice that of men in their 70 s (about 8 percent), and was slightly higher than those in their 50s and 60 s (roughly 12 percent). Prevalence of clinically relevant depressive symptoms among women age 51 and over shows a clear U-shaped pattern, with the highest rates among those ages 51-54 (21 percent) and those ages 80-84 (19 percent).
Data for this indicator's charts and bullets can be found in Tables 21a and 21b on page 120.


## Health Status

## INDICATOR 22: Functional Limitations

As people age, illness or injury may result in disability, including limitations in vision, hearing, mobility, communication, cognition, or self-care. These changes may have important implications for work and retirement policies, health and longterm care needs, and policies affecting the built environment, all of which affect the well-being of the older population and the ability to fully and independently participate in society.

Percentage of people age 65 and over with a disability, by sex and functional domain, 2010 and 2014


NOTE: Disability is defined as "a lot" or "cannot do/unable to do" when asked about difficulty with seeing, even if wearing glasses (vision); hearing, even if wearing hearing aids (hearing); walking or climbing steps (mobility); communicating, for example, understanding or being understood by others (communication); remembering or concentrating (cognition); and self-care, such as washing all over or dressing (selfcare). Any disability is defined as having difficulty with at least one of these activities. The data source and measures presented have changed from previous editions of Older Americans. Data labels in this chart are based on rounded values.
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 2014, 22 percent of the population age 65 and over reported having a disability as defined by limitations in vision, hearing, mobility, communication. cognition, and self-care. Women were more likely to report any disability than men ( 24 percent versus 19 percent).
- Difficulties with mobility (walking or climbing stairs) were the most commonly reported disability for those age 65 and over in 2014 ( 17 percent of women and 11 percent of men).
- Between 2010 and 2014, the percentage of the total population age 65 and over with hearing difficulties increased, while the percentage with mobility difficulties decreased.
- Disability increases with age. In 2014, 42 percent of people age 85 and over reported any disability, compared with 17 percent of people ages 65-74. People age 85 and over also had higher levels of disability than people ages 65-74 in all the individual domains of functioning.
- Non-Hispanic Blacks age 65 and over were more likely to report having any disability than non-Hispanic Whites (26 percent compared with 21 percent). The percentage of those age 65 and over reporting difficulties with cognition and self-care was higher among Hispanics compared with non-Hispanic Whites ( 6 percent versus 3 percent, and 5 percent versus 2 percent, respectively).

Difficulties performing activities of daily living (ADLs), such as bathing, dressing, and toileting, and instrumental activities of daily living (IADLs), such as housework, shopping, and managing money, affect the ability to live independently. Tracking these changes over time is helpful to planning for the care needs of the older population.

Percentage of Medicare beneficiaries age 65 and over who have limitations in performing activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a long-term care facility, selected years 1992-2013


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. Limitations in performing activities of daily living (ADL) 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. Limitations in performing instrumental activities of daily living (IADL) 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. Percentages 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 beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

- In 2013, 44 percent of people age 65 and over enrolled in Medicare reported limitations in activities of daily living, instrumental activities of daily living, or were living in a long-term care facility. Roughly 12 percent had difficulty performing one or more IADLs but had no ADL limitations. Approximately 29 percent had difficulty performing at least one ADL , and 4 percent were in a facility.
- The age-adjusted proportion of people age 65 and over with limitations in activities of daily living, instrumental activities of daily living, or who were living in a longterm care facility was lower in 2013 than in 1997 ( 44 percent compared with 49 percent). There was a decrease in the percentage with limitations from 1992 to 1996. From 1996 to 2013, the overall percentages did not significantly change, although a smaller proportion of this population was in a facility than in earlier years.
- Women reported higher levels of limitations than men. In 2013, about 49 percent of female Medicare beneficiaries age 65 and over had difficulty performing ADLs or IADLs, or were in a long-term care facility, compared with 37 percent of male Medicare beneficiaries in this age group.
- Levels of limitation varied by age. Among Medicare beneficiaries age 85 and over, 74 percent had difficulty performing ADLs or IADLs or were in a long-term care facility, compared with 48 percent of people ages 75-84 and 34 percent of people ages 65-74.
Data for this indicator's charts and bullets can be found in Tables 22a through 22e on pages 121-123.
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# Health Risks and Behaviors 

## INDICATOR 23: Vaccinations

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for these diseases and their complications as they age. ${ }^{21,22,23}$ Influenza (flu) vaccinations are given annually, and pneumococcal (pneumonia) vaccinations are usually given once or twice in a lifetime.

Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years 1989-2014


NOTE: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months. Beginning with data from 2005, receipt of nasal spray flu vaccine is included in the estimate of flu vaccinations. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. Questions concerning the use of influenza and pneumonia vaccinations differed slightly on the National Health Interview Survey across the years for which data are shown. For details, see Health, United States, 2015 Appendix II. See data sources for the definition of race and Hispanic origin in the National Health Interview Survey. Some data for 2005-2010 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 Interview Survey.

- In 2014, 70 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. About 72 percent of non-Hispanic Whites reported receiving a flu shot, compared with 57 percent of non-Hispanic Blacks and 61 percent of Hispanics.
- In 2014, about 61 percent of people age 65 and over had ever received a pneumonia vaccination. Despite increases in the rates for all groups over time, nonHispanic Whites ( 65 percent) were more likely to have received a pneumonia vaccination in 2014 than non-Hispanic Blacks ( 50 percent) or Hispanics (45 percent).
- The percentage of older people receiving vaccinations increased with age. In 2014, about 78 percent of persons age 85 and over had received a flu shot, compared with 73 percent of persons age 75-84 and 67 percent of persons age 65-74. In that same year, 69 percent of persons 85 and over had ever received a pneumonia vaccination compared with 56 percent of persons age 65-74.
- In 2014, people age 65 and over who had not graduated from high school were less likely to be vaccinated against both flu and pneumonia than were people who had more education ( 64 percent versus 72 percent for the flu vaccination and 55 percent versus 63 percent for the pneumonia vaccination).


## Data for this indicator's charts and bullets can be found in Tables 23a and $23 b$ on page 124.

## INDICATOR 24: Cancer Screenings

Health care services and screenings can help prevent disease or detect it at an early, treatable stage. The U.S. Preventive Services Task Force recommends colorectal cancer screenings for people ages $50-75$ and breast cancer screenings (i.e., mammography) for women ages 50-74. ${ }^{24,25}$

Percentage of women ages 50-74 who had breast cancer screening and percentage of people age 50-75 who had colorectal cancer (CRC) screening, by sex and age group, selected years, 2000-2013


NOTE: Breast cancer screening is defined as reporting having had a mammogram in the last 2 years. Colorectal cancer screening (CRC) is defined as reporting a fecal occult blood test (FOBT) in the past year, a sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or a colonoscopy in the past 10 years. Questions concerning use of CRC screening and mammography differed slightly on the National Health Interview Survey across the years for which data are shown. For details, see Health, United States, 2015, Appendix II. Breast cancer screening is reported for women ages 50-74, and CRC screening is reported for men and women ages 50-75.
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 people ages $50-75$ who received colorectal cancer screening increased from 2000 to 2013. The percentage increased for both men and women.
- In 2013, the percentage receiving colorectal cancer screening was higher among people ages 65-75 than among people ages 50-64 (70 percent versus 51 percent for men and 69 percent versus 54 percent for women).
- Women ages 50-64 were slightly more likely than men of the same age to have received colorectal cancer screening in 2013 ( 54 percent versus 51 percent). There were no differences by sex among people ages 65-75.
- The percentage of women ages 50-64 who received a mammogram in the past 2 years declined from 2000 to 2013 ( 79 percent versus 71 percent). There were no significant changes in the percentage of women ages 65-74 receiving a mammogram.
- A higher proportion of women in 2013 received a mammogram in the past 2 years than met colorectal cancer screening guidelines. For example, 71 percent of women ages 50-64 received a mammogram compared with 54 percent who met colorectal cancer screening guidelines.

Data for this indicator's charts and bullets can be found in Table 24 on page 125.
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## Health Risks and Behaviors

## INDICATOR 25: Diet Quality

The majority of older Americans report a variety of chronic health conditions, ${ }^{26}$ many of which are related to poor quality diet. Healthy eating helps to prevent and reduce risk for many of the most common chronic conditions including hypertension, heart disease, diabetes, osteoporosis, some cancers and obesity. ${ }^{27,28}$ Among older adults, healthy eating is also associated with a sense of well-being and improved quality of life. ${ }^{27,28,29,30}$ The Healthy Eating Index (HEI) provides a comprehensive analytic approach to characterizing complex diets and allows researchers to make associations between total diet and health outcomes.
The HEI-2010 ${ }^{31}$ has 12 components, nine of which are adequacy components and three are moderation components. Intakes of the various components of a healthy diet that are equal to or better than the standards set for each component are assigned a maximum score. A higher score indicates a higher quality diet that aligns with the 2010 Dietary Guidelines for Americans. Scores are averaged across all adults based on usual dietary intakes.

Healthy Eating Index-2010 average component scores expressed as a percentage of the HEI maximum score for the population age 65 and over, by age group, 2011-2012

${ }^{\text {a }}$ Higher scores reflect higher intakes.
${ }^{\mathrm{b}}$ Higher scores reflect lower intakes.
${ }^{\text {c E E Empty }}$ calories are calories from solid fats (i.e., sources of saturated fats and trans fats) and added sugars (i.e., sugars not naturally occurring). 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, and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, and National Cancer Institute. Healthy Eating Index-2010.

- During 2011-2012, total HEI-2010 scores for age groups age 65 and over, $65-74$, and 75 and over were 68.3, 68.4, and 67.8, respectively.
- Older Americans age 75 and over, met the dietary recommendations for whole fruits, while Americans from the age groups 65 and over, $65-74$, and 75 and over met the dietary recommendations for total protein foods.
- The diet quality of older Americans can better align with the 2010 Dietary Guidelines for Americans by increasing dietary intakes of whole grains, vegetables and legumes, fat-free or low-fat milk products, and foods and beverages that are lower in sodium and have fewer calories from solid fats and added sugars.
Data for this indicator's charts and bullets can be found in Table 25 on page 126.


## INDICATOR 26: Physical Activity

Physical activity is important for people of all ages. It improves overall health and reduces the risk of many health problems. ${ }^{32}$ For older adults, exercise can reduce the risk of certain chronic diseases and may offer psychological and cognitive benefits. ${ }^{33}$ Physical activity can reduce pain and improve functioning. ${ }^{34}$ Exercise is recommended as an intervention to prevent falls in older adults. ${ }^{35}$

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 age group, 1998-2014


NOTE: This measure of physical activity reflects the 2008 Federal physical activity guidelines for Americans (available from: http://www.health. gov/PAGuidelines/). The 2008 Federal guidelines recommend that adults age 65 and over who are fit and have no limiting chronic conditions 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. In addition, they should 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, irrespective of their chronic condition status.
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 2014, about 12 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 15 percent among people ages 65-74 to 5 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 in 2014 ( 15 percent versus 9 percent). NonHispanic Whites age 65 and over reported higher levels of physical activity than their non-Hispanic Black and Hispanic counterparts (13 percent compared with 9 percent and 7 percent, respectively).
- The percentage of older Americans meeting the 2008 Federal physical activity guidelines increased over time. In 1998, about 6 percent of people age 65 and over met the guidelines, compared with 12 percent in 2014.
- Although only 12 percent of people age 65 and over met the guidelines for both aerobic and musclestrengthening activities in 2014, 37 percent met the guidelines for aerobic activity and 17 percent met the guidelines for muscle-strengthening activities that year.
Data for this indicator's charts and bullets can be found in Tables 26a and 26b on pages 127-128.

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| 1950 | 1960 | 1970 | 1980 | 1990 | 2000 | 2010 | 201 |

## Health Risks and Behaviors

## INDICATOR 27: Obesity

Obesity is a major cause of preventable disease and premature death. ${ }^{36}$ It is 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. ${ }^{37,38}$

Percentage of people age 65 and over with obesity, by sex and age group, selected years, 1988-2014


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 with obesity is a subset of the percentage of those who are overweight. See glossary for the definition of BMI. Beginning in 1999, the National Health and Nutrition Examination Survey has been in the field continuously with data released every 2 years. Two survey cycles are often combined to create increased sample size, especially for subgroup estimates. Some data 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.

- As with other age groups, the percentage of people age 65 and over with obesity increased since 1988-1994. In 2011-2014, about 35 percent of people age 65 and over had obesity, compared with 22 percent in 1988-1994.
- In 2011-2014, approximately 41 percent of women ages 65-74 and 31 percent of women age 75 and over had obesity. This is an increase from 1988-1994, when 27 percent of women ages 65-74 and 19 percent of women age 75 and over had obesity.
- Older men followed similar trends. About 24 percent of men ages 65-74 and 13 percent of men age 75 and over had obesity in 1988-1994, compared with 36 percent of men ages 65-74 and 27 percent of men age 75 and over in 2011-2014.
- Over the past 15 years between 1999-2002 and 20112014, there has been an increase in the prevalence of obesity for both men and women.

[^4]
## INDICATOR 28: Cigarette Smoking

Smoking affects nearly every organ of the body; it causes diminished health status and diseases such as cancer, cardiovascular disease, and chronic obstructive lung diseases. ${ }^{39}$

Percentage of people age 65 and over who are current cigarette smokers, by sex, selected years, 1965-2014


NOTE: Questions concerning cigarette smoking differed slightly on the National Health Interview Survey across the years for which data are shown. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 National Health Interview Survey (NHIS) questionnaire redesign. For details, see Health, United States, 2015, 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.

- The percentage of people age 65 and over who were current cigarette smokers declined between 1965 and 2014, with larger declines among men than women. Levels of cigarette smoking have been stable in the past decade. In 2014, 10 percent of men and 8 percent of women age 65 and over were current smokers.
- In 2014, the percentage of older men who were current smokers was higher among Blacks than Whites ( 14 percent versus 9 percent). The percentages for older women were similar for Whites and Blacks (both were 8 percent).
- A large percentage of both men and women age 65 and over were former smokers. In 2014, about 50 percent of older men previously smoked cigarettes, while 30 percent of women age 65 and over were former smokers.
- The percentage of people age 65 and over who were current smokers was higher among those that lived below the poverty threshold than among those with incomes above the poverty threshold. In 2014, 14 percent of people age 65 and over with incomes less than 100 percent of the poverty threshold were current smokers, compared with 7 percent of people in the 200 percent or more of poverty threshold income category.

Data for this indicator's charts and bullets can be found in Tables 28a through 28c on pages 130-131.

## 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 beneficiaries age 65 and over in fee-for-service, 1992-2013


NOTE: Data are for Medicare beneficiaries in fee-for-service only. Beginning in 1994, managed care beneficiaries were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care beneficiaries were included in the denominators; they made up 7 percent or less of the Medicare population. See glossary for definition of fee-for-service.
Reference population: These data refer to the Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare claims and enrollment data.

- Between 1992 and 1999, the hospitalization rate increased from 306 hospital stays per 1,000 Medicare beneficiaries to 365 per 1,000. After 1999, the rate decreased until 2009 and then increased slightly to 338 per 1,000 beneficiaries in 2010 . Since 2010, the rate has continued to decrease, reaching 276 per 1,000 beneficiaries in 2013. The average length of a hospital stay decreased from 8.4 days in 1992 to 5.3 days in 2013.
- Skilled nursing facility stays increased from 28 per 1,000 Medicare beneficiaries in 1992 to 80 per 1,000 in 2010. Much of the increase occurred from 1992 to 1997. The number of skilled nursing facility stays has dropped slightly after 2011, decreasing to 73 per 1,000 beneficiaries in 2013.


Medicare-covered physician and home health care visits per 1,000 Medicare beneficiaries age 65 and over in fee-for-service, 1992-2013


NOTE: Data are for Medicare beneficiaries in fee-for-service only. Physician visits and consultations include all settings, such as physician offices, hospitals, emergency rooms, and nursing homes. The database used to generate rates of physician visits and consultations in previous Older Americans reports is no longer available. This chart uses two different databases based on the availability of data to estimate rates of physician visits and consultations. The first database provides data that begins with 1999 data through 2006 and the second database provides data beginning with 2007. As a result, some data for 2007-2009 have been revised and differ from previous editions of Older Americans. Beginning in 1994, managed care beneficiaries were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care beneficiaries were included in the denominators; they made up 7 percent or less of the Medicare population. See glossary for definition of fee-for-service.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare claims and enrollment data.

- The number of physician visits and consultations increased from 11,395 per 1,000 Medicare beneficiaries in 1999 to 14,587 per 1,000 Medicare beneficiaries in 2013.
- The number of home health care visits increased from 3,822 per 1,000 Medicare beneficiaries in 1992 to 8,376 per 1,000 Medicare beneficiaries 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. ${ }^{40}$ Home health care visits declined after 1997 to 2,295 per 1,000 beneficiaries 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. Since 2001, the visit rate increased to 3,864 per 1,000 beneficiaries in 2009 and has declined since that time to 3,276 per 1,000 beneficiaries in 2013.

- Use of skilled nursing facility and home health care increased with age. In 2013, there were about 67 skilled nursing facility stays per 1,000 Medicare beneficiaries ages 65-74, compared with about 204 per 1,000 beneficiaries age 85 and over. Home health care agencies made 1,475 visits per 1,000 beneficiaries ages 65-74, compared with 8,604 visits per 1,000 beneficiaries for those age 85 and over.
Data for this indicator's charts and bullets can be found in Tables 29a and 29b on page 132.



## INDICATOR 30: Health Care Expenditures

Health care costs per capita for the oldest Medicare beneficiaries (age 85 and over) are higher than for any other age group but have remained relatively stable over time. Health care costs per capita, however, for those ages 65-74 did increase between 1992 and 2012.

Health care costs post a major concern for older Americans. Among Medicare beneficiaries age 65 and over, these costs vary by demographic characteristics such as income, health status, and access to health care. On average, individuals with no chronic health conditions incur lower health care costs. The percentage of Medicare beneficiaries reporting difficulty obtaining health care remains low.

Average annual health care costs, in 2012 dollars, for Medicare beneficiaries age 65 and over by age group, 1992-2012


NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation adjusted to 2012 using the Consumer Price Index (Series CPI-U-RS). Some data have been revised from previously published figures as a result of a CPI adjustment. Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

- After adjusting for inflation, annual health care costs per capita increased slightly among those ages 65-74 between 1992 and 2012.
- Average annual costs were substantially higher for Medicare beneficiaries age 85 and over compared with those in other age groups.
- Average annual health care costs for Medicare beneficiaries varied by demographic characteristics. In 2012, low-income individuals incurred higher health care costs; those with less than $\$ 10,000$ in income averaged $\$ 24,596$ in health care costs, whereas those with more than $\$ 30,000$ in income averaged only \$14,687.
- 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, fluctuating between 4 and 6 percent. The percentage of Medicare beneficiaries who reported difficulty obtaining health care fluctuated between 2 and 3 percent.

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| 1950 | 1960 | 1970 | 1980 | 1990 | 2000 | 2010 |  |

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.

Percentage distribution of annual health care costs among Medicare beneficiaries age 65 and over, by major cost component, 2008 and 2012


NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are not inflation adjusted. Estimates may not sum to the totals because of rounding.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

- The percentage distribution of health care services remained relatively constant between 2008 and 2012.
- Outpatient hospital and physician services were the largest components of health care costs, accounting for 35 percent of total health care costs in 2012. In the same year, long-term care facilities accounted for 12 percent of total costs, and prescription drugs accounted for 17 percent of health care costs.
- Inpatient hospital care accounted for 22 percent of total costs in 2012. "Other" costs (short-term institutions, hospice, and dental care) constituted 10 percent of total costs.
- The mix of services varied with age. In 2012, the biggest difference occurred for long-term care facility services: average costs were $\$ 7,175$ among Medicare beneficiaries age 85 and over, compared with just $\$ 718$ among Medicare beneficiaries ages 65-74. Costs of home health care and "other" services were also higher at older ages.
Data for this indicator's charts and bullets can be found in Tables 30a through 30e on pages 133-135.


## 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, in 2012 dollars, among noninstitutionalized Medicare beneficiaries age 65 and over, by sources of payment, 1992-2012


NOTE: Dollars have been inflation adjusted to 2012 using the Consumer Price Index (Series CPI-U-RS). Some data have been revised from previously published figures as a result of a CPI adjustment. 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 noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

- Average prescription drug costs for noninstitutionalized Americans age 65 and over increased rapidly for many years but were relatively stable from 2005 to 2012. The average costs per person were $\$ 3,201$ in 2012.
- Average out-of-pocket spending 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 about 60 percent of prescription drug costs out of pocket in 1992, compared with about 22 percent in 2012. Private insurance covered 18 percent of prescription drug costs for noninstitutionalized older Americans in 2012 and public programs covered about 60 percent.
- Prescription drug costs varied significantly among individuals. In 2012, approximately 5 percent of noninstitutionalized older Americans incurred no prescription drug costs compared with about 18 percent who incurred costs of $\$ 5,000$ or more.
- Chronic conditions are associated with higher prescription drug costs. In 2012, older Americans with no chronic conditions incurred average prescription drug costs of $\$ 1,389$. Those with five or more chronic conditions incurred $\$ 8,263$ 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, 2006 and 2014


NOTE: Some data for 2006 have been revised and differ from previous editions of Older Americans.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare claims and enrollment data.

- The number of Medicare beneficiaries age 65 and over enrolled in Part D prescription drug plans increased from 16.9 million ( 46 percent of beneficiaries) in 2006 to 31.1 million ( 69 percent of beneficiaries) in 2014. In 2014, 61 percent of Part D beneficiaries were enrolled in stand-alone plans and 39 percent were in Medicare Advantage plans. Approximately 2.6 million beneficiaries age 65 and over were covered by the retiree drug subsidy in 2014. About 11.7 million beneficiaries who were not in Part D plans and were not covered by the retiree drug subsidy in 2014 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 2014, 6.9 million Part D beneficiaries 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 136-137.
## INDICATOR 32: Sources of Health Insurance

Medicare is the primary insurance provider for all eligible beneficiaries over age 65. 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 standalone prescription drug plans or through some Medicare Advantage health plans.

Percentage of noninstitutionalized Medicare beneficiaries age 65 and over with supplemental health insurance, by type of insurance, 1991-2013

${ }^{\text {a }}$ Includes people with private supplement of unknown sponsorship.
NOTE: Medicare Advantage/Capitated Payment Plans include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and private fee-for-service (PFFS) plans. Not all types of plans were available in all years. Since 2003, these types of plans have been known collectively as Medicare Advantage and/or Medicare Part C. Estimates are based on beneficiaries' 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 beneficiaries whose primary insurance is not Medicare (approximately 1 to 3 percent of beneficiaries). 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 beneficiaries in the "No supplement" group. Some data for 2009 have been revised and differ from previous editions of Older Americans. Reference population: These data refer to noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

- Most Medicare beneficiaries have a private insurance supplement, either provided by a former employer or purchased as a Medigap policy.
- The percentage of Medicare beneficiaries with Medicaid coverage has increased from 10 percent in 2000 to 13 percent in 2013.
- Between 1991 and 2013, enrollment in Medicare Advantage/Capitated Payment Plans and other public health plans, which are usually equivalent to Medicare supplements because they offer extra benefits, varied between 6 percent and 34 percent.
- About 11 percent of Medicare beneficiaries reported having no health insurance supplement in 2013.
- While almost all older Americans have health insurance via Medicare, many people younger than age 65 have no health insurance. In 2014, about 10 percent of people ages 55-64 were uninsured. The percentage of people not covered by health insurance varied by poverty status. In 2014, 25 percent of people ages 55-64 who lived below the poverty line had no health insurance, compared with 5 percent for people who had incomes greater than or equal to 200 percent of the poverty threshold. The percent of people ages 55-64 without health insurance declined significantly from 14 percent in 2013 to 10 percent in 2014.
Data for this indicator's charts and bullets can be found in Tables 32a through 32c on pages 138-139.


## INDICATOR 33: Out-of-Pocket Health Care Expenditures

Large out-of-pocket expenditures for use of health care services have been shown to encumber access to care, affect health status and quality of life, and leave insufficient resources for other necessities. ${ }^{41,42}$ The percentage of household income that is allocated to health care expenditures is a measure of health care expense burden placed on older people.

Ratio of out-of-pocket expenditures to household income per person among people age 65 and over, by income category and age group, 1977 and 2013


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.
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.

- In 1977, the average per-person percentage of household income attributable to out-of-pocket spending for health care services for poor/nearpoor persons age 65 and over was 12 percent. This average increased to 17 percent in 2013. The average percentage for the low/middle/high income category was lower, at 5 percent in 1977 and 4 percent in 2013.
- The percentage of people age 65 and over with out-of-pocket spending for health care services increased between 1977 and 2013, from 83 percent to 93 percent.
- From 2000 to 2006, more than half of out-of-pocket health care spending by people age 65 and over was for prescription drugs. By 2013, only about one-third of out-of-pocket spending for this group was for prescription drugs.
- In 2013, nearly half (47 percent) of out-of-pocket expenses for people age 85 and over were for home health care and other miscellaneous health expenses. This proportion is substantially higher than for persons ages 65-74 ( 12 percent) or ages 75-84 ( 14 percent).
Data for this indicator's charts and bullets can be found in Tables 33a through 33c on pages 140-143.


## INDICATOR 34: Sources of Payment for Health Care Services

Medicare's payments are focused on acute care services such as hospitals and physicians. Historically, long-term care facilities, prescription drugs, and dental care have been primarily financed out of pocket or by other payers. Medicare coverage of prescription drugs, including a low-income subsidy, began in January 2006.

Average cost per beneficiary and percentage distribution of sources of payment for health care services for Medicare beneficiaries age 65 and over, by type of service, 2012


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

NOTE: "Other" refers to private insurance, Department of Veterans Affairs, uncollected liability, and other public programs. Estimates may not sum to 100 percent because of rounding or suppression due to high relative standard errors.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

- Medicare paid for almost 60 percent of all health care costs of Medicare beneficiaries age 65 and over in 2012. Medicare financed all hospice costs and most hospital, physician, home health care, and short-term institution costs.
- Medicaid covered 7 percent of all health care costs of Medicare beneficiaries age 65 and over, and other payers (primarily private insurers) covered another 16 percent. Medicare beneficiaries age 65 and over paid 18 percent of their health care costs out of pocket (not including insurance premiums).
- In 2012, about 44 percent of long-term care facility costs for Medicare beneficiaries age 65 and over were covered by Medicaid; another 45 percent of these costs were paid out of pocket. About 51 percent of prescription drug costs for Medicare beneficiaries age 65 and over were covered by Medicare, 28 percent were
covered by third-party payers other than Medicare and Medicaid (consisting mostly of private insurers), and 21 percent were paid out of pocket. About 77 percent of dental care received by older Americans was paid out of pocket.
- Sources of payment for health care other than Medicare varied by income. In general, individuals with lower incomes relied heavily on Medicaid, while 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 did people in the low/middle/high income category.
Data for this indicator's charts and bullets can be found in Tables $34 a$ and $34 b$ on page 144.


## INDICATOR 35: Veterans' Health Care

The number of veterans age 65 and over who are enrolled in and receive health care from the Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), has been steadily increasing since eligibility for this benefit was reformed in 1999. Older veterans continue to turn to VHA for their health care needs, despite their eligibility for other sources of health care. VHA fills important gaps in older veterans' health care needs not currently covered or fully covered by Medicare, such as long-term services and supports (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, VHA provides access to these important services in rural and highly rural communities.

Number of veterans age 65 and over who are enrolled in the Veterans Health Administration, by age group, selected years 1999-2014 and projected 2019-2034


NOTE: Department of Veterans Affairs (VA) enrollees are veterans who have signed up to receive health care from the Veterans Health Administration (VHA). Counts for 2019, 2024, 2029, and 2034 are projections from the 2015 VA Enrollee Health Care Projection Model. Reference population: These data refer to the count of unique VHA enrollees per fiscal year.
SOURCE: Department of Veterans Affairs, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, 2015 VA Enrollee Health Care Projection Model.

- In 2014, approximately 4.3 million veterans age 65 and over were enrolled with VHA, out of a total of 9.1 million enrolled veterans (48 percent).
- The percentages of older veterans among the enrollee population are expected to increase as the Vietnamera enrollee cohort gets older. In 2014, approximately 23 percent of enrollees were age 75 and over; by 2034, approximately 32 percent of enrollees are projected to be age 75 and over.
- Among enrollees age 65 and over, 36 percent had been disabled by an injury or illness that was incurred or aggravated during active military service. In 2014, about 13 percent of enrollees with service-connected disabilities had a disability rating of 70 percent or more. Among enrollees of all ages, approximately 42 percent had been adjudicated for service-connected conditions in 2014, since service-connected disability ratings are more prevalent among younger enrollees. As a result, service-connected disability ratings are projected to increase as younger enrollees age into the 65 and over age groups.
Data for this indicator's charts and bullets can be found in Tables $35 a$ and $35 b$ on page 145.


## INDICATOR 36: Residential Services

Most older Americans live independently in traditional communities. Others live in licensed long-term care facilities, and still others live in communities with 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 distribution of Medicare beneficiaries age 65 and over residing in selected residential settings, by age group, 2013


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 \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

- In 2013, about 3 percent of the Medicare population age 65 and over resided in community housing with at least one service available. About 4 percent resided in long-term care facilities, and 93 percent resided in traditional community.
- The percentage of people residing in community housing with services and in long-term care facilities was higher for the older age groups than for the 65-74 age group. Among individuals age 85 and over, 8 percent resided in community housing with services, 15 percent resided in long-term care facilities. Among individuals ages 65-74, about 98 percent resided in traditional community settings.
- Among residents of community housing with services, 86 percent reported access to meal preparation services; 79 percent reported access to cleaning or housekeeping services; 69 percent reported access to laundry services; and 49 percent reported access to help with medications. These numbers reflect percentages reporting availability of specific services, not necessarily the number that actually used these services.
- About 53 percent of residents in community housing with services reported that there were separate charges for at least some services.

Percentage distribution of Medicare beneficiaries age 65 and over with limitations performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs), by residential setting, 2013


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. Long-term care facility residents with no limitations may include individuals with limitations in performing 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 \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

- People living in community housing with services had more limitations in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) than traditional community residents, but not as many as those living in long-term care facilities. About 49 percent of individuals living in community housing with services had at least one ADL limitation, compared with 29 percent of traditional community residents and 83 percent of long-term care facility residents in 2013. Approximately 36 percent of individuals living in community housing with services had no ADL or IADL limitations.
- Residents of community housing with services tended to have somewhat lower incomes than traditional community residents and higher incomes than longterm care facility residents. About 70 percent of longterm care facility residents had incomes of $\$ 20,000$ or less in 2013, compared with 28 percent of traditional community residents and 41 percent of residents of community housing with services.
- About 61 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 146-147.


## INDICATOR 37: Personal Assistance and Equipment

As the proportion of the older population residing in long-term care facilities has declined, 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.

Percentage distribution of noninstitutionalized Medicare beneficiaries age 65 and over who have limitations in performing activities of daily living (ADLs), by type of assistance, selected years 1992-2013


NOTE: Limitations in performing activities of daily living (ADLs) 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. Percentages are age adjusted using the 2000 standard population. Estimates may not sum to the totals because of rounding.
Reference population: These data refer to noninstitutionalized Medicare beneficiaries who have limitations in performing one or more ADLs. SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

- Between 1992 and 2013, the age-adjusted proportion of people age 65 and over who had difficulty with one or more activities of daily living (ADLs) and who did not receive personal assistance or use special equipment for these activities decreased from 42 percent to 32 percent. Over the same period, the percentage of people using equipment only increased from 28 percent to 35 percent, while the percentage of people who used personal assistance only decreased from 9 percent to 7 percent.
- In 2013, about two-thirds of people who had difficulty with one or more ADLs received personal assistance or used special equipment: 7 percent received personal assistance only, 35 percent used equipment only, and 25 percent used both personal assistance and equipment.
- In 2013, men age 65 and over were more likely than women to have received no assistance with their
limitations ( 36 percent compared with 30 percent), but women were more likely than men to have received personal assistance and used equipment (27 percent compared with 23 percent). There were no differences in the percentages of women and men with limitations in performing ADLs who received personal assistance only or used equipment only.
- In 2013, only 13 percent of people age 85 and over with limitations in performing ADLs did not receive assistance or use equipment compared with 41 percent of people ages 65-74. In addition, people age 85 and over were more likely to receive personal assistance and use equipment compared with younger age groups. There were no differences by age group in the percentage of people with limitations in performing ADLs who received personal assistance only.


Percentage of noninstitutionalized Medicare beneficiaries age 65 and over who have limitations in performing instrumental activities of daily living (IADLs) and who receive personal assistance, by age group, selected years 1992-2013


NOTE: Limitations in performing instrumental activities of daily living (IADLs) 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 beneficiaries who have limitations in performing one or more IADLs. SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

- In 2013, slightly more than two-thirds of people age 65 and over who had difficulty with one or more instrumental activities of daily living (IADLs) received personal assistance.
- In 2013, people ages 65-74 were less likely to receive assistance with IADLs than people ages 75-84 and 85 and over.
- Between 1992 and 2013, there were increases in the percentages of people ages 65-74 and 75-84 who received assistance with IADLs. Among people 85 and over, there was no significant increase.
- Men age 85 and over were more likely than women of the same age group to receive personal assistance with their IADLs in 2013.

Data for this indicator's charts and bullets can be found in Tables 37a through 37d on page 148-149.

## INDICATOR 38: Long-Term Care Providers

Long-term care refers to a broad range services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness or a disability. Long-term care services include health carerelated services and services that are not health-care related; they include assistance with activities of daily living (ADLs), assistance with instrumental activities of daily living (IADLs), and health maintenance tasks. Care can be provided in the home or in a variety of other settings. ${ }^{43,44}$

Number of users of long-term care services, by sector and age group, 2013 and 2014


NOTE: Long-term care services are provided by paid, regulated providers. They comprise both health care-related and non-health care-related services, including post-acute care and rehabilitation. People can receive more than one type of service. The estimated number of users of nursing homes, residential care communities, and adult day services centers represents participants or residents enrolled on the day of data collection in 2014. The estimated number of users of home health agencies represents patients who ended care (i.e., were discharged) in 2013. The estimated number of users of hospice represents patients who received care at any time in 2013. The number in each age group is calculated by applying the percentage distribution by age to the estimated total number of users. See http://www.cdc.gov/nchs/data/series/ sr_03/sr03_038.pdf for definitions.
Reference population: These data refer to the resident population.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Study of Long-Term Care Providers.

- In 2014, about 1.2 million people age 65 and over were residents of nursing homes. In the same year, nearly 780,000 people age 65 and over lived in residential care communities such as assisted living facilities. In both settings, people age 85 and over were the largest share by age group among residents.
- In 2014, approximately 280,000 participants received care in adult day services centers. About two-thirds of the participants $(180,000)$ were age 65 and over.
- Nearly 5 million people received care from a home health agency in 2013. People ages $75-84$ (about 1.5 million) made up the largest share by age group of people receiving care from a home health agency. Nearly equal numbers (about 1.3 million) of people ages 65-74 and age 85 and over received home health care.
- In 2013, 1.3 million people received hospice care. Nearly 50 percent $(630,000)$ of the hospice patients were age 85 and over.

Percentage of users of long-term care services needing any assistance with activities of daily living (ADLs), by sector and activity, 2013 and 2014


NOTE: Long-term care services are provided by paid, regulated providers. They comprise both health care-related and non-health care-related services, including post-acute care and rehabilitation. People can receive more than one type of service. Users of formal long term care include persons of all ages. In nursing homes, 85 percent of residents were age 65 and over. In residential care communities, 93 percent of residents were age 65 and over. In adult day services centers, 64 percent of participants were age 65 and over. Among home health care patients, 83 percent were age 65 and over. Data were not available for hospice patients. Participants, patients, or residents were considered needing any assistance with a given activity if they needed help or supervision from another person or used special equipment to perform the activity. See http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf for definitions.
Reference population: These data refer to the resident population.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Study of Long-Term Care Providers.

