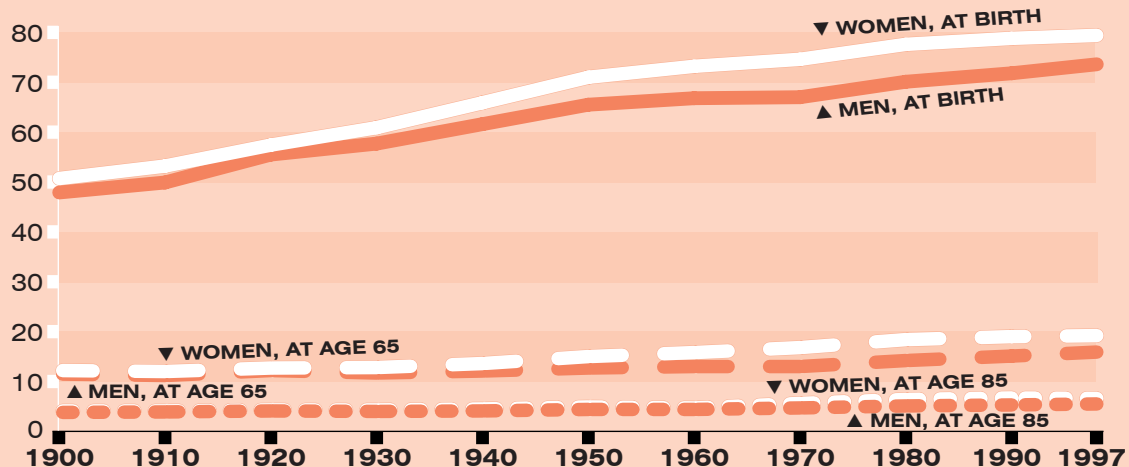


Health Status

Life Expectancy

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

Life expectancy by age group and sex, in years, 1900 to 1997



Reference population: These data refer to the resident population.
Source: National Vital Statistics System.

- Americans are living longer than ever before. In 1900, life expectancy at birth was about 49 years. By 1960, life expectancy had increased to 70 years, and in 1997, life expectancy at birth was 79 years for women and 74 years for men.
- Life expectancies at ages 65 and 85 have also increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of nearly 18 more years, more than five years longer than persons age 65 in 1900. The life expectancy of persons who survive to age 85 today is about 7 years for women and 6 years for men.
- Educational attainment is associated with higher life expectancy. The life expectancy of high school graduates at age 65 is approximately one year longer than the life expectancy at that age for persons who did not graduate from high school.²⁰
- Life expectancy varies by race, but the difference decreases with age. In 1997, life expectancy at birth was 6 years higher for white persons than for black persons. At age 65, white persons can expect to live an average of 2 years longer than black persons. Among those who survive to age 85, however, the life expectancy among black persons is slightly higher than among white persons. The declining race differences in life expectancy at older ages are a subject of debate. Some research shows that age misreporting may have artificially increased life expectancy for black persons, particularly when birth certificates were not available.²¹ Other research, however, suggests that black persons who survive to the oldest ages may be healthier than white persons and have lower mortality rates.²²

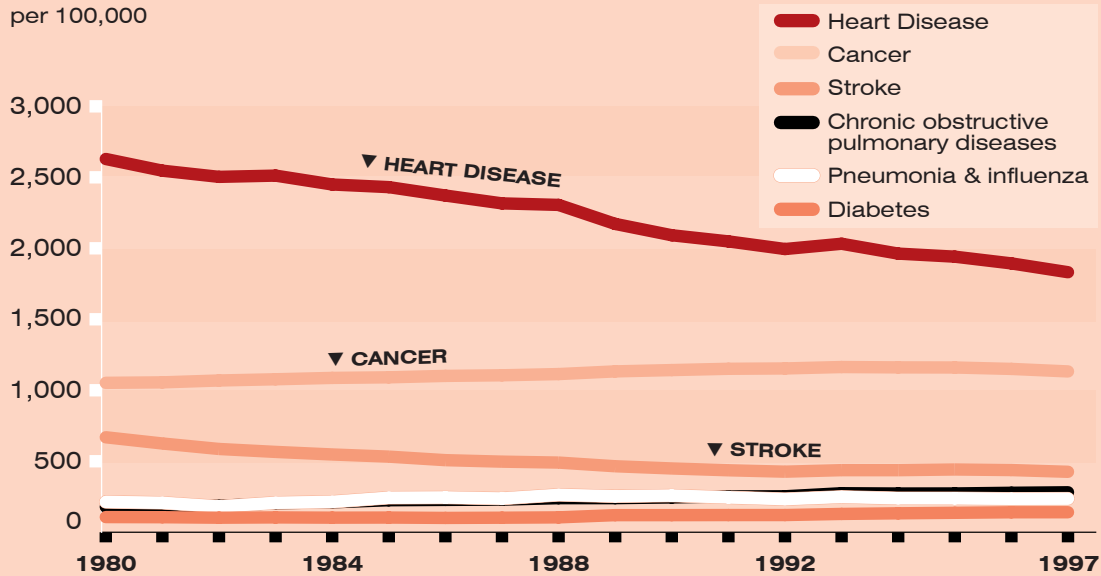
Data for this indicator can be found in Tables 12a and 12b on page 70.