- In 2014, most residents of nursing homes needed help with activities of daily living (ADLs). Nearly all ( 96 percent) needed help with bathing, and most needed help with dressing, toileting, and walking ( 92 percent, 88 percent, and 91 percent, respectively).
- In 2014, 62 percent of residents of residential care communities needed assistance with bathing. About 29 percent needed help with walking, and 30 percent needed assistance transferring in or out of beds or chairs.
- In 2014, less than half of adult day center participants needed assistance with ADLs. About 41 percent needed help with bathing and 34 percent needed help with walking.
- The majority of home health care patients in 2013 needed assistance with all six ADLs. Nearly all (96 percent) needed help with bathing.
- Assistance with bathing was the most common need across all sectors, while assistance with eating was the least common.
Data for this indicator's charts and bullets can be found in
Tables 38 and $38 b$ on page 150 .
$62$



## Environment

## INDICATOR 39: Use of Time

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

As people age, they are less likely to be employed. In 2014, a majority ( 61 percent) of people ages 55-64 were employed compared with 25 percent of those ages $65-74$ and 8 percent of those age 75 and over. ${ }^{45}$ This change in employment status is reflected in how older Americans spent their time.

Percentage of day that people age 55 and over spent doing selected activities on an average day, by age group, 2014


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.

- On an average day, people ages 55-64 spent 17 percent of their time ( 4 hours) working or doing work-related activities, compared with 6 percent (about 1 hour and 20 minutes) for people ages 65-74 and 1 percent ( 20 minutes) for people age 75 and over.

In 2014, 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 33 percent of their time in leisure activities, compared with 23 percent for those age 55-64.

Leisure activities are those done when free from duties such as working, shopping, doing 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 spent doing selected leisure activities on an average day, by age group, 2014


NOTE: "Other leisure activities" includes activities such as playing games, using the computer for leisure, doing arts and crafts as a hobby, experiencing arts and entertainment (other than sports), and engaging in 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 totalfor Americans age 55 and over.
- Americans age 75 and over spent a higher percentage of their leisure time reading than did Americans ages 55-64 (14 percent versus 7 percent) and relaxing and thinking ( 9 percent versus 6 percent). Americans age 75 and over spent just over an hour per day reading, compared with 22 minutes per day for Americans ages 55-64.
- In general, older Americans spend more time reading for leisure than do those under age 65. In 2014, Americans age 65 and over spent 49 minutes per day reading for leisure.
- The proportion of leisure time that older Americans spent socializing and communicating-such as visiting friends or attending or hosting social eventsdeclined with age. For Americans ages 55-64, about 11 percent of leisure time was spent socializing and communicating, compared with 9 percent for those age 75 and over.
Data for this indicator's charts and bullets can be found in Tables 39a and 39b on page 151.


## Environment

## INDICATOR 40: 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 national standards of the Environmental Protection Agency (EPA).

## Counties with instances of "poor air quality" for any standard in 2014



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, or 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, 2010 Population.

- In 2014, approximately 57 million people lived in counties where monitored air was unhealthy at times because of high levels of at least one of the six principal air pollutants: ozone, PM , nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. About 12 percent,
or nearly 7 million people, of those living in counties where monitored air quality was unhealthy at times were age 65 and over. The vast majority of areas that experienced unhealthy air did so because of one or both of two pollutants-ozone and $\mathrm{PM}_{2.5}$.

Ozone and particulate matter (PM), especially the smaller, fine particle pollution called $\mathrm{PM}_{2.5}$, 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. ${ }^{46-50}$

Percentage of people age 65 and over living in counties with instances of "poor air quality," by selected pollutant measures, 2000-2014


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, or lead. Data for previous years have been computed using the standards in effect as of August 2015 to enable comparisons over time. This results in percentages that are not comparable to those in 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, 2010 Population.

- The percentage of people age 65 and over living in counties that experienced poor air quality for any standard decreased from 66 percent in 2000 to 16 percent in 2014.
- In 2014, about 11 percent of people age 65 and over lived in counties with poor air quality for ozone, compared with 51 percent in 2000.
- A comparison of 2000 and 2014 showed a reduction in exposure to $\mathrm{PM}_{2.5}$ pollution. In 2000, about 50 percent of people age 65 and over lived in a county where $\mathrm{PM}_{2.5}$ concentrations were at times above the EPA standard, compared with 9 percent of people age 65 and over in 2014.

Data for this indicator's charts and bullets can be found in Tables 40a and 40b on pages 152-154.


## Environment

## INDICATOR 41: Transportation

The ability to travel independently to appointments, to the grocery store, and to visit friends plays an important role in the daily lives of older adults. For many older adults, the ability to travel independently may change due to health or physical problems. However, access to modes of transportation such as riding with a friend or using public transit may help older adults continue to get the services they need.

Percentage of noninstitutionalized Medicare beneficiaries age 65 and over who made a change in transportation mode due to a health or physical problem, by type of change and age group, 2013


Reference population: These data refer to noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

- In 2013, 33 percent of the noninstitutionalized Medicare population age 65 and over had limited their driving to daytime because of a health or physical problem. The percentage of people who had limited their driving to daytime was greater for those age 85 and over ( 55 percent) than for those ages 65-74 (25 percent).
- Furthermore, 19 percent of the noninstitutionalized Medicare population age 65 and over had given up driving altogether, about 24 percent had trouble getting places, and 34 percent had reduced their travel because of a health or physical problem.
Data for this indicator's charts and bullets can be found in Table 41 on page 155.

Special Feature

## SPECIAL FEATURE: Informal Caregiving

Despite efforts to stay healthy and avoid disease, many older adults will eventually develop some degree of limitations and need paid or unpaid help with basic daily living activities. Family members or friends provide the majority of this assistance, without pay, as informal caregivers, including help with everyday tasks such as bathing, dressing, preparing a meal, or managing money. At least 90 percent of older adults receiving help with daily activities receive some informal care, and about two-thirds receive only informal care. ${ }^{51,52,53,54}$

In 2011, an estimated 18 million informal caregivers provided 1.3 billion hours of care on a monthly basis to Medicare beneficiaries age 65 and over. Informal caregivers are a diverse population that includes spouses, children, and other relatives such as daughters-in-law, grandchildren, and friends. Caregivers range in age from teenagers to older adults. About half are employed. Research has shown that the financial, emotional, and physical demands of caregiving can be high and that the resulting stress or burden can threaten the ability of caregivers to maintain their efforts. ${ }^{55}$
This special feature provides some information about the population of informal caregivers of older adults with functional limitations.

Number of informal caregivers, by age group and sex, 2011


Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
SOURCE: National Study on Caregiving.

- In 2011, many more caregivers were women ( 11.1 million) than men ( 6.9 million), and most informal caregivers were middle-aged (ages 45-64).
- Of the approximately 2.7 million caregivers in the youngest group (those less than 45), most were adult children or grandchildren.

Percentage distribution of informal caregivers and number of caregiving hours provided, by relationship to care recipient, 2011


[^5]- In 2011, almost half of informal caregivers were a child of the care recipient, more frequently a daughter (29 percent) than a son (18 percent).
- Although spouses were only 21 percent of informal caregivers, they provided more than 31 percent of the total hours of care in 2011.
- Other relatives providing informal care included granddaughters ( 5 percent) and daughters-in-law (3 percent).

Percentage of caregivers providing assistance, by type of assistance and sex, 2011


NOTE: Respondents reported whether they helped with different types of activities. Self-care activities include bathing, dressing, eating, and toileting. Mobility-related activities include getting out of bed, getting around inside one's home or building, and leaving one's home or building. Health or medical care tasks were assistance with diet, foot care, giving injections, and managing medical tasks, such as ostomy care, IV therapy assistance, or blood tests.
Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
SOURCE: National Study on Caregiving.

- There were small gender differences in the type of care provided by informal caregivers.
- Almost half of all caregivers assisted with selfcare activities, but a slightly larger proportion of women caregivers ( 52 percent) than male caregivers ( 46 percent) provided such care.
- There were larger gender differences in mobility assistance: 76 percent of men provided mobility assistance, compared with 69 percent of women.
- The vast majority of caregivers assisted with transportation, and there were no gender differences in providing this type of help.
- Men were less likely ( 55 percent) than women ( 58 percent) to assist with medical or health care.

Percentage of informal caregivers reporting positive and negative aspects of caregiving, by level of impact, 2011


Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability. Estimates may not sum to the totals because of rounding. SOURCE: National Study on Caregiving.

- In 2011, most caregivers reported substantial positive impacts of caregiving. For example, 69 percent identified substantial positive impacts of being closer to the care recipient.
- About 86 percent reported that informal caregiving gives them satisfaction that the care recipient is well cared for.
- Caregivers also reported negative aspects of caregiving; almost half said they have more things than they can handle or don't have time for themselves. Less than one in five caregivers reported that these negative impacts were a substantial problem.
Data for this indicator's charts and bullets can be found in Tables CG1 through CG6 on pages 156-157.


## References

## References

${ }^{1}$ Retrieved May 19, 2016 from http://www.nationalacademies.org/hmd/activities/global/violenceforum/2013-apr-17. aspx. For the PowerPoint presentation on survey methodology, see http://www.nationalacademies.org/hmd/ //media/ Files/Activity\%20Files/Global/ViolenceForum/2013-APR-17/Presentations/02-09-Beach.pdf.
${ }^{2}$ United Nations Statistics Division. (2012). Washington Group on Disability Statistics and UNECE Task Force on Measuring Health Status (Budapest Initiative) Retrieved June 7, 2012 from http://unstats.un.org/unsd/methods/ citygroup/washington.htm and http://www.unece.org/statistics/statsexperts/task-force-on-measuring-health-status-budapest-initiative.html.
${ }^{3}$ Horiuchi, S. (2000). Greater lifetime expectation. Nature, 405(6788), 744-745.
${ }^{4}$ Oeppen, J., \& Vaupel, J. W. (2002). Broken limits to life expectancy. Science, 296(5570), 1029-1031.
${ }^{5}$ Tuljapurkar, S., Li, N., \& Boe, C. (2000). A universal pattern of mortality decline in the G7 countries. Nature, 405(6788), 789-792.
${ }^{6}$ Department of Veterans Affairs. Unpublished analyses: American Community Survey 2005, Current Population Survey 2004, National Health Interview Survey 2005, National Long Term Care Survey 2004, and National Survey of Veterans 2001.
${ }^{7}$ Department of Veterans Affairs, Office of the Secretary (2006, October). Strategic Plan FY 2006-2011.
${ }^{8}$ Social Security Administration. (2016). Income of the Aged Chartbook, 2014 (SSA Publication No. 13-11727). Washington, DC: Author.
${ }^{9}$ Social Security Administration. Statistical Supplement to the Social Security Bulletin 2015, Table 5.A.14, Table 5.A.a6, and Table 6 B.5.1.
${ }^{10}$ National Academies of Sciences, Engineering, and Medicine. (2015). The Growing Gap in Life Expectancy by Income: Implications for Federal Programs and Policy Responses. Committee on the Long-Run Macroeconomic Effects of the Aging U.S. Population-Phase II. Committee on Population, Division of Behavioral and Social Sciences and Education. Board on Mathematical Sciences and Their Applications, Division on Engineering and Physical Sciences. Washington, DC: The National Academies Press.
${ }^{11}$ OECD (2015). Health at a Glance 2015: OECD Indicators, OECD Publishing, Paris. http://dx.doi.org/10.1787/ health_glance-2015-en
${ }^{12}$ Centers for Disease Control and Prevention. (2016, January). Chronic disease overview. Retrieved December 11, 2015, from http://www.cdc.gov/chronicdisease/overview/index.htm
${ }^{13}$ U.S. Department of Health and Human Services. (2010, December). Multiple chronic conditions—a strategic framework: Optimum health and quality of life for individuals with multiple chronic conditions. Retrieved from http://www.hhs.gov/ash/ initiatives $/ \mathrm{mcc} / \mathrm{mcc}$ _framework.pdf
${ }^{14}$ U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. (2000). Oral health in America: A report of the Surgeon General. Retrieved from http://www.nidcr.nih. gov/DataStatistics/SurgeonGeneral/Documents/hcklocv.@www.surgeon.fullrpt.pdf
${ }^{15}$ Schnittker, J., \& Bacak, V. (2014). The increasing predictive validity of self-rated health. PLoS ONE 9(1): e84933.
${ }^{16}$ DeSalvo, K. B., Jones, T. M., Peabody, J., McDonald, J., Fihn, S., Fan, V., ... Muntner, P. (2009). Health care expenditure prediction with a single item, self-rated health measure. Medical Care 47(4): 440-447.
${ }^{17}$ Kasper, J. D., Freedman, V. A., \& Spillman, B. (2014). Disability and care needs of older Americans by dementia status: An analysis of the 2011 National Health and Aging Trends Study. Washington DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and LongTerm Care Policy. Retrieved from http://aspe.hhs.gov/daltcp/reports/2014/NHATS-DS.pdf
${ }^{18}$ U.S. Department of Health \& Human Services, Centers for Medicare \& Medicaid Services. (2013). Nursing home data compendium 2013 edition. Retrieved from: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/ CertificationandComplianc/downloads/nursinghomedatacompendium_508.pdf

## References

${ }^{19}$ Emptage, N. P., Sturm, R., \& Robinson, R. L. (2005). Depression and comorbid pain as predictors of disability, employment, insurance status, and health care costs. Psychiatric Services, 56(4): 468-74.
${ }^{20}$ Saczynski, J. S., Beiser, A., Seshadri, S., Auerbach, S., Wolf, P. A., \& Au, R. (2010). Depressive symptoms and risk of dementia: The Framingham Heart Study. Neurology, 75(1): 35-41.
${ }^{21}$ Kim, D. K., Bridges, C. B., \& Harriman, K. H., on behalf of the Advisory Committee on Immunization Practices. (2015). Advisory committee on immunization practices recommended immunization schedule for adults aged 19 years or older—United States, 2015. Annals of Internal Medicine 162(3): 214-223.
${ }^{22}$ Centers for Disease Control and Prevention. (2015, August). What you should know and do this flu season if you are 65 years and older. Retrieved December 14, 2015, from http://www.cdc.gov/flu/about/disease/65over.htm
${ }^{23}$ Centers for Disease Control and Prevention. (2014, September). What vaccines are recommended for you. Retrieved December 14, 2015, from http://www.cdc.gov/vaccines/adults/rec-vac/index.html
${ }^{24}$ U.S. Preventive Services Task Force. (2016, June). Final Update Summary: Colorectal Cancer: Screening. Retrieved from http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2
${ }^{25}$ U.S. Preventive Services Task Force. (2016, January). Breast cancer: Screening. Retrieved from http://www.
uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1?ds=1\&s=breast\  cancer
${ }^{26}$ Federal Interagency Forum on Aging-Related Statistics (2012, June). Older Americans 2012: Key indicators of well-being. Washington, DC: U.S. Government Printing Office. Retrieved from http://www.agingstats.gov/main_site/data/2012_ documents/docs/entirechartbook.pdf
${ }^{27}$ Reedy, J., Krebs-Smith, S. M., Miller, P. E., Liese, A. D., Kahle, L. L., Park, Y., \& Subar, A. F. (2014, June). Higher diet quality is associated with decreased risk of all-cause, cardiovascular disease, and cancer mortality among older adults. Journal of Nutrition, 144(6): 881-889.
${ }^{28}$ Schwingshackl, L., \& Hoffmann, G. (2015, May). Diet quality as assessed by the Healthy Eating Index, the Alternate Healthy Eating Index, the Dietary Approaches to Stop Hypertension score, and health outcomes: A systematic review and meta-analysis of cohort studies. Journal of the Academy of Nutrition and Dietetics, 115(5): 780-800.
${ }^{29}$ Bernstein, M., \& Munoz, N. (2012). Position of the Academy of Nutrition and Dietetics: Food and nutrition for older adults: Promoting health and wellness. Journal of the Academy of Nutrition and Dietetics, 112(8): 1255-1277.
${ }^{30}$ Anderson, A. L., Harris, T. B., Tylavsky, F. A., Perry, S. E., Houston, D. K., Hue, T. F., ... Sahyoun, N. R. (2011). Dietary patterns and survival in older adults. Journal of the American Dietetic Association, 111(1): 84-91.
${ }^{31}$ Guenther, P. M., Casavale, K. D., Reedy, J., Kirkpatrick, S. I., Hiza, H. A., Kuczynski, K. J., ... Krebs-Smith, S. M. (2013). Update of the Healthy Eating Index: HEI-2010. Journal of the Academy of Nutrition and Dietetics, 113(4): 569-580. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/23415502
${ }^{32}$ U.S. Department of Health and Human Services. (2008). Physical activity guidelines for Americans. Washington, DC: U.S. Department of Health and Human Services. Retrieved from http://health.gov/paguidelines/guidelines/
${ }^{33}$ American College of Sports Medicine, Chodzko-Zajko, W. J., Proctor, D. N., Fiatarone Singh, M. A., Minson, C. T., Nigg, C. R., Salem, G. J., \& Skinner, J. S. (2009). American College of Sports Medicine position stand. Exercise and physical activity for older adults. Medicine \& Science in Sports \& Exercise 41(7): 1510-1530.
${ }^{34}$ Tse, M. M., Wan, V. T., \& Ho, S. S. (2011). Physical exercise: Does it help in relieving pain and increasing mobility among older adults with chronic pain? Journal of Clinical Nursing 20: 635-644.
${ }^{35}$ Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. (2011). Summary of the updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons. Journal of the American Geriatrics Society 59(1): 148-157.
${ }^{36}$ U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (2001). The Surgeon General's call to action to prevent and decrease overweight and obesity. Retrieved from http://www.ncbi.nlm.nih.gov/ books/NBK44206

## References

${ }^{37}$ U.S. Preventive Services Task Force. (2003, November). Screening for obesity in adults: Recommendations and rationale. Annals of Internal Medicine 139(11): 930-932. Retrieved from http://annals.org/article.aspx?articleid=1355696
${ }^{38}$ Must, A., Spadano, J., Coakley, E. H., Field, A. E., Colditz, G., \& Dietz, W. H. (1999, October). The disease burden associated with overweight and obesity. The Journal of the American Medical Association 282(16): 1530-1538. Retrieved from http://jama.jamanetwork.com/article.aspx?articleid=192030
${ }^{39}$ Tobacco use. (2010, September). CDC Vital Signs. Retrieved from http://www.cdc.gov/vitalsigns/pdf/2010-09vitalsigns.pdf
${ }^{40}$ Health Care Financing Administration. (1999). A profile of Medicare home health: Chartbook (Publication No. 1999-771-472). Washington, DC: U.S. Government Printing Office.
${ }^{41}$ Altman, A., Cooper, P. F., \& Cunningham, P. J. (1999). The case of disability in the family: Impact on health care utilization and expenditures for nondisabled members. The Milbank Quarterly, 77(1), 39-75.
${ }^{42}$ Rasell, E., Bernstein, J., \& Tang, K. (1994). The impact of health care financing on family budgets. International Journal of Health Services, 24(4), 691-714.
${ }^{43}$ U.S. Department of Health and Human Services. (n.d.). What is long-term care? Retrieved from http://longtermcare. gov/the-basics/what-is-long-term-care
${ }^{44}$ Harris-Kojetin, L., Sengupta, M., Park-Lee, E., Valverde, R., Caffrey, C., Rome, V., \& Lendon, J. (2016). Long-term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers, 2013-2014. Vital and Health Statistics 3(38). Retrieved from http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf
${ }^{45}$ Bureau of Labor Statistics, Current Population Survey. (2014). Employment and earnings online.
${ }^{46}$ U.S. Environmental Protection Agency, Office of Research and Development, National Center for Environmental Assessment. (1996, July). Air quality criteria for ozone and related photochemical oxidants (EPA Report No.
600/P-93/004aF). Retrieved from http://nepis.epa.gov/
${ }^{47}$ U.S. Environmental Protection Agency, Office of Research and Development, Environmental Criteria and Assessment Office. (1993, August). Air quality criteria for oxides of nitrogen (EPA Report No. 600/8-91/049aF). Retrieved from http://nepis.epa.gov/
${ }^{48}$ U.S. Environmental Protection Agency, Office Research and Development, National Center for Environmental Assessment. (2000, July). Air quality criteria for carbon monoxide (EPA Report No. 600/P-99/001F). Retrieved from http://cfpub.epa.gov/ncea/risk/recordisplay.cfm?deid=18163
${ }^{49}$ U.S. Environmental Protection Agency, Office of Research and Development, National Center for Environmental Assessment. (2002, April). Air quality criteria for particulate matter, third external review draft, volume II (EPA Report No. 600/P-99/002aC). Retrieved from http://cfpub.epa.gov/ncea/risk/recordisplay.cfm?deid=29503\&CFID=58108299\&CF TOKEN=39147464
${ }^{50}$ Pope, C. A., III, Burnett, R. T., Thun, M. J., Calle, E. E., Krewski, D., Ito, K., \& Thurston, G. D. (2002). Lung cancer, cardiopulmonary mortality, and long-term exposure to fine particulate air pollution. The Journal of the American Medical Association 287(9):1132-41.
${ }^{51}$ Freedman, V. A., Spillman, B. C., Andreski, P. M., Cornman, J. C., Crimmins, E. M., Kramarow, E., ... Waidmann, T.A. (2013). Trends in late-life activity limitations in the United States: An update from five national surveys. Demography 50(2): 661-671.
${ }^{52}$ Kaye, H., Harrington, C., \& LaPlante, M. (2010). Long-term care: Who gets it, who provides it, who pays, and how much? Health Affairs 29(1): 11-21.
${ }^{53}$ Spillman, B. C. (2009). Analyses of informal caregiving 2004. Washington DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy. Retrieved from https://aspe.hhs.gov/sites/default/files/pdf/77146/NHATS-IC.pdf
${ }^{54}$ Spillman, B. C., \& Black, K. (2005). Staying the course: Trends in family caregiving (Paper \#2005-17). Retrieved from AARP website: http://assets.aarp.org/rgcenter/il/2005_17_caregiving.pdf
${ }^{55}$ Spillman, B. C. (2014). Why do elders receiving informal home care transition to long stay nursing home residency? Retrieved from U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation website: http://aspe.hhs.gov/basic-report/why-do-elders-receiving-informal-home-care-transition-long-stay-nursing-home-residency
${ }^{56}$ U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). Dietary guidelines for Americans (7th ed.). Washington, DC: U.S. Government Printing Office. Retrieved from http://www.cnpp.usda.gov/ dietaryguidelines.htm
${ }^{57}$ Freedman, L. S., Guenther, P. M., Krebs-Smith, S. M., \& Kott, P. S. (2008). A population's mean Healthy Eating Index-2005 scores are best estimated by the score of the population ratio when one 24 -hour recall is available. Journal of Nutrition, 138(9): 1725-1729.
${ }^{58}$ Zuvekas, S., \& Cohen, J. W. (2002). A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. Inquiry 39(1): 76-86. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12067078
${ }^{59}$ Explanatory notes and estimates of error. Employment and Earnings 51(1):269-86. U.S. Department of Labor, Bureau of Labor Statistics. January 2004.
${ }^{60}$ Cohen, J. W., \& Taylor, A. K. (1999). The provider system and the changing locus of expenditure data: Survey strategies from fee-for-service to managed care. In: A. C. Monheit, R. Wilson, R.H. Arnett III (Eds.), Informing American health care policy: The dynamics of medical expenditures and insurance surveys, 1977-1996 (pp.43-66). San Francisco, CA: Jossey-Bass Publishers.
${ }^{61}$ Population estimates for cities and towns and estimates of housing units are covered in a separate document.
${ }^{62}$ For more information on the accuracy of the population estimates, see http://www.census.gov/population/www/ documentation/twps0100/E2\%20County\%20Totals_FINAL.pdf.
${ }^{63}$ Domestic migration sums to 0 at the national level and therefore has no effect on the estimates.
${ }^{64}$ Citro, C. F., \& Michael, R. T. (Eds.). (1995). Measuring poverty: A new approach. Washington DC: National Academy Press.
${ }^{65}$ Interagency Technical Working Group. (2010, March). Observations From the Interagency Technical Working Group on developing a Supplemental Poverty Measure. Retrieved from https://www.census.gov/hhes/povmeas/methodology/ supplementalresearch/SPM_TWGObservations.pdf.
${ }^{66}$ Short, K. (2015, September). The Supplemental Poverty Measure: 2014 (Current Population Report P60-254). Retrieved from U.S. Census Bureau website: http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60254.pdf.
${ }^{67}$ Data files can be downloaded from http://www.census.gov/hhes/povmeas/data/supplemental/public-use.html.
${ }^{68}$ Cagetti, M., \& DeNardi, M. (2008). Wealth inequality: data and models. Macroeconomic Dynamics, 12, 285-313.
${ }^{69}$ Meijer, E., Karoly, L., \& Michaud, P. C. (2010). Using Matched Survey and Administrative Data to Estimate Eligibility for the Medicare Part D Low-Income Subsidy Program. Social Security Bulletin, 70(2), 63-82.
${ }^{70}$ Bucks, B. K., Kennickell, A. B., March, T. L., \& Moore, K.B. (2009, February). Changes in U.S. Family Finances from 2004 to 2007: Evidence from the Survey of Consumer Finances. Federal Reserve Bulletin, pp. A1-A56.
${ }^{71}$ U.S. Department of Health and Human Services, National Heart, Lung, and Blood Institute. (1998). Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults (NIH Publication No. 984083). Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK2003/pdf/Bookshelf_NBK2003.pdf
${ }^{72}$ WHO. International statistical classification of diseases and related health problems, tenth revision (ICD-10). 2008 ed. Geneva, Switzerland. 2009.
${ }^{73}$ U.S. Census Bureau. Poverty definition, thresholds and guidelines. Retrieved from http://www.census.gov/hhes/www/ poverty/methods/definitions.html.

## indicator 1: Number of Older Americans

Table 1a. Number of people (in millions) age 65 and over and age 85 and over, selected years, 1900-2014, and projected years, 2020-2060

| Year | 65 and over | 85 and over |
| :--- | ---: | ---: |
| Estimates |  |  |
| 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 |
| 2014 | 46.2 | 6.2 |
| Proctions |  |  |
| 2020 | 56.4 | 6.7 |
| 2030 | 74.1 | 9.1 |
| 2040 | 82.3 | 14.6 |
| 2050 | 88.0 | 19.0 |
| 2060 | 98.2 | 19.7 |

NOTE: Some data for 2020-2050 have been revised and differ from previous editions of Older Americans.
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-ESTOOINT-01); U.S. Census Bureau, 2011. 2010 Census Summary File 1; U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010, to July 1, 2014 (PEPAGESEX); U.S. Census Bureau, Table 3: Projections of the Population by Sex and Selected Age Groups for the United States: 2015 to 2060 (NP2014-T3).

## indicator 1: Number of Older Americans

Table 1b. Percentage of people age 65 and over and age 85 and over, selected years, 1900-2014, and projected years, 2020-2060

| Year | 65 and over | 85 and over |
| :--- | :---: | :---: |
| Estimates |  |  |
| 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 |
| 2014 | 14.5 | 1.9 |
| Proctions |  |  |
| 2020 | 16.9 | 2.9 |
| 2030 | 20.6 | 2.5 |
| 2040 | 21.7 | 3.9 |
| 2050 | 22.1 | 4.8 |
| 2060 | 23.6 | 4.7 |

NOTE: Some data for 2020-2050 have been revised and differ from previous editions of Older Americans.
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-ESTO0INT-01); U.S. Census Bureau, 2011. 2010 Census Summary File 1; U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010, to July 1, 2014 (PEPAGESEX); U.S. Census Bureau, Table 3: Projections of the Population by Sex and Selected Age Groups for the United States: 2015 to 2060 (NP2014-T3).

## indicator 1: Number of Older Americans

Table 1c. Population of countries or areas with at least 10 percent of their population age 65 and over, 2015

| Country or area | Population (number in thousands) |  | Percent |
| :---: | :---: | :---: | :---: |
|  | Total | 65 and over | 65 and over |
| Japan | 126,920 | 33,750 | 26.6 |
| Germany | 80,854 | 17,346 | 21.5 |
| Italy | 61,855 | 13,110 | 21.2 |
| Greece | 10,776 | 2,204 | 20.5 |
| Finland | 5,477 | 1,107 | 20.2 |
| Sweden | 9,802 | 1,959 | 20.0 |
| Lithuania | 2,884 | 552 | 19.1 |
| Estonia | 1,265 | 242 | 19.1 |
| Latvia | 1,987 | 377 | 19.0 |
| Austria | 8,666 | 1,639 | 18.9 |
| Portugal | 10,825 | 2,045 | 18.9 |
| France | 66,554 | 12,472 | 18.7 |
| Bulgaria | 7,187 | 1,345 | 18.7 |
| Denmark | 5,582 | 1,043 | 18.7 |
| Slovenia | 1,983 | 365 | 18.4 |
| Hungary | 9,898 | 1,805 | 18.2 |
| Belgium | 11,324 | 2,065 | 18.2 |
| Croatia | 4,465 | 814 | 18.2 |
| Czech Republic | 10,645 | 1,917 | 18.0 |
| Netherlands | 16,948 | 3,046 | 18.0 |
| Switzerland | 8,122 | 1,443 | 17.8 |
| Spain | 48,146 | 8,546 | 17.7 |
| United Kingdom | 64,088 | 11,366 | 17.7 |
| Canada | 35,100 | 6,223 | 17.7 |
| Serbia | 7,177 | 1,264 | 17.6 |
| Puerto Rico | 3,598 | 630 | 17.5 |
| Norway | 5,208 | 850 | 16.3 |
| Ukraine | 44,429 | 7,019 | 15.8 |
| Romania | 21,666 | 3,408 | 15.7 |
| Poland | 38,562 | 6,044 | 15.7 |
| Georgia | 4,931 | 766 | 15.5 |
| Australia | 22,751 | 3,520 | 15.5 |
| Hong Kong | 7,141 | 1,096 | 15.3 |
| United States | 321,369 | 47,830 | 14.9 |
| New Zealand | 4,438 | 649 | 14.6 |
| Belarus | 9,590 | 1,385 | 14.4 |
| Slovakia | 5,445 | 782 | 14.4 |
| Uruguay | 3,342 | 469 | 14.0 |
| Bosnia and Herzegovina | 3,867 | 528 | 13.7 |
| Russia | 142,424 | 19,384 | 13.6 |
| Korea, South | 49,115 | 6,395 | 13.0 |
| Cuba | 11,031 | 1,428 | 12.9 |
| Macedonia | 2,096 | 267 | 12.7 |
| Ireland | 4,892 | 617 | 12.6 |
| Taiwan | 23,415 | 2,922 | 12.5 |
| Moldova | 3,547 | 414 | 11.7 |
| Argentina | 43,432 | 5,018 | 11.6 |
| Cyprus | 1,189 | 137 | 11.5 |

See notes at end of table.

## indicator 1: Number of Older Americans

Table 1c. Population of countries or areas with at least 10 percent of their population age 65 and over, 2015-continued

|  | Population (number in thousands) |  | Percent |
| :--- | ---: | ---: | ---: |
| Country or area | Total | 65 and over | 65 and over |
| Albania | 3,029 | 342 | 11.3 |
| Israel | 8,049 | 873 | 10.8 |
| Armenia | 3,056 | 327 | 10.7 |
| Chile | 17,508 | 1,789 | 10.2 |
| China | $1,367,485$ | 136,890 | 10.0 |

NOTE: Table excludes countries and areas with less than $1,000,000$ total population.
SOURCE: U.S. Census Bureau, International Data Base, accessed on October 1, 2015.

## indicator 1: Number of Older Americans

Table 1d. Percentage of the population age 65 and over, by state, 2014

| State (listed alphabetically) | Percent | State (ranked by percentage) | Percent |
| :---: | :---: | :---: | :---: |
| United States | 14.5 | United States | 14.5 |
| Alabama | 15.3 | Florida | 19.1 |
| Alaska | 9.4 | Maine | 18.3 |
| Arizona | 15.9 | West Virginia | 17.8 |
| Arkansas | 15.7 | Vermont | 16.9 |
| California | 12.9 | Montana | 16.7 |
| Colorado | 12.7 | Pennsylvania | 16.7 |
| Connecticut | 15.5 | Delaware | 16.4 |
| Delaware | 16.4 | Hawaii | 16.1 |
| District of Columbia | 11.3 | Oregon | 16.0 |
| Florida | 19.1 | New Hampshire | 15.9 |
| Georgia | 12.4 | Arizona | 15.9 |
| Hawaii | 16.1 | Iowa | 15.8 |
| Idaho | 14.3 | South Carolina | 15.8 |
| Illinois | 13.9 | Rhode Island | 15.7 |
| Indiana | 14.3 | Arkansas | 15.7 |
| Iowa | 15.8 | Ohio | 15.5 |
| Kansas | 14.3 | Connecticut | 15.5 |
| Kentucky | 14.8 | Michigan | 15.4 |
| Louisiana | 13.6 | Missouri | 15.4 |
| Maine | 18.3 | Alabama | 15.3 |
| Maryland | 13.8 | New Mexico | 15.3 |
| Massachusetts | 15.1 | South Dakota | 15.3 |
| Michigan | 15.4 | Wisconsin | 15.2 |
| Minnesota | 14.3 | Massachusetts | 15.1 |
| Mississippi | 14.3 | Tennessee | 15.1 |
| Missouri | 15.4 | Kentucky | 14.8 |
| Montana | 16.7 | North Carolina | 14.7 |
| Nebraska | 14.4 | New Jersey | 14.7 |
| Nevada | 14.2 | New York | 14.7 |
| New Hampshire | 15.9 | Oklahoma | 14.5 |
| New Jersey | 14.7 | Nebraska | 14.4 |
| New Mexico | 15.3 | Mississippi | 14.3 |
| New York | 14.7 | Kansas | 14.3 |
| North Carolina | 14.7 | Minnesota | 14.3 |
| North Dakota | 14.2 | Idaho | 14.3 |
| Ohio | 15.5 | Indiana | 14.3 |
| Oklahoma | 14.5 | North Dakota | 14.2 |
| Oregon | 16.0 | Nevada | 14.2 |

See notes at end of table.

## indicator 1: Number of Older Americans

Table 1d. Percentage of the population age 65 and over, by state, 2014-continued

| State (listed alphabetically) | Percent | State (ranked by percentage) | Percent |
| :--- | ---: | :--- | ---: |
| Pennsylvania | 16.7 | Washington | 14.1 |
| Rhode Island | 15.7 | Wyoming | 14.0 |
| South Carolina | 15.8 | Illinois | 13.9 |
| South Dakota | 15.3 | Virginia | 13.8 |
| Tennessee | 15.1 | Maryland | 13.8 |
| Texas | 11.5 | Louisiana | 13.6 |
| Utah | 10.0 | California | 12.9 |
| Vermont | 16.9 | Colorado | 12.7 |
| Virginia | 13.8 | Georgia | 12.4 |
| Washington | 14.1 | Texas | 11.5 |
| West Virginia | 17.8 | District of Columbia | 11.3 |
| Wisconsin | 15.2 | Utah | 10.0 |
| Wyoming | 14.0 | Alaska | 9.4 |
| Puerto Rico | 17.4 | Puerto Rico | 17.4 |

NOTE: Puerto Rico is not included in the U.S. average.
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010, to July 1, 2014 (PEPAGESEX).

Table 1e. Percentage of the population age 65 and over, by county, 2014
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010, to July 1, 2014 (PEPAGESEX).
Data for this table can be found at http://www.agingstats.gov.

Table if. Number and percentage of people age 65 and over and age 85 and over, by sex, 2014

| Age and sex | Number (in thousands) |  |
| :--- | ---: | ---: |
| 65 and over | 46,243 | 100.0 |
| Men | 20,351 | 44.0 |
| Women | 25,892 | 56.0 |
| 85 and over | 6,162 | 100.0 |
| Men | 2,109 | 34.2 |
| Women | 4,053 | 65.8 |

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

SOURCE: U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2014 (PEPAGESEX).

## indicator 2: Racial and Ethnic Composition

Table 2. Population age 65 and over, by race and Hispanic origin, 2014 and projected 2060

|  | 2014 |  |  | 2060 projections |  |
| :--- | ---: | ---: | ---: | ---: | :---: |
| Race and Hispanic or Latino origin | Number (in thousands) | Percent |  | Number (in thousands) |  |
| Total | 46,243 | 100.0 | 98,164 | 100.0 |  |
| Non-Hispanic or Latino |  |  |  |  |  |
| $\quad$ White alone | 36,208 | 78.3 | 53,566 | 54.6 |  |
| Black alone | 4,017 | 8.7 | 11,954 | 12.2 |  |
| Asian alone | 1,869 | 4.0 | 8,491 | 8.7 |  |
| All other races alone or in combination | 598 | 1.3 | 2,644 | 2.7 |  |
| Hispanic or Latino (any race) | 3,551 | 7.7 | 21,508 | 21.9 |  |

NOTE: The presentation of racial and ethnic composition data in this table has changed from previous editions of Older Americans. Unlike in previous editions, Hispanics are not counted in any race group. 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 "non-Hispanic Black alone" is used to refer to people who reported being Black or African American and no other race and who are not Hispanic, and the term "non-Hispanic Asian alone" is used to refer to people who reported only Asian as their race and who are not Hispanic. 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 "non-Hispanic All other races alone or in combination" includes people who reported American Indian and Alaska Native alone who are not Hispanic; people who reported Native Hawaiian and Other Pacific Islander alone who are not Hispanic; and all people who reported two or more races who are not Hispanic. "Hispanic" refers to an ethnic category; Hispanics may be of any race.
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010, to July 1, 2014 (PEPASR6H); U.S. Census Bureau, Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060 (NP2014_D1).

## INDICATOR 3: Marital Status

Table 3. Marital status of the population age 65 and over, by age group and sex, 2015

| Sex and marital status | 65 and over | 65-74 | 75-84 | 85 and over |
| :---: | :---: | :---: | :---: | :---: |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Married | 58.6 | 65.4 | 56.0 | 32.1 |
| Widowed | 24.4 | 13.9 | 31.0 | 59.3 |
| Divorced | 12.2 | 15.1 | 9.3 | 5.2 |
| Never married | 4.8 | 5.6 | 3.7 | 3.5 |
| Men | 100.0 | 100.0 | 100.0 | 100.0 |
| Married | 72.4 | 73.9 | 73.8 | 58.6 |
| Widowed | 11.9 | 6.8 | 15.6 | 33.9 |
| Divorced | 10.8 | 13.4 | 7.5 | 4.3 |
| Never married | 4.9 | 5.9 | 3.2 | 3.3 |
| Women | 100.0 | 100.0 | 100.0 | 100.0 |
| Married | 47.6 | 57.9 | 42.2 | 17.4 |
| Widowed | 34.3 | 20.1 | 42.9 | 73.3 |
| Divorced | 13.3 | 16.6 | 10.8 | 5.6 |
| Never married | 4.8 | 5.4 | 4.1 | 3.7 |

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.

## INDICATOR 4: Educational Attainment

Table 4a. Educational attainment of the population age 65 and over, selected years 1965-2015

| Educational attainment | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Percent |  |  |  |  |  |  |  |  |  |  |  |
| High school graduate or more | 23.5 | 28.3 | 37.3 | 40.7 | 48.2 | 55.4 | 63.8 | 69.5 | 70.0 | 69.9 | 71.5 | 73.1 |
| Bachelor's degree or more | 5.0 | 6.3 | 8.1 | 8.6 | 9.4 | 11.6 | 13.0 | 15.6 | 16.2 | 16.7 | 17.4 | 18.7 |
|  | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |  |
| High school graduate or more | 74.0 | 75.2 | 76.1 | 77.4 | 78.3 | 79.5 | 80.7 | 81.1 | 82.6 | 83.7 | 84.3 |  |
| Bachelor's degree or more | 18.9 | 19.5 | 19.2 | 20.5 | 21.7 | 22.5 | 23.2 | 24.3 | 25.3 | 26.3 | 26.7 |  |

NOTE: A single question that asks for the highest grade or degree completed is 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.

Table 4b. Educational attainment of the population age 65 and over, by sex and race and Hispanic origin, 2015

| Sex and race and Hispanic origin | High school graduate or more | Bachelor's degree or more |
| :--- | ---: | ---: |
| Total | 84.3 |  |
| Sex | 26.7 |  |
| Men | 85.5 | 31.8 |
| Women | 83.4 | 22.5 |
| Race and Hispanic origin | 89.1 | 28.9 |
| Non-Hispanic White alone | 74.8 |  |
| Black alone | 74.4 | 17.5 |
| Asian alone | 54.2 | 34.0 |
| Hispanic (any race) | 11.5 |  |

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.

## indicator 5: Living Arrangements

Table 5a. Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2015

| Sex and race and Hispanic origin | Total | With spouse | With other relatives | With nonrelatives | Alone |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Percent |  |  |  |  |
| Men | 100.0 | 70.0 | 6.0 | 3.7 | 20.2 |
| Non-Hispanic White alone | 100.0 | 72.0 | 4.4 | 3.3 | 20.3 |
| Black alone | 100.0 | 50.0 | 13.7 | 6.3 | 29.9 |
| Asian alone | 100.0 | 78.2 | 9.5 | 2.8 | 9.5 |
| Hispanic (any race) | 100.0 | 66.6 | 12.8 | 5.2 | 15.4 |
| Women | 100.0 | 45.2 | 16.4 | 2.6 | 35.8 |
| Non-Hispanic White alone | 100.0 | 47.9 | 12.2 | 2.6 | 37.2 |
| Black alone | 100.0 | 24.4 | 30.2 | 2.1 | 43.3 |
| Asian alone | 100.0 | 52.2 | 26.0 | 1.4 | 20.4 |
| Hispanic (any race) | 100.0 | 39.7 | 34.4 | 3.2 | 22.8 |

NOTE: 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. Totals may not sum to 100 percent because of rounding.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table 5b. Percentage of population age 65 and over living alone, by sex and age group, selected years, 1970-2015

| Year | Men |  | Women |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 65-74 | 75 and over | 65-74 | 75 and over |
| 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 |
| 2011 | 16.3 | 22.2 | 27.7 | 46.5 |
| 2012 | 16.7 | 22.2 | 27.2 | 46.3 |
| 2013 | 16.3 | 23.0 | 27.0 | 45.0 |
| 2014 | 17.1 | 22.6 | 26.9 | 46.0 |
| 2015 | 18.5 | 23.0 | 27.7 | 46.3 |

## - 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.

## INDICATOR 6: Older Veterans

Table 6a. Percentage of population age 65 and over who are veterans, by age group and sex, 2000, 2010, and 2015, and projected 2020 and 2025

| Year | 65 and over |  | 65-74 |  | 75-84 |  | 85 and over |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 |
| 2015 | 45.4 | 1.3 | 40.0 | 1.3 | 49.3 | 1.1 | 66.2 | 1.7 |
| Projections |  |  |  |  |  |  |  |  |
| 2020 | 35.6 | 1.5 | 28.5 | 1.7 | 42.3 | 1.1 | 60.6 | 1.4 |
| 2025 | 28.1 | 1.7 | 17.7 | 2.0 | 40.5 | 1.3 | 50.0 | 1.2 |

NOTE: Some data for 2020 have been revised and differ from previous editions of Older Americans.
Reference population: These data refer to the resident population of the United States and Puerto Rico.
SOURCE: U.S. Census Bureau, Population Projections 2014, and 2010 Census Summary File 1; Department of Veterans Affairs, VetPop2014.

Table 6b. Number of veterans age 65 and over, by age group and sex, 2000, 2010, and 2015, and projected 2020 and 2025

| Age group and sex | Estimates |  |  | Projections |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2000 | 2010 | 2015 | 2020 | 2025 |
|  | Number (in thousands) |  |  |  |  |
| 65 and over | 9,723 | 9,169 | 9,934 | 9,428 | 8,924 |
| Men | 9,374 | 8,866 | 9,591 | 8,976 | 8,316 |
| Women | 349 | 303 | 343 | 452 | 609 |
| 65-74 | 5,628 | 4,377 | 5,360 | 4,696 | 3,478 |
| Men | 5,516 | 4,253 | 5,174 | 4,405 | 3,079 |
| Women | 112 | 124 | 186 | 291 | 398 |
| 75-84 | 3,667 | 3,403 | 3,060 | 3,199 | 3,990 |
| Men | 3,460 | 3,321 | 2,972 | 3,097 | 3,836 |
| Women | 207 | 82 | 88 | 102 | 154 |
| 85 and over | 427 | 1,389 | 1,513 | 1,533 | 1,457 |
| Men | 398 | 1,292 | 1,444 | 1,474 | 1,401 |
| Women | 30 | 97 | 69 | 59 | 56 |

NOTE: Some data for 2020 have been revised and differ from previous editions of Older Americans. Estimates may not sum to the totals because of rounding. Reference population: These data refer to the resident population of the United States and Puerto Rico.
SOURCE: U.S. Census Bureau, Population Projections 2014, and 2010 Census Summary File 1; Department of Veterans Affairs, VetPop2014.

## INDICATOR 7: Poverty

Table 7a. Poverty rate by age, by official poverty measure and Supplemental Poverty Measure, 1966-2014

| Year | Under 18 | 18-64 | 65 and over |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Total | 65-74 | 75-84 | 85 and over |
| 1966 | 17.6 | 10.5 | 28.5 | - | - | - |
| 1967 | 16.6 | 10.0 | 29.5 | - | - | - |
| 1968 | 15.6 | 9.0 | 25.0 | - | - | - |
| 1969 | 14.0 | 8.7 | 25.3 | - | - | - |
| 1970 | 15.1 | 9.0 | 24.6 | - | - | - |
| 1971 | 15.3 | 9.3 | 21.6 | - | - | - |
| 1972 | 15.1 | 8.8 | 18.6 | - | - | - |
| 1973 | 14.4 | 8.3 | 16.3 | - | - | - |
| 1974 | 15.4 | 8.3 | 14.6 | - | - | - |
| 1975 | 17.1 | 9.2 | 15.3 | - | - | - |
| 1976 | 16.0 | 9.0 | 15.0 | - | - | - |
| 1977 | 16.2 | 8.8 | 14.1 | - | - | - |
| 1978 | 15.9 | 8.7 | 14.0 | - | - | - |
| 1979 | 16.4 | 8.9 | 15.2 | - | - | - |
| 1980 | 18.3 | 10.1 | 15.7 | - | - | - |
| 1981 | 20.0 | 11.1 | 15.3 | - | - | - |
| 1982 | 21.9 | 12.0 | 14.6 | 12.4 | 17.4 | 21.2 |
| 1983 | 22.3 | 12.4 | 13.8 | 11.9 | 16.7 | 21.3 |
| 1984 | 21.5 | 11.7 | 12.4 | 10.3 | 15.2 | 18.4 |
| 1985 | 20.7 | 11.3 | 12.6 | 10.6 | 15.3 | 18.7 |
| 1986 | 20.5 | 10.8 | 12.4 | 10.3 | 15.3 | 17.6 |
| 1987 | 20.3 | 10.6 | 12.5 | 9.9 | 16.0 | 18.9 |
| 1988 | 19.5 | 10.5 | 12.0 | 10.0 | 14.6 | 17.8 |
| 1989 | 19.6 | 10.2 | 11.4 | 8.8 | 14.6 | 18.4 |
| 1990 | 20.6 | 10.7 | 12.2 | 9.7 | 14.9 | 20.2 |
| 1991 | 21.8 | 11.4 | 12.4 | 10.6 | 14.0 | 18.9 |
| 1992 | 22.3 | 11.9 | 12.9 | 10.6 | 15.2 | 19.9 |
| 1993 | 22.7 | 12.4 | 12.2 | 10.0 | 14.1 | 19.7 |
| 1994 | 21.8 | 11.9 | 11.7 | 10.1 | 12.8 | 18.0 |
| 1995 | 20.8 | 11.4 | 10.5 | 8.6 | 12.3 | 15.7 |
| 1996 | 20.5 | 11.4 | 10.8 | 8.8 | 12.5 | 16.5 |
| 1997 | 19.9 | 10.9 | 10.5 | 9.2 | 11.3 | 15.7 |
| 1998 | 18.9 | 10.5 | 10.5 | 9.1 | 11.6 | 14.2 |
| 1999 | 17.1 | 10.1 | 9.7 | 8.8 | 9.8 | 14.2 |
| 2000 | 16.2 | 9.6 | 9.9 | 8.6 | 10.6 | 14.5 |
| 2001 | 16.3 | 10.1 | 10.1 | 9.2 | 10.4 | 13.9 |
| 2002 | 16.7 | 10.6 | 10.4 | 9.4 | 11.1 | 13.6 |
| 2003 | 17.6 | 10.8 | 10.2 | 9.0 | 11.0 | 13.8 |
| 2004 | 17.8 | 11.3 | 9.8 | 9.4 | 9.7 | 12.6 |
| 2005 | 17.6 | 11.1 | 10.1 | 8.9 | 10.9 | 13.4 |
| 2006 | 17.4 | 10.8 | 9.4 | 8.6 | 10.0 | 11.4 |
| 2007 | 18.0 | 10.9 | 9.7 | 8.8 | 9.8 | 13.0 |
| 2008 | 19.0 | 11.7 | 9.7 | 8.4 | 10.7 | 12.7 |
| 2009 | 20.7 | 12.9 | 8.9 | 8.0 | 9.4 | 11.6 |
| 2010 | 22.0 | 13.8 | 8.9 | 8.1 | 9.2 | 12.2 |

[^6]
## INDICATOR 7: Poverty

Table 7a. Poverty rate by age, by official poverty measure and Supplemental Poverty Measure, 1966-2014-continued

| Year | Under 18 | 18-64 | 65 and over |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Total | 65-74 | 75-84 | 85 and over |
| 2011 | 21.9 | 13.7 | 8.7 | 7.4 | 10.0 | 11.5 |
| 2012 | 21.8 | 13.7 | 9.1 | 7.9 | 9.9 | 12.3 |
| 2013 (traditional) | 19.9 | 13.6 | 9.5 | 8.3 | 10.9 | 11.8 |
| 2013 (redesign) | 21.5 | 13.3 | 10.2 | 8.8 | 11.1 | 14.2 |
| 2014 | 21.1 | 13.5 | 10.0 | 8.7 | 11.3 | 12.7 |
| Supplemental Poverty Peasure |  |  |  |  |  |  |
| 2009 | 17.0 | 14.4 | 14.9 | 12.6 | 17.0 | 19.1 |
| 2010 | 17.9 | 15.2 | 15.8 | 13.3 | 17.7 | 21.8 |
| 2011 | 18.0 | 15.5 | 15.1 | 12.7 | 17.6 | 19.2 |
| 2012 | 18.0 | 15.5 | 14.8 | 12.3 | 17.1 | 20.9 |
| 2013 (traditional) | 16.4 | 15.4 | 14.6 | 12.1 | 17.3 | 20.1 |
| 2013 (redesign) | 18.1 | 14.9 | 15.5 | 13.5 | 17.0 | 22.0 |
| 2014 | 16.7 | 15.0 | 14.4 | 12.5 | 16.2 | 19.6 |

- Data not available.

NOTE: Poverty status in the Current Population Survey (CPS) is based on prior year income. The 2014 CPS Annual Social and Economic Supplement (ASEC) included redesigned questions for income that were implemented to a subsample of the 98,000 addresses using a probability split panel design. The source for " 2013 (traditional)" in this table is the portion of the sample $(68,000)$ which received a set of income questions similar to those used in 2013; the source for "2013 (redesign)" is the portion of the 2014 CPS ASEC sample $(30,000)$ which received the redesigned income questions. The redesigned income questions were used for the entire 2015 CPS ASEC sample. The official poverty measure 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. The Supplemental Poverty Measure (SPM) extends the official poverty measure by taking account of many of the government programs designed to assist low income families and individuals that are not included in the current official poverty measure and by using thresholds derived from the Consumer Expenditure Survey by the Bureau of Labor Statistics. For more detail, see U.S. Census Bureau Series P-60, No. 252. Additional years of data are available at agingstats.gov.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table 7b. Percentage of the population age 65 and over living in poverty, by selected characteristics, 2014

| Selected characteristic | 65 and over |  |  | 65-74 | 75 and over |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Living alone | Married couples |  |  |
| Both Sexes |  |  |  |  |  |
| Total | 10.0 | 18.0 | 5.0 | 8.7 | 11.7 |
| Non-Hispanic White alone | 7.8 | 14.8 | 3.8 | 6.4 | 9.7 |
| Black alone | 19.2 | 28.4 | 7.5 | 19.0 | 19.6 |
| Asian alone | 14.7 | 34.6 | 10.5 | 14.0 | 15.8 |
| Hispanic (any race) | 18.1 | 32.9 | 12.7 | 16.1 | 21.3 |
| Male |  |  |  |  |  |
| Total | 7.4 | 13.6 | 5.1 | 7.2 | 7.6 |
| Non-Hispanic White alone | 5.3 | 10.4 | 3.7 | 4.9 | 5.8 |
| Black alone | 16.7 | 25.4 | 8.5 | 17.9 | 14.3 |
| Asian alone | 13.1 | 29.5 | 11.0 | 13.0 | 13.4 |
| Hispanic (any race) | 16.2 | 26.2 | 13.2 | 15.8 | 16.8 |
| Female |  |  |  |  |  |
| Total | 12.1 | 20.2 | 4.9 | 10.1 | 14.7 |
| Non-Hispanic White alone | 9.9 | 17.0 | 3.9 | 7.8 | 12.6 |
| Black alone | 20.9 | 30.0 | 6.3 | 19.8 | 22.6 |
| Asian alone | 16.0 | 37.0 | 9.9 | 14.9 | 17.7 |
| Hispanic (any race) | 19.6 | 36.8 | 12.2 | 16.3 | 24.5 |

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. 252. 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.

## INDICATOR 8: Income

Table 8a. Income distribution of the population age 65 and over, 1974-2014

| 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 | 8.9 | 25.6 | 34.0 | 31.5 |
| 2011 | 8.7 | 24.9 | 34.2 | 32.2 |
| 2012 | 9.1 | 24.6 | 33.7 | 32.6 |
| 2013 (traditional) | 9.5 | 23.6 | 33.0 | 33.8 |
| 2013 (redesign) | 10.2 | 22.1 | 30.9 | 36.8 |
| 2014 | 10.0 | 22.5 | 31.1 | 36.4 |

NOTE: Income distribution in the Current Population Survey (CPS) is based on prior year income. The 2014 CPS Annual Social and Economic Supplement (ASEC) included redesigned questions for income that were implemented to a subsample of the 98,000 addresses using a probability split panel design. The source for "2013 (traditional)" in this table is the portion of the sample ( 68,000 addresses) that received a set of income questions similar to those used in 2013; the source for "2013 (redesign)" is the portion of the 2014 CPS ASEC sample ( 30,000 addresses) that received the redesigned income questions. The redesigned income questions were used for the entire 2015 CPS ASEC sample. The income categories are derived from the ratio of the family's income (or an unrelated individual's income) to the corresponding official poverty threshold. Being in poverty is measured as income less than 100 percent of the poverty threshold. Low income is between 100 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. Some data have been revised and differ from previous versions of Older Americans.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

## INDICATOR 8: Income

Table Bb. Median income of householders age 65 and over, in current and in 2014 dollars, 1974-2014


[^7]
## INDICATOR 9: Sources of Income

Table 9a. Percentage distribution of per capita family income for persons age 65 and over, by income quintile and source of income, 2014

| Source of income | Total | Lowest fifth | Second fifth | Third fifth | Fourth fifth | Highest fifth |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Percentage of income from |  |  |  |  |  | 39.6 |
| $\quad$ Earnings | 23.7 | 13.1 | 13.8 | 21.0 | 30.4 | 43.6 |
| $\quad$ Retirement benefits | 64.7 | 70.8 | 79.8 | 71.0 | 58.5 | 17.8 |
| $\quad$ Social Security | 48.7 | 66.7 | 72.3 | 53.6 | 34.2 | 0.1 |
| $\quad$ Railroad Retirement | 0.2 | 0.1 | 0.2 | 0.3 | 0.3 | 11.2 |
| $\quad$ Government employee pensions | 5.6 | 1.0 | 2.1 | 4.9 | 8.7 | 14.5 |
| $\quad$ Private pensions or annuities | 10.1 | 3.0 | 5.3 | 12.2 | 15.3 | 13.1 |
| $\quad$ Asset income | 6.4 | 5.8 | 2.4 | 4.2 | 6.3 | 0.1 |
| $\quad$ Cash public assistance | 2.0 | 7.6 | 1.6 | 0.6 | 0.3 | 3.7 |
| Other | 3.3 | 2.6 | 2.3 | 3.3 | 4.5 |  |
|  |  |  |  |  |  | 9,115 |

NOTE: The definition of "other" includes, but is not limited to, unemployment compensation, workers' compensation, veterans' payments, and personal contributions. Quintile limits are $\$ 12,492, \$ 19,245, \$ 29,027$, and $\$ 47,129$. Estimates may not sum to the totals because of rounding.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

## INDICATOR 9: Sources of Income

Table 9b. Percentage of people age 55 and over with family income from specified sources, by age group, 2014


Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

## INDICATOR 9: Sources of Income

Table 9c. Number of participants (in thousands) in private pension plans, by type of plan, 1975-2013

| Year | Total | Defined |  |
| :---: | :---: | :---: | :---: |
|  |  | Benefit | Contribution |
| 1975 | 44,511 | 33,004 | 11,507 |
| 1976 | 47,679 | 34,207 | 13,472 |
| 1977 | 50,236 | 34,997 | 15,239 |
| 1978 | 52,371 | 36,103 | 16,268 |
| 1979 | 55,097 | 36,810 | 18,287 |
| 1980 | 57,903 | 37,979 | 19,924 |
| 1981 | 60,564 | 38,903 | 21,661 |
| 1982 | 63,243 | 38,633 | 24,610 |
| 1983 | 69,147 | 40,025 | 29,122 |
| 1984 | 73,895 | 40,980 | 32,915 |
| 1985 | 74,665 | 39,692 | 34,973 |
| 1986 | 76,672 | 39,989 | 36,682 |
| 1987 | 78,223 | 39,958 | 38,265 |
| 1988 | 77,685 | 40,722 | 36,963 |
| 1989 | 76,405 | 39,958 | 36,447 |
| 1990 | 76,924 | 38,832 | 38,091 |
| 1991 | 77,662 | 39,027 | 38,634 |
| 1992 | 81,914 | 39,531 | 42,383 |
| 1993 | 83,870 | 40,267 | 43,603 |
| 1994 | 85,117 | 40,338 | 44,778 |
| 1995 | 87,452 | 39,736 | 47,716 |
| 1996 | 91,716 | 41,111 | 50,605 |
| 1997 | 94,985 | 40,392 | 54,593 |
| 1998 | 99,455 | 41,552 | 57,903 |
| 1999 | 101,794 | 41,427 | 60,368 |
| 2000 | 103,329 | 41,613 | 61,716 |
| 2001 | 106,579 | 42,067 | 64,511 |
| 2002 | 107,354 | 42,078 | 65,275 |
| 2003 | 106,296 | 42,179 | 64,117 |
| 2004 | 106,335 | 41,707 | 64,627 |
| 2004 ${ }^{\text {a }}$ | 115,707 | 41,918 | 73,789 |
| 2005 | 117,406 | 41,925 | 75,481 |
| 2006 | 121,995 | 42,146 | 79,849 |
| 2007 | 123,854 | 42,280 | 81,574 |
| 2008 | 124,853 | 42,344 | 82,510 |
| 2009 | 129,268 | 41,820 | 87,448 |
| 2010 | 129,724 | 41,423 | 88,301 |
| 2011 | 129,581 | 40,876 | 88,705 |
| 2012 | 130,584 | 39,809 | 90,775 |
| 2013 | 131,631 | 39,084 | 92,547 |

a The number of participants for 2004 was revised using the new definition summarized in the note below.
NOTE: The methodology for calculating participants was changed beginning with the 2005 Form 5500 series in response to the discontinuance of the IRS Form 5500 Schedule T. For 2004, the revision increases counts of participants by 9 million. Under the current methodology, participant counts include all workers eligible to participate in a plan. The term "participants" refers to active, retired, and separated vested participants not yet in pay status. Workers participating in more than one plan are counted separately for each plan in which they participate.
Reference population: These data refer to counts of participants reported by private pension plans on the Form 5500 . SOURCE: U.S. Department of Labor, Employee Benefits Security Administration, Form 5500 filings.

## INDICATOR 9: Sources of Income

Table 9d. $\begin{aligned} & \text { Number of participants (in thousands) in private defined benefit pension plans and percent of participants retired or } \\ & \text { separated from employer, 1975-2013 }\end{aligned}$

| Year | Number of participants | Percent retired or separated from employer |
| :--- | ---: | ---: |
| 1975 | 33,004 | 17.5 |
| 1976 | 34,207 | 19.5 |

1977 34,997 19.8
1978 36,103 19.6
1979 36,810 20.0
1980 37,979 20.7
$198138,903 \quad 22.8$
$1982 \quad 38,633 \quad 23.2$
1983 40,025 25.4
1984 40,980 26.6
1985 39,692 27.2

1986 39,989 28.7
1987 39,958 28.9
1988 40,722 31.3

1989 39,958 32.1
1990 38,832 32.5
1991343.4

1992339313
1993 40,267 37.9
1994 40,338 39.3
$1995 \quad 39,736 \quad 41.1$
1996 41,111 43.7
1997 40,392 44.0
1998 41,552 45.0
1999 41,427 45.4
$2000 \quad 41,613 \quad 46.6$
2001 42,067 47.5
$200242,078 \quad 48.6$
2003 42,179 49.5
2004 41,707 50.6
$2005 \quad 41,925 \quad 51.6$
2006 42,146 52.7
2007 42,280 54.1
2008 42,344 55.2
2009 41,820 56.7
$2010 \quad 41,423 \quad 58.5$
$2011 \quad 40,876 \quad 59.6$
$2012 \quad 39,809 \quad 60.4$
$2013 \quad 39,084 \quad 61.0$

[^8]SOURCE: U.S. Department of Labor, Employee Benefits Security Administration, Form 5500 filings.

## INDICATOR 9: Sources of Income

Table 9e. Number of participants (in thousands) in defined benefit and defined contribution retirement plans, by selected type of plan, 1999-2013

| Year | Defined benefit |  |  | Defined contribution |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cash balance |  |  | 401(k)-type plans |  |  |  |
|  | Total | NumberShare of total <br> participants <br> in defined <br> benefit plans |  | Total |  | 401(k)-type plans that allow participants to direct all or portion of investments |  |
|  |  |  |  | Number | Number | Share of tota participants in 401(k)-type plans |
| 1999 | 41,427 | 6,175 | 14.9 |  | 60,368 | 46,203 | 39,493 | 85.5 |
| 2000 | 41,613 | 7,016 | 16.9 | 61,716 | 48,348 | 43,834 | 90.7 |
| 2001 | 42,067 | 7,820 | 18.6 | 64,511 | 51,814 | 47,530 | 91.7 |
| 2002 | 42,078 | 8,244 | 19.6 | 65,275 | 53,296 | 49,250 | 92.4 |
| 2003 | 42,179 | 9,346 | 22.2 | 64,117 | 53,842 | 50,255 | 93.3 |
| 2004 | 41,707 | 9,808 | 23.5 | 64,627 | 54,892 | 51,250 | 93.4 |
| 2005 | 41,925 | 10,135 | 24.2 | 75,481 | 65,652 | 62,009 | 94.5 |
| 2006 | 42,146 | 10,185 | 24.2 | 79,849 | 70,295 | 66,555 | 94.7 |
| 2007 | 42,280 | 10,520 | 24.9 | 81,574 | 72,178 | 68,642 | 95.1 |
| 2008 | 42,344 | 10,812 | 25.5 | 82,510 | 73,156 | 69,542 | 95.1 |
| 2009 | 41,820 | 11,760 | 28.1 | 87,448 | 72,499 | 69,478 | 95.8 |
| 2010 | 41,423 | 12,040 | 29.1 | 88,301 | 72,165 | 69,627 | 96.5 |
| 2011 | 40,876 | 12,150 | 29.7 | 88,705 | 72,968 | 70,517 | 96.6 |
| 2012 | 39,809 | 11,833 | 29.7 | 90,775 | 74,881 | 72,532 | 96.9 |
| 2013 | 39,084 | 11,956 | 30.6 | 92,547 | 76,640 | 74,354 | 97.0 |

Reference population: These data refer to participants in private pension plans who filed a Form 5500.
SOURCE: U.S. Department of Labor, Employee Benefits Security Administration, Form 5500 filings.

Table 9f. Percentage of workers in private sector and state and local government with access to retirement benefits, by type of retirement plan, 2015

| Type of employment | Defined contribution <br> only | Defined benefit and defined <br> contribution | Defined benefit <br> only |
| :--- | ---: | ---: | ---: |
| Private sector, all workers | 47 | 14 | 4 |
| State and local government, all workers | 6 | 27 | 57 |

Reference population: These data refer to civilian workers in establishments covered by unemployment insurance. SOURCE: National Compensation Survey, March 2015, Bureau of Labor Statistics.

## INDICATOR 10: Social Security Beneficiaries

Table 10a. Percentage distribution of people who began receiving Social Security benefits in 2014, by age and sex

| Sex | Total years | Pre-Full Retirement Age |  |  |  | Full Retirement Age |  | Post-Full Retirement Age |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{array}{r} \text { Age } \\ 62 \end{array}$ | $\begin{array}{r} \text { Age } \\ 63 \end{array}$ | $\begin{array}{r} \text { Age } \\ 64 \end{array}$ | $\begin{array}{r} \text { Age } \\ 65 \end{array}$ | $\begin{gathered} \text { Age } \\ 66 \end{gathered}$ | Disabled Worker Conversions ${ }^{\text {a }}$ | $\begin{gathered} \text { Age } \\ 66 \end{gathered}$ | $\begin{array}{r} \text { Age } \\ 67-69 \end{array}$ |  |
| Men | 100 | 36 | 6 | 6 | 11 | 17 | 18 | 3 | 3 | 2 |
| Women | 100 | 41 | 7 | 7 | 11 | 12 | 16 | 2 | 3 | 3 |

[^9]Table 10b. Percentage distribution of female Social Security beneficiaries age 62 and over, by type of benefit received, selected years 1960-2014

| Type of benefit | 1960 | 1970 | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Worker benefit only ${ }^{\text {a }}$ | 38.7 | 42.1 | 42.3 | 41.0 | 38.5 | 36.9 | 36.2 | 38.0 | 41.4 | 46.3 | 47.5 | 48.7 | 49.9 | 51.1 |
| Spouse or widow benefit only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spouse only | 32.8 | 22.4 | 19.6 | 17.6 | 16.4 | 15.3 | 14.3 | 12.9 | 11.4 | 9.6 | 9.3 | 8.0 | 8.8 | 8.6 |
| Widow only ${ }^{\text {b }}$ | 23.4 | 26.8 | 26.1 | 25.4 | 24.9 | 24.3 | 23.6 | 21.5 | 19.3 | 17.0 | 15.9 | 15.3 | 14.7 | 14.4 |
| Dual entitlement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Worker and spouse | 2.4 | 3.4 | 4.4 | 6.2 | 8.7 | 10.4 | 11.5 | 12.0 | 12.0 | 12.1 | 12.0 | 11.9 | 11.8 | 11.6 |
| Worker and widow | 2.1 | 5.0 | 7.4 | 9.6 | 11.5 | 13.0 | 14.4 | 15.6 | 16.0 | 15.5 | 15.3 | 15.1 | 11.6 | 14.6 |

${ }^{a}$ Worker benefits include retired and disabled worker benefits.
${ }^{\mathrm{b}}$ Widow-only beneficiaries include disabled workers and mothers of surviving children under age 19.
NOTE: All data for 2005 and dual-entitlement data for 1995 and 2000 are based on a 10 percent sample of administrative records. All other estimates are based on 100 percent of available data. Benefits exclude special age- 72 beneficiaries and disabled adult children and include disabled workers. Totals may not sum to 100 percent because of rounding.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Social Security Administration, Master Beneficiary Record.

## indicator 11: Net Worth

Table 11a. Median household net worth, in 2013 dollars, by selected characteristics of head of household, selected years 1983-2013

| Selected characteristic | In dollars |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1983 | 1989 | 1992 | 1995 | 1998 | 2001 | 2004 | 2007 | 2010 | 2013 |
| Age of family head |  |  |  |  |  |  |  |  |  |  |
| 45-54 | \$122,780 | \$177,320 | \$127,220 | \$140,710 | \$151,000 | \$176,390 | \$178,560 | \$207,720 | \$125,550 | \$105,350 |
| 55-64 | 153,690 | 177,450 | 184,900 | 175,330 | 182,840 | 243,310 | 284,850 | 284,850 | 191,512 | 165,660 |
| 65 and over | 116,480 | 137,560 | 149,090 | 153,290 | 196,530 | 221,150 | 219,380 | 247,910 | 227,630 | 210,500 |
| 65-74 | 135,980 | 140,270 | 160,360 | 168,420 | 209,430 | 233,750 | 234,540 | 268,800 | 221,490 | 232,100 |
| 75 and over | 79,820 | 131,140 | 141,190 | 141,160 | 179,830 | 205,320 | 201,130 | 239,380 | 231,770 | 195,000 |
| Marital status, ${ }^{\text {a }}$ family head age 65 and over |  |  |  |  |  |  |  |  |  |  |
| Married | 157,050 | 240,810 | 246,330 | 239,230 | 311,210 | 368,090 | 349,350 | 327,970 | 347,340 | 319,800 |
| Unmarried | 75,490 | 74,910 | 104,150 | 116,540 | 125,230 | 121,700 | 142,550 | 180,870 | 132,840 | 119,300 |
| Race, family head age 65 and over |  |  |  |  |  |  |  |  |  |  |
| White | 137,340 | 173,890 | 176,940 | 177,740 | 225,010 | 283,390 | 259,490 | 278,680 | 272,640 | 255,000 |
| Black | 20,160 | 41,280 | 45,220 | 37,950 | 40,370 | 64,150 | 64,740 | 98,580 | 101,650 | 56,700 |
| Education, family head age 65 and over |  |  |  |  |  |  |  |  |  |  |
| No high school diploma | 65,160 | 72,300 | 63,220 | 87,130 | 77,770 | 96,390 | 67,180 | 114,300 | 74,270 | 86,650 |
| High school diploma only | 149,320 | 144,610 | 176,600 | 161,970 | 209,140 | 215,550 | 216,790 | 210,190 | 179,130 | 147,250 |
| Some college or more | 317,980 | 441,210 | 319,920 | 307,830 | 345,520 | 521,690 | 442,700 | 574,590 | 450,040 | 387,000 |

a "Married" includes legally married couples."Unmarried" includes cohabitating couples, separated, divorced, widowed, and never married.
NOTE: Median net worth is measured in constant 2013 dollars. Net worth includes assets held in investment retirement accounts such as individual retirement accounts, Keoghs, and 401(k)-type plans. All observations are weighted for analysis. The term "household" in this indicator is from the codebook of the 2013 Survey of Consumer Finance (www.federalreserve.gov/econresdata/). The data are for the "primary economic unit" (PEU). The PEU consists of an economically dominant single individual or couple (married or living partners) in a household and all other members of the household who are financially interdependent with the individual or couple. In the majority of cases, the PEU and household are identical. All data are for households with positive values.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Survey of Consumer Finances.