Mortality

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

Death rates for selected leading causes of death among persons age 65 or older, 1980 to 1997

per 100,000



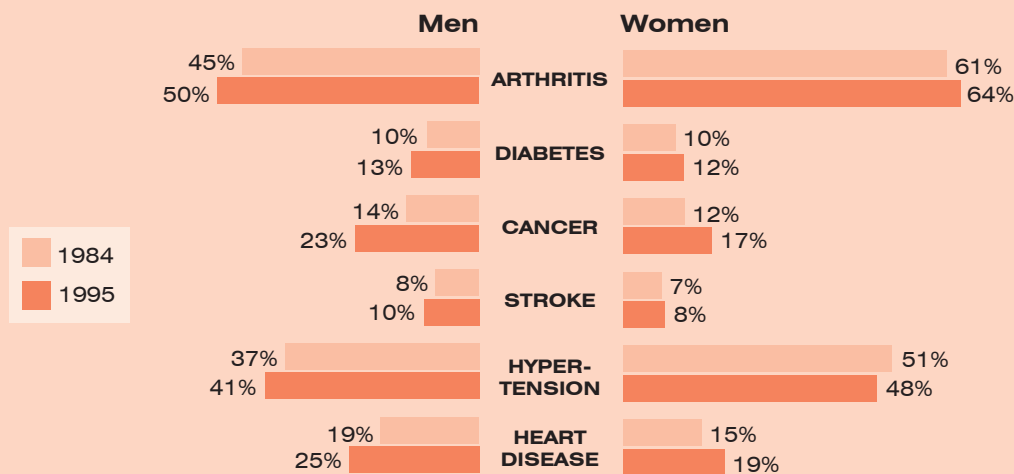
Note: Rates are age-adjusted using the 2000 standard population.
Reference population: These data refer to the resident population.
Source: National Vital Statistics System.

- Between 1980 and 1997, age-adjusted death rates for heart disease and stroke declined by approximately one-third. Death rates for cancer and pneumonia and influenza increased slightly over the same period. Age-adjusted death rates for diabetes increased by 32 percent since 1980, and death rates for chronic obstructive pulmonary diseases increased by 57 percent.
 - In 1997, the leading cause of death among persons age 65 or older was heart disease (1,832 deaths per 100,000 persons), followed by cancer (1,133 per 100,000), stroke (426 per 100,000), chronic obstructive pulmonary diseases (281 per 100,000), pneumonia and influenza (237 per 100,000), and diabetes (141 per 100,000). Among persons age 85 or older, heart disease was responsible for 40 percent of all deaths.²³
 - In 1997, death rates were higher for older men than for older women at every age except the very oldest, persons age 95 or older, for whom men's and women's rates were nearly equal.²⁴
 - The relative importance of certain causes of death varied according to sex and race and Hispanic origin. For example, in 1997, diabetes was the third leading cause of death among American Indian and Alaska Native men and women age 65 or older, the fourth leading cause of death among older Hispanic men and women, and ranked sixth among older white men and women and older Asian and Pacific Islander men.
 - Alzheimer's disease was the sixth leading cause of death among white women age 85 or older; however, it was less common among black women in the same age group or men of either race.
- Data for this indicator can be found in Tables 13a, 13b, and 13c on pages 71 to 73.*

Chronic Health Conditions

Chronic diseases are long-term illnesses that are rarely cured. These diseases can become a significant health and financial burden to not only those persons who have them, but also their families and the nation's health care system. Chronic conditions such as arthritis, diabetes, and heart disease negatively affect quality of life, contributing to declines in functioning and the inability to remain in the community.²⁵ Five of the six leading causes of death among older Americans are chronic diseases. (See "Indicator 13: Mortality.")

Percentage of persons age 70 or older who reported having selected chronic conditions, by sex, 1984 and 1995



Note: 1984 percentages are age-adjusted to the 1995 population.
Reference population: These data refer to the civilian noninstitutional population.
Source: Supplement on Aging and Second Supplement on Aging.

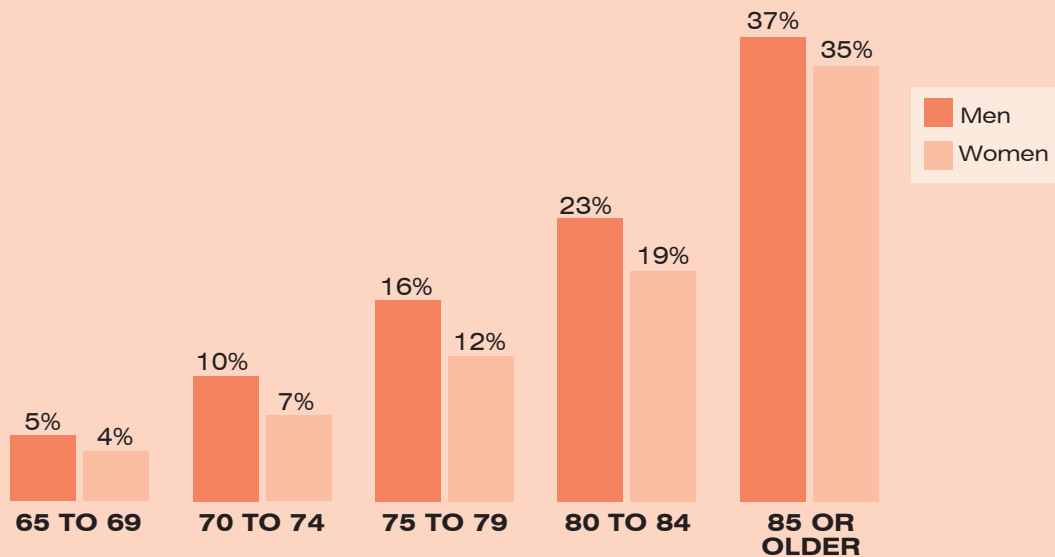
- Between 1984 and 1995, the prevalence of stroke increased by 1 percentage point, diabetes by 2 percentage points, arthritis by 3 percentage points, heart disease by 5 percentage points, and cancer by 7 percentage points. The prevalence of hypertension remained fairly constant over this period. These trends are generally evident among older persons regardless of age, sex, or race and Hispanic origin.
- In 1995, about 58 percent of persons age 70 or older reported having arthritis, 45 percent reported having hypertension, and 21 percent reported having heart disease. Other chronic diseases included cancer (19 percent), diabetes (12 percent), and stroke (9 percent). About 64 percent of older women reported having arthritis, 48 percent reported having hypertension, and 19 percent reported having heart disease. Older men were less likely to report having arthritis (50 percent) and hypertension (41 percent), but were more likely to report having heart disease (25 percent). Men were also more likely to have had cancer (23 percent), compared with women (17 percent).
- The prevalence of chronic conditions also varies by race and ethnicity in the older population. In 1995, arthritis was reported by 67 percent of non-Hispanic black persons, 58 percent of non-Hispanic white persons, and 50 percent of Hispanic persons. Non-Hispanic black persons were also more likely to report having diabetes, stroke, and hypertension than either non-Hispanic white persons or Hispanic persons. Cancer was reported by 21 percent of non-Hispanic white persons, compared with 9 percent of non-Hispanic black persons, and 11 percent of Hispanic persons.

Data for this indicator can be found in Table 14 on page 74.

Memory Impairment

Memory skills are important to general cognitive functioning, and declining scores on tests of memory are indicators of general cognitive loss for older adults. Low cognitive functioning (i.e., memory impairment) is a major risk factor for entering a nursing home.²⁶

Percentage of persons age 65 or older with moderate or severe memory impairment, by age group and sex, 1998



Note: Definition of moderate or severe memory impairment: four or fewer words recalled (out of 20) on combined immediate and delayed recall tests.
 Reference population: These data refer to the civilian noninstitutional population.
 Source: Health and Retirement Study.

■ The prevalence of moderate or severe memory impairment is slightly lower among older women than among older men. In 1998, memory impairment occurred among 35 percent of women age 85 or older, compared with 37 percent of men in the same age group.