## indicator 11: Net Worth

Table 11b. Value of household financial assets held in retirement investment accounts, by selected characteristics of head of household, 2007 and 2013

| Selected characteristic | 2007 |  |  |  | 2013 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | In dollars |  |  | Percent holding | In dollars |  |  | Percent holding |
|  | Lowest quartile | Middle quartiles | Highest quartile |  | Lowest quartile | Middle quartiles | Highest quartile |  |
| Age of family head |  |  |  |  |  |  |  |  |
| 45-54 | \$24,000 | \$71,000 | \$199,000 | 65.0 | \$20,000 | \$87,000 | \$240,000 | 56.5 |
| 55-64 | 33,000 | 112,000 | 301,000 | 61.0 | 26,000 | 104,000 | 300,000 | 59.3 |
| 65 and over | 18,000 | 68,000 | 202,000 | 40.8 | 40,000 | 118,000 | 295,000 | 39.4 |
| 65-74 | 23,000 | 87,000 | 231,000 | 51.7 | 50,000 | 149,000 | 400,000 | 48.0 |
| 75 and over | 15,000 | 39,000 | 124,000 | 30.0 | 33,000 | 69,000 | 174,000 | 29.0 |
| Marital status, a family head age 65 and over |  |  |  |  |  |  |  |  |
| Married | 21,000 | 83,000 | 224,000 | 53.5 | 60,000 | 160,000 | 440,000 | 51.0 |
| Unmarried | 16,000 | 39,000 | 139,000 | 28.9 | 20,000 | 68,000 | 165,000 | 28.7 |
| Race, family head age 65 and over |  |  |  |  |  |  |  |  |
| White | 18,000 | 69,000 | 197,000 | 45.3 | 45,000 | 124,000 | 330,000 | 44.9 |
| Other race ${ }^{\text {b }}$ | 19,000 | 125,000 | 488,000 | 12.6 | 23,000 | 110,000 | 300,000 | 15.8 |
| Education, family head age 65 and over |  |  |  |  |  |  |  |  |
| No high school diploma ${ }^{\text {c }}$ | 8,000 | 34,000 | 91,000 | 19.1 | 5,000 | 22,000 | 50,000 | 9.1 |
| High school diploma only | 11,000 | 39,000 | 84,000 | 35.1 | 24,000 | 62,000 | 135,000 | 31.4 |
| Some college or more | 31,000 | 130,000 | 354,000 | 59.1 | 60,000 | 170,000 | 491,000 | 55.5 |

a "Married" includes legally married couples."Unmarried" includes cohabitating couples, separated, divorced, widowed, and never married.
b "Other race" includes Black, Hispanic, and Other. The figures for 2007 are based on 28 real observations. This category is dominated by household heads who belong to the "Other" racial category.
c The figures for households headed by a person without a high school diploma in 2013 are based on 25 real observations.
NOTE: Median net worth is measured in constant 2013 dollars. Net worth includes assets held in investment retirement accounts such as individual retirement accounts, Keoghs, and 401(k)-type plans. All observations are weighted for analysis. The term "household" in this indicator is from the codebook of the 2013 Survey of Consumer Finance (www.federalreserve.gov/econresdata/). The data are for the "primary economic unit" (PEU). The PEU consists of an economically dominant single individual or couple (married or living partners) in a household and all other members of the household who are financially interdependent with the individual or couple. In the majority of cases, the PEU and household are identical. All data are for households with positive values.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Survey of Consumer Finances.

## indicator 11: Net Worth

Table 11c. Amount of funds (in millions of dollars) held in retirement assets, by sector and type of plan, 1975-2014

| Year | All sectors |  |  | Private only |  | Public only |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Individual retirement accounts (IRAs) | Defined contribution | Defined benefit ${ }^{\text {a }}$ | Defined contribution | Defined benefit ${ }^{a}$ | Defined contribution | Defined benefit ${ }^{a}$ |
| 1975 | - | \$74,612 | \$315,782 | \$74,612 | \$169,719 | - | \$146,063 |
| 1976 | - | 84,341 | 356,824 | 84,341 | 190,962 | - | 165,862 |
| 1977 | - | 92,766 | 388,647 | 92,766 | 204,503 | - | 184,144 |
| 1978 | - | 110,620 | 452,980 | 110,620 | 240,687 | - | 212,293 |
| 1979 | - | 133,307 | 515,723 | 133,307 | 279,781 | - | 235,942 |
| 1980 | - | 163,363 | 622,636 | 158,812 | 349,622 | \$4,551 | 273,014 |
| 1981 | \$38,000 | 174,363 | 673,378 | 169,597 | 364,853 | 4,766 | 308,525 |
| 1982 | 68,000 | 208,297 | 818,105 | 202,201 | 460,731 | 6,096 | 357,374 |
| 1983 | 107,000 | 254,655 | 974,341 | 246,783 | 560,398 | 7,872 | 413,943 |
| 1984 | 159,000 | 287,475 | 1,067,492 | 278,883 | 588,721 | 8,592 | 478,771 |
| 1985 | 241,000 | 431,714 | 1,368,996 | 420,382 | 795,064 | 11,332 | 573,932 |
| 1986 | 329,000 | 469,697 | 1,494,230 | 455,466 | 816,033 | 14,231 | 678,197 |
| 1987 | 404,000 | 551,750 | 1,567,113 | 535,617 | 803,294 | 16,133 | 763,819 |
| 1988 | 468,000 | 597,132 | 1,674,304 | 577,118 | 812,800 | 20,014 | 861,504 |
| 1989 | 546,000 | 715,197 | 1,918,853 | 688,709 | 921,494 | 26,488 | 997,359 |
| 1990 | 637,000 | 737,198 | 1,962,358 | 708,546 | 899,857 | 28,652 | 1,062,501 |
| 1991 | 776,000 | 890,757 | 2,274,407 | 853,052 | 1,051,654 | 37,705 | 1,222,753 |
| 1992 | 873,000 | 974,323 | 2,427,769 | 930,324 | 1,079,860 | 43,999 | 1,347,909 |
| 1993 | 993,000 | 1,111,304 | 2,684,968 | 1,057,931 | 1,195,109 | 53,373 | 1,489,859 |
| 1994 | 1,056,000 | 1,186,477 | 2,853,227 | 1,127,009 | 1,275,964 | 59,468 | 1,577,263 |
| 1995 | 1,288,000 | 1,467,738 | 3,299,521 | 1,389,546 | 1,466,122 | 78,192 | 1,833,399 |
| 1996 | 1,467,000 | 1,679,084 | 3,660,841 | 1,582,489 | 1,590,232 | 96,595 | 2,070,609 |
| 1997 | 1,728,000 | 2,223,790 | 4,159,755 | 1,950,745 | 1,763,538 | 273,045 | 2,396,217 |
| 1998 | 2,150,000 | 2,585,459 | 4,581,283 | 2,240,694 | 1,907,730 | 344,765 | 2,673,553 |
| 1999 | 2,651,000 | 2,955,912 | 5,084,432 | 2,531,038 | 2,074,645 | 424,874 | 3,009,787 |
| 2000 | 2,629,000 | 2,905,379 | 4,977,000 | 2,500,499 | 1,978,987 | 404,880 | 2,998,013 |
| 2001 | 2,619,000 | 2,638,370 | 4,782,651 | 2,254,552 | 1,810,236 | 383,818 | 2,972,415 |
| 2002 | 2,532,000 | 2,402,674 | 4,369,875 | 2,054,726 | 1,639,303 | 347,948 | 2,730,572 |
| 2003 | 2,993,000 | 2,992,979 | 5,182,865 | 2,551,316 | 1,994,538 | 441,663 | 3,188,327 |
| 2004 | 3,299,000 | 3,328,948 | 5,586,436 | 2,822,627 | 2,132,170 | 506,321 | 3,454,266 |
| 2005 | 3,425,000 | 3,706,573 | 5,922,727 | 3,146,539 | 2,281,326 | 560,034 | 3,641,401 |
| 2006 | 4,207,000 | 4,089,707 | 6,382,102 | 3,448,388 | 2,393,189 | 641,319 | 3,988,913 |
| 2007 | 4,748,000 | 4,364,497 | 6,678,779 | 3,664,143 | 2,516,486 | 700,354 | 4,162,293 |
| 2008 | 3,681,000 | 3,268,405 | 5,303,013 | 2,733,992 | 1,897,817 | 534,413 | 3,405,196 |
| 2009 | 4,488,000 | 3,986,583 | 5,845,781 | 3,327,103 | 2,126,880 | 659,480 | 3,718,901 |
| 2010 | 5,029,000 | 4,507,019 | 6,395,589 | 3,763,657 | 2,387,116 | 743,362 | 4,008,473 |
| 2011 | 5,241,000 | 4,493,069 | 6,388,358 | 3,766,231 | 2,429,469 | 726,838 | 3,958,889 |
| 2012 | 5,907,000 | 5,000,368 | 6,770,005 | 4,220,842 | 2,627,787 | 779,526 | 4,142,218 |
| 2013 | 6,966,000 | 5,891,192 | 7,648,274 | 5,003,857 | 2,875,486 | 887,335 | 4,772,788 |
| 2014 | 7,443,000 | 6,298,411 | 7,964,469 | 5,342,952 | 2,932,973 | 955,459 | 5,031,496 |

— Not available.
a Public and private defined benefit plans do not include claims of pension funds on sponsor.
Reference population: Public and private retirement assets for total population.
SOURCE: Federal Reserve Board Z. 1 Statistical Release for Dec. 10, 2015.

## INDICATOR 12: Participation in Labor Force

Table 12. Labor force participation rates (annual averages) of persons age 55 and over, by sex and age group, 1963-2015

|  | Men |  |  |  | Women |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Year | 55-61 | 62-64 | 65-69 | 70 and over | 55-61 | 62-64 | 65-69 | 70 and over |
| 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 |
| 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 |

See notes at end of table.

## INDICATOR 12: Participation in Labor Force

Table 12. Labor force participation rates (annual averages) of persons age 55 and over, by sex and age group, 1963-2015—continued

| Year | Men |  |  |  | Women |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 55-61 | 62-64 | 65-69 | 70 and over | 55-61 | 62-64 | 65-69 | 70 and over |
| 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 |
| 2012 | 75.5 | 54.6 | 37.1 | 16.2 | 65.2 | 44.1 | 27.6 | 8.5 |
| 2013 | 75.7 | 54.0 | 37.2 | 15.9 | 64.4 | 45.2 | 27.6 | 9.1 |
| 2014 | 74.9 | 56.2 | 36.1 | 15.7 | 64.0 | 44.7 | 27.5 | 9.2 |
| 2015 | 74.9 | 55.8 | 36.8 | 15.8 | 63.5 | 45.2 | 27.9 | 9.2 |

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 13: Housing Problems

Table 13a. Prevalence of housing problems among older-owner/renter households, a by type of problem, selected years, 2009-2013

|  | 2009 |  |  |  | 2011 |  |  |  | 2013 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Households | \% | Persons ${ }^{\text {b }}$ | \% | Households | \% | Persons ${ }^{\text {b }}$ | \% | Households | \% | Persons ${ }^{\text {b }}$ | \% |
|  | Number (in thousands) |  |  |  |  |  |  |  |  |  |  |  |
| Total | 24,115 | 100.0 | 32,473 | 100.0 | 26,419 | 100.0 | 35,799 | 100.0 | 28,330 | 100.0 | 38,327 | 100.0 |
| Number and percent with |  |  |  |  |  |  |  |  |  |  |  |  |
| One or more housing problems | 10,169 | 42.2 | 12,629 | 38.9 | 11,199 | 42.4 | 14,013 | 39.1 | 10,905 | 38.5 | 13,541 | 35.3 |
| Housing cost burden (>30\%) | 9,614 | 39.9 | 11,877 | 36.6 | 10,621 | 40.2 | 13,251 | 37.0 | 10,316 | 36.4 | 12,809 | 33.4 |
| Physically inadequate housing | 1,003 | 4.2 | 1,252 | 3.9 | 1,120 | 4.2 | 1,380 | 3.9 | 1,063 | 3.8 | 1,290 | 3.4 |
| Crowded housing | 48 | 0.2 | 73 | 0.2 | 76 | 0.3 | 105 | 0.3 | 106 | 0.4 | 147 | 0.4 |

a Older-owner/renter households are defined as households with a householder or spouse age 65 and over.
${ }^{\mathrm{b}}$ Number of persons age 65 and over.
NOTE: Some data for 2009 have been revised and differ slightly from previous editions of Older Americans. Additional years of data are available at agingstats.gov. Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded. SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

Table 13b. Prevalence of housing problems among older-member households, ${ }^{\text {a }}$ by type of problem, selected years, 2009-2013


[^10]
## INDICATOR 13: Housing Problems

Table 13c. Prevalence of housing problems among all U.S. households except those households ${ }^{\text {a }}$ with one or more persons age 65 and over, by type of problem, selected years, 2009-2013

|  | 2009 |  |  |  | 2011 |  |  |  | 2013 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Households | \% | Persons | \% | Households | \% | Persons | \% | Households | \% | Persons | \% |
|  | Number (in thousands) |  |  |  |  |  |  |  |  |  |  |  |
| Total | 85,740 | 100.0 | 233,778 | 100.0 | 86,377 | 100.0 | 234,244 | 100.0 | 85,406 | 100.0 | 230,689 | 100.0 |
| Number and percent with |  |  |  |  |  |  |  |  |  |  |  |  |
| One or more housing problems | 34,522 | 40.3 | 96,151 | 41.1 | 36,483 | 42.2 | 100,963 | 43.1 | 32,285 | 37.8 | 87,835 | 38.1 |
| Housing cost burden (>30\%) | 30,976 | 36.1 | 83,254 | 35.6 | 32,703 | 37.9 | 87,475 | 37.3 | 28,606 | 33.5 | 74,587 | 32.3 |
| Physically inadequate housing | 4,628 | 5.4 | 11,725 | 5.0 | 5,103 | 5.9 | 13,005 | 5.6 | 4,744 | 5.6 | 11,807 | 5.1 |
| Crowded housing | 2,318 | 2.7 | 14,254 | 6.1 | 2,609 | 3.0 | 15,935 | 6.8 | 2,262 | 2.6 | 14,101 | 6.1 |

${ }^{\text {a }}$ Households with no persons age 65 and over.
NOTE: Some data for 2009 have been revised and differ slightly from previous editions of Older Americans. Additional years of data are available at agingstats.gov. Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded. SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

Table 13d. Prevalence of housing problems among older-owner/renter intergenerational households, ${ }^{\text {a }}$ by type of problem, selected years, 2009-2013

|  | 2009 |  |  |  | 2011 |  |  |  | 2013 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Households | \% | Persons ${ }^{\text {b }}$ | \% | Households | \% | Persons ${ }^{\text {b }}$ | \% | Households | \% | Persons ${ }^{\text {b }}$ | \% |
|  | Number (in thousands) |  |  |  |  |  |  |  |  |  |  |  |
| Total | 845 | 100.0 | 1,049 | 100.0 | 1,128 | 100.0 | 1,377 | 100.0 | 1,220 | 100.0 | 1,494 | 100.0 |
| Number and percent with |  |  |  |  |  |  |  |  |  |  |  |  |
| One or more housing problems | 383 | 45.2 | 453 | 43.2 | 536 | 47.5 | 623 | 45.3 | 532 | 43.6 | 630 | 42.2 |
| Housing cost burden (>30\%) | 347 | 41.1 | 409 | 39.0 | 485 | 43.0 | 560 | 40.7 | 457 | 37.4 | 542 | 36.3 |
| Physically inadequate housing | 41 | 4.9 | 46 | 4.4 | 53 | 4.7 | 57 | 4.2 | 57 | 4.7 | 65 | 4.4 |
| Crowded housing | 37 | 4.3 | 51 | 4.8 | 63 | 5.6 | 83 | 6.0 | 89 | 7.3 | 121 | 8.1 |

a Older-owner/renter intergenerational households are defined as households with a householder or spouse age 65 and over with children age 19 or younger.
${ }^{\mathrm{b}}$ Number of persons age 65 and over.
NOTE: Some data for 2009 have been revised and differ slightly from previous editions of Older Americans. Additional years of data are available at agingstats.gov. Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded.
SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

## INDICATOR 13: Housing Problems

Table 13e. Prevalence of housing problems among older-member intergenerational households, ${ }^{\text {a }}$ by type of problem, selected years, 2009-2013

|  | 2009 |  |  |  | 2011 |  |  |  | 2013 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Households | \% Persons ${ }^{\text {b }}$ |  | \% | Households | \% Persons ${ }^{\text {b }}$ |  | \% | Households | \% | Persons ${ }^{\text {b }}$ | \% |
|  | Number (in thousands) |  |  |  |  |  |  |  |  |  |  |  |
| Total | 763 | 100.0 | 869 | 100.0 | 865 | 100.0 | 980 | 100.0 | 862 | 100.0 | 982 | 100.0 |
| Number and percent with |  |  |  |  |  |  |  |  |  |  |  |  |
| One or more housing problems | 420 | 55.1 | 489 | 56.3 | 468 | 54.0 | 524 | 53.5 | 391 | 45.3 | 447 | 45.5 |
| Housing cost burden (>30\%) | 348 | 45.7 | 405 | 46.6 | 408 | 47.1 | 453 | 46.3 | 319 | 37.0 | 364 | 37.1 |
| Physically inadequate housing | 39 | 5.1 | 42 | 4.8 | 44 | 5.0 | 50 | 5.1 | 40 | 4.7 | 48 | 4.9 |
| Crowded housing | 109 | 14.3 | 127 | 14.7 | 110 | 12.7 | 129 | 13.2 | 118 | 13.7 | 136 | 13.9 |

${ }^{\text {a }}$ Older-member intergenerational households are defined as households with one or more members age 65 and over with children age 19 or younger, and exclude households with a householder or spouse age 65 and over.
${ }^{\mathrm{b}}$ Number of persons age 65 and over.
NOTE: Some data for 2009 have been revised and differ slightly from previous editions of Older Americans. Additional years of data are available at agingstats.gov. Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded. SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

Table 13f. Prevalence of housing problems among all older households: householder, spouse, or member(s) age 65 and over, ${ }^{\text {a }}$ by type of problem, selected years, 2009-2013

|  | 2009 |  |  |  | 2011 |  |  |  | 2013 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Households | \% | Persons ${ }^{\text {a }}$ | \% | Households | \% | Persons ${ }^{\text {a }}$ | \% | Households | \% | Persons ${ }^{\text {a }}$ | \% |
|  | Number (in thousands) |  |  |  |  |  |  |  |  |  |  |  |
| Total | 26,138 | 100.0 | 34,698 | 100.0 | 28,530 | 100.0 | 38,162 | 100.0 | 30,446 | 100.0 | 40,693 | 100.0 |
| Number and percent with |  |  |  |  |  |  |  |  |  |  |  |  |
| One or more housing problems | 11,071 | 42.4 | 13,654 | 39.4 | 12,123 | 42.5 | 15,041 | 39.4 | 11,723 | 38.5 | 14,481 | 35.6 |
| Housing cost burden (>30\%) | 10,400 | 39.8 | 12,767 | 36.8 | 11,440 | 40.1 | 14,158 | 37.1 | 11,027 | 36.2 | 13,630 | 33.5 |
| Physically inadequate housing | 1,101 | 4.2 | 1,359 | 3.9 | 1,221 | 4.3 | 1,491 | 3.9 | 1,145 | 3.8 | 1,382 | 3.4 |
| Crowded housing | 170 | 0.7 | 223 | 0.6 | 198 | 0.7 | 252 | 0.7 | 235 | 0.8 | 303 | 0.7 |

[^11]
## INDICATOR 14: Total Expenditures

Table 14. Percentage distribution of total household annual expenditures, by age of reference person, 2014

|  |  | 65 and over |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Annual expenditure | $45-54$ | $55-64$ | Total | $65-74$ | 75 and over |
| Personal insurance and pensions | 12.8 | 12.6 | 5.2 | 2.8 |  |
| Health care | 6.9 | 8.8 | 13.4 | 12.2 | 15.6 |
| Transportation | 17.1 | 16.6 | 15.9 | 17.1 | 13.9 |
| Housing | 31.7 | 32.0 | 3.9 | 32.4 | 11.9 |
| Food | 12.2 | 12.1 | 12.5 | 12.9 | 7.9 |
| $\quad$ Food at home | 7.1 | 7.3 | 7.8 | 3.9 | 3.8 |
| $\quad$ Food away from home | 5.2 | 4.8 | 4.7 | 5.3 | 19.3 |
| Other | 19.3 | 17.9 | 19.1 | 18.9 |  |

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 the reference person, that 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 and 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 who are unrelated but make financial decisions together. A household usually refers to a physical dwelling and may contain more than one consumer unit (e.g., roommates who are sharing an apartment but who are financially independent from each other). 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 15: Life Expectancy

Table 15a. Life expectancy at ages 65 and 85, by race and sex, 1981-2014

| Age and year | All races ${ }^{\text {a }}$ |  |  | White |  |  | Black or African American |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Both sexes | Men | Women | Both sexes | Men | Women | Both sexes | Men | Women |
| At age 65 |  |  |  |  |  |  |  |  |  |
| 1981 | 16.7 | 14.4 | 18.6 | 16.8 | 14.4 | 18.8 | 15.2 | 13.2 | 17.0 |
| 1982 | 16.8 | 14.5 | 18.8 | 16.9 | 14.5 | 18.9 | 15.4 | 13.3 | 17.2 |
| 1983 | 16.7 | 14.5 | 18.6 | 16.8 | 14.5 | 18.7 | 15.5 | 13.4 | 17.3 |
| 1984 | 16.8 | 14.6 | 18.6 | 16.9 | 14.6 | 18.7 | 15.5 | 13.5 | 17.2 |
| 1985 | 16.7 | 14.6 | 18.6 | 16.8 | 14.6 | 18.7 | 15.3 | 13.3 | 17.0 |
| 1986 | 16.8 | 14.7 | 18.6 | 16.9 | 14.8 | 18.7 | 15.4 | 13.4 | 17.0 |
| 1987 | 16.9 | 14.8 | 18.7 | 17.0 | 14.9 | 18.8 | 15.4 | 13.5 | 17.1 |
| 1988 | 16.9 | 14.9 | 18.6 | 17.0 | 14.9 | 18.7 | 15.4 | 13.4 | 16.9 |
| 1989 | 17.2 | 15.2 | 18.8 | 17.3 | 15.2 | 19.0 | 15.5 | 13.6 | 17.0 |
| 1990 | 17.3 | 15.1 | 18.9 | 17.4 | 15.2 | 19.1 | 15.6 | 13.3 | 17.4 |
| 1991 | 17.4 | 15.3 | 19.1 | 17.5 | 15.4 | 19.2 | 15.5 | 13.4 | 17.2 |
| 1992 | 17.5 | 15.4 | 19.2 | 17.6 | 15.5 | 19.3 | 15.7 | 13.5 | 17.4 |
| 1993 | 17.3 | 15.3 | 18.9 | 17.4 | 15.4 | 19.0 | 15.5 | 13.4 | 17.1 |
| 1994 | 17.4 | 15.5 | 19.0 | 17.5 | 15.6 | 19.1 | 15.7 | 13.6 | 17.2 |
| 1995 | 17.4 | 15.6 | 18.9 | 17.6 | 15.7 | 19.1 | 15.6 | 13.6 | 17.1 |
| 1996 | 17.5 | 15.7 | 19.0 | 17.6 | 15.8 | 19.1 | 15.8 | 13.9 | 17.2 |
| 1997 | 17.7 | 15.9 | 19.2 | 17.8 | 16.0 | 19.3 | 16.1 | 14.2 | 17.6 |
| 1998 | 17.8 | 16.0 | 19.2 | 17.8 | 16.1 | 19.3 | 16.1 | 14.3 | 17.4 |
| 1999 | 17.7 | 16.1 | 19.1 | 17.8 | 16.1 | 19.2 | 16.0 | 14.3 | 17.3 |
| 2000 | 17.6 | 16.0 | 19.0 | 17.7 | 16.1 | 19.1 | 16.1 | 14.1 | 17.5 |
| 2001 | 17.9 | 16.2 | 19.2 | 18.0 | 16.3 | 19.3 | 16.2 | 14.2 | 17.7 |
| 2002 | 17.9 | 16.3 | 19.2 | 18.0 | 16.4 | 19.3 | 16.3 | 14.4 | 17.8 |
| 2003 | 18.1 | 16.5 | 19.3 | 18.2 | 16.6 | 19.4 | 16.5 | 14.5 | 18.0 |
| 2004 | 18.4 | 16.9 | 19.6 | 18.5 | 17.0 | 19.7 | 16.8 | 14.9 | 18.3 |
| 2005 | 18.4 | 16.9 | 19.6 | 18.5 | 17.0 | 19.7 | 16.9 | 15.0 | 18.3 |
| 2006 | 18.7 | 17.2 | 19.9 | 18.7 | 17.3 | 19.9 | 17.2 | 15.2 | 18.6 |
| 2007 | 18.8 | 17.4 | 20.0 | 18.9 | 17.4 | 20.1 | 17.3 | 15.4 | 18.8 |
| 2008 | 18.8 | 17.4 | 20.0 | 18.9 | 17.5 | 20.0 | 17.5 | 15.5 | 18.9 |
| 2009 | 19.1 | 17.7 | 20.3 | 19.2 | 17.7 | 20.3 | 17.8 | 15.9 | 19.2 |
| 2010 | 19.1 | 17.7 | 20.3 | 19.2 | 17.8 | 20.3 | 17.8 | 15.9 | 19.3 |
| 2011 | 19.2 | 17.8 | 20.3 | 19.2 | 17.8 | 20.3 | 18.0 | 16.2 | 19.4 |
| 2012 | 19.3 | 17.9 | 20.5 | 19.3 | 18.0 | 20.4 | 18.1 | 16.2 | 19.5 |
| 2013 | 19.3 | 17.9 | 20.5 | 19.3 | 18.0 | 20.5 | 18.1 | 16.3 | 19.5 |
| 2014 | 19.3 | 18.0 | 20.5 | 19.3 | 18.0 | 20.5 | 18.2 | 16.3 | 19.6 |

See notes at end of table.

## INDICATOR 15: Life Expectancy

Table 15a. Life expectancy at ages 65 and 85, by race and sex, 1981-2014—continued

| Age and year | All races ${ }^{\text {a }}$ |  |  | White |  |  | Black or African American |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Both sexes | Men | Women | Both sexes | Men | Women | Both sexes | Men | Women |
| At age 85 |  |  |  |  |  |  |  |  |  |
| 1981 | 6.1 | 5.2 | 6.6 | 6.1 | 5.2 | 6.6 | 5.7 | 4.7 | 6.3 |
| 1982 | 6.3 | 5.3 | 6.8 | 6.2 | 5.3 | 6.7 | 5.8 | 4.8 | 6.5 |
| 1983 | 6.1 | 5.2 | 6.6 | 6.1 | 5.2 | 6.5 | 6.9 | 6.0 | 7.4 |
| 1984 | 6.1 | 5.2 | 6.5 | 6.0 | 5.1 | 6.5 | 6.8 | 5.8 | 7.3 |
| 1985 | 6.0 | 5.1 | 6.4 | 5.9 | 5.1 | 6.4 | 6.5 | 5.7 | 6.9 |
| 1986 | 6.0 | 5.2 | 6.4 | 6.0 | 5.1 | 6.4 | 6.3 | 5.5 | 6.7 |
| 1987 | 6.1 | 5.2 | 6.4 | 6.0 | 5.2 | 6.4 | 6.4 | 5.6 | 6.8 |
| 1988 | 6.0 | 5.1 | 6.3 | 5.9 | 5.1 | 6.3 | 6.3 | 5.5 | 6.6 |
| 1989 | 6.2 | 5.3 | 6.6 | 6.1 | 5.3 | 6.5 | 6.3 | 5.6 | 6.7 |
| 1990 | 6.2 | 5.3 | 6.7 | 6.2 | 5.3 | 6.6 | 6.5 | 5.6 | 7.0 |
| 1991 | 6.2 | 5.3 | 6.5 | 6.1 | 5.3 | 6.5 | 5.9 | 5.1 | 6.3 |
| 1992 | 6.2 | 5.3 | 6.6 | 6.2 | 5.3 | 6.6 | 5.9 | 5.1 | 6.3 |
| 1993 | 6.0 | 5.2 | 6.4 | 6.0 | 5.2 | 6.4 | 5.9 | 5.0 | 6.3 |
| 1994 | 6.1 | 5.2 | 6.4 | 6.1 | 5.2 | 6.4 | 6.0 | 5.3 | 6.3 |
| 1995 | 6.0 | 5.2 | 6.3 | 6.0 | 5.2 | 6.3 | 5.9 | 5.1 | 6.2 |
| 1996 | 6.1 | 5.4 | 6.4 | 6.0 | 5.3 | 6.3 | 6.0 | 5.3 | 6.2 |
| 1997 | 6.3 | 5.5 | 6.6 | 6.2 | 5.4 | 6.6 | 6.4 | 5.7 | 6.7 |
| 1998 | 6.3 | 5.5 | 6.7 | 6.3 | 5.4 | 6.6 | 6.3 | 5.5 | 6.6 |
| 1999 | 6.3 | 5.5 | 6.6 | 6.2 | 5.4 | 6.6 | 6.2 | 5.6 | 6.5 |
| 2000 | 6.1 | 5.4 | 6.5 | 6.1 | 5.3 | 6.5 | 6.3 | 5.5 | 6.7 |
| 2001 | 6.1 | 5.3 | 6.4 | 6.0 | 5.3 | 6.4 | 6.3 | 5.3 | 6.7 |
| 2002 | 6.0 | 5.3 | 6.4 | 6.0 | 5.2 | 6.4 | 6.2 | 5.3 | 6.6 |
| 2003 | 6.1 | 5.4 | 6.4 | 6.1 | 5.3 | 6.4 | 6.3 | 5.4 | 6.7 |
| 2004 | 6.3 | 5.5 | 6.6 | 6.2 | 5.5 | 6.6 | 6.4 | 5.4 | 6.8 |
| 2005 | 6.2 | 5.5 | 6.6 | 6.2 | 5.5 | 6.5 | 6.4 | 5.4 | 6.8 |
| 2006 | 6.3 | 5.6 | 6.7 | 6.3 | 5.6 | 6.7 | 6.5 | 5.6 | 7.0 |
| 2007 | 6.4 | 5.7 | 6.8 | 6.4 | 5.7 | 6.8 | 6.6 | 5.6 | 7.0 |
| 2008 | 6.4 | 5.7 | 6.7 | 6.3 | 5.6 | 6.7 | 6.6 | 5.7 | 7.0 |
| 2009 | 6.6 | 5.8 | 7.0 | 6.5 | 5.8 | 6.9 | 6.8 | 5.9 | 7.2 |
| 2010 | 6.5 | 5.8 | 6.9 | 6.5 | 5.8 | 6.9 | 6.8 | 5.9 | 7.1 |
| 2011 | 6.5 | 5.9 | 6.9 | 6.5 | 5.8 | 6.8 | 6.8 | 6.0 | 7.2 |
| 2012 | 6.6 | 5.9 | 7.0 | 6.5 | 5.9 | 6.9 | 6.8 | 6.0 | 7.2 |
| 2013 | 6.6 | 5.9 | 7.0 | 6.5 | 5.9 | 6.9 | 6.8 | 6.0 | 7.2 |
| 2014 | 6.6 | 5.9 | 7.0 | 6.5 | 5.9 | 6.9 | 6.9 | 6.0 | 7.3 |

a "All races" includes races not shown separately.
NOTE: Life expectancy estimates are from annual life tables produced by the National Center for Health Statistics found at http://www.cdc.gov/nchs/products/life_ tables.htm. Some estimates have been revised and may differ from previous editions of Older Americans due to changes in methodology and to the use of intercensal population estimates for 2001-2009. See Appendix II, Life Expectancy, of Health, United States, 2015 for a description of the changes in life table methodology 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 15: Life Expectancy

Table 15b. Life expectancy at birth, age 65, and age 85, by race and Hispanic origin and sex, 2014

| Age | All races ${ }^{\text {a }}$ |  |  | White |  |  | Black or African American |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Both sexes | Men | Women | Both sexes | Men | Women | Both sexes | Men | Women |
| At birth | 78.8 | 76.4 | 81.2 | 79.0 | 76.7 | 81.4 | 75.6 | 72.5 | 78.4 |
| At age 65 | 19.3 | 18.0 | 20.5 | 19.3 | 18.0 | 20.5 | 18.2 | 16.3 | 19.6 |
| At age 85 | 6.6 | 5.9 | 7.0 | 6.5 | 5.9 | 6.9 | 6.9 | 6.0 | 7.3 |
|  | Hispanic |  |  | Non-Hispanic White |  |  | Non-Hispanic Black or African American |  |  |
|  | Both sexes | Men | Women | Both sexes | Men | Women | Both sexes | Men | Women |
| At birth | 81.8 | 79.2 | 84.0 | 78.8 | 76.5 | 81.1 | 75.2 | 72.0 | 78.1 |
| At age 65 | 21.1 | 19.6 | 22.2 | 19.3 | 18.0 | 20.5 | 18.1 | 16.2 | 19.5 |
| At age 85 | 7.5 | 6.7 | 7.8 | 6.5 | 5.9 | 6.9 | 6.8 | 6.0 | 7.2 |

a "All races" includes races not shown separately
NOTE: See data sources for the definition of race and Hispanic origin in the National Vital Statistics System. See http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_11. pdf for a description of the methodology used to calculate life expectancy for the Hispanic 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: Mortality
Table 16a. Death rates among people age 65 and over, by selected leading causes of death, 1981-2014

| Year | Total ${ }^{\text {a }}$ | Heart disease | Cancer | Stroke | Chronic lower respiratory diseases | Influenza and pneumonia | Diabetes | Alzheimer's disease | Unintentional injuries |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (Number per 100,000 population) |  |  |  |  |  |  |  |  |  |
| 1981 | 5,714 | 2,547 | 1,056 | 624 | 186 | 207 | 106 | 6 | 94 |
| 1982 | 5,610 | 2,503 | 1,069 | 585 | 186 | 181 | 102 | 9 | 88 |
| 1983 | 5,685 | 2,512 | 1,078 | 564 | 204 | 207 | 104 | 16 | 89 |
| 1984 | 5,645 | 2,450 | 1,087 | 546 | 211 | 214 | 103 | 24 | 89 |
| 1985 | 5,694 | 2,431 | 1,091 | 531 | 225 | 243 | 103 | 31 | 89 |
| 1986 | 5,629 | 2,372 | 1,101 | 506 | 228 | 245 | 101 | 35 | 87 |
| 1987 | 5,578 | 2,316 | 1,106 | 496 | 230 | 237 | 102 | 42 | 87 |
| 1988 | 5,625 | 2,306 | 1,114 | 489 | 240 | 263 | 105 | 45 | 90 |
| 1989 | 5,457 | 2,172 | 1,133 | 464 | 240 | 253 | 120 | 47 | 88 |
| 1990 | 5,353 | 2,091 | 1,142 | 448 | 245 | 258 | 120 | 49 | 84 |
| 1991 | 5,291 | 2,046 | 1,150 | 435 | 252 | 245 | 121 | 49 | 83 |
| 1992 | 5,205 | 1,990 | 1,151 | 425 | 253 | 233 | 121 | 49 | 82 |
| 1993 | 5,349 | 2,024 | 1,159 | 435 | 274 | 248 | 128 | 55 | 84 |
| 1994 | 5,270 | 1,952 | 1,155 | 434 | 271 | 238 | 133 | 60 | 84 |
| 1995 | 5,265 | 1,927 | 1,153 | 438 | 271 | 237 | 136 | 65 | 84 |
| 1996 | 5,222 | 1,878 | 1,141 | 433 | 276 | 234 | 139 | 66 | 87 |
| 1997 | 5,179 | 1,827 | 1,127 | 424 | 280 | 236 | 140 | 68 | 87 |
| 1998 | 5,168 | 1,792 | 1,119 | 412 | 269 | 247 | 143 | 67 | 90 |
| 1999 | 5,220 | 1,767 | 1,126 | 433 | 313 | 167 | 150 | 129 | 94 |
| 2000 | 5,169 | 1,707 | 1,124 | 426 | 305 | 169 | 150 | 141 | 89 |
| 2001 | 5,096 | 1,652 | 1,105 | 410 | 303 | 157 | 152 | 151 | 93 |
| 2002 | 5,082 | 1,616 | 1,098 | 402 | 304 | 165 | 154 | 163 | 94 |
| 2003 | 4,992 | 1,557 | 1,080 | 381 | 302 | 159 | 152 | 173 | 95 |
| 2004 | 4,801 | 1,456 | 1,061 | 356 | 288 | 144 | 148 | 177 | 96 |
| 2005 | 4,804 | 1,422 | 1,053 | 331 | 304 | 148 | 149 | 188 | 99 |
| 2006 | 4,640 | 1,340 | 1,036 | 307 | 284 | 129 | 139 | 186 | 97 |
| 2007 | 4,540 | 1,275 | 1,024 | 298 | 286 | 117 | 135 | 187 | 99 |
| 2008 | 4,555 | 1,246 | 1,008 | 288 | 310 | 121 | 130 | 202 | 100 |
| 2009 | 4,373 | 1,180 | 988 | 270 | 295 | 107 | 123 | 190 | 97 |
| 2010 | 4,389 | 1,156 | 987 | 267 | 292 | 103 | 122 | 197 | 101 |
| 2011 | 4,342 | 1,116 | 962 | 258 | 294 | 106 | 126 | 194 | 102 |
| 2012 | 4,279 | 1,091 | 946 | 250 | 287 | 99 | 123 | 187 | 103 |
| 2013 | 4,267 | 1,085 | 927 | 245 | 290 | 106 | 122 | 184 | 103 |
| 2014 | 4,198 | 1,062 | 915 | 247 | 277 | 97 | 119 | 200 | 105 |