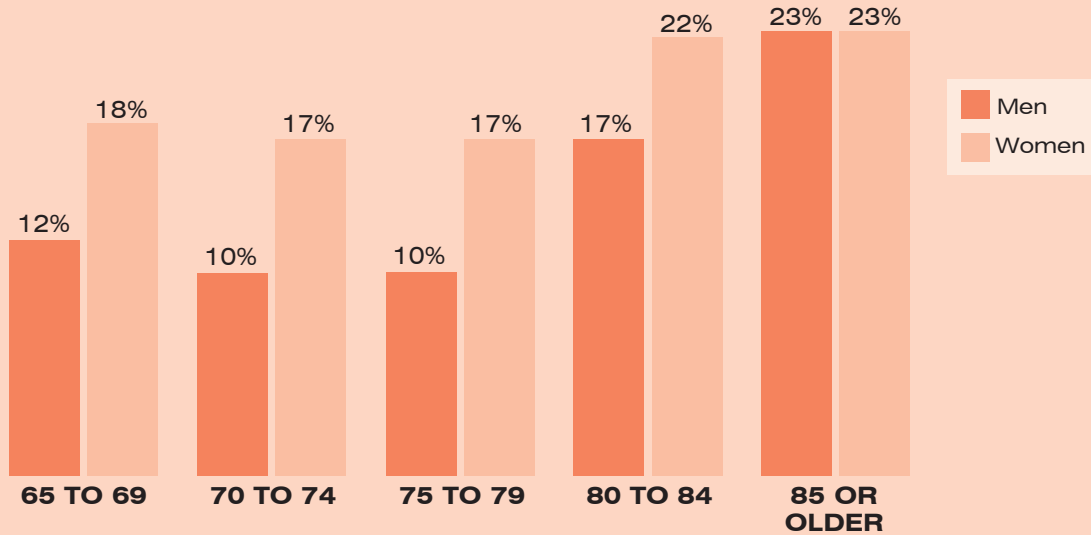
■ In 1998, the percentage of older adults with moderate or severe memory impairment ranged from about 4 percent among persons ages 65 to 69 to about 36 percent among persons age 85 or older.

Data for this indicator can be found in Table 15 on page 75.

Depressive Symptoms

Depressive symptoms are an important indicator of general well-being and mental health among older Americans. Higher levels of depressive symptoms are associated with higher rates of physical illness, greater functional disability, and higher health care resource utilization.²⁷

Percentage of persons age 65 or older with severe depressive symptoms, by age group and sex, 1998



Note: Definition of severe depressive symptoms: four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center of Epidemiologic Studies Depression Scale (CES-D) adapted by the Health and Retirement Study.

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

Source: Health and Retirement Study.

■ Women between the ages of 65 and 84 are more likely than men to have severe depressive symptoms. Among persons age 85 or older, men and women have a similar prevalence of severe depressive symptoms.

■ In 1998, about 15 percent of persons ages 65 to 69, 70 to 74, and 75 to 79 had

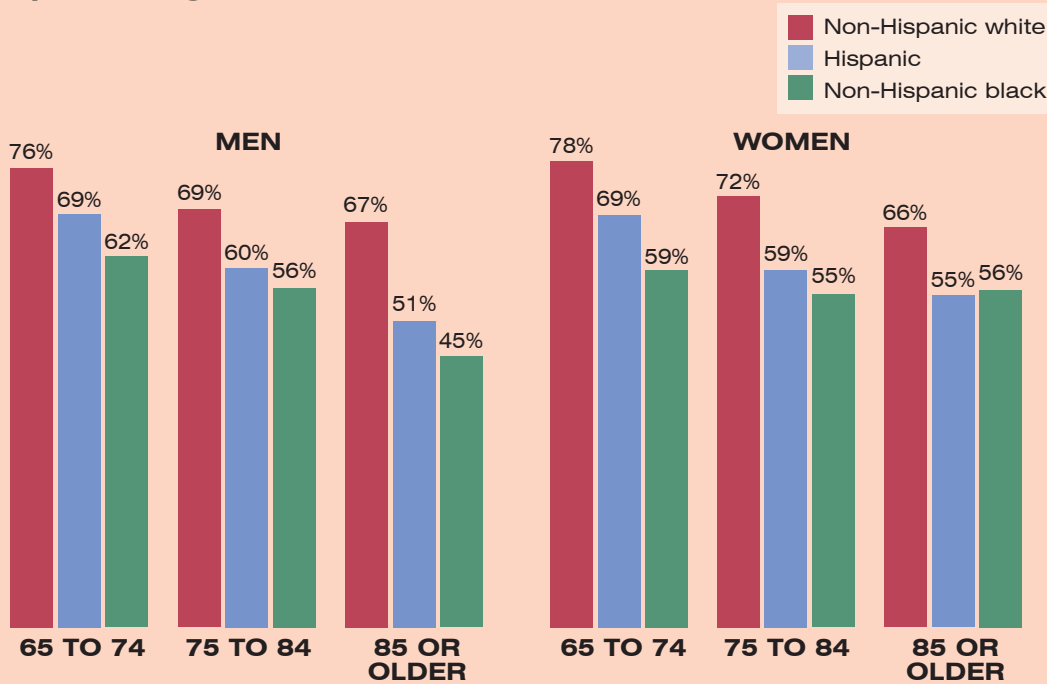
severe symptoms of depression, compared with 21 percent of persons ages 80 to 84, and 23 percent of persons age 85 or older.