${ }^{\text {a }}$ Includes other causes of death not shown separately.
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 ICD10. For the period 1981-1998, causes were coded using ICD-9 codes that are more comparable with codes for corresponding ICD-10 categories and may differ from other published estimates. See http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_02.pdf for information on the comparability of death rates between ICD-9 and ICD10. Some data from 2000-2009 have been revised and differ from previous versions of Older Americans. Rates are age adjusted using the 2000 standard population. Ranking of causes of death are based on crude rates of death, not the age-adjusted rates shown here.
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: Mortality

Table 16b. Death rates among people age 65 and over, by selected leading causes of death, sex, and race and Hispanic origin, 2014

|  | Total ${ }^{\text {a }}$ | Heart disease | Cancer | Stroke | Chronic lower respiratory diseases | Influenza and pneumonia | Diabetes | Alzheimer's disease | Unintentional injuries |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | (Number per 100,000 population) |  |  |  |  |  |  |  |  |
| All | 4,198 | 1,062 | 915 | 247 | 277 | 97 | 119 | 200 | 105 |
| Sex |  |  |  |  |  |  |  |  |  |
| Men | 4,838 | 1,302 | 1,140 | 243 | 314 | 116 | 144 | 161 | 131 |
| Women | 3,724 | 887 | 755 | 247 | 252 | 85 | 101 | 222 | 86 |
| Race and Hispanic origin |  |  |  |  |  |  |  |  |  |
| Non-Hispanic White | 4,323 | 1,090 | 944 | 246 | 310 | 98 | 106 | 210 | 113 |
| Non-Hispanic Black | 4,609 | 1,207 | 1,023 | 313 | 179 | 97 | 212 | 178 | 70 |
| Hispanic | 3,082 | 766 | 648 | 203 | 126 | 82 | 155 | 156 | 67 |

${ }^{\text {a }}$ Includes other causes of death not shown separately.
NOTE: Rates are age adjusted using the 2000 standard population. Ranking of causes of death are based on crude rates of death, not the age-adjusted rates shown here.
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 17: Chronic Health Conditions

Table 17a. Percentage of people age 65 and over who reported having selected chronic health conditions, by sex and race and Hispanic origin, 2013-2014

| Sex and <br> race and Hispanic origin | Heart <br> disease | Hyper- <br> tension | Stroke | Asthma | Chronic <br> bronchitis or <br> emphysema | Cancer | Diabetes | Arthritis |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Total | 29.4 | 55.9 | 7.9 | 10.6 | 8.1 | 23.4 | 20.8 | 49.0 |
| Sex |  |  |  |  |  |  |  |  |
| $\quad$ Men | 35.0 | 54.9 | 8.4 | 8.1 | 7.6 | 26.2 | 22.7 | 42.6 |
| $\quad$ Women | 24.9 | 56.7 | 7.4 | 12.7 | 8.6 | 21.2 | 19.2 | 54.2 |
| Race and Hispanic origin |  |  |  |  |  |  |  |  |
| $\quad$ Non-Hispanic White | 30.7 | 54.2 | 7.6 | 10.3 | 8.6 | 26.0 | 18.3 | 50.1 |
| $\quad$ Non-Hispanic Black | 26.4 | 70.6 | 10.6 | 13.3 | 7.7 | 16.7 | 32.1 | 51.3 |
| $\quad$ Hispanic | 22.9 | 57.1 | 7.8 | 11.2 | 6.0 | 12.5 | 32.3 | 43.7 |

NOTE: Data are based on a 2-year average from 2013-2014. 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 17b. Percentage of people age 65 and over who reported having selected chronic health conditions, 1997-1998 through 20132014

| Year | Heart disease | Hypertension | Stroke | Emphysema | Asthma | Chronic bronchitis | 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 |
| 2011-2012 | 30.3 | 55.8 | 8.3 | 5.1 | 10.4 | 5.7 | 24.6 | 20.3 | 48.9 |
| 2013-2014 | 29.4 | 55.9 | 7.9 | 4.2 | 10.6 | 5.3 | 23.4 | 20.8 | 49.0 |

— 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 18: Oral Health

Table 18a. Percentage of people age 65 and over who had dental insurance, had a dental visit in the past year, or had no natural teeth, by age group, 2014

| Age group | Dental insurance | Dental visit in past year | No natural teeth |
| :--- | ---: | ---: | ---: |
| 65 and over | 25.1 | 62.4 | 20.7 |
| $65-74$ | 29.7 | 65.7 | 16.4 |
| $75-84$ | 19.8 | 58.2 | 25.0 |
| 85 and over | 15.5 | 56.4 |  |

NOTE: Dental insurance is estimated from questions on whether the respondent's private health insurance plan covers dental care and whether the respondent has a single service plan covering dental care. Dental visits in the past year were estimated from responses to the question, "About how long has it been since you last saw or talked to a dentist?" The percentage with no natural teeth was estimated from responses to the question, "Have you lost all of your upper and lower natural (permanent) teeth?" All estimates were calculated from the sample adult component of 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 18b. Percentage of people age 65 and over who had dental insurance, had a dental visit in the past year, or had no natural teeth, by sex and race and Hispanic origin, 2014

| Sex and race and Hispanic origin | Dental insurance | Dental visit in past year |  |
| :--- | :---: | :---: | :---: |
| Sex |  | No natural teeth |  |
| Men | 28.4 | 62.2 |  |
| Women | 22.5 | 62.5 |  |
| Race and Hispanic origin |  |  |  |
| Non-Hispanic White | 25.7 | 66.1 |  |
| Non-Hispanic Black | 23.5 | 43.0 |  |
| Hispanic | 20.1 | 51.3 |  |

NOTE: Dental insurance is estimated from questions on whether the respondent's private health insurance plan covers dental care and whether the respondent has a single service plan covering dental care. Dental visits in the past year were estimated from responses to the question, "About how long has it been since you last saw or talked to a dentist?" The percentage with no natural teeth was estimated from responses to the question, "Have you lost all of your upper and lower natural (permanent) teeth?" All estimates were calculated from the sample adult component of 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: Respondent-Assessed Health Status

Table 19. Percentage of people age 65 and over with respondent-assessed good to excellent health status, by race and Hispanic origin, sex, and age group, 2012-2014

| Selected characteristic | Total | Non-Hispanic White | Non-Hispanic Black | Hispanic (of any race) |
| :---: | :---: | :---: | :---: | :---: |
| Good to excellent health |  |  |  |  |
| Both sexes |  |  |  |  |
| 65 and over | 77.5 | 80.1 | 65.2 | 66.3 |
| 65-74 | 80.4 | 83.1 | 67.5 | 69.4 |
| 75-84 | 75.8 | 78.4 | 63.6 | 63.0 |
| 85 and over | 68.1 | 70.6 | 55.6 | 54.7 |
| Men |  |  |  |  |
| 65 and over | 77.5 | 79.6 | 66.5 | 68.5 |
| 65-74 | 79.9 | 82.2 | 67.4 | 69.9 |
| 75-84 | 76.1 | 77.9 | 67.2 | 67.7 |
| 85 and over | 67.5 | 69.0 | 56.3 | 57.9 |
| Women |  |  |  |  |
| 65 and over | 77.5 | 80.5 | 64.3 | 64.7 |
| 65-74 | 80.8 | 84.0 | 67.5 | 69.0 |
| 75-84 | 75.5 | 78.7 | 61.5 | 59.6 |
| 85 and over | 68.5 | 71.6 | 55.2 | 52.9 |
| Fair or poor health |  |  |  |  |
| Both sexes |  |  |  |  |
| 65 and over | 22.5 | 19.9 | 34.8 | 33.7 |
| 65-74 | 19.6 | 16.9 | 32.5 | 30.6 |
| 75-84 | 24.2 | 21.6 | 36.5 | 37.0 |
| 85 and over | 31.9 | 29.4 | 44.5 | 45.3 |
| Men |  |  |  |  |
| 65 and over | 22.5 | 20.4 | 33.5 | 31.6 |
| 65-74 | 20.1 | 17.8 | 32.6 | 30.1 |
| 75-84 | 23.9 | 22.1 | 32.8 | 32.3 |
| 85 and over | 32.5 | 31.0 | 43.7 | 42.1 |
| Women |  |  |  |  |
| 65 and over | 22.5 | 19.5 | 35.7 | 35.3 |
| 65-74 | 19.2 | 16.0 | 32.5 | 31.0 |
| 75-84 | 24.5 | 21.3 | 38.5 | 40.4 |
| 85 and over | 31.5 | 28.4 | 44.8 | 47.1 |

NOTE: Data are based on a 3-year average from 2012-2014. Total includes all other races not shown separately. 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 20: Dementia

Table 20a. Number and percentage of the non-nursing home population age 65 and over with dementia, by age group, 2011

| Age group | Number | Percent |
| :--- | ---: | ---: |
| 65 and over | $3,632,567$ | 10.0 |
| $65-69$ | 412,085 | 3.6 |
| $70-74$ | 416,914 | 4.8 |
| $75-79$ | 670,987 | 9.9 |
| $80-84$ | 797,865 | 15.3 |
| $85-89$ | 757,214 | 24.0 |
| 90 and over | 577,502 | 36.2 |

Reference population: These data refer to Medicare beneficiaries not living in nursing homes.
SOURCE: National Health and Aging Trends Study.

Table 20b. Percentage of the non-nursing home population age 65 and over with dementia, by sex and age group, 2011

| Age group | Men | Women |
| :--- | ---: | ---: |
| 65 and over | 9.1 | 10.7 |
| $65-74$ | 5.1 | 3.3 |
| $75-84$ | 11.4 | 12.9 |
| 85 and over | 23.9 | 29.9 |

Reference population: These data refer to Medicare beneficiaries not living in nursing homes.
SOURCE: National Health and Aging Trends Study.

Table 20c. Percentage of the non-nursing home population age 65 and over with dementia, by sex and educational attainment, 2011

| Educational attainment | Total | Men |  |
| :--- | ---: | ---: | ---: |
| Less than high school | 20.6 | 19.2 | 21.7 |
| High school graduate | 10.0 | 8.8 | 10.7 |
| Some college | 5.5 | 5.3 |  |
| Bachelor's degree or more | 4.6 | 4.5 |  |

Reference population: These data refer to Medicare beneficiaries not living in nursing homes.
SOURCE: National Health and Aging Trends Study.

Table 20d. Percentage of the non-nursing home population age 65 and over with dementia, by age group and educational attainment, 2011

| Educational attainment | $65-74$ | $75-84$ | 85 and over |
| :--- | ---: | ---: | ---: |
| Less than high school | 11.6 | 22.9 | 37.4 |
| High school graduate | 4.0 | 11.6 | 27.3 |
| Some college | 2.4 | 6.8 | 18.6 |
| Bachelor's degree or more | 1.2 | 6.0 | 20.0 |

[^12]SOURCE: National Health and Aging Trends Study.

## INDICATOR 21: Depressive Symptoms

Table 21a. Percentage of people age 51 and over with clinically relevant depressive symptoms, by age group and sex, selected years 1998-2014

|  | 1998 |  |  | 2000 |  |  | 2002 |  |  | 2004 |  |  | 2006 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Sex | 51 and over | 51-64 | 65 and over | 51 and over | 51-64 | 65 and over | 51 and over | 51-64 | 65 and over | 51 and over | 51-64 | 65 and over | 51 and over | 51-64 | 65 and over |
| Both sexes | 15.2 | 14.7 | 15.8 | 15.5 | 15.4 | 15.6 | 15.2 | 15.1 | 15.4 | 14.7 | 14.8 | 14.6 | 15.6 | 16.6 | 14.4 |
| Men | 11.9 | 11.9 | 11.8 | 11.5 | 11.7 | 11.2 | 11.5 | 11.6 | 11.5 | 12.0 | 12.5 | 11.1 | 12.4 | 14.1 | 10.1 |
| Women | 17.8 | 17.0 | 18.5 | 18.5 | 18.4 | 18.5 | 17.9 | 17.8 | 18.0 | 16.8 | 16.7 | 17.0 | 18.1 | 18.7 | 17.5 |
|  |  | 2008 |  |  | 2010 |  |  | 2012 |  |  | 2014 |  |  |  |  |
|  | 51 and over | 51-64 | 65 and over | 51 and over | 51-64 | 65 and over | 51 and over | 51-64 | 65 and over | 51 and over | 51-64 | 65 and over |  |  |  |
| Both sexes | 13.9 | 14.6 | 13.3 | 14.1 | 15.6 | 11.9 | 14.2 | 15.6 | 12.5 | 13.7 | 14.7 | 12.8 |  |  |  |
| Men | 11.6 | 12.6 | 10.5 | 12.0 | 13.9 | 8.9 | 11.7 | 13.5 | 9.4 | 11.2 | 12.2 | 10.1 |  |  |  |
| Women | 15.8 | 16.3 | 15.2 | 15.9 | 17.1 | 14.2 | 16.2 | 17.4 | 14.8 | 15.8 | 16.9 | 14.9 |  |  |  |

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.isr.umich.edu/sitedocs/userg/dr_005.pdf. Percentages are based on weighted data using the preliminary respondent weights from the 2014 Early Release HRS Tracker File. Some data for 1998-2008 have been revised and differ from previous editions of Older Americans.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Health and Retirement Study.

Table 21b. Percentage of people age 51 and over with clinically relevant depressive symptoms, by age group and sex, 2014

| Age group | Both sexes | Men |  |
| :--- | :---: | ---: | ---: |
| $51-54$ | 17.4 | 11.4 |  |
| $55-59$ | 15.2 | 12.0 |  |
| $60-64$ | 13.8 | 12.5 |  |
| $65-69$ | 12.5 | 11.3 |  |
| $70-74$ | 10.4 | 7.0 |  |
| $75-79$ | 12.8 | 8.7 |  |
| $80-84$ | 16.2 | 12.7 | 14.9 |
| 85 and over | 15.3 | 13.9 | 13.4 |

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.isr.umich.edu/sitedocs/userg/dr_005.pdf. Percentages are based on weighted data using the preliminary respondent weight from HRS 2014.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Health and Retirement Study.

## INDICATOR 22: Functional Limitations

Table 22a. Percentage of people age 65 and over with a disability, by sex and functional domain, 2010 and 2014

| Sex and functional domain | 2010 | 2014 |
| :--- | ---: | ---: |
| Total |  | 21.6 |
| Any disability | 22.6 | 3.7 |
| Vision | 3.3 | 6.0 |
| Hearing | 4.2 | 14.2 |
| Mobility | 17.1 | 1.5 |
| Communication | 1.2 | 3.1 |
| Cognition | 2.7 | 2.3 |
| Self-care | 3.0 | 19.3 |
| Men |  | 3.4 |
| Any disability | 20.0 | 8.1 |
| Vision | 2.6 | 10.5 |
| Hearing | 6.0 | 1.6 |
| Mobility | 13.7 | 3.1 |
| Communication | 1.9 | 1.8 |
| Cognition | 2.8 | 23.5 |
| Self-care | 2.3 | 3.9 |
| Women | 24.8 | 4.4 |
| Any disability | 4.0 | 17.1 |
| Vision | 2.8 | 1.4 |
| Hearing | 19.8 | 3.0 |
| Mobility | 0.6 | 2.6 |
| Communication | 3.5 | 2.7 |
| Cognition |  | 2 |

NOTE: Disability is defined as "a lot" or "cannot do/unable to do" when asked about difficulty with seeing, even if wearing glasses (vision); hearing, even if wearing hearing aids (hearing); walking or climbing steps (mobility); communicating, for example, understanding or being understood by others (communication); remembering or concentrating (cognition); and self-care, such as washing all over or dressing (self-care). Any disability is defined as having difficulty with at least one of these activities. The data source and measures presented have changed 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 Interview Survey

## Tables

Table 22b. Percentage of people age 65 and over with a disability, by age group and functional domain, 2014

| Functional domain | $65-74$ | $75-84$ | 85 and over |
| :--- | ---: | ---: | ---: |
| Any disability | 17.4 | 21.9 | 41.9 |
| Vision | 2.9 | 4.3 | 11.0 |
| Hearing | 5.1 | 30.9 |  |
| Mobility | 10.6 | 14.6 | 3.6 |
| Communication | 1.0 | 1.8 | 7.4 |
| Cognition | 2.2 | 3.1 | 7.5 |
| Self-care | 1.6 | 1.6 | 3.6 |

NOTE: Disability is defined as "a lot" or "cannot do/unable to do" when asked about difficulty with seeing, even if wearing glasses (vision); hearing, even if wearing hearing aids (hearing); walking or climbing steps (mobility); communicating, for example, understanding or being understood by others (communication); remembering or concentrating (cognition); and self-care, such as washing all over or dressing (self-care). Any disability is defined as having difficulty with at least one of these activities. The data source and measures presented have changed 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 Interview Survey.

Table 22c. Percentage of people age 65 and over with a disability, by race and Hispanic origin and functional domain, 2014

|  | Non-Hispanic | Non-Hispanic |  |
| :--- | ---: | ---: | ---: |
| Functional domain | White | Black | Hispanic |
| Any disability | 20.7 | 26.2 | 26.0 |
| Vision | 3.3 | 4.6 | 7.6 |
| Hearing | 6.1 | 4.1 | 7.8 |
| Mobility | 13.3 | 20.6 | 16.9 |
| Communication | 1.1 | 2.4 | 3.1 |
| Cognition | 2.6 | 3.2 | 6.0 |
| Self-care | 1.7 | 4.0 | 4.6 |

NOTE: Disability is defined as "a lot" or "cannot do/unable to do" when asked about difficulty with seeing, even if wearing glasses (vision); hearing, even if wearing hearing aids (hearing); walking or climbing steps (mobility); communicating, for example, understanding or being understood by others (communication); remembering or concentrating (cognition); and self-care, such as washing all over or dressing (self-care). Any disability is defined as having difficulty with at least one of these activities. See data sources for the definition of race and Hispanic origin in the National Health Interview Survey. The data source and measures presented have changed 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 Interview Survey.

## INDICATOR 22: Functional Limitations

Table 22d. Percentage of Medicare beneficiaries age 65 and over who have limitations in performing activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a long-term care facility, 1992-2013

| Year | Total | IADLs only | 1-2 ADLs | 3-4 ADLs | 5-6 ADLs | Long-term care facility |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1992 | 48.9 | 13.7 | 19.6 | 6.1 | 3.5 | 5.9 |
| 1993 | 46.9 | 13.4 | 18.1 | 5.9 | 3.6 | 5.9 |
| 1994 | 46.8 | 14.1 | 17.7 | 5.6 | 3.7 | 5.7 |
| 1995 | 45.0 | 12.9 | 17.2 | 5.7 | 3.4 | 5.8 |
| 1996 | 43.2 | 12.8 | 16.7 | 5.0 | 3.3 | 5.4 |
| 1997 | 42.5 | 12.7 | 16.6 | 4.9 | 3.2 | 5.1 |
| 1998 | 42.5 | 12.4 | 17.1 | 5.2 | 3.1 | 4.7 |
| 1999 | 43.8 | 12.8 | 17.9 | 5.1 | 3.2 | 4.8 |
| 2000 | 43.8 | 13.0 | 17.4 | 5.6 | 3.0 | 4.8 |
| 2001 | 43.7 | 13.4 | 17.2 | 5.3 | 3.0 | 4.8 |
| 2002 | 44.3 | 13.3 | 18.3 | 5.2 | 2.8 | 4.6 |
| 2003 | 43.3 | 12.9 | 17.6 | 5.5 | 3.1 | 4.2 |
| 2004 | 42.7 | 13.1 | 18.2 | 4.5 | 2.7 | 4.2 |
| 2005 | 42.1 | 12.3 | 18.3 | 4.7 | 2.5 | 4.3 |
| 2006 | 42.2 | 12.4 | 18.0 | 5.1 | 2.7 | 4.1 |
| 2007 | 42.1 | 13.8 | 17.7 | 4.5 | 2.3 | 3.9 |
| 2008 | 41.3 | 11.8 | 18.9 | 4.5 | 2.4 | 3.8 |
| 2009 | 41.4 | 12.1 | 17.6 | 5.1 | 2.7 | 3.9 |
| 2010 | 42.0 | 11.9 | 18.7 | 5.1 | 2.8 | 3.5 |
| 2011 | 43.7 | 12.3 | 19.7 | 5.2 | 3.0 | 3.6 |
| 2012 | 46.9 | 11.9 | 22.0 | 6.3 | 3.0 | 3.7 |
| 2013 | 44.0 | 11.7 | 20.0 | 5.8 | 2.8 | 3.7 |

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. Limitations in performing activities of daily living (ADLs) 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. Limitations performing instrumental activities of daily living (IADLs) 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. Percentages 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 beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

Table 22e. Percentage of Medicare beneficiaries age 65 and over who have limitations in performing activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who are in a long-term care facility, by sex and age group, 2013

|  | Total | IADLs only | 1-2 ADLs | 3-4 ADLs | 5-6 ADLs | Long-term care facility |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total | 44.0 | 11.7 | 20.0 | 5.8 | 2.8 | 3.7 |
| Sex |  |  |  |  |  |  |
| Men | 37.3 | 9.0 | 18.4 | 4.7 | 2.6 | 2.6 |
| Women | 49.1 | 13.9 | 21.3 | 6.6 | 2.9 | 4.4 |
| Age group |  |  |  |  |  |  |
| 65-74 | 33.9 | 10.3 | 16.3 | 4.1 | 1.9 | 1.2 |
| 75-84 | 48.4 | 12.8 | 22.7 | 6.7 | 2.6 | 3.6 |
| 85 and over | 74.2 | 14.4 | 28.1 | 10.0 | 7.0 | 14.7 |

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. Limitations in performing activities of daily living (ADLs) 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. Limitations performing instrumental activities of daily living (IADLs) 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. Percentages are age adjusted using the 2000 standard population.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## INDICATOR 23: Vaccinations

Table 23a. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years, 1989-2014

| Year | Influenza |  |  | Pneumococcal disease |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Non-Hispanic White | Non-Hispanic Black | Hispanic | Non-Hispanic White | Non-Hispanic Black | Hispanic |
| 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 | 39.7 | 41.7 | 60.7 | 40.5 | 27.5 |
| 2006 | 67.5 | 46.8 | 44.9 | 62.0 | 35.5 | 33.4 |
| 2007 | 69.4 | 55.7 | 52.3 | 62.2 | 44.1 | 31.8 |
| 2008 | 69.9 | 50.9 | 54.9 | 64.3 | 44.5 | 36.4 |
| 2009 | 69.1 | 53.0 | 57.0 | 64.9 | 44.8 | 40.1 |
| 2010 | 65.9 | 52.6 | 54.6 | 63.6 | 45.9 | 39.0 |
| 2011 | 69.1 | 53.1 | 57.3 | 66.6 | 47.8 | 43.1 |
| 2012 | 68.9 | 53.0 | 57.8 | 63.9 | 46.0 | 43.4 |
| 2013 | 70.1 | 55.5 | 57.2 | 63.6 | 48.7 | 39.2 |
| 2014 | 72.4 | 57.4 | 60.8 | 64.9 | 49.8 | 45.2 |

NOTE: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months. Beginning with data from 2005 , receipt of nasal spray flu vaccine is included in the estimate of flu vaccinations. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. Questions concerning the use of influenza and pneumonia vaccinations differed slightly on the National Health Interview Survey across the years for which data are shown. For details, see Health, United States, 2015 Appendix II. See data sources for the definition of race and Hispanic origin in the National Health Interview Survey. Some data for 2005-2010 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 Interview Survey.

Table 23b. Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by selected characteristics, 2014

| Selected characteristic | Influenza |
| :--- | ---: | ---: |
| Total | 70.1 |
| Sex |  |
| Men | 70.2 |
| Women | 70.0 |
| Age group | 61.3 |
| $65-74$ | 67.1 |
| $75-84$ | 72.9 |
| 85 and over | 77.9 |
| Education | 64.9 |
| Less than high school graduate | 71.7 |
| High school graduate or higher | 54.7 |

[^13]
## INDICATOR 24: Cancer Screenings

Table 24. Percentage of women ages 50-74 who had breast cancer screening and percentage of people ages 50-75 who had colorectal cancer screening, by sex and age group, selected years, 2000-2013

| Selected characteristic | 2000 | 2003 | 2005 | 2008 | 2010 | 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Breast cancer screening |  |  |  |  |  |  |
| Women |  |  |  |  |  |  |
| 50-64 | 78.7 | 76.2 | 71.8 | 74.2 | 72.6 | 71.4 |
| 65-74 | 74.0 | 74.6 | 72.5 | 72.6 | 71.9 | 75.3 |
| Colorectal cancer (CRC) screening |  |  |  |  |  |  |
| Men |  |  |  |  |  |  |
| 50-64 | 28.6 | 36.3 | 39.2 | 47.3 | 54.0 | 51.2 |
| 65-75 | 43.4 | 49.9 | 58.2 | 62.4 | 70.1 | 69.8 |
| Women |  |  |  |  |  |  |
| 50-64 | 31.0 | 34.8 | 41.1 | 49.0 | 55.9 | 54.3 |
| 65-75 | 41.3 | 45.8 | 51.9 | 58.6 | 65.9 | 69.1 |

NOTE: Breast cancer screening is defined as reporting having had a mammogram in the last 2 years. Colorectal cancer (CRC) screening is defined as reporting a fecal occult blood test (FOBT) in the past year, a sigmoidoscopy procedure in the past 5 years with FOBT in the past 3 years, or a colonoscopy in the past 10 years. Questions concerning use of CRC screening and mammography differed slightly on the National Health Interview Survey across the years for which data are shown. For details, see Health, United States, 2015, Appendix II. Breast cancer screening is reported for women ages 50-74, and colorectal cancer screening is reported for men and women ages 50-75.
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: Diet Quality

Table 25. Healthy Eating Index-2010 average total scores and component scores expressed as a percentage of the HEI maximum score for the population age 65 and over, by age group, 2011-2012

| Dietary component | 65 and over |  |  |
| :---: | :---: | :---: | :---: |
|  | Total | 65-74 | 75 and over |
| Total Healthy Eating Index-2010 score | 68.3 | 68.4 | 67.8 |
| Dietary adequacy components ${ }^{\text {a }}$ |  |  |  |
| Total fruit | 76.8 | 74.2 | 80.8 |
| Whole fruit | 99.8 | 99.2 | 100.0 |
| Total vegetables | 83.3 | 86.4 | 78.6 |
| Greens and beans | 71.5 | 80.5 | 56.3 |
| Whole grains | 42.3 | 38.6 | 47.9 |
| Dairy | 59.9 | 57.6 | 63.5 |
| Total protein foods | 100.0 | 100.0 | 100.0 |
| Seafood and plant proteins | 98.2 | 99.0 | 91.3 |
| Fatty acids | 56.0 | 57.4 | 54.1 |
| Dietary moderation components ${ }^{\text {b }}$ |  |  |  |
| Refined grains | 73.4 | 71.7 | 75.9 |
| Sodium | 36.6 | 35.8 | 38.0 |
| Empty calories ${ }^{\text {c }}$ | 74.9 | 76.5 | 72.6 |

${ }^{\text {a }}$ Higher scores reflect higher intakes.
${ }^{\mathrm{b}}$ Higher scores reflect lower intakes.
${ }^{\text {c E Empty }}$ calories are calories from solid fats (i.e., sources of saturated fats and trans fats) and added sugars (i.e., sugars not naturally occurring).
NOTE: The Healthy Eating Index-2010 (HEI-2010) is a dietary assessment tool comprising 12 components designed to measure quality in terms of how well diets meet the recommendations of the 2010 Dietary Guidelines for Americans and the USDA Food Patterns. ${ }^{31,56,57}$ The HEI- 2010 has 12 components; intakes equal to or better than the standards set for each component are assigned a maximum score. For the nine adequacy components (e.g., total fruit), no intake receives a score of zero and scores increase up to the maximum as the intakes increase toward the standard. The three moderation components (e.g., sodium) are scored in reverse so that excessively high intakes receive zeroes and as intakes decrease toward the standard, scores increase. Higher scores reflect lower intakes because lower intakes of the moderation components are more desirable. A higher score indicates a higher quality diet that aligns with the Dietary Guidelines for Americans. Scores are averaged across all adults based on usual dietary intakes.
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, and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion and National Cancer Institute. Healthy Eating Index-2010.

## INDICATOR 26: Physical Activity

Table 26a. 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 age group, 1998-2014

|  | 年 |  |  | 65 and over |
| :--- | ---: | ---: | ---: | ---: |
| Year | Total | $65-74$ | $75-84$ | 85 and over |
| 1998 | 5.5 | 7.0 | 3.9 | 2.0 |
| 1999 | 5.9 | 7.7 | 4.5 | 0.9 |
| 2000 | 6.9 | 8.4 | 5.7 | 1.9 |
| 2001 | 6.7 | 7.7 | 6.1 | 3.1 |
| 2002 | 7.1 | 8.8 | 5.8 | 2.1 |
| 2003 | 7.6 | 9.2 | 6.7 | 2.9 |
| 2004 | 7.8 | 9.7 | 6.4 | 3.5 |
| 2005 | 7.9 | 10.5 | 5.7 | 3.0 |
| 206 | 7.5 | 9.1 | 6.5 | 3.0 |
| 2007 | 7.9 | 9.5 | 6.6 | 4.1 |
| 2008 | 9.5 | 11.3 | 9.3 | 2.3 |
| 2009 | 10.0 | 12.8 | 7.9 | 2.8 |
| 2010 | 10.5 | 13.6 | 7.3 | 4.0 |
| 2011 | 11.3 | 14.3 | 8.9 | 4.5 |
| 2012 | 11.9 | 14.8 | 9.1 | 4.7 |
| 2013 | 11.7 | 14.7 | 9.0 | 4.2 |
| 2014 | 11.7 | 14.5 | 9.0 | 5.1 |

NOTE: This measure of physical activity reflects the 2008 Federal physical activity guidelines for Americans (available from: http://www.health.gov/PAGuidelines/). The 2008 Federal guidelines recommend that adults age 65 and over who are fit and have no limiting chronic conditions 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. In addition, they should 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, irrespective of their chronic condition status.
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 26: Physical Activity

Table 26b. Percentage of people age 65 and over who reported participating in leisure-time aerobic and muscle-strengthening

| Activity and race and Hispanic origin | Total | Men | Women |
| :---: | :---: | :---: | :---: |
| Aerobic and muscle-strengthening activities |  |  |  |
| Total | 11.7 | 14.9 | 9.2 |
| Non-Hispanic White | 12.5 | 15.6 | 9.9 |
| Non-Hispanic Black | 8.9 | 12.9 | 6.2 |
| Hispanic (of any race) | 7.4 | 8.7 | 6.5 |
| Aerobic activity |  |  |  |
| Total | 36.5 | 41.6 | 32.5 |
| Non-Hispanic White | 37.9 | 42.9 | 33.9 |
| Non-Hispanic Black | 26.4 | 33.7 | 21.5 |
| Hispanic (of any race) | 29.0 | 30.5 | 27.9 |
| Muscle-strengthening activity |  |  |  |
| Total | 16.5 | 19.1 | 14.5 |
| Non-Hispanic White | 17.2 | 19.9 | 14.9 |
| Non-Hispanic Black | 13.5 | 17.1 | 11.1 |
| Hispanic (of any race) | 13.4 | 12.5 | 14.0 |

NOTE: This measure of physical activity reflects the 2008 Federal physical activity guidelines for Americans (available from: http://www.health.gov/PAGuidelines/). The 2008 Federal guidelines recommend that adults age 65 and over who are fit and have no limiting chronic conditions 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. In addition, they should 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 combined measure shown here presents the percentage of people who fully met both the aerobic activity and muscle-strengthening guidelines, irrespective of their chronic condition status. Total includes all other races not shown separately. 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: Obesity

Table 27. Percentage of people age 65 and over overweight and with obesity, by sex and age group, selected years, 1976-2014

| Sex and age group | 1976-1980 | 1988-1994 | 1999-2002 | 2003-2006 | 2007-2010 | 2011-2014 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Overweight |  |  |  |  |  |  |
| Both sexes |  |  |  |  |  |  |
| 65 and over | - | 60.1 | 68.8 | 69.5 | 72.0 | 70.9 |
| 65-74 | 57.2 | 64.1 | 73.3 | 73.8 | 75.7 | 73.5 |
| 75 and over | - | 53.9 | 62.8 | 63.9 | 67.2 | 67.3 |
| Men |  |  |  |  |  |  |
| 65 and over | - | 64.4 | 72.8 | 73.0 | 75.7 | 74.2 |
| 65-74 | 54.2 | 68.5 | 76.2 | 78.0 | 77.5 | 76.1 |
| 75 and over | - | 56.5 | 67.4 | 65.8 | 73.2 | 71.0 |
| Women |  |  |  |  |  |  |
| 65 and over | - | 56.9 | 65.9 | 66.7 | 69.1 | 68.4 |
| 65-74 | 59.5 | 60.3 | 70.9 | 70.3 | 74.2 | 71.2 |
| 75 and over | - | 52.3 | 59.9 | 62.6 | 63.2 | 64.6 |
| Obese |  |  |  |  |  |  |
| Both sexes |  |  |  |  |  |  |
| 65 and over | - | 22.2 | 29.6 | 30.1 | 35.1 | 34.7 |
| 65-74 | 17.9 | 25.6 | 35.7 | 34.8 | 40.8 | 38.6 |
| 75 and over | - | 17.0 | 21.3 | 24.1 | 27.8 | 29.0 |
| Men |  |  |  |  |  |  |
| 65 and over | - | 20.3 | 26.2 | 29.3 | 35.3 | 32.6 |
| 65-74 | 13.2 | 24.1 | 31.6 | 33.0 | 41.5 | 36.2 |
| 75 and over | - | 13.2 | 17.7 | 24.0 | 26.5 | 26.8 |
| Women |  |  |  |  |  |  |
| 65 and over | - | 23.6 | 32.0 | 30.8 | 34.9 | 36.4 |
| 65-74 | 21.5 | 26.9 | 39.0 | 36.4 | 40.3 | 40.7 |
| 75 and over | - | 19.2 | 23.6 | 24.2 | 28.7 | 30.5 |

[^14]
## INDICATOR 28: Cigarette Smoking

Table 28a. Percentage of people age 65 and over who are current cigarette smokers, by sex and race, selected years, 1965-2014

| Year | Men |  |  | Women |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Black or African |  |  | Black or African |  |
|  | Total | White | American | Total | White | American |
| 1965 | 28.5 | 27.7 | 36.4 | 9.6 | 9.8 | 7.1 |
| 1974 | 24.8 | 24.3 | 29.7 | 12.0 | 12.3 | *8.9 |
| 1979 | 20.9 | 20.5 | 26.2 | 13.2 | 13.8 | *8.5 |
| 1983 | 22.0 | 20.6 | 38.9 | 13.1 | 13.2 | *13.1 |
| 1985 | 19.6 | 18.9 | 27.7 | 13.5 | 13.3 | 14.5 |
| 1987 | 17.2 | 16.0 | 30.3 | 13.7 | 13.9 | 11.7 |
| 1988 | 18.0 | 16.9 | 29.8 | 12.8 | 12.6 | 14.8 |
| 1990 | 14.6 | 13.7 | 21.5 | 11.5 | 11.5 | 11.1 |
| 1991 | 15.1 | 14.2 | 24.3 | 12.0 | 12.1 | 9.6 |
| 1992 | 16.1 | 14.9 | 28.3 | 12.4 | 12.6 | *11.1 |
| 1993 | 13.5 | 12.5 | *27.9 | 10.5 | 10.5 | *10.2 |
| 1994 | 13.2 | 11.9 | 25.6 | 11.1 | 11.1 | 13.6 |
| 1995 | 14.9 | 14.1 | 28.5 | 11.5 | 11.7 | 13.3 |
| 1997 | 12.8 | 11.5 | 26.0 | 11.5 | 11.7 | 10.7 |
| 1998 | 10.4 | 10.0 | 16.3 | 11.2 | 11.2 | 11.5 |
| 1999 | 10.5 | 10.0 | 17.3 | 10.7 | 10.5 | 13.5 |
| 2000 | 10.2 | 9.8 | 14.2 | 9.3 | 9.1 | 10.2 |
| 2001 | 11.5 | 10.7 | 21.1 | +9.1 | 9.4 | 9.3 |
| 2002 | 10.1 | 9.3 | 19.4 | 8.6 | 8.5 | 9.4 |
| 2003 | 10.1 | 9.6 | 18.0 | 8.3 | 8.4 | 8.0 |
| 2004 | 9.8 | 9.4 | 14.1 | 8.1 | 8.2 | 6.7 |
| 2005 | 8.9 | 7.9 | 16.8 | 8.3 | 8.4 | 10.0 |
| 2006 | 12.6 | 12.6 | 16.0 | 8.3 | 8.4 | 9.3 |
| 2007 | 9.3 | 8.9 | 14.3 | 7.6 | 8.0 | 6.4 |
| 2008 | 10.5 | 9.9 | 17.5 | 8.3 | 8.6 | 8.1 |
| 2009 | 9.5 | 9.3 | 14.0 | 9.5 | 9.6 | 11.5 |
| 2010 | 9.7 | 9.6 | 10.0 | 9.3 | 9.4 | 9.4 |
| 2011 | 8.9 | 8.7 | 13.7 | 7.1 | 7.0 | 9.1 |
| 2012 | 10.6 | 10.3 | 17.4 | 7.5 | 7.5 | 9.1 |
| 2013 | 10.6 | 10.0 | 15.5 | 7.5 | 7.9 | 6.5 |
| 2014 | 9.8 | 9.4 | 13.9 | 7.5 | 7.6 | 8.2 |

* 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: Questions concerning cigarette smoking differed slightly on the National Health Interview Survey across the years for which data are shown. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 National Health Interview Survey (NHIS) questionnaire redesign. Total includes all other races not shown separately. See data sources for the definition of race and Hispanic origin in the NHIS. For details, see Health, United States, 2015, 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.