Data for this indicator can be found in Table 16 on page 76.

Self-Rated Health Status

Asking people to rate their own health as excellent, very good, good, fair, or poor provides a common indicator of health easily measured in surveys. It represents physical, emotional, and social aspects of health and well-being. Good to excellent self-reported health correlates with lower risk of mortality.²⁸

Percentage of persons age 65 or older who reported having good to excellent health, by age group, sex, and race and Hispanic origin, 1994 to 1996



Note: Data are based on a three-year average from 1994 to 1996. Hispanics may be of any race. Reference population: These data refer to the civilian noninstitutional population. Source: National Health Interview Survey.

- During the period 1994 to 1996, 72 percent of older Americans reported their health as good, very good, or excellent. Women and men reported comparable levels of health status.
- Positive health evaluations decline with age. Among non-Hispanic white men ages 65 to 74, 76 percent reported good to excellent health, compared with 67 percent among non-Hispanic white men age 85 or older. A similar decline with

age was reported by non-Hispanic black and Hispanic older men, and by women, with the exception of non-Hispanic black women.

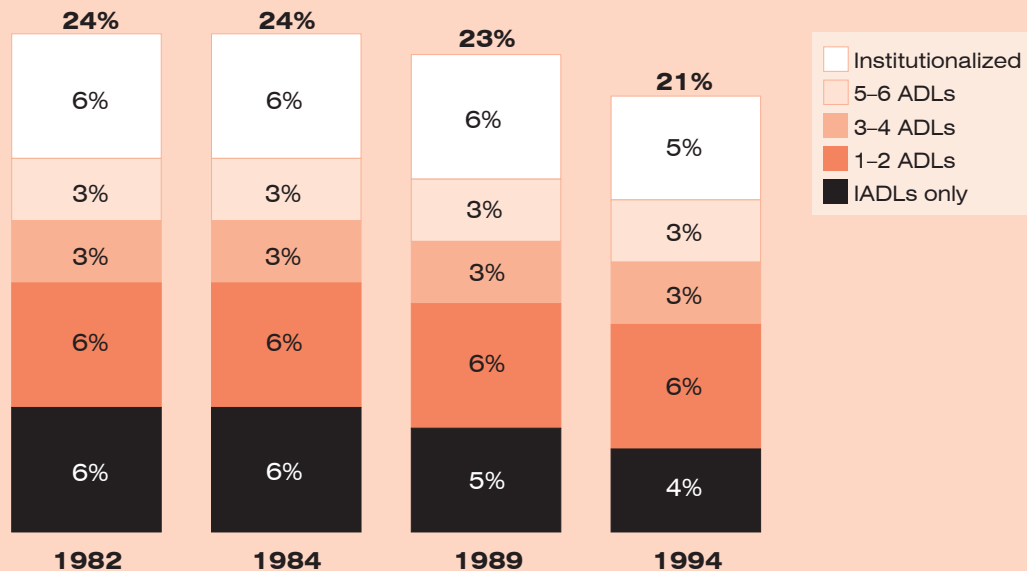
- Among older men and women in every age group, non-Hispanic black and Hispanic persons were less likely to report good health than non-Hispanic white persons.

Data for this indicator can be found in Table 17 on page 77.

Disability

Functioning in later years may be diminished if illness, chronic disease, or injury limits physical and/or mental abilities. Changes in disability rates have important implications for work and retirement policies, health and long-term care needs, and the social well-being of the older population. By monitoring and understanding these trends, policymakers are better able to make informed decisions.