## INDICATOR 28: Cigarette Smoking

Table 28b. Percentage distribution of people age 18 and over, by cigarette smoking status, sex, and age group, 2014

|  | Current smokers |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| Sex and age group | Total | Every day smokers | Some day smokers | Former smokers | Non-smokers |
| Both sexes | 16.8 | 12.9 | 3.9 | 21.9 | 61.3 |
| Men |  |  |  |  |  |
| $18-44$ | 21.7 | 15.0 | 6.7 | 14.7 | 63.6 |
| $45-64$ | 19.4 | 15.5 | 3.8 | 27.8 | 52.8 |
| 65 and over | 9.8 |  | 1.7 | 49.6 | 40.6 |
| Women | 16.6 | 12.9 |  |  |  |
| $18-44$ | 13.8 | 6.2 | 3.7 | 11.3 | 72.1 |
| $45-64$ | 7.5 |  | 1.2 | 22.0 | 61.2 |
| 65 and over |  |  |  | 30.3 | 62.2 |

NOTE: Current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now, every day or some days. Former smokers smoked at least 100 cigarettes in their lifetime but do not currently smoke. Non-smokers had never smoked or smoked fewer than 100 cigarettes in their lifetime. The sum of every day smokers and some day smokers may not equal total smokers due to rounding.
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 28c. Percentage of people age 65 and over who are current cigarette smokers, by sex and poverty status, 2014

|  |  | Poverty threshold |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Sex | All | Below 100 percent | $100-199$ percent | 200 percent or more |
| Both sexes | 8.5 | 13.9 | 11.3 | 6.9 |
| Men | 9.8 | 21.1 | 14.0 | 7.5 |
| Women | 7.5 | 9.5 | 9.7 | 6.3 |

NOTE: Current cigarette smokers were defined as ever smoking 100 cigarettes in their lifetime and smoking now, every day or some days. Poverty status is calculated according to the U.S. Census Bureau thresholds for the corresponding year. See glossary for definition of poverty.
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 29: Use of Health Care Services

Table 29a. Use of Medicare-covered health care services per 1,000 Medicare beneficiaries age 65 and over, 1992-2013

| Year | Utilization measure |  |  |  | Average length of hospital stay |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Hospital stays | Skilled nursing facility stays | Physician visits and consultations | Home health care visits |  |
|  | Number per 1,000 |  |  |  | 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 | 14,599 | 3,409 | 5.6 |
| 2008 | 331 | 82 | 14,839 | 3,609 | 5.6 |
| 2009 | 320 | 80 | 14,975 | 3,864 | 5.4 |
| 2010 | 338 | 80 | 15,045 | 3,687 | 5.3 |
| 2011 | 307 | 79 | 14,767 | 3,555 | 5.3 |
| 2012 | 291 | 75 | 14,635 | 3,321 | 5.2 |
| 2013 | 276 | 73 | 14,587 | 3,276 | 5.3 |

- Data not available.

NOTE: Data are for Medicare beneficiaries in fee-for-service only. Physician visits and consultations include all settings, such as physician offices, hospitals, emergency rooms, and nursing homes. The database used to generate rates of physician visits and consultations in previous Older Americans reports is no longer available. This table uses two different databases based on availability of data to estimate rates of physician visits and consultations. The first database provides data from 1999 through 2006, and the second database has data beginning with 2007. A comparison of overlapping years shows that the two databases yield slightly different rates. As a result, some data for 2007-2009 have been revised and differ from previous editions of Older Americans. Beginning in 1994, managed care beneficiaries were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care beneficiaries were included in the denominators; they made up 7 percent or less of the Medicare population. See glossary for definition of fee-for-service.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare claims and enrollment data.

Table 29b. Use of Medicare-covered home health care and skilled nursing facility services per 1,000 Medicare beneficiaries age 65 and over, by age group, 2013

| Utilization measure | $65-74$ | $75-84$ | 85 and over |
| :--- | ---: | ---: | ---: |
|  |  | Number per 1,000 |  |
| Skilled nursing facility stays | 67 | 185 | 204 |
| Home health care visits | 1,475 | 4,129 | 8,604 |

NOTE: Data are for Medicare beneficiaries in fee-for-service only.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare claims and enrollment data.

## indicator 30: Health Care Expenditures

Table 30a. Average annual health care costs, in 2012 dollars, for Medicare beneficiaries age 65 and over, by age group, 1992-2012

| Age group | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | (Average cost in 2012 dollars) |  |  |  |  |  |  |  |  |  |  |
| Total | \$15,801 | \$16,524 | \$17,443 | \$17,819 | \$17,551 | \$17,558 | \$16,907 | \$17,020 | \$17,086 | \$17,535 | \$18,521 |
| 65-74 | 11,759 | 11,986 | 12,888 | 12,966 | 12,704 | 12,405 | 11,828 | 12,922 | 12,724 | 13,332 | 14,275 |
| 75-84 | 17,291 | 18,887 | 19,319 | 19,499 | 19,756 | 19,506 | 18,809 | 18,048 | 18,625 | 19,500 | 20,112 |
| 85 and over | 30,563 | 30,913 | 32,688 | 33,707 | 32,134 | 31,813 | 31,587 | 29,890 | 29,457 | 29,255 | 30,024 |
|  | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |  |
|  | (Average cost in 2012 dollars) |  |  |  |  |  |  |  |  |  |  |
| Total | \$18,279 | \$18,083 | \$18,523 | \$18,342 | \$17,668 | \$16,752 | \$16,954 | \$17,211 | \$16,350 | \$16,970 |  |
| 65-74 | 13,842 | 13,441 | 13,984 | 13,727 | 13,207 | 12,576 | 12,967 | 12,765 | 12,331 | 13,206 |  |
| 75-84 | 20,428 | 19,692 | 20,473 | 20,499 | 19,813 | 19,365 | 18,972 | 20,020 | 18,786 | 19,311 |  |
| 85 and over | 28,723 | 30,350 | 29,393 | 28,780 | 28,141 | 25,265 | 26,122 | 26,564 | 25,304 | 25,900 |  |

NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation adjusted to 2012 using the Consumer Price Index (Series CPI-U-RS). Some data have been revised from previously published tables as a result of a CPI adjustment.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

Table 30b. Total amount and percentage distribution of annual health care costs among Medicare beneficiaries age $\mathbf{6 5}$ and over, by major cost component, 2008 and 2012

|  | 2008 |  |  | 2012 |  |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Major cost component | Total dollars | Percent |  | Total dollars | Percent |
| Total | $\$ 593,814,582,768$ | 100 | $\$ 718,814,057,899$ | 100 |  |
| Inpatient hospital | $144,225,616,200$ | 24 |  | $157,288,552,385$ | 22 |
| Physician/outpatient hospital | $214,888,544,309$ | 36 |  | $253,728,764,587$ | 35 |
| Nursing home/long-term institution | $72,458,957,283$ | 12 | $88,104,428,735$ | 12 |  |
| Home health care | $19,976,448,445$ | 3 | $23,853,729,622$ | 3 |  |
| Prescription drugs | $90,800,824,928$ | 15 | $121,139,985,089$ | 3 |  |
| Other (short-term institution/hospice/dental) | $51,464,191,603$ | 9 | $74,698,597,482$ | 17 |  |

NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are not inflation adjusted. Estimates may not sum to the totals because of rounding.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

## indiCATOR 30: Health Care Expenditures

Table 30c. Average annual health care costs among Medicare beneficiaries age 65 and over, by selected characteristics, 2012

| Selected characteristic | Cost |
| :--- | ---: |
| Total | $\$ 16,970$ |
| Race and ethnicity | 16,862 |
| Non-Hispanic White | 18,962 |
| Non-Hispanic Black | 17,002 |
| Hispanic | 15,512 |
| Other |  |
| Institutional status | 13,831 |
| Community | 71,739 |
| Long-term care facility | 24,596 |
| Annual income | 19,937 |
| Under $\$ 10,000$ | 15,662 |
| $\$ 10,000-\$ 20,000$ | 14,687 |
| $\$ 20,001-\$ 30,000$ | 6,533 |
| $\$ 30,001$ and over | 11,445 |
| Number of chronic conditions | 18,931 |
| 0 | 30,253 |
| $1-2$ | 16,274 |
| $3-4$ | 16,997 |

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 beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

## indicator 30: Health Care Expenditures

Table 30d. Average annual health care costs among Medicare beneficiaries age 65 and over, by age group and major cost component, 2012

| Major cost component | $65-74$ | $75-84$ | 85 and over |
| :--- | ---: | ---: | ---: |
| Total | $\$ 13,206$ | $\$ 19,311$ | $\$ 25,900$ |
| Inpatient hospital | 2,813 | 4,579 | 4,651 |
| Physician/outpatient hospital | 2,718 | 3,218 | 3,082 |
| Nursing home/long-term institution | 718 | 1,856 | 7,175 |
| Home health care | 245 | 755 | 1,241 |
| Prescription drugs | 2,764 | 3,061 | 2,356 |
| Other (short-term institution/hospice/dental) | 332 | 650 | 1,303 |

NOTE: Data include both out-of-pocket costs and costs covered by insurance.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

Table 30e. Percentage of noninstitutionalized Medicare beneficiaries age 65 and over who reported problems with access to health care, 1992-2012

| Problem with access to health care | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Difficulty obtaining care | 3.1 | 2.6 | 2.6 | 2.6 | 2.3 | 2.4 | 2.4 | 2.8 | 2.9 | 2.8 | 2.5 |
| Delayed getting care due to cost | 9.8 | 9.1 | 7.6 | 6.8 | 5.5 | 4.8 | 4.4 | 4.7 | 4.8 | 5.1 | 6.1 |
|  | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |  |
| Difficulty obtaining care | 2.3 | 2.3 | 2.5 | 2.8 | 2.7 | 2.6 | 2.8 | 3.0 | 3.1 | 2.7 |  |
| Delayed getting care due to cost | 5.3 | 5.3 | 4.8 | 5.3 | 4.6 | 5.2 | 4.6 | 5.8 | 6.4 | 6.3 |  |

Reference population: These data refer to noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use and Access to Care.

## INDICATOR 31: Prescription Drugs

Table 31a. Average prescription drug costs, in 2012 dollars, among noninstitutionalized Medicare beneficiaries age 65 and over, by sources of payment, 1992-2012

| Sources of <br> payment | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Total | $\$ 1,041$ | $\$ 1,348$ | $\$ 1,401$ | $\$ 1,435$ | $\$ 1,508$ | $\$ 1,612$ | $\$ 1,840$ | $\$ 2,018$ | $\$ 2,233$ | $\$ 2,434$ | $\$ 2,658$ |
| Out-of-pocket | 626 | 783 | 762 | 753 | 749 | 799 | 851 | 887 | 937 | 973 | 1,049 |
| Private | 265 | 338 | 385 | 424 | 501 | 526 | 644 | 706 | 778 | 847 | 968 |
| Public | 150 | 226 | 255 | 259 | 258 | 288 | 345 | 425 | 519 | 614 | 641 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |  |
|  | $\$ 2,793$ | $\$ 2,919$ | $\$ 3,287$ | $\$ 3,098$ | $\$ 3,054$ | $\$ 3,022$ | $\$ 3,272$ | $\$ 3,077$ | $\$ 3,024$ | $\$ 3,201$ |  |
| Total | 1,047 | 1,057 | 1,169 | 910 | 750 | 707 | 751 | 712 | 709 | 719 |  |
| $\quad$ Out-of-pocket | 1,063 | 1,122 | 1,348 | 992 | 757 | 717 | 733 | 625 | 573 | 563 |  |
| Private | 683 | 740 | 770 | 1,196 | 1,547 | 1,598 | 1,788 | 1,740 | 1,742 | 1,919 |  |
| Public |  |  |  |  |  |  |  |  |  |  |  |

NOTE: Dollars have been inflation adjusted to 2012 using the Consumer Price Index (Series CPI-U-RS). Some data have been revised from previously published tables as a result of a CPI adjustment. 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 noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

Table 31b. Percentage distribution of annual prescription drug costs among noninstitutionalized Medicare beneficiaries age 65 and over, 2012

| Cost in dollars | Percent of beneficiaries |
| :--- | ---: |
| Total | 100.0 |
| $\$ 0$ | 5.4 |
| $1-499$ | 22.8 |
| $500-999$ | 13.4 |
| $1,000-1,499$ | 9.0 |
| $1,500-1,999$ | 6.9 |
| $2,000-2,499$ | 5.6 |
| $2,500-2,999$ | 5.4 |
| $3,000-3,499$ | 4.2 |
| $3,500-3,999$ | 3.4 |
| $4,000-4,499$ | 3.1 |
| $4,500-4,999$ | 2.4 |
| 5,000 or more | 18.3 |

NOTE: Reported costs have been adjusted to account for underreporting of prescription drug use.
Reference population: These data refer to noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

## INDICATOR 31: Prescription Drugs

| Table 31c.Number of Medicare beneficiaries age $\mathbf{6 5}$ and over who enrolled in Part D prescription drug plans or who were covered by <br> retiree drug subsidy payments, $\mathbf{2 0 0 6}$ and $\mathbf{2 0 1 4}$ |  |  |
| :--- | ---: | ---: |
| Part D benefit categories | 2006 | 2014 |
| All Medicare beneficiaries age 65 and over | $36,454,840$ | $45,312,272$ |
| Enrollees in prescription drug plans | $16,935,231$ | $31,090,534$ |
| Type of plan |  |  |
| Stand-alone plan | $11,345,012$ | $18,834,209$ |
| Medicare Advantage plan | $5,590,219$ | $12,256,326$ |
| Low-income subsidy |  |  |
| Yes | $11,560,171$ | $6,869,995$ |
| No | $6,548,138$ | $24,220,540$ |
| Retiree drug subsidy | $12,971,471$ | $11,659,243$ |
| Other |  |  |

NOTE: Some data for 2006 have been revised and differ from previous editions of Older Americans.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare claims and enrollment data.

Table 31d. Average prescription drug costs among noninstitutionalized Medicare beneficiaries age 65 and over, by selected characteristics, selected years 2000-2012

| Selected characteristic | 2000 | 2004 | 2008 | 2012 |
| :---: | :---: | :---: | :---: | :---: |
| Number of chronic conditions |  |  |  |  |
| 0 | \$837 | \$1,108 | \$1,312 | \$1,389 |
| 1-2 | 1,752 | 2,412 | 2,427 | 2,559 |
| 3-4 | 3,085 | 3,942 | 3,895 | 4,488 |
| 5 and over | 4,212 | 5,351 | 5,651 | 8,263 |
| Annual income |  |  |  |  |
| Under \$10,001 | 2,102 | 2,685 | 3,764 | 4,043 |
| \$10,001-\$20,000 | 2,130 | 2,882 | 3,090 | 3,447 |
| \$20,001-\$30,000 | 2,387 | 2,962 | 2,942 | 2,894 |
| \$30,001 and over | 2,310 | 3,033 | 2,843 | 3,068 |

NOTE: Dollars have been inflation adjusted to 2012 using the Consumer Price Index (Series CPI-U-RS). Some data have been revised from previously published tables as a result of a CPI adjustment. 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 noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

## INDICATOR 32: Sources of Health Insurance

Table 32a. Percentage of noninstitutionalized Medicare beneficiaries age 65 and over with supplemental health insurance, by type of insurance, 1991-2013

| Type of insurance | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 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 | 36.0 | 36.1 |
| Private (Medigap) ${ }^{\text {a }}$ | 44.8 | 45.0 | 45.3 | 45.2 | 44.3 | 38.6 | 35.8 | 33.9 | 33.2 | 33.5 | 34.5 | 37.5 |
| Medicare Advantage/ Capitated Payment Plans | 6.3 | 5.9 | 7.7 | 9.1 | 10.9 | 13.8 | 16.6 | 18.6 | 20.5 | 20.4 | 18.0 | 15.5 |
| Medicaid | 8.9 | 9.0 | 9.4 | 9.9 | 10.1 | 9.5 | 9.4 | 9.6 | 9.7 | 9.9 | 10.6 | 10.7 |
| TRICARE | - | - | - | - | - | - | - | - | - | - | - | - |
| Other public | 4.0 | 5.3 | 5.8 | 5.5 | 5.0 | 4.8 | 4.7 | 4.8 | 5.1 | 4.9 | 5.4 | 5.5 |
| No supplement | 11.3 | 10.4 | 9.7 | 9.3 | 9.1 | 9.4 | 9.2 | 8.9 | 9.0 | 9.7 | 10.1 | 12.3 |
|  | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |  |
| Private (employer- or union-sponsored) | 36.1 | 36.6 | 36.1 | 34.9 | 35.3 | 34.2 | 32.5 | 31.6 | 29.8 | 29.4 | 28.0 |  |
| Private (Medigap) ${ }^{\text {a }}$ | 34.3 | 33.7 | 34.6 | 32.5 | 31.5 | 29.5 | 27.8 | 26.5 | 26.4 | 25.4 | 25.4 |  |
| Medicare Advantage/ Capitated Payment Plans | 14.8 | 15.6 | 15.5 | 20.7 | 21.5 | 23.2 | 28.5 | 29.2 | 31.3 | 32.3 | 33.8 |  |
| Medicaid | 11.6 | 11.3 | 11.8 | 11.9 | 11.9 | 11.7 | 11.8 | 12.5 | 12.9 | 13.1 | 12.8 |  |
| TRICARE | 4.5 | 4.2 | 5.1 | 5.2 | 5.1 | 5.4 | 5.2 | 5.0 | 4.9 | 5.2 | 5.0 |  |
| Other public | 5.7 | 5.2 | 5.6 | 4.3 | 4.0 | 3.9 | 3.6 | 3.3 | 3.2 | 2.7 | 2.3 |  |
| No supplement | 9.1 | 9.7 | 8.9 | 9.4 | 10.5 | 10.5 | 9.3 | 9.9 | 10.0 | 10.6 | 10.8 |  |

— Not available.
${ }^{\text {a }}$ Includes people with private supplement of unknown sponsorship.
NOTE: Medicare Advantage/Capitated Payment Plans include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and private fee-for-service (PFFS) plans. Not all types of plans were available in all years. Since 2003 these types of plans have been known collectively as Medicare Advantage and/ or Medicare Part C. Estimates are based on beneficiaries' 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 beneficiaries whose primary insurance is not Medicare (approximately 1 to 3 percent of beneficiaries). 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 the Older Americans did not include data on TRICARE coverage. Adding TRICARE coverage to the table changes the percentage of beneficiaries in the "No supplement" group. Some data for 2009 have been revised and differ from previous editions of Older Americans. Reference population: These data refer to noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## INDICATOR 32: Sources of Health Insurance

Table 32b. Percentage of people ages 55-64 with health insurance coverage, by poverty status and type of insurance, 2014

|  |  | Poverty threshold |  |  |
| :--- | ---: | ---: | ---: | ---: |
| Type of insurance | Total | Below 100 percent | $100-199$ percent | 200 percent or more |
| Private | 71.7 | 18.5 | 42.3 | 85.3 |
| Medicaid | 9.7 | 43.6 | 19.4 | 2.9 |
| Medicare | 5.0 | 8.8 | 13.3 | 2.8 |
| Other coverage | 3.8 | 4.4 | 4.7 | 3.6 |
| Uninsured | 9.7 | 24.6 | 20.3 | 5.4 |

NOTE: Classification of health insurance is based on a hierarchy of mutually exclusive categories. People with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The "uninsured" category includes people who had no coverage as well as those who only had Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care. See glossary for definition of poverty.
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 32c. Percentage of people ages 55-64 with health insurance coverage, by type of insurance, 2010-2014

| Year | Private | Medicaid | Medicare | Other coverage | Uninsured |
| :--- | ---: | ---: | ---: | ---: | ---: |
| 2010 | 71.8 | 6.5 | 4.4 | 4.5 | 12.8 |
| 2011 | 71.2 | 6.8 | 4.7 | 4.3 | 13.0 |
| 2012 | 70.4 | 7.5 | 4.8 | 4.0 | 13.2 |
| 2013 | 69.1 | 7.9 | 5.5 | 4.0 | 13.5 |
| 2014 | 71.7 | 9.7 | 5.0 | 3.8 | 9.7 |

NOTE: Classification of health insurance is based on a hierarchy of mutually exclusive categories. People with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The "uninsured" category includes people who had no coverage as well as those who only had Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.
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 2000-2013

| Age group | 1977 | 1987 | 1996 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $55-64$ | 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 | 89.4 | 89.1 | 90.0 | 88.2 |
| $55-61$ | 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 | 88.3 | 87.9 | 89.4 | 87.1 |
| $62-64$ | 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 | 92.2 | 92.0 | 91.6 | 91.3 |
| 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 | 93.7 | 94.0 | 94.3 | 92.7 |
| $65-74$ | 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 | 93.4 | 93.7 | 93.6 | 92.2 |
| $75-84$ | 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 | 94.1 | 94.9 | 95.9 | 94.7 |
| 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 | 93.9 | 93.1 | 93.7 | 89.9 |

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. ${ }^{58}$
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.

Table 33b. Ratio of out-of-pocket expenditures to household income per person among people age 55 and over, by selected characteristics, 1977, 1987, 1996, and 2000-2013

| Selected characteristic | 1977 | 1987 | 1996 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55-64 | 5.2 | 5.8 | 7.1 | 7.0 | 7.6 | 7.1 | 7.3 | 7.5 | 7.1 | 7.1 | 6.0 | 6.2 | 6.2 | 6.1 | 6.5 | 5.6 | 5.6 |
| 55-61 | 5.1 | 5.7 | 6.2 | 6.1 | 6.9 | 6.6 | 6.9 | 7.1 | 6.7 | 6.6 | 5.8 | 5.8 | 5.8 | 5.8 | 6.1 | 5.7 | 5.7 |
| 62-64 | 5.5 | 5.9 | 9.5 | 9.3 | 9.6 | 8.5 | 8.4 | 8.8 | 8.2 | 8.5 | 6.6 | 7.3 | 7.4 | 7.1 | 7.6 | 5.4 | 5.5 |
| 65 and over | 7.2 | 8.8 | 8.4 | 9.1 | 10.0 | 10.8 | 11.6 | 11.6 | 10.9 | 10.0 | 8.6 | 8.4 | 8.1 | 7.8 | 7.1 | 7.0 | 6.5 |
| 65-74 | 6.4 | 7.2 | 7.7 | 8.1 | 8.7 | 9.5 | 9.2 | 10.7 | 9.2 | 9.1 | 7.2 | 7.0 | 7.0 | 7.4 | 6.3 | 5.9 | 5.3 |
| 75-84 | 8.8 | 11.0 | 9.0 | 10.4 | 11.4 | 11.9 | 13.4 | 11.8 | 12.5 | 10.5 | 10.0 | 9.5 | 9.3 | 7.5 | 7.7 | 7.2 | 6.9 |
| 85 and over | 7.9 | 12.0 | 9.8 | 10.1 | 11.8 | 12.7 | 16.4 | 14.9 | 13.0 | 12.2 | 10.1 | 10.7 | 9.4 | 10.2 | 8.9 | 10.5 | 11.0 |
| Income category |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Poor/near poor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55-64 | 16.1 | 18.1 | 30.0 | 29.9 | 31.2 | 27.1 | 29.9 | 30.0 | 27.7 | 28.8 | 23.3 | 24.3 | 26.1 | 24.8 | 25.3 | 21.7 | 20.2 |
| 55-61 | 17.5 | 19.8 | 27.6 | 28.1 | 29.6 | 26.5 | 30.0 | 29.6 | 27.9 | 27.7 | 24.1 | 24.2 | 25.1 | 24.3 | 23.8 | 23.2 | 21.1 |
| 62-64 | 13.3 | 14.0 | 34.3 | * | 34.9 | 28.5 | 29.9 | 30.9 | 27.3 | 31.5 | 21.2 | 24.4 | 28.5 | 26.1 | 28.6 | 18.2 | 17.4 |
| 65 and over | 12.3 | 15.8 | 19.2 | 22.6 | 23.5 | 27.6 | 27.8 | 29.3 | 27.6 | 28.1 | 21.9 | 19.4 | 22.4 | 21.4 | 20.5 | 20.0 | 17.5 |
| 65-74 | 11.0 | 13.7 | 21.6 | 24.4 | 25.7 | 27.7 | 23.4 | 29.0 | 26.2 | 29.4 | 20.2 | 19.4 | 23.3 | 27.1 | 21.0 | 19.5 | 15.3 |
| 75-84 | 14.4 | 19.0 | 18.3 | 22.9 | 23.3 | 28.4 | 30.2 | 29.4 | 28.6 | 27.9 | 24.5 | 18.3 | 21.5 | 15.3 | 20.2 | 17.5 | 15.9 |
| 85 and over | 12.4 | 14.7 | * | 17.6 | 18.7 | 25.7 | 32.4 | 30.0 | 28.6 | 24.9 | 20.0 | 21.6 | 22.5 | 19.9 | 20.1 | 25.2 | 25.1 |
| Low/middle/high |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55-64 | 3.9 | 3.7 | 3.2 | 3.4 | 4.2 | 4.1 | 4.5 | 4.1 | 4.2 | 4.0 | 3.8 | 3.8 | 3.4 | 3.4 | 3.4 | 3.2 | 3.3 |
| 55-61 | 3.7 | 3.4 | 2.9 | 3.1 | 3.9 | 3.8 | 4.2 | 4.0 | 3.9 | 3.8 | 3.5 | 3.4 | 3.2 | 3.0 | 3.3 | 3.1 | 3.1 |
| 62-64 | 4.2 | 4.6 | 3.8 | 4.3 | 5.3 | 5.0 | 5.5 | 4.8 | 5.3 | 4.8 | 4.5 | 4.9 | 4.0 | 4.3 | 3.6 | 3.3 | 3.7 |
| 65 and over | 5.4 | 7.0 | 5.6 | 6.3 | 7.3 | 7.2 | 8.0 | 8.1 | 7.4 | 6.0 | 5.6 | 5.9 | 5.2 | 5.2 | 4.7 | 4.5 | 4.5 |
| 65-74 | 5.0 | 5.9 | 4.9 | 5.6 | 6.2 | 6.4 | 6.9 | 7.4 | 6.2 | 5.2 | 4.9 | 4.8 | 4.3 | 4.3 | 4.1 | 3.9 | 3.8 |
| 75-84 | 6.2 | 8.4 | 6.3 | 6.9 | 8.4 | 8.2 | 9.1 | 8.2 | 8.8 | 6.5 | 6.1 | 7.2 | 6.2 | 5.8 | 5.2 | 5.0 | 5.1 |
| 85 and over | 5.2 | 10.9 | 7.8 | 7.6 | 9.3 | 7.9 | 10.3 | 11.1 | 8.2 | 8.2 | 7.2 | 7.4 | 6.4 | 7.8 | 5.7 | 5.8 | 6.6 |
| Health status category |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Poor or fair health |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55-64 | 8.7 | 8.5 | 13.0 | 14.1 | 13.6 | 13.3 | 13.3 | 13.8 | 12.7 | 13.2 | 10.0 | 11.3 | 9.8 | 10.9 | 12.0 | 9.5 | 10.0 |
| 55-61 | 8.8 | 9.0 | 11.8 | 12.8 | 12.9 | 12.8 | 12.4 | 13.5 | 11.8 | 12.9 | 9.8 | 10.9 | 10.2 | 10.9 | 11.3 | 10.0 | 11.1 |
| 62-64 | 8.6 | 7.6 | 15.9 | 17.4 | 15.2 | 14.7 | 15.9 | 14.7 | 15.3 | 14.0 | 10.5 | 12.2 | 8.8 | 11.1 | 13.6 | 8.1 | 7.3 |
| 65 and over | 9.5 | 11.0 | 11.7 | 13.1 | 13.9 | 14.6 | 16.0 | 15.2 | 15.5 | 12.9 | 11.3 | 11.8 | 10.5 | 10.9 | 9.0 | 9.7 | 8.7 |
| 65-74 | 8.7 | 10.0 | 10.7 | 11.8 | 13.5 | 14.4 | 13.8 | 14.3 | 14.3 | 13.1 | 11.3 | 11.4 | 9.6 | 11.0 | 8.3 | 8.8 | 6.9 |
| 75-84 | 11.3 | 12.4 | 11.8 | 14.6 | 14.7 | 15.2 | 17.5 | 15.4 | 17.1 | 13.0 | 11.3 | 11.2 | 11.9 | 9.8 | 9.9 | 9.7 | 8.6 |
| 85 and over | 8.9 | 12.2 | * | 13.8 | 13.2 | 13.5 | 19.5 | 17.9 | 14.5 | 12.2 | 11.2 | 14.4 | 10.0 | 13.2 | 9.2 | 11.9 | 13.5 |

[^15]
## indicator 33: Out-of-Pocket Health Care Expenditures

Table 33b. Ratio of out-of-pocket expenditures to household income per person among people age 55 and over, by selected characteristics, 1977, 1987, 1996, and 2000-2013-continued

| Selected characteristic | 1977 | 1987 | 1996 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Excellent, very good, or good health |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55-64 | 3.9 | 4.6 | 5.0 | 4.0 | 5.2 | 4.6 | 5.0 | 5.0 | 4.9 | 4.8 | 4.4 | 4.1 | 4.8 | 4.3 | 4.3 | 4.1 | 3.9 |
| 55-61 | 3.9 | 4.5 | 4.1 | 3.5 | 4.8 | 4.4 | 4.9 | 4.5 | 4.6 | 4.3 | 4.3 | 3.9 | 4.1 | 4.0 | 3.9 | 4.0 | 3.7 |
| 62-64 | 4.1 | 4.9 | 7.3 | 5.6 | 6.6 | 5.6 | 5.4 | 6.4 | 5.6 | 6.3 | 5.0 | 4.8 | 6.8 | 5.3 | 5.2 | 4.3 | 4.7 |
| 65 and over | 6.1 | 7.1 | 6.6 | 6.7 | 7.6 | 8.4 | 8.9 | 9.4 | 8.1 | 8.2 | 7.0 | 6.4 | 6.8 | 6.1 | 6.1 | 5.6 | 5.5 |
| 65-74 | 5.3 | 5.4 | 6.3 | 6.2 | 6.2 | 7.1 | 6.9 | 8.9 | 6.6 | 7.1 | 5.3 | 5.0 | 5.7 | 5.8 | 5.5 | 4.7 | 4.7 |
| 75-84 | 7.5 | 9.7 | 7.2 | 7.5 | 9.1 | 9.6 | 10.7 | 9.3 | 9.2 | 8.8 | 9.2 | 8.3 | 7.8 | 6.0 | 6.3 | 5.9 | 6.0 |
| 85 and over | 7.6 | 11.8 | 6.4 | 7.1 | 10.6 | 11.9 | 13.9 | 12.8 | 11.9 | 12.2 | 9.2 | 7.9 | 9.0 | 7.8 | 8.7 | 9.2 | 8.8 |

* 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 those 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. ${ }^{58}$
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.

Table 33c. Percentage distribution of total out-of-pocket health care expenditures among people age 55 and over, by age group and type of health care service, 2000-2013

| Year and type of health care service | 55-64 |  |  | 65 and over |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | 55-61 | 62-64 | Total | 65-74 | 75-84 | 85 and over |
| 2000 |  |  |  |  |  |  |  |
| Hospital care | 8.5 | 7.5 | * | 6.4 | 7.3 | 4.6 | 8.6 |
| Office-based medical provider services | 18.9 | 19.8 | 16.7 | 9.8 | 11.6 | 9.0 | 6.0 |
| Dental services | 20.0 | 21.3 | 17.0 | 15.8 | 17.5 | 15.9 | 9.6 |
| Prescription drugs | 44.7 | 44.0 | 46.5 | 53.6 | 57.1 | 51.5 | 48.0 |
| Other health care | 7.8 | 7.5 | 8.7 | 14.3 | 6.6 | 19.0 | 27.9 |
| 2001 |  |  |  |  |  |  |  |
| Hospital care | 9.8 | 9.4 | 10.7 | 5.4 | 5.2 | 5.8 | * |
| Office-based medical provider services | 19.8 | 19.9 | 19.7 | 9.4 | 10.5 | 9.6 | 6.0 |
| Dental services | 18.6 | 20.0 | 15.2 | 13.0 | 15.6 | 11.9 | 8.3 |
| Prescription drugs | 45.7 | 44.3 | 48.9 | 56.0 | 57.2 | 58.9 | 45.1 |
| Other health care | 6.1 | 6.4 | 5.5 | 16.2 | 11.5 | 13.8 | * |
| 2002 |  |  |  |  |  |  |  |
| Hospital care | 10.2 | 9.2 | 13.1 | 5.0 | 4.6 | 5.5 | 5.1 |
| Office-based medical provider services | 21.3 | 21.6 | 20.3 | 10.5 | 12.3 | 9.3 | 7.8 |
| Dental services | 18.1 | 18.3 | 17.7 | 14.0 | 17.6 | 12.3 | 6.2 |
| Prescription drugs | 43.8 | 43.5 | 44.7 | 58.2 | 57.9 | 56.6 | 65.5 |
| Other health care | 6.6 | 7.4 | 4.3 | 12.3 | 7.7 | 16.3 | 15.4 |
| 2003 |  |  |  |  |  |  |  |
| Hospital care | 9.2 | 8.8 | 10.1 | 5.2 | 5.9 | 4.5 | 5.1 |
| Office-based medical provider services | 18.8 | 18.3 | 19.9 | 8.7 | 9.4 | 9.1 | 5.4 |
| Dental services | 16.7 | 16.7 | 16.9 | 11.8 | 14.5 | 9.5 | 9.5 |
| Prescription drugs | 48.5 | 49.0 | 47.5 | 58.3 | 61.3 | 54.5 | 59.8 |
| Other health care | 6.8 | 7.3 | 5.6 | 16.0 | 8.9 | 22.4 | 20.2 |

[^16]
## indicator 33: Out-of-Pocket Health Care Expenditures

Table 33c. Percentage distribution of total out-of-pocket health care expenditures among people age 55 and over, by age group and type of health care service, 2000-2013-continued

| Year and type of health care service | 56-64 |  |  | 65 and over |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | 55-61 | 62-64 | Total | 65-74 | 75-84 | 85 and over |
| 2004 |  |  |  |  |  |  |  |
| Hospital care | 9.2 | 10.1 | 6.9 | 5.0 | 5.1 | 4.5 | * |
| Office-based medical provider services | 20.1 | 18.7 | 23.6 | 10.1 | 12.4 | 9.2 | 5.3 |
| Dental services | 16.9 | 18.5 | 12.8 | 11.8 | 13.2 | 12.0 | 7.5 |
| Prescription drugs | 46.0 | 45.0 | 48.7 | 61.4 | 61.9 | 64.8 | 51.9 |
| Other health care | 7.8 | 7.7 | 8.1 | 11.8 | 7.4 | 9.5 | 29.5 |
| 2005 |  |  |  |  |  |  |  |
| Hospital care | 12.2 | 12.8 | 10.8 | 5.4 | 5.1 | 5.7 | 5.4 |
| Office-based medical provider services | 19.6 | 19.6 | 19.9 | 11.4 | 11.4 | 12.3 | 8.7 |
| Dental services | 15.7 | 16.3 | 14.3 | 15.3 | 19.4 | 12.6 | 9.8 |
| Prescription drugs | 45.9 | 44.7 | 49.0 | 57.8 | 57.9 | 59.1 | 53.3 |
| Other health care | 6.5 | 6.7 | 6.1 | 10.1 | 6.2 | 10.4 | 22.7 |
| 2006 |  |  |  |  |  |  |  |
| Hospital care | * | 9.4 | * | 7.2 | 6.6 | 5.9 | 12.2 |
| Office-based medical provider services | 19.8 | 20.9 | 17.4 | 12.3 | 14.1 | 11.0 | 9.5 |
| Dental services | 13.9 | 15.4 | 10.6 | 16.2 | 19.7 | 15.3 | 7.6 |
| Prescription drugs | 43.2 | 48.5 | 32.0 | 51.1 | 51.5 | 53.2 | 45.2 |
| Other health care | 5.5 | 5.8 | 4.9 | 13.2 | 8.1 | 14.7 | 25.5 |
| 2007 |  |  |  |  |  |  |  |
| Hospital care | 12.4 | 12.6 | 11.9 | * | 4.4 | * | * |
| Office-based medical provider services | 22.1 | 21.7 | 23.1 | 13.7 | 15.5 | 12.7 | 10.4 |
| Dental services | 21.1 | 21.3 | 20.7 | 18.5 | 21.4 | 16.4 | 14.9 |
| Prescription drugs | 38.8 | 38.8 | 38.7 | 47.3 | 49.5 | 45.4 | 45.3 |
| Other health care | 5.6 | 5.7 | 5.5 | 11.6 | 9.2 | 10.2 | 21.6 |
| 2008 |  |  |  |  |  |  |  |
| Hospital care | 14.2 | 14.7 | 13.3 | 6.3 | 7.3 | 5.9 | 4.5 |
| Office-based medical provider services | 23.1 | 24.0 | 21.4 | 15.0 | 17.3 | 14.9 | 9.3 |
| Dental services | 19.9 | 19.8 | 20.2 | 19.6 | 21.4 | 19.8 | 14.2 |
| Prescription drugs | 35.9 | 35.8 | 36.3 | 42.0 | 44.8 | 41.2 | 35.9 |
| Other health care | 6.8 | 5.8 | 8.8 | 17.1 | 9.2 | 18.2 | 36.1 |
| 2009 |  |  |  |  |  |  |  |
| Hospital care | 16.0 | 13.3 | * | 10.6 | 6.4 | 14.5 | 12.7 |
| Office-based medical provider services | 23.2 | 24.6 | 20.3 | 15.8 | 18.8 | 14.0 | 11.8 |
| Dental services | 21.6 | 23.0 | 18.6 | 18.7 | 23.0 | 15.4 | 15.0 |
| Prescription drugs | 32.2 | 32.2 | 32.1 | 41.3 | 44.2 | 40.2 | 36.1 |
| Other health care | 7.0 | 6.9 | 7.1 | 13.6 | 7.7 | 15.9 | 24.4 |
| 2010 |  |  |  |  |  |  |  |
| Hospital care | 12.2 | 12.6 | 11.4 | 7.9 | 7.8 | 6.8 | 10.8 |
| Office-based medical provider services | 24.7 | 24.4 | 25.4 | 15.8 | 17.5 | 14.6 | 13.0 |
| Dental services | 20.6 | 19.2 | 23.4 | 20.4 | 21.4 | 22.2 | 13.4 |
| Prescription drugs | 36.3 | 37.6 | 33.9 | 44.4 | 46.3 | 44.0 | 39.3 |
| Other health care | 6.2 | 6.4 | 5.8 | 11.4 | 7.0 | 12.4 | 23.5 |

See notes at end of table.

## INDICATOR 33: Out-of-Pocket Health Care Expenditures

Table 33c. Percentage distribution of total out-of-pocket health care expenditures among people age 55 and over, by age group and type of health care service, 2000-2013-continued

| Year and type of health care service | 55-64 |  |  | 65 and over |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | 55-61 | 62-64 | Total | 65-74 | 75-84 | 85 and over |
| 2011 |  |  |  |  |  |  |  |
| Hospital care | 16.6 | 15.5 | 19.1 | 7.8 | 8.6 | 7.4 | 6.0 |
| Office-based medical provider services | 24.1 | 23.7 | 24.9 | 15.9 | 18.0 | 14.8 | 12.0 |
| Dental services | 18.3 | 18.5 | 18.1 | 20.0 | 20.2 | 24.3 | 11.4 |
| Prescription drugs | 34.6 | 35.0 | 33.7 | 40.2 | 42.4 | 41.5 | 30.7 |
| Other health care | 6.4 | 7.3 | 4.2 | 16.1 | 10.9 | 11.9 | 39.9 |
| 2012 |  |  |  |  |  |  |  |
| Hospital care | 18.0 | 15.5 | * | 9.2 | 10.0 | 8.2 | * |
| Office-based medical provider services | 23.7 | 24.3 | 22.4 | 15.6 | 19.7 | 13.5 | 8.6 |
| Dental services | 17.3 | 18.1 | 15.6 | 22.1 | 23.0 | 26.7 | * |
| Prescription drugs | 34.9 | 36.2 | 32.1 | 34.2 | 37.7 | 39.4 | 18.4 |
| Other health care | 6.2 | 6.0 | 6.5 | 18.8 | 9.5 | 12.2 | 50.8 |
| 2013 |  |  |  |  |  |  |  |
| Hospital care | 16.0 | 18.4 | 10.9 | 7.7 | 7.4 | 9.6 | 5.6 |
| Office-based medical provider services | 27.2 | 25.5 | 30.8 | 19.2 | 22.1 | 16.9 | 14.5 |
| Dental services | 18.5 | 17.7 | 20.0 | 21.0 | 23.2 | 23.6 | 10.5 |
| Prescription drugs | 30.5 | 29.9 | 31.7 | 33.3 | 35.7 | 35.5 | 22.6 |
| Other health care | 7.9 | 8.5 | 6.7 | 18.8 | 11.7 | 14.3 | 46.9 |

* 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 per beneficiary and percentage distribution of sources of payment for health care services for Medicare beneficiaries age 65 and over, by type of service, 2012

| Type of service | Average <br> cost per beneficiary | Sources of payment |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Total | Medicare | Medicaid | Out-of-pocket | Other |
| All | \$16,959 | 100.0 | 59.0 | 6.8 | 17.7 | 16.4 |
| Hospice | 343 | 100.0 | 100.0 |  |  |  |
| Inpatient hospital | 3,627 | 100.0 | 87.0 | 0.8 | *2.2 | 9.9 |
| Home health care | 550 | 100.0 | 76.8 | ** | 19.0 | ** |
| Short-term institution | 933 | 100.0 | 70.4 | 11.9 | 8.8 | 8.8 |
| Physician/medical | 4,050 | 100.0 | 61.5 | 1.2 | 16.7 | 20.6 |
| Outpatient hospital | 1,801 | 100.0 | 71.8 | 1.4 | 7.3 | 19.6 |
| Prescription drugs | 2,793 | 100.0 | 50.5 | 0.3 | 21.3 | 27.8 |
| Dental | 447 | 100.0 | 1.8 | ** | 77.3 | 20.6 |
| Long-term care facility | 2,032 | 100.0 | ** | 44.3 | 45.0 | 9.7 |

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20 to 30 percent.
** Estimate not shown due to a relative standard error greater than 30 percent.
NOTE: "Other" refers to private insurance, Department of Veterans Affairs, uncollected liability, and other public programs. Estimates may not sum to the totals because of rounding or suppression due to high relative standard errors.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

Table 34b. Average cost per beneficiary and percentage distribution of sources of payment for health care services for Medicare beneficiaries age 65 and over, by income, 2012

|  | Average <br> cost per <br> beneficiary | Sources of payment |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
|  | Total | Medicare | Medicaid | Out-of-pocket | Other |  |
| Income | $\$ 16,959$ | 100.0 | 59.0 | 6.8 | 17.7 | 16.4 |
| Under $\$ 10,000$ | 24,585 | 100.0 | 61.8 | 20.2 | 11.2 | 6.8 |
| $\$ 10,000-\$ 20,000$ | 19,925 | 100.0 | 62.8 | 11.4 | 15.7 | 10.1 |
| $\$ 20,001-\$ 30,000$ | 15,649 | 100.0 | 63.3 | 4.1 | 17.8 | 14.8 |
| $\$ 30,001$ and over | 14,679 | 100.0 | 54.0 | 1.0 | 20.9 | 23.8 |

NOTE: Income refers to annual income of respondent and spouse. "Other" refers to private insurance, Department of Veterans Affairs, uncollected liability, and other public programs. Estimates may not sum to the totals because of rounding.
Reference population: These data refer to Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Cost and Use.

## INDICATOR 35: Veterans' Health Care

Table 35a. Total number of veterans age 65 and over who are enrolled in the Veterans Health Administration, by age group, 1999-2014 and projected 2019-2034

|  |  | 65 and over |  |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Year | All ages | Total | $65-69$ | $70-74$ | $75-79$ | $80-84$ | 85 and over |
| Actual |  |  |  |  |  | 64,776 |  |
| 1999 | $4,542,964$ | $1,880,346$ | 540,126 | 546,299 | 516,076 | 213,069 | 264,926 |
| 2004 | $7,356,161$ | $3,355,949$ | 690,284 | 882,646 | 847,977 | 670,116 | 589,869 |
| 2009 | $8,165,680$ | $3,494,830$ | 724,280 | 675,320 | 811,308 | 694,053 | 759,608 |
| 2014 | $9,078,615$ | $4,317,646$ | $1,486,698$ | 758,428 | 632,674 | 680,238 |  |
| Projected |  |  |  |  |  |  | 814,000 |
| 2019 | $9,578,000$ | $4,715,000$ | $1,135,000$ | $1,469,000$ | 746,000 | 552,000 | 747,000 |
| 2024 | $9,698,000$ | $4,875,000$ | $1,004,000$ | $1,116,000$ | $1,359,000$ | 650,000 | 804,000 |
| 2029 | $9,651,000$ | $4,945,000$ | 973,000 | 993,000 | $1,031,000$ | $1,143,000$ | $1,202,000$ |
| 2034 | $9,455,000$ | $4,863,000$ | 913,000 | 966,000 | 921,000 | 861,000 |  |

NOTE: Department of Veterans Affairs (VA) enrollees are veterans who have signed up to receive health care from the Veterans Health Administration (VHA). Counts for 2019-2034 are projections from the 2015 VA Enrollee Health Care Projection Model.
Reference population: These data refer to the count of unique VHA enrollees per fiscal year.
SOURCE: Department of Veterans Affairs, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, 2015 VA Enrollee Health Care Projection Model.

Table 35b. Percentage of enrolled veterans age 65 and over with service-connected disabilities, by service-connected disability rating, 2004-2014 and projected 2019-2034

|  | 70 percent or more <br> service-connected disability | 10 percent or more <br> service-connected disability | No service-connected disability |
| :--- | ---: | ---: | ---: |
| Year |  |  |  |
| Actual | 4.5 | 21.8 | 78.2 |
| 2004 | 6.5 | 24.8 | 75.2 |
| 2009 | 13.2 | 35.9 | 64.1 |
| 2014 |  |  |  |
| Projected | 18.0 | 43.3 | 56.7 |
| 2019 | 21.4 | 48.2 | 51.8 |
| 2024 | 24.4 | 52.0 | 48.0 |
| 2029 | 27.0 | 55.0 | 45.0 |
| 2034 |  |  |  |

[^17]
## INDICATOR 36: Residential Services

Table 36a. Percentage distribution of Medicare beneficiaries age 65 and over residing in selected residential settings, by age group, 2013

| Residential setting | 65 and over |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Total | 65-74 | 75-84 | 85 and over |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Traditional community | 93.2 | 97.5 | 93.4 | 77.1 |
| Community housing with services | 2.8 | 1.3 | 3.1 | 8.2 |
| Long-term care facilities | 3.9 | 1.2 | 3.6 | 14.7 |
| Number (in thousands) | 40,700 | 21,800 | 12,900 | 6,000 |

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 \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

Table 36b. Percentage distribution of Medicare beneficiaries age 65 and over with limitations in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs), by residential setting, 2013

| Functional status | Overall | Traditional <br> community | Community housing <br> with services | Long-term <br> care facilities |
| :--- | ---: | ---: | ---: | ---: |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| No functional limitations | 55.8 | 58.5 | 36.4 | 4.9 |
| IADL limitation(s) only | 12.2 | 12.1 | 15.0 | 11.7 |
| 1-2 ADL limitations | 20.7 | 20.6 | 32.0 | 16.4 |
| 3 or more ADL limitations | 11.3 | 8.8 | 16.7 | 67.0 |

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. Long-term care facility residents with no limitations may include individuals with limitations in performing 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 \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## Table 36c. Percent availability of specific services among Medicare beneficiaries age 65 and over residing in community housing with

 services, 2013| Access to service | Percent |
| :--- | ---: |
| Prepared meals | 86.0 |
| Housekeeping, maid, or cleaning services | 79.4 |
| Laundry services | 68.5 |
| Help with medications | 49.3 |

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 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 \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## INDICATOR 36: Residential Services

Table 36d. Percentage distribution of annual income of Medicare beneficiaries age 65 and over, by residential setting, 2013

| Income | Traditional <br> community | Community housing <br> with services | Long-term care <br> facilities |
| :--- | ---: | ---: | ---: |
| Total | 100.0 | 100.0 | 100.0 |
| Under $\$ 10,000$ | 8.3 | 8.4 | 32.5 |
| $\$ 10,001-\$ 20,000$ | 19.5 | 32.8 | 37.8 |
| $\$ 20,001-\$ 30,000$ | 17.8 | 20.3 | 13.7 |
| $\$ 30,001$ and over | 54.4 | 38.5 | 16.1 |

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 \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

Table 36e. Characteristics of services available to Medicare beneficiaries age 65 and over residing in community housing with services, 2013

| Selected characteristic | Percent |
| :--- | ---: |
| Services included in housing costs | 100.0 |
| All included | 46.5 |
| Some included/some separate | 41.8 |
| All separate | 11.7 |
| Can continue living there if they need substantial services | 100.0 |
| Yes | 60.7 |
| No | 39.3 |

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 \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## INDICATOR 37: Personal Assistance and Equipment

Table 37a. Percentage distribution of noninstitutionalized Medicare beneficiaries age 65 and over who have limitations in performing activities of daily living (ADLs), by type of assistance, 1992-2013
\(\left.$$
\begin{array}{lrrrr}\hline \text { Year } & \begin{array}{r}\text { Personal } \\
\text { assistance only }\end{array} & \begin{array}{r}\text { Equipment } \\
\text { only }\end{array}
$$ \& \begin{array}{r}Personal assistance <br>

and equipment\end{array} \& None\end{array}\right\}\)| 41.6 |
| :--- |
| 1992 |

NOTE: Limitations in performing activities of daily living (ADLs) 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. Percentages are age adjusted using the 2000 standard population. Estimates may not sum to the totals because of rounding.
Reference population: These data refer to noninstitutionalized Medicare beneficiaries who have limitations in performing one or more ADLs.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

Table 37b. Percentage distribution of noninstitutionalized Medicare beneficiaries age 65 and over who have limitations in performing activities of daily living (ADLs), by type of assistance, age group, and sex, 2013

| Personal | Equipment <br> only | Personal assistance <br> and equipment | None |  |
| :--- | ---: | ---: | ---: | ---: |
| Age group and sex | assistance only | 35.3 | 25.4 | 32.4 |
| 65 and over | 7.0 | 34.6 | 22.9 | 36.2 |
| Men | 6.2 | 35.6 | 27.0 | 30.0 |
| Women | 7.4 | 31.0 | 21.5 | 40.8 |
| $65-74$ | 6.7 | 39.9 | 26.0 | 26.6 |
| $75-84$ | 7.5 | 39.9 | 40.5 | 13.2 |
| 8 and over | 6.5 |  |  |  |

NOTE: Limitations in performing activities of daily living (ADLs) 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. Estimates for persons age 65 or over are age adjusted using the 2000 standard population.
Reference population: These data refer to noninstitutionalized Medicare beneficiaries who have limitations in performing one or more ADLs.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## INDICATOR 37: Personal Assistance and Equipment

Table 37c. Percentage of noninstitutionalized Medicare beneficiaries age 65 and over who have limitations in performing instrumental activities of daily living (IADLs) and who receive personal assistance, by age group, 1992-2013

|  |  |  | 65 and over |  |
| :--- | ---: | ---: | ---: | ---: |
| Year | Total | $65-74$ | $75-84$ | 85 and over |
| 1992 | 61.6 | 58.9 | 69.2 |  |
| 1993 | 59.6 | 56.6 | 73.3 |  |
| 1994 | 61.3 | 60.2 | 59.4 | 71.4 |
| 1995 | 61.9 | 59.1 | 66.1 |  |
| 1996 | 61.2 | 59.8 | 64.5 | 66.7 |
| 1997 | 63.6 | 61.8 | 61.2 | 71.1 |
| 1998 | 65.7 | 64.9 | 63.2 | 70.1 |
| 1999 | 62.9 | 61.5 | 65.3 | 68.7 |
| 2000 | 62.7 | 56.8 | 62.8 | 76.6 |
| 2001 | 65.2 | 60.9 | 64.4 | 73.7 |
| 2002 | 68.0 | 68.1 | 66.5 | 71.9 |
| 2003 | 66.8 | 66.4 | 66.7 | 72.9 |
| 2004 | 65.4 | 64.2 | 65.0 | 68.8 |
| 2005 | 66.4 | 62.7 | 65.6 | 74.0 |
| 2006 | 63.7 | 63.2 | 67.4 | 70.5 |
| 2007 | 66.3 | 65.4 | 61.7 | 69.7 |
| 2008 | 68.2 | 69.7 | 66.0 | 67.8 |
| 2009 | 66.2 | 64.8 | 66.6 | 67.6 |
| 2010 | 65.7 | 64.2 | 67.3 | 72.2 |
| 2011 | 67.1 | 65.6 | 64.5 | 72.1 |
| 2012 | 69.7 | 63.1 | 66.3 | 75.8 |
| 2013 | 68.1 |  | 71.2 | 75.8 |

NOTE: Limitations in performing instrumental actitivites of daily living (IADLs) 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 beneficiaries who have limitations in performing one or more IADLs.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

Table 37d. Percentage of noninstitutionalized Medicare beneficiaries age 65 and over who have limitations in performing instrumental activities of daily living (IADLs) and who receive personal assistance, by sex and age group, 2013

| Age group | Men | Women |
| :--- | :--- | ---: |
| $65-74$ | 58.5 | 66.0 |
| $75-84$ | 75.0 | 69.5 |
| 85 and over | 83.8 | 71.7 |

NOTE: Limitations in performing instrumental activities of daily living (IADLs) 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 beneficiaries who have limitations in performing one or more IADLs.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## INDICATOR 38: Long-Term Care Providers

Table 38a. Number of users of long-term care services, by sector and age group, 2013 and 2014

| Age group | Nursing homes | Residential care <br> communities | Adult day <br> services centers | Home health <br> agencies | Hospices |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Less than 65 | 206,825 | 60,134 | 102,721 | 863,555 | 75,079 |
| $65-74$ | 220,522 | 86,861 | 56,440 | $1,258,323$ | 229,260 |
| $75-84$ | 372,558 | 249,725 | 77,605 | $1,534,661$ | 402,210 |
| 85 and over | 569,795 | 439,315 | 45,716 | $1,282,996$ | 634,151 |

NOTE: Long-term care services are provided by paid, regulated providers. They comprise both health care-related and non-health care-related services, including post-acute care and rehabilitation. People can receive more than one type of service. The estimated number of users of nursing homes, residential care communities, and adult day services centers represents participants or residents enrolled on the day of data collection in 2014. The estimated number of users of home health agencies represents patients who ended care (i.e., were discharged) in 2013. The estimated number of users of hospice represents patients who received care at any time in 2013. The number in each age group is calculated by applying the percentage distribution by age to the estimated total number of users. See http://www.cdc. gov/nchs/data/series/sr_03/sr03_038.pdf for definitions.
Reference population: These data refer to the resident population.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Study of Long-Term Care Providers.

Table 38b. Percentage of users of long-term care services needing any assistance with activities of daily living (ADLs), by sector and activity, 2013 and 2014

| Activity | Nursing homes | Residential care <br> communities | Adult day <br> services centers | Home health <br> agencies |
| :--- | ---: | ---: | ---: | ---: |
| Bathing | 96.4 | 62.4 | 41.0 | 96.4 |
| Dressing | 91.8 | 47.4 | 37.1 | 88.4 |
| Toileting | 87.9 | 39.3 | 35.6 | 73.2 |
| Walking or locomotion | 90.7 | 29.1 | 33.7 | 94.0 |
| Transferring in/out of bed or chair | 85.2 | 29.7 | 29.8 | 87.8 |
| Eating | 58.0 | 19.8 | 24.3 | 56.7 |

NOTE: Long-term care services are provided by paid, regulated providers. They comprise both health care-related and non-health care-related services, including post-acute care and rehabilitation. People can receive more than one type of service. The estimated number of users of nursing homes, residential care communities, and adult day services centers represents participants or residents enrolled on the day of data collection in 2014. The estimated number of users of home health agencies represents patients who ended care (i.e., were discharged) in 2013. Users of formal long-term care include persons of all ages. In nursing homes, 85 percent of residents were age 65 and over. In residential care communities, 93 percent of residents were age 65 and over. In adult day services centers, 64 percent of participants were age 65 and over. Among home health care patients, 83 percent were age 65 and over. Data were not available for hospice patients. Participants, patients, or residents were considered needing any assistance with a given activity if they needed help or supervision from another person or used special equipment to perform the activity. See http://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf for definitions.
Reference population: These data refer to the resident population.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Study of Long-Term Care Providers.

## INDICATOR 39: Use of Time

Table 39a. 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, 2014

| Selected activity | 55 and over |  | 55-64 |  | 65-74 |  | 75 and over |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Average hours per day | Percent of day | Average hours per day | Percent of day | Average hours per day | Percent of day | Average hours per day | Percent of day |
| Sleeping | 8.73 | 36.4 | 8.43 | 35.1 | 8.88 | 37.0 | 9.16 | 38.2 |
| Leisure activities | 6.48 | 27.0 | 5.45 | 22.7 | 6.94 | 28.9 | 8.02 | 33.4 |
| Work and work-related activities | 2.37 | 9.9 | 4.02 | 16.8 | 1.32 | 5.5 | 0.33 | 1.4 |
| Household activities | 2.18 | 9.1 | 2.01 | 8.4 | 2.44 | 10.2 | 2.19 | 9.1 |
| Caring for and helping others | 0.36 | 1.5 | 0.41 | 1.7 | 0.36 | 1.5 | 0.28 | 1.2 |
| Eating and drinking | 1.30 | 5.4 | 1.21 | 5.0 | 1.37 | 5.7 | 1.41 | 5.9 |
| Purchasing goods and services | 0.84 | 3.5 | 0.82 | 3.4 | 0.90 | 3.8 | 0.81 | 3.4 |
| Grooming | 0.65 | 2.7 | 0.69 | 2.9 | 0.62 | 2.6 | 0.61 | 2.5 |
| Other activities | 1.07 | 4.5 | 0.94 | 3.9 | 1.17 | 4.9 | 1.19 | 5.0 |

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 39b. 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, 2014

| Selected leisure activity | 55 and over |  | 55-64 |  | 65-74 |  | 75 and over |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Average hours per day | Percent of leisure time | 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 | 0.65 | 10.1 | 0.58 | 10.6 | 0.73 | 10.5 | 0.71 | 8.8 |
| Watching TV | 3.78 | 58.2 | 3.25 | 59.6 | 4.03 | 58.1 | 4.52 | 56.3 |
| Participation in sports, exercise, and recreation | 0.23 | 3.6 | 0.24 | 4.3 | 0.27 | 3.9 | 0.17 | 2.1 |
| Relaxing and thinking | 0.40 | 6.2 | 0.30 | 5.6 | 0.35 | 5.0 | 0.69 | 8.7 |
| Reading | 0.61 | 9.4 | 0.37 | 6.8 | 0.63 | 9.1 | 1.09 | 13.5 |
| Other leisure activities | 0.81 | 12.5 | 0.71 | 13.0 | 0.93 | 13.4 | 0.85 | 10.5 |

NOTE: "Other leisure activities" includes activities such as playing games, using the computer for leisure, doing arts and crafts as a hobby, experiencing arts and entertainment (other than sports), and engaging in related travel.
Reference population: These data refer to the civilian noninstitutionalized population.
SOURCE: Bureau of Labor Statistics, American Time Use Survey.

## INDICATOR 40: Air Quality

Table 40a. Percentage of people age 65 and over living in counties with "poor air quality," by selected pollutant measures, 2000-2014

| Pollutant measures | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Particulate Matter $\left(\mathrm{PM}_{2.5}\right)$ | 50.1 | 47.7 | 47.1 | 43.0 | 37.8 | 45.6 | 35.5 | 38.4 | 25.7 | 17.7 | 15.0 | 14.1 | 7.2 | 9.4 |
| Ozone | 51.4 | 54.5 | 53.4 | 53.5 | 34.4 | 51.1 | 49.0 | 47.1 | 35.6 | 16.4 | 31.6 | 35.3 | 38.9 | 14.1 |
| Any standard | 65.5 | 64.8 | 62.7 | 63.2 | 54.6 | 62.4 | 59.1 | 57.6 | 45.3 | 27.1 | 38.4 | 40.4 | 41.6 | 21.1 |

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, or lead. Data for previous years have been computed using the the standards in effect as of August 2015 to enable comparisons over time. This results in percentages that are not comparable to those in 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, 2010 Population.

Table 40b. Counties with "poor air quality" for any standard in 2014

| State | County | Total population (in Census 2010) | Population 65 and over (in Census 2010) |
| :---: | :---: | :---: | :---: |
| Alaska | Anchorage Municipality | 291,826 | 21,139 |
| Alaska | Fairbanks North Star Borough | 97,581 | 6,375 |
| Alaska | Kenai Peninsula Borough | 55,400 | 6,276 |
| Alaska | Matanuska-Susitna Borough | 88,995 | 7,069 |
| Arizona | Cochise County | 131,346 | 22,688 |
| Arizona | Gila County | 53,597 | 12,450 |
| Arizona | Maricopa County | 3,817,117 | 462,641 |
| Arizona | Pinal County | 375,770 | 52,071 |
| Arizona | Santa Cruz County | 47,420 | 6,224 |
| Arizona | Yavapai County | 211,033 | 50,767 |
| Arizona | Yuma County | 195,751 | 30,646 |
| California | Alameda County | 1,510,271 | 167,746 |
| California | El Dorado County | 181,058 | 26,524 |
| California | Fresno County | 930,450 | 93,421 |
| California | Imperial County | 174,528 | 18,152 |
| California | Inyo County | 18,546 | 3,535 |
| California | Kern County | 839,631 | 75,437 |
| California | Kings County | 152,982 | 12,030 |
| California | Los Angeles County | 9,818,605 | 1,065,699 |
| California | Madera County | 150,865 | 17,262 |
| California | Mariposa County | 18,251 | 3,821 |
| California | Merced County | 255,793 | 23,960 |
| California | Mono County | 14,202 | 1,377 |
| California | Nevada County | 98,764 | 19,174 |
| California | Orange County | 3,010,232 | 349,677 |
| California | Placer County | 348,432 | 53,562 |
| California | Plumas County | 20,007 | 4,154 |

See notes at end of table.

## INDICATOR 40: Air Quality

Table 40b. Counties with "poor air quality" for any standard in 2014-continued

| State | County | Total population (in Census 2010) | Population 65 and over (in Census 2010) |
| :---: | :---: | :---: | :---: |
| California | Riverside County | 2,189,641 | 258,586 |
| California | Sacramento County | 1,418,788 | 158,551 |
| California | San Bernardino County | 2,035,210 | 181,348 |
| California | San Diego County | 3,095,313 | 351,425 |
| California | San Joaquin County | 685,306 | 71,181 |
| California | San Luis Obispo County | 269,637 | 41,022 |
| California | Santa Barbara County | 423,895 | 54,398 |
| California | Siskiyou County | 44,900 | 8,782 |
| California | Stanislaus County | 514,453 | 54,831 |
| California | Tehama County | 63,463 | 10,071 |
| California | Tulare County | 442,179 | 41,779 |
| California | Ventura County | 823,318 | 96,309 |
| Colorado | Alamosa County | 15,445 | 1,752 |
| Colorado | Jefferson County | 534,543 | 67,411 |
| Colorado | Prowers County | 12,551 | 1,835 |
| Connecticut | Fairfield County | 916,829 | 124,075 |
| Connecticut | Hartford County | 894,014 | 130,119 |
| Connecticut | Middlesex County | 165,676 | 25,621 |
| Connecticut | Tolland County | 152,691 | 18,220 |
| Georgia | Rockdale County | 85,215 | 9,066 |
| Hawaii | Hawaii County | 185,079 | 26,834 |
| Idaho | Lemhi County | 7,936 | 1,758 |
| Idaho | Shoshone County | 12,765 | 2,537 |
| Illinois | Tazewell County | 135,394 | 21,139 |
| Indiana | Daviess County | 31,648 | 4,461 |
| Indiana | Gibson County | 33,503 | 5,122 |
| Indiana | Marion County | 903,393 | 96,102 |
| Indiana | Morgan County | 68,894 | 8,919 |
| Indiana | Pike County | 12,845 | 2,175 |
| Indiana | Vigo County | 107,848 | 14,511 |
| Iowa | Linn County | 211,226 | 27,488 |
| Iowa | Muscatine County | 42,745 | 5,843 |
| Kentucky | Jefferson County | 741,096 | 99,095 |
| Louisiana | St. Bernard Parish | 35,897 | 3,288 |
| Michigan | Allegan County | 111,408 | 14,438 |
| Missouri | Iron County | 10,630 | 1,899 |
| Missouri | Jackson County | 674,158 | 83,990 |
| Missouri | Jefferson County | 218,733 | 24,394 |
| Missouri | St. Louis city | 319,294 | 35,175 |
| Montana | Yellowstone County | 147,972 | 20,868 |
| Nevada | Clark County | 1,951,269 | 220,445 |
| Nevada | Nye County | 43,946 | 10,301 |
| Nevada | Washoe County | 421,407 | 50,879 |
| New Jersey | Warren County | 108,692 | 15,292 |
| New Mexico | Bernalillo County | 662,564 | 81,014 |
| New Mexico | Doña Ana County | 209,233 | 25,881 |
| New Mexico | Luna County | 25,095 | 4,907 |

See notes at end of table.

## INDICATOR 40: Air Quality

Table 40b. Counties with "poor air quality" for any standard in 2014-continued

| State | County | Total population (in Census 2010) | Population 65 and over (in Census 2010) |
| :---: | :---: | :---: | :---: |
| North Dakota | Williams County | 22,398 | 3,328 |
| Ohio | Cuyahoga County | 1,280,122 | 198,541 |
| Ohio | Hamilton County | 802,374 | 106,863 |
| Ohio | Morgan County | 15,054 | 2,611 |
| Oklahoma | Adair County | 22,683 | 2,934 |
| Oklahoma | Love County | 9,423 | 1,618 |
| Oregon | Crook County | 20,978 | 4,203 |
| Oregon | Lake County | 7,895 | 1,612 |
| Oregon | Lane County | 351,715 | 52,781 |
| Pennsylvania | Allegheny County | 1,223,348 | 205,059 |
| Pennsylvania | Beaver County | 170,539 | 31,660 |
| Pennsylvania | Delaware County | 558,979 | 79,726 |
| Pennsylvania | Lancaster County | 519,445 | 77,780 |
| Pennsylvania | Lebanon County | 133,568 | 22,729 |
| Pennsylvania | Philadelphia County | 1,526,006 | 185,309 |
| Pennsylvania | Warren County | 41,815 | 7,840 |
| Pennsylvania | Washington County | 207,820 | 36,366 |
| Tennessee | Sullivan County | 156,823 | 29,215 |
| Texas | Denton County | 662,614 | 46,043 |
| Texas | Tarrant County | 1,809,034 | 161,385 |
| Utah | Cache County | 112,656 | 8,694 |
| Utah | Davis County | 306,479 | 24,992 |
| Utah | Salt Lake County | 1,029,655 | 89,367 |
| Utah | Uintah County | 32,588 | 2,997 |
| Utah | Utah County | 516,564 | 33,457 |
| Wisconsin | Brown County | 248,007 | 28,789 |
| Wisconsin | Kenosha County | 166,426 | 18,679 |
| Wisconsin | Oneida County | 35,998 | 7,800 |
| Wyoming | Carbon County | 15,885 | 2,044 |
| Wyoming | Sweetwater County | 43,806 | 3,643 |
| Puerto Rico | Arecibo Municipio, Puerto Rico | 96,440 | 15,727 |

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## Tables

## INDICATOR 41: Transportation

## Table 41. Percentage of noninstitutionalized Medicare beneficiaries age 65 and over who made a change in transportation mode due to a health or physical problem, by age group and type of change, 2013

|  | 65 and over |  |  |  |
| :--- | ---: | ---: | ---: | ---: |
| Type of change | Total | $65-74$ | $75-84$ | 85 and over |
| Limits driving to daytime | 33.4 | 24.8 | 55.3 |  |
| Has given up driving altogether | 19.1 | 11.3 | 21.2 | 46.5 |
| Has trouble getting places | 24.5 | 18.5 | 26.5 | 44.6 |
| Has reduced travel | 33.8 | 25.9 | 37.3 | 58.4 |

Reference population: These data refer to noninstitutionalized Medicare beneficiaries.
SOURCE: Centers for Medicare \& Medicaid Services, Medicare Current Beneficiary Survey, Access to Care.

## SPECIAL FEATURE: Informal Caregiving

Table CG1. Number of informal caregivers, by age group and sex, 2011

| Sex | Less than 45 | $45-54$ | $55-64$ | $65-74$ | 75 and over |
| :--- | ---: | :---: | :---: | ---: | ---: |
|  |  | Number (in thousands) |  |  |  |
| Total | 2,738 | 4,358 | 4,960 | 3,464 | 2,428 |
| Men | 999 | 1,727 | 1,512 | 1,412 | 1,204 |
| Women | 1,740 | 2,631 | 3,449 | 2,052 | 1,224 |

Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
SOURCE: National Study on Caregiving.