Percentage of Medicare beneficiaries age 65 or older who are chronically disabled, by level and category of disability, 1982 to 1994



Note: National Long Term Care Survey researchers group tasks of daily living into two categories: activities of daily living (ADLs) such as eating, getting in and out of bed, getting around inside, dressing, bathing, and toileting; and instrumental activities of daily living (IADLs) such as heavy housework, light housework, laundry, preparing meals, shopping for groceries, getting around outside, traveling, managing money, and using a telephone. A person is considered to have an ADL or IADL disability if he or she is unable to perform the activity, uses active help to perform the activity, uses equipment, or requires standby help. A person is considered chronically disabled if he or she has one ADL limitation, one IADL limitation, or is institutionalized, and if any of these conditions has lasted or is expected to last 90 days.

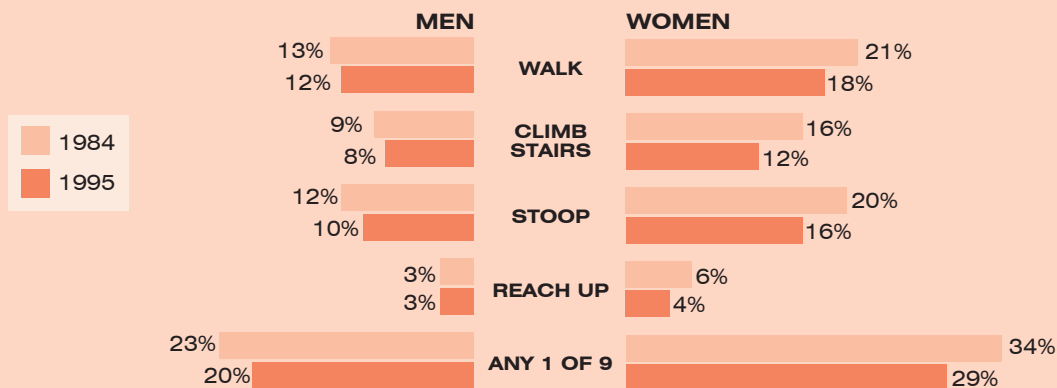
Reference population: These data refer to Medicare beneficiaries.

Source: National Long Term Care Survey.

- The proportion of Americans age 65 or older with a chronic disability declined from 24 percent in 1982 to 21 percent in 1994.
- Despite the decline in rates, the number of older Americans with chronic disabilities increased by about 600,000 from 6.4 million in 1982 to 7 million in 1994. This is because the overall population of older persons was growing fast enough to outweigh the decline in disability rates. However, if disability rates had not declined from 1982 to 1994, then the disabled population would have increased by almost 1.5 million bringing the total number of older Americans with chronic disabilities close to 7.9 million.
- There was a decline in disability rates for both sexes since 1982, when 27 percent of older women and 20 percent of older men had a chronic disability. By 1994, about 25 percent of older women and 16 percent of older men had a chronic disability.

Different indicators can be used to monitor disability including limitations in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), and measures of physical, cognitive, and social functioning. Aspects of physical functioning such as the ability to climb stairs, walk a quarter mile, or reach up over one's head are more closely linked to physiological capabilities than are ADLs and IADLs, which may be influenced by social and cultural role expectations and by changes in technology.

Percentage of persons age 70 or older who are unable to perform certain physical functions, by sex, 1984 and 1995



Note: The nine physical functioning activities are: walking a quarter mile; walking up ten steps without resting; standing or being on your feet for about two hours; sitting for about two hours; stooping, crouching or kneeling; reaching up over your head; reaching out as if to shake someone's hand; using your fingers to grasp or handle; lifting or carrying something as heavy as ten pounds. A person is considered disabled if he or she is unable to perform an activity alone and without aids. Rates for 1984 are age-adjusted to the 1995 population.

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

Source: Supplement on Aging and Second Supplement on Aging.

- Between 1984 and 1995, older Americans reported improvements in physical functioning in the ability to walk a quarter mile, climb stairs, reach up over one's head, and stoop, crouch or kneel. Both men and women reported improvements in each of these categories.
- The percentage unable to perform at least one of nine physical activities without assistance or special equipment was higher among women than men but declined for both groups: from 23 percent to 20 percent among men and from 34 percent to 29 percent among women.
- In 1995, older black persons were more likely than older white persons to be unable to perform at least one of nine physical activities (33 percent and 25 percent, respectively).

Data for this indicator can be found in Tables 18a, 18b, and 18c on pages 78 and 79.