Table CG2. Number of informal caregivers and percentage distribution of caregiving hours provided, by relationship to care recipient, 2011

|  | Number of caregivers <br> (in thousands) | Percentage of <br> caregivers | Number of aggregate <br> monthly hours <br> (in thousands) | Percentage of <br> caregiving hours |
| :--- | ---: | ---: | ---: | ---: |
| Relationship to care recipient | 17,949 | 100.0 | $1,342,520$ | 100.0 |
| Total | 3,802 | 21.2 | 417,018 | 31.1 |
| Spouse | 5,263 | 29.3 | 411,138 | 30.6 |
| Daughter | 3,287 | 18.3 | 213,530 | 15.9 |
| Son | 4,011 | 22.3 | 245,508 | 18.3 |
| Other relative | 1,586 | 8.8 | 55,326 | 4.1 |
| Non-relative |  |  |  |  |

NOTE: Estimates may not sum to the totals because of rounding.
Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
SOURCE: National Study on Caregiving.

## SPECIAL FEATURE: Informal Caregiving

Table CG3. Percentage of caregivers providing assistance, by sex of caregiver and type of assistance, 2011

| Type of assistance | Total | Men | Women |
| :--- | ---: | ---: | ---: |
| Self care | 49.3 | 45.5 | 51.6 |
| Mobility | 71.6 | 76.4 | 68.7 |
| Transportation | 86.4 | 86.4 | 86.3 |
| Medical or health care | 57.1 | 55.4 | 58.1 |

NOTE: Respondents reported whether they helped with different types of activities. Self-care activities include bathing, dressing, eating, and toileting. Mobility-related activities include getting out of bed, getting around inside one's home or building, and leaving one's home or building. Health or medical care tasks were assistance with diet, foot care, giving injections, and managing medical tasks, such as ostomy care, IV therapy assistance, or blood tests.
Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
SOURCE: National Study on Caregiving.

Table CG4. Percentage of caregiver recipients, caregivers, and hours of help provided, by level of assistance needed by care recipients, 2011

| Level of assistance | Care recipients | Caregivers | Hours of help |
| :--- | ---: | ---: | ---: |
| Household activities only | 33.3 | 31.1 | 21.2 |
| $1-2$ self-care/mobility tasks | 39.4 | 38.0 | 32.4 |
| 3 or more self-care/mobility tasks | 27.3 | 30.9 |  |

Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
SOURCE: National Study on Caregiving.

Table CG5. Percentage of informal caregivers reporting positive and negative aspects of caregiving, by level of impact, 2011

|  | Level of impact |  |
| :--- | ---: | ---: |
| Aspects of caregiving | Some | Substantial |
| Positive aspects |  |  |
| More confident about abilities | 34.8 | 45.5 |
| Brought you closer to care receipient | 21.2 | 68.7 |
| Satisfied that recipient is well-cared for | 12.5 | 86.3 |
| Negative aspects |  | 11.4 |
| Financial difficulties | 23.7 | 6.6 |
| Emotional difficulties | 11.8 | 13.5 |
| Physical difficulties | 27.1 | 6.3 |
| Have more things than you can handle | 26.4 | 18.8 |
| Don't have time for yourself | 15.1 |  |

Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
SOURCE: National Study on Caregiving.
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## Data Sources

## 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:
Nick Mangus
U.S. Environmental Protection Agency

Phone: 919-541-5549
Website: http://www.epa.gov/aqs

## 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 45,000 housing units as of 2015, is conducted biennially in oddnumbered years; the metropolitan surveys, representative samples of 3,000 housing units, are conducted in oddnumbered 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 their 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. Rotating supplements to the survey collect 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; access to arts and culture; use of housing counseling; food security; and energy efficiency.
Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.
For more information, contact:
Meena Bavan
U.S. Department of Housing and Urban Development E-mail: Meena.Bavan@hud.gov
Phone: 202-708-0614
Website: http://www.huduser.gov/portal/datasets/ahs.html

## 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 12,000 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
Bureau of Labor Statistics
U.S. Department of Labor

E-mail: atusinfo@bls.gov
Phone: 202-691-6339
Website: 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 consists of two separate components, the

Quarterly Interview Survey and the Diary Suvey. 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.

The Quarterly Interview Survey is designed to obtain data on the types of expenditures respondents can recall for a period of 3 months or longer. These include relatively large expenditures, such as those for property, automobiles, and major durable goods and those that occur on a regular basis, such as rent and utilities. Each consumer unit is interviewed once per quarter for four consecutive quarters. The Diary Survey is designed to obtain data on frequently purchased smaller items, including food and beverages both at home and in food establishments, housekeeping supplies, tobacco, nonprescription drugs, and personal care products and services. Each consumer unit records its expenditures in a diary for two consecutive 1-week periods. Respondents are less likely to recall such purchases over longer periods.
Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.
For more information, contact:
Bureau of Labor Statistics
U.S. Department of Labor

E-mail: CEXINFO@bls.gov
Phone: 202-691-6900
Website: 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 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 five racial groups (White, Black, American Indian and Alaska Native, Asian, and Native Hawaiian and other Pacific Islander). 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 race category are referred to as the Two or more races population.
The CPS includes separate questions on Hispanic origin. People who identify themselves as Hispanic, Latino, or Spanish are further classified by detailed Hispanic ethnicity (such as Mexican, Puerto Rican, or Cuban). People of Hispanic origin may be of any race.
For more information regarding the CPS, its sampling structure, and estimation methodology, see "Explanatory Notes and Estimates of Error."59

For more information, contact:
Bureau of Labor Statistics
U.S. Department of Labor

E-mail: cpsinfo@bls.gov
Phone: 202-691-6378
Website: http://www.bls.gov/cps
Additional website: 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 1 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 Not 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

## Data Sources

of about 295,000 addresses per month that gathers largely the same data as its predecessor.

Race and Hispanic origin: Starting with 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 by 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 categorieswhich made up nearly 98 percent of all respondentsand 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:
Sex and Age Statistics Branch
Phone: 301-763-2378
Website: https://www.census.gov/2010census/

## Federal Reserve Board

The Board of Governors of the Federal Reserve, also called the Federal Reserve Board, publish the "Financial Accounts of the United States" (Z.1) data quarterly (about 10 weeks after the end of the quarter) on their website. This data release presents the financial flows and levels of sectors in the U.S. economy as well as selected balance sheets, supplemental tables, and the Integrated Macroeconomic Accounts (IMA).

The IMA relate production, income, saving, and capital formation from the national income and product accounts (NIPA) to changes in net worth from the "Financial Accounts" on a sector-by-sector basis. The IMA are published jointly by the Federal Reserve Board and the Bureau of Economic Analysis and are based on international guidelines and terminology as defined in the System of National Accounts (SNA 2008).

Data shown for the most recent quarters are based on preliminary and potentially incomplete information. Nonetheless, when source data are revised or estimation methods are improved, all data are subject to revision. There is no specific revision schedule; rather, data are revised on an ongoing basis. In each release of the "Financial Accounts," major revisions are highlighted at the beginning of the publication.

The data in the "Financial Accounts" come from a large variety of sources and are subject to limitations and uncertainty due to measurement errors, missing information, and incompatibilities among data sources. The size of this uncertainty cannot be quantified, but its existence is acknowledged by the inclusion of "statistical discrepancies" for various sectors and financial instruments.

For more information, contact:
Federal Reserve Board of Governors
E-mail: rs-z1-staff@frb.gov
Website: http://www.federalreserve.gov/apps/fof/

## Form 5500 Filings

Each year, most private pension and many private welfare benefit plans satisfy their annual reporting requirement by filing a Form 5500 Annual Return/Report regarding their financial condition, investments, and operations with the U.S. Department of Labor, Internal Revenue Service, and the Pension Benefit Guaranty Corporation.

The pension research sample supports analysis of the plan, participant, and financial characteristics of the private pension plan universe and is used to produce the Private Pension Plan Bulletin Abstract of Form 5500 Annual Reports, an annual publication that summarizes data on private pension plans.
For more information, contact:
Employee Benefits Security Administration
U.S. Department of Labor

Phone: 202-693-8410
Website: http://www.dol.gov/ebsa/publications/ form5500dataresearch.html

## 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 (NIA). 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 (who were born before 1924 and 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 (19421947). The HRS steady-state design calls for the addition of a new 6 -year cohort of Americans entering their 50 s. Thus, 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 with the 2006 wave, one-half of the sample goes through an enhanced face-to-face interview that includes the collection of physical measures and biomarker collection. The Aging, Demographics, and Memory Study (ADAMS) and forthcoming Harmonized Cognitive Assessment Protocol (HCAP) supplement the HRS with data to support a population-based study of dementia. A genome-wide scan on 2012 samples is still being processed, after which approximately 19,000 HRS participants will support genetic and genomic studies.
The combined studies, which are collectively called the 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). The HRS will follow respondents longitudinally until they die (including following people who move into a nursing home or other institutionalized setting).
The HRS 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
Website: 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 in that 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, and 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
Website: 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.

## Data Sources

For more information, contact:
Demographic and Economic Studies Branch
International Programs
Population Division
Phone: 301-763-1360
Website: http://www.census.gov/population/international/ data/

## Master Beneficiary Record

The Social Security Administration maintains a record of Social Security Title II benefits for each beneficiary and applicant for benefits. The administrative database is for each disabled insurance, retired worker insurance, survivor insurance, and spouse insurance beneficiary. The system of records is the Master Beneficiary Record (MBR). The MBR extract file contains a record for every person who has a record on the MBR. This general-purpose extract file is comprised of 134 variables. The MBR extract is produced semi-annually, and is used to support a variety of research and statistical projects.

The data in Indicator 10 on Social Security beneficiaries come from tabulations of the MBR data that are published annually in the Statistical Supplement to the Social Security Bulletin. The Supplement tables used in Indicator 10 include 5A.1.2, 5A1.6, 5A5, 5A.6,5A, and 6B5.1.

For more information, contact:
Email: statistics@ssa.gov
Website: https://www.socialsecurity.gov/policy/docs/ statcomps/supplement

## Medicare Claims and Enrollment Data

The Medicare claims and enrollment data are captured in the Chronic Condition Warehouse. The Centers for Medicare \& Medicaid Services (CMS) launched the Chronic Condition Data Warehouse (CCW), a research database, in response to the Medicare Modernization Act of 2003 (MMA). Section 723 of the MMA outlines a plan to improve the quality of care and reduce the cost of care for chronically ill Medicare beneficiaries. In addition to chronic conditions, the CCW supports health policy analysis and other CMS initiatives.

The CCW data files were designed to facilitate research across the continuum of care, using data files that could be easily merged and analyzed by beneficiary. Each beneficiary in the CCW is assigned a unique, unidentifiable link key, which allows researchers to easily merge data files and perform relevant analyses across different claim types, enrollment files, Part D event data,
assessment data, and other CCW file types. CCW data files are available upon request from CMS.

The CCW claims data files have been streamlined to include only those variables determined by CMS to be of value and useful for research or analytic purposes. The data files delivered from the CCW contain a subset of the original source files. Variables used infrequently or not applicable to a particular setting have been removed.
For more information, contact:
The Research Data Assistance Center
E-mail: resdac@umn.edu
Phone: 1-888-973-7322
Website: http://www.resdac.umn.edu
Chronic Conditions Data Warehouse
E-mail: CCWHelp@gdit.com
Phone: 1-866-766-1915
Website: https://www.ccwdata.org/web/guest/home

## 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 \& 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 non-covered 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 each year, with each round being about 4 months in length. The 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.

The MCBS has two components: the Cost and Use file and the Access to Care file. Medicare claims are linked to survey-reported events to produce the Cost and Use file, which provides complete expenditure and source-ofpayment data on all health care services, including those not covered by Medicare. The Access to Care file contains information on beneficiaries' access to health care, satisfaction with care, and usual source of care. The sample for this file represents the "always enrolled" populationthose who participated in the Medicare program for the entire year. In contrast, the Cost and Use file represents the "ever enrolled" population, including those who entered Medicare and those who died during the year.
Race and Hispanic origin: The MCBS defines race as White, Black, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, or 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
Centers for Medicare \& Medicare Services
E-mail: MCBS@cms.hhs.gov
Website: http://www.cms.hhs.gov/mcbs
The Research Data Assistance Center
E-mail: resdac@umn.edu
Phone: 1-888-973-7322
Website: 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. The MEPS, which began in 1996, is the third in a series of national probability surveys conducted by the Agency for Healthcare Research and Quality (AHRQ) 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 (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 the 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. ${ }^{60}$ 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. ${ }^{58}$ 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 regarding patient satisfaction and accountability measures from the Consumer Assessment of Healthcare Providers and Systems

## Data Sources

(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:
Agency for Healthcare Research and Quality
Website: http://meps.ahrq.gov/mepsweb

## National Health and Aging Trends Study and National Study of Caregiving

The National Health and Aging Trends Study (NHATS) is a scientific study of how Americans function in later life that is conducted by the Johns Hopkins University Bloomberg School of Public Health, with data collection by Westat and support from the National Institute on Aging. The NHATS is intended to foster research that will guide efforts to reduce disability, maximize health and independent functioning, and enhance quality of life at older ages.
Since 2011, the NHATS has been gathering information on a nationally representative sample of Medicare beneficiaries ages 65 and over through annual in-person interviews. The interviews collect detailed information on activities of daily life, living arrangements, economic status and well-being, aspects of early life, and quality of life. Among the specific content areas included are the general and technological environment of the home, health conditions, work status and participation in valued activities, mobility and use of assistive devices, cognitive functioning, and help provided with daily activities (selfcare, household, and medical). Study participants are re-interviewed every year in order to compile a record of change over time. The content and questions included in the NHATS were developed by a multidisciplinary team of researchers from the fields of demography, geriatric medicine, epidemiology, health services research, economics, and gerontology. As the population ages, the NHATS will provide the basis for understanding trends in late-life functioning, how these differ for various population subgroups, and the economic and social consequences of aging and disability for individuals, families, and society.

The National Study of Caregiving (NSOC) is a national study of people who help older family members and friends with their daily activities and is conducted as a supplement to the NHATS. NHATS respondents who reported receiving assistance with household, mobility, or self-care activities were asked to identify all persons providing help with each activity. Caregivers were eligible to participate in the NSOC if they were a family member or an unpaid caregiver who was not a relative and helped with any of the activities. NSOC participants took part in telephone interviews and provided information about the caregiving experience, caregiving support, and demographic, socioeconomic, and family characteristics, as well as type and amount of help provided and family situation, positive and negative aspects of caregiving (i.e., gains from and burdens of caregiving activities), physical and mental health (including symptoms and impairments that limited participants' activities), participation in valued activities and whether caregiving limited participation, and subjective well-being. The NSOC was conducted in 2011 and 2015, concurrent with the "refreshing" of the NHATS sample.
For more information, contact:
National Health and Aging Trends Study
E-mail: NHATSdata@westat.com
Website: http://www.nhats.org/

## National Health Interview Survey

The National Health Interview Survey (NHIS) is the principal source of information on the health of the civilian noninstitutionalized population of the United States. It is also one of the major data collection programs of the National Center for Health Statistics (NCHS), which is part of the Centers for Disease Control and Prevention (CDC).
The main objective of the NHIS is to monitor the health of the United States population through the collection and analysis of data on a broad range of health topics. A major strength of this survey is its ability to display these health characteristics by many demographic and socioeconomic characteristics.

The NHIS covers the civilian noninstitutionalized population residing in the United States at the time of the interview. Because of technical and logistical problems, several segments of the population are not included in the sample or in the estimates from the survey. Examples of persons excluded are patients in long-term care facilities, persons on active duty with the Armed Forces (though
their dependents are included), persons incarcerated in the prison system, and U.S. nationals living in foreign countries.

Race and Hispanic origin: Starting with data year 1999, race-specific estimates in the NHIS are tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. In Older Americans 2016, the NHIS estimates by race represent people who report one race, or if they reported more than one race, identified one race as best representing their race. See Health, United States, 2015, Appendix II for details on race and ethnicity in the NHIS.

For more information, contact:
Division of Health Interview Statistics
E-mail: cdcinfo@cdc.gov
Phone: 1-800-232-4636
Website: http://www.cdc.gov/nchs/nhis.htm

## National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations. NHANES is a major program of the National Center for Health Statistics (NCHS). NCHS is part of the Centers for Disease Control and Prevention (CDC) and is responsible for producing vital and health statistics for the nation.

The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups and health topics. In 1999, the survey became a continuous program with a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.

The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests administered by highly trained medical personnel.
Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.
For more information, contact:
Division of Health and Nutrition Examination Survey

E-mail: cdcinfo@cdc.gov
Phone: 1-800-232-4636
Website: http://www.cdc.gov/nchs/nhanes.htm

## National Study of Long-Term Care Providers

The 2014 National Study of Long-Term Care Providers (NSLTCP) is designed to provide nationally representative statistical information about the supply and use of longterm care services in the United States. NSLTCP includes five sectors: residential care communities, adult day services centers, nursing homes, home health agencies, and hospices. NSLTCP replaces three previous National Center for Health Statistics (NCHS) surveys: the National Nursing Home Survey, National Home and Hospice Care Survey, and National Survey of Residential Care Facilities.

NSLTCP comprises two components: (1) primary data collected by NCHS through surveys of residential care communities and adult day services centers, and (2) administrative data on nursing homes, home health agencies, and hospices obtained from the Centers for Medicare \& Medicaid Services. Estimates in Older Americans 2016 are from the study's second wave and use data from surveys about adult day services centers and participants; residential care communities and residents (fielded by NCHS between June 2014 and January 2015); and administrative records obtained from CMS on home health agencies and patients, hospices and patients, and nursing homes and residents, which reflect these providers and services users between 2013 and 2014.

Race and Hispanic origin: Data from this survey are not shown by race and Hispanic origin in this report.
For more information, contact:
Long-Term Care Statistics Branch
E-mail: cdcinfo@cdc.gov
Phone: 1-800-232-4636
Website: http://www.cdc.gov/nchs/nsltcp.htm

## National Vital Statistics System

The National Vital Statistics System (NVSS) collects and publishes official national statistics on births, deaths, fetal deaths, and-prior to 1996-marriages and divorces occurring in the United States, based on U.S. Standard Certificates.

NVSS collects and presents U.S. resident data for the aggregate of 50 states, New York City, and Washington, D.C., as well as for each individual state and D.C. and the U.S. dependent areas of Puerto Rico, the Virgin Islands,

## Data Sources

Guam, American Samoa, and the Northern Marianas. Vital events occurring in the United States to non-U.S. residents and vital events occurring abroad to U.S. residents are excluded.

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. When a 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 National Center for Health Statistics (NCHS) is responsible for compiling and publishing annual national statistics on causes of death. In carrying out this responsibility, NCHS adheres to the World Health Organization (WHO) Nomenclature Regulations. These regulations require (a) that cause of death be coded in accordance with the applicable revision of the International Classification of Diseases (ICD), and (b) that underlying cause of death be selected in accordance with international rules.

Race and Hispanic origin: Race and Hispanic origin are reported separately on the death certificate. Therefore, data by race shown in Indicator 15 (Life Expectancy) include people of Hispanic or non-Hispanic origin. See Appendix II of Health, United States 2015 for more information on race in the mortality files of the NVSS.

For more information, contact:
Division of Vital Statistics
E-mail: cdcinfo@cdc.gov
Phone: 1-800-232-4636
Website: http://www.cdc.gov/nchs/nvss.htm

## Population Projections

The 2014 National Population Projections provide projections of the resident population and demographic components of change (births, deaths, and international migration) through 2060. Population projections are available by age, sex, and race and Hispanic origin. Where both estimates and projections are available for the same time period, the Census Bureau recommends the use of the population estimates. Below is a general description of the methods used to produce the 2014 National Population Projections.

The 2014 National Population Projections start with the Vintage July 1, 2013, population estimates and are developed using a cohort-component method. Many of the characteristics of the U.S. resident population,
as measured by the 2010 Census, are preserved as demographic patterns that work their way through the projection period. The components of population change (births, deaths, and international migration) are projected for each birth cohort (persons born in a given year). For each passing year, the Census Bureau advances the population 1 year of age. The Census Bureau updates the new age categories using survival rates and levels of international migration projected for the passing year. A new birth cohort is added to form the population under 1 year of age by applying projected age-specific fertility rates to the female population age 14 to 54 , and by updating the new cohort for the effects of mortality and 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 developed for mutually exclusive and exhaustive groups. Five groups were used for the fertility assumptions: native-born Asian/ Pacific Islander, all other native-born, foreign-born nonHispanic Asian/Pacific Islander, all other non-Hispanic foreign-born, and foreign-born Hispanic. Three groups were used for the mortality assumptions: non-Hispanic White/Asian/Native Hawaiian/Pacific Islander, nonHispanic Black/American Indian/Alaska Native, and Hispanic of any race. The resulting births and deaths were then applied to the matching racial and ethnic categories to project the population.

For more information, contact:
Population Evaluation
Analysis and Projections Branch
Phone: 301-763-2438
Website: https://www.census.gov/population/projections/ data/national/2014.html

## Postcensal Population Estimates

Each year, the United States Census Bureau produces and publishes population estimates of the nation, states, counties, state/county equivalents, and Puerto Rico. ${ }^{61}$ The Census Bureau estimates the resident population for each year since the most recent decennial census by using measures of population change. The resident population includes all people currently residing in the United States.

The population estimates are used for federal funding allocations, as controls for major surveys including the Current Population Survey and the American Community Survey, for community development, to aid business planning, and as denominators for statistical rates.

## Data Sources

Overall, the estimate time series from 2000 to 2010 was very accurate, even accounting for 10 years of population change. The average absolute difference between the final total resident population estimates and 2010 Census counts was only about 3.1 percent across all counties. ${ }^{62}$

The population estimate at any given time point starts with a population base (the last decennial census or the previous point in the time series), adds births, subtracts deaths, and adds net migration (both international and domestic). ${ }^{63}$ The individual methods used by the Census Bureau account for additional factors such as input data availability and the requirement that all estimates be consistent by geography, age, sex, and race and Hispanic origin.

The Census Bureau produces these estimates using a "topdown" approach. It first estimates the national population and the populations of states and counties. All of these follow a cohort component method. One key principle used by the Census Bureau is that all estimates produced must be consistent across geography and demographic characteristics. To accomplish this, the Census Bureau controls the estimates of the smaller geographic areas so that they sum to the totals produced at higher levels.

For more information contact:
Population Estimates Branch
Phone: 301-763-2385
Website: http://www.census.gov/popest/methodology/ index.html

## Supplemental Poverty Measure

Concerns about the adequacy of the official measure of poverty culminated in a congressional appropriation in 1990 for an independent scientific study of the concepts, measurement methods, and information needed for a poverty measure. In response, the National Academy of Sciences (NAS) established the Panel on Poverty and Family Assistance, which released its report in the spring of $1995 .{ }^{64}$

In 2010, an interagency technical working group, which included representatives from the Bureau of Labor Statistics (BLS), the U.S. Census Bureau, the Economics and Statistics Administration, the Council of Economic Advisers, the U.S. Department of Health and Human Services, and the Office of Management and Budget, issued a series of suggestions to the Census Bureau and the BLS on how to develop the Supplemental Poverty Measure (SPM). Their suggestions drew on the recommendations of the 1995 NAS report and the
extensive research on poverty measurement conducted after the report's publication. ${ }^{65}$

Since 2011, the Census Bureau has published poverty estimates using the new measure based on these suggestions. ${ }^{66}$ The SPM serves as an additional indicator of economic well-being and provides a deeper understanding of economic conditions and policy effects. The SPM creates a more complex statistical picture incorporating additional items such as tax payments, work expenses, and medical out-of-pocket expenditures in its family resource estimates. The resource estimates also take into account the value of noncash benefits, including nutritional, energy, and housing assistance. Thresholds used in the new measure are derived by staff at the BLS from Consumer Expenditure Survey expenditure data on basic necessities (food, shelter, clothing, and utilities) and are adjusted for geographic differences in the cost of housing.

In addition to the annual report, the Census Bureau makes available a research data file that enables analysts to create their own SPM estimates and cross tabulations. ${ }^{67}$

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## Survey of Consumer Finances

The Survey of Consumer Finances (SCF) is a triennial, cross-sectional, national survey of noninstitutionalized 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. ${ }^{68,69}$ The data for the panels of the 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 underrepresentation of high-income families in the survey. It uses multiple imputation techniques to deal with missing data, which 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. ${ }^{70}$ The Indicator 11 data represent the PEU, which are referred to as households in the chart and discussion.

Race and Hispanic origin: Data in this report for the head of the primary economic unit are shown for White and Black. Data are not shown by Hispanic origin.

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## VA Enrollee Health Care Projection Model

The Veterans Administration (VA) uses the VA Enrollee Health Care Projection Model (Model) to project enrollment and utilization of the enrolled veteran population for 20 years into the future for more than 90 categories of health care services. First, the VA uses the Model to determine how many veterans will be enrolled each year and their age, priority, and geographic location. Next, the VA uses the Model to project the total health care services needed by those enrollees and then estimates the portion of that care that those enrollees will demand from the VA.

The Model accounts for the unique demographic characteristics of the enrolled veteran population, including Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) and other enrollee cohorts, as well as other factors that impact a veteran's decision to enroll in the VA and use VA health care services:

- Enrollee age, gender, income, travel distance to VA facilities, and geographic migration patterns
- Significant morbidity of the enrolled veteran population, particularly for mental health services
- Economic conditions, including changes in local unemployment rates and home values (as a proxy for asset values) and the long-term downward trend in labor force participation, particularly for high schooleducated males
- Enrollee transition between enrollment priorities as a result of movement into service-connected priorities or changes in income
- Enrollee reliance on VA health care versus the other health care options available to them, i.e., Medicare, Medicaid, TRICARE, and commercial insurance
- Unique health care utilization patterns of OEF/OIF/ OND, female, and new enrollees, and other enrollee cohorts with unique utilization patterns for particular services
- New policies, regulations, and legislation, such as the implementation of the Medicare drug benefit
- VA health care initiatives, such as the mental health capacity improvement initiative
- A continually evolving VA health care system, i.e., quality and efficiency initiatives
- Changes in health care practice and technology such as new diagnostics, drugs, and treatments
For more information, contact:
Carolyn Stoesen
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Website: http://www.va.gov/HEALTHPOLICY
PLANNING/planning.asp


## Veteran Population Estimates and Projections

The 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. VetPop2014 was last updated using Census 2000 data, VA administrative data, and Department of Defense data. VetPop2016 will be released in Winter 2017.
Race and Hispanic origin: Data from this model are not shown by race and Hispanic origin in this report.
For more information, contact:
The National Center for Veterans Analysis and Statistics E-mail: VANCVAS@va.gov
Website: http://va.gov/vetdata/veteran_population.asp

## 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.

Auxiliary benefits: These benefits provide wives of dependents with half of their husband's basic benefit and surviving widows with their husband's full basic benefit. Divorced women can receive auxiliary spouse/widow benefits based on a marriage of at least 10 years' duration.
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.nhlbi.nih.gov/ health/educational/lose_wt/BMI/bmicalc.htm. For more information about BMI, see "Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults." ${ }^{71}$

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). ${ }^{72}$

Civilian noninstitutionalized population: See Population.

## Civilian population: See Population.

Crowded housing: Crowded housing is defined as households that have more than one person per room.
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).
Defined benefit plan: A plan that promises a specified monthly benefit at retirement. The plan may state this promised benefit as an exact dollar amount, such as $\$ 100$ per month at retirement. Or, more often, it may calculate a benefit through a plan formula that considers such factors as salary and service (e.g., 1 percent of average salary for the last 5 years of employment for every year of service with an employer).
Defined contribution plan: A plan that does not promise a specific benefit amount at retirement. Instead, employers and/or employees contribute money to each employee's individual account in the plan. In many cases, employees are responsible for choosing how these contributions are invested and deciding how much to contribute from their paychecks through pretax deductions. Employers may add to employees' accounts, in some cases, by matching a certain percentage of the employee's contributions. The value of an employee's account depends on how much is contributed and how well the investments perform.
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. In Indicator 30, dental services are included as part of the "Other" category; in Indicator 34, dental services are included as a separate category.
Disability rating: Ratings reflect the severity of the disability and how much the impairment impacts the ability to work.

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.
Full Retirement Age (FRA): The age when benefits are not reduced for early retirement. Benefits are increased by about 8 percent a year until age 70 for delayed retirement. Early Retirement Age (ERA) for retired workers begins at age 62 with a 25 percent reduced level from benefits at Full Retirement Age (FRA), age 66 in 2014. Initial benefits at age 62 increase approximately 75 percent for a delay from ERA to age 70 . The FRA was age 65 until 1937 and increased at 2 months per year for each birth year after 1937 until 1943. Please note that the percentages are not the probabilities of claiming at an age because different birth year cohorts are in each age group in a given year and somewhat vary in the size of the eligible population.
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 14), 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 refer 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. ${ }^{58}$ ) 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).
Health Eating Index-2010 (HEI-2010): A measure of diet quality that assesses conformance to the Dietary Guidelines for Americans. The primary use of the HEI is to monitor the diet quality of the U.S. population. The HEI$2010^{31}$ has 12 components, nine of which are adequacy components and three are moderation components.

Intakes equal to or better than the standards set for each component are assigned a maximum score. For the nine adequacy components (e.g., total fruit, total vegetable), no intake gets zero and scores increase up to the maximum as the intakes increase towards the standard. The three moderation components (e.g., refined grains, sodium) are scored in reverse; that is, excessively high intakes get zeros and as intakes decrease toward the standard, scores increase; higher scores reflect lower intakes because lower intakes are more desirable. A higher score indicates a higher quality diet that aligns with the 2010 Dietary Guidelines for Americans. Scores are averaged across all adults based on usual dietary intakes.

## 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 Indicator 30, hospice services are part of the "Other" category. In Indicator 34, hospice services are 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.

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;
(11) distributions from retirement accounts; and
(12) 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. Institutionalized population: See Population.
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 inpatient hospice facilities. 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. Only the questions on telephone use, shopping, and managing money are asked of long-term care facility residents.
Long-term care facility: In the Medicare Current Beneficiary Survey (MCBS) (Indicators 22 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 longterm 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 the 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: https:// 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.
Out-of-pocket health care spending: These are health care expenditures that are not covered by insurance.
Outpatient hospital: See Hospital outpatient services.
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), distributions from IRAs, distributions from Keoghs, regular payments from annuities and paidup 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 definition of 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., $\$ 11,354$ for one person age 65 and over in 2014). ${ }^{73}$ 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

## Glossary

"Indicator 7: Poverty," "Indicator 8: Income," "Indicator 28: Cigarette Smoking," "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 threshold. Low income is income between 100 percent and 199 percent of the poverty threshold (i.e., between $\$ 11,354$ and $\$ 22,707$ for one person age 65 and over in 2014). Middle income is income between 200 percent and 399 percent of the poverty threshold (i.e. between $\$ 22,708$ and $\$ 45,415$ for one person age 65 and over in 2014). High income is income 400 percent or more of the poverty threshold.
Indicator 28: Cigarette Smoking: 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 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-ofpocket 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).

## 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 Longterm care facility (Indicators 22, 30, 34, and 37).
Skilled nursing facility: A skilled nursing facility (SNF) as defined by Medicare (Indicator 29) provides shortterm 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 22, 30, 34, and 36).

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).
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.

Supplemental Poverty Measure: Since 2011, the Census Bureau has published poverty estimates using the Supplemental Poverty Measure (SPM). The SPM creates a more complex statistical picture incorporating additional items such as tax payments, work expenses, and medical out-of-pocket expenditures in its family resource estimates. The resource estimates also take into account the value of noncash benefits including nutritional, energy, and housing assistance. Thresholds used in the new measure are derived from Consumer Expenditure Survey expenditure data on basic necessities (food, shelter, clothing, and utilities) and are adjusted for geographic differences in the cost of housing.
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 1923-2016



[^0]:    Copyright information: All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated. Recommended citation: Federal Interagency Forum on Aging-Related Statistics. Older Americans 2016: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. August 2016. Report availability: Single copies of this report are available at no charge through the National Center for Health Statistics while supplies last. Requests may be sent to the Information Dissemination Staff, National Center for Health Statistics, 3311 Toledo Road, Room 5412 , Hyattsville, MD 20782. Copies may also be ordered by calling 1-866-441-NCHS (6247) or by e-mailing nchsquery@cdc.gov. This report is also available on the World Wide Web at http://www.agingstats.gov.

[^1]:    Data for this indicator's charts and bullets can be found in Table 2 on page 88.

[^2]:    Data for this indicator's charts and bullets can be found in Tables 9a through 9f on pages 96-100.

[^3]:    NOTE: Dental insurance is estimated from questions on whether the respondent's private health insurance plan covers dental care and whether the respondent has a single service plan covering dental care. Dental visits in the past year were estimated from responses to the question, "About how long has it been since you last saw or talked to a dentist?" The percentage with no natural teeth was estimated from responses to the question, "Have you lost all of your upper and lower natural (permanent) teeth?" All estimates were calculated from the sample adult component of 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.

[^4]:    Data for this indicator's charts and bullets can be found in Table 27 on page 129.

[^5]:    Reference population: People of all ages who, in the last month, helped with one or more self-care, household, or medical activities for a Medicare enrollee age 65 or over who had a chronic disability.
    SOURCE: National Study on Caregiving.

[^6]:    See notes at end of table.

[^7]:    NOTE: Income distribution in the Current Population Survey (CPS) is based on prior year income. The 2014 CPS Annual Social and Economic Supplement (ASEC) included redesigned questions for income that were implemented to a subsample of the 98,000 addresses using a probability split panel design. The source for "2013 (traditional)" in this table is the portion of the sample (68,000 addresses) that received a set of income questions similar to those used in 2013; the source for "2013 (redesign)" is the portion of the 2014 CPS ASEC sample ( 30,000 addresses) that received the redesigned income questions. The redesigned income questions were used for the entire 2015 CPS ASEC sample. Some data have been revised and differ from previous versions of Older Americans.
    Reference population: These data refer to the civilian noninstitutionalized population.
    SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

[^8]:    Reference population: These data refer to participants in private defined benefit pension plans who filed a Form 5500.

[^9]:    ${ }^{\text {a }}$ At Full Retirement Age (FRA), persons formerly receiving disabled worker benefits are reclassified and begin receiving retired worker benefits.
    NOTE: FRA is defined as age 66 for those born between 1943 and 1955. The percentages are not probabilities of a birth cohort claiming at a particular age. A person begins receiving Social Security benefits the month after he or she becomes entitled. Totals may not sum to 100 percent because of rounding. Reference population: Persons fully insured for Social Security retired worker benefits who became entitled to benefits in 2014 .
    SOURCE: Social Security Administration, Master Beneficiary Record.

[^10]:    ${ }^{\text {a }}$ Older-member households are defined as households with one or more members age 65 and over and exclude households with a householder or spouse age 65 and over.
    ${ }^{\mathrm{b}}$ Number of persons (excluding householder and spouse) age 65 and over.
    NOTE: Some data for 2009 have been revised and differ slightly from previous editions of Older Americans. Additional years of data are available at agingstats.gov.
    Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded.
    SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

[^11]:    ${ }^{\text {a }}$ Number of persons age 65 and over.
    NOTE: Some data for 2009 have been revised and differ slightly from previous editions of Older Americans. Additional years of data are available at agingstats.gov. Reference population: These data refer to the resident noninstitutionalized population. People residing in noninstitutional group homes are excluded.
    SOURCE: U.S. Department of Housing and Urban Development, American Housing Survey.

[^12]:    Reference population: These data refer to Medicare beneficiaries not living in nursing homes.

[^13]:    NOTE: For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months and includes receipt of nasal spray flu vaccines. 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.

[^14]:    — 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 $/ \mathrm{meter}^{2}$ or greater. The percentage of people with obesity is a subset of the percentage of those who are overweight. See glossary for the definition of BMI. Beginning in 1999, the National Health and Nutrition Examination Survey has been in the field continuously with data released every 2 years. Some data 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.

[^15]:    See notes at end of table.

[^16]:    See notes at end of table

[^17]:    NOTE: Department of Veterans Affairs (VA) enrollees service-connected disability ratings reflect the severity of the disability and how much the impairment impacts the ability to work.
    Reference population: These data refer to the count of unique VHA enrollees per fiscal year.
    SOURCE: Department of Veterans Affairs, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, 2015 VA Enrollee Health Care Projection Model.

[^18]:    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, or 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, 2010 Population.

