

## Health Status

**Indicator 13: Life Expectancy** (*updated*)

**Indicator 14: Mortality** (*updated*)

**Indicator 15: Chronic Health Conditions** (*updated*)

**Indicator 16: Sensory Impairments and Oral Health** (*updated*)

**Indicator 17: Memory Impairment**

**Indicator 18: Depressive Symptoms**

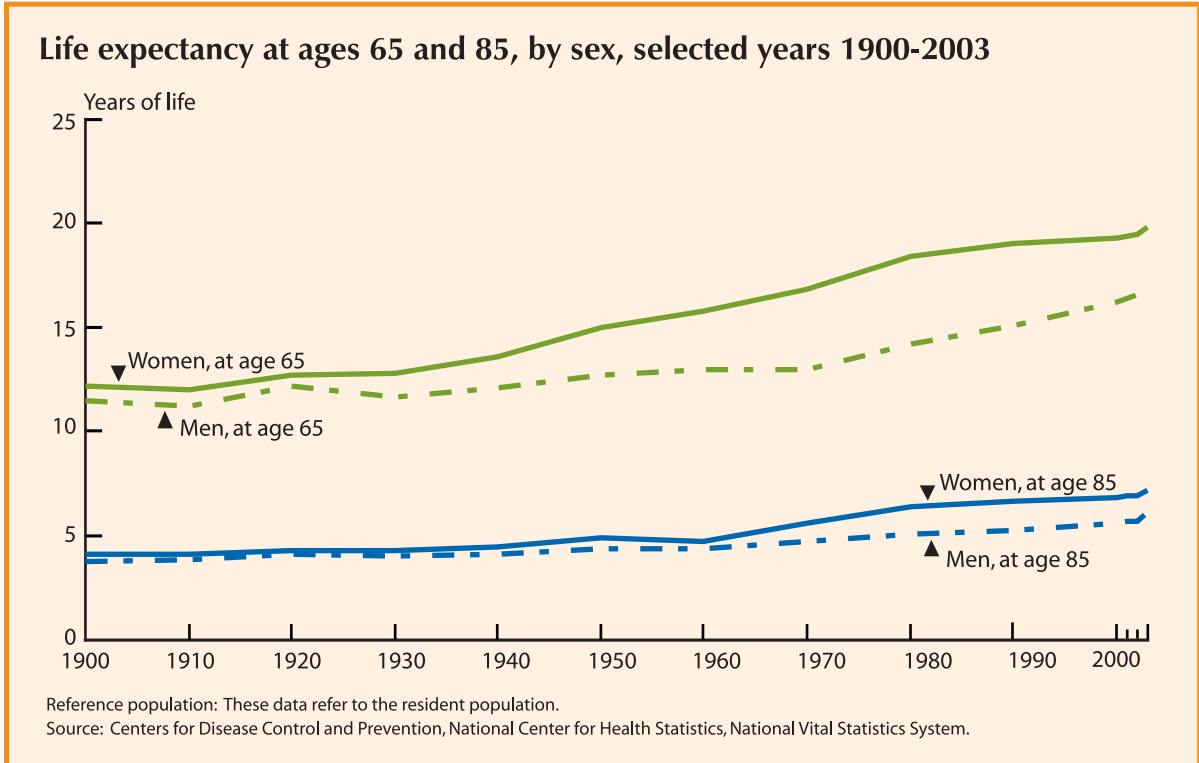
**Indicator 19: Disability** (*partially updated*)

**Indicator 20: Respondent-Assessed Health Status** (*updated*)

## INDICATOR 13

### Life Expectancy

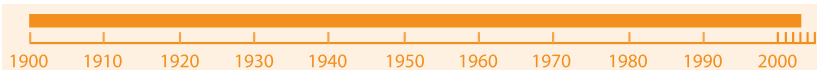
Life expectancy is a summary measure of the overall health of a population. It represents the average number of years of life remaining to a person at a given age if death rates were to remain constant. In the United States, improvements in health have resulted in increased life expectancy and contributed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



Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Life expectancy, by age and sex, selected years 1900-2003**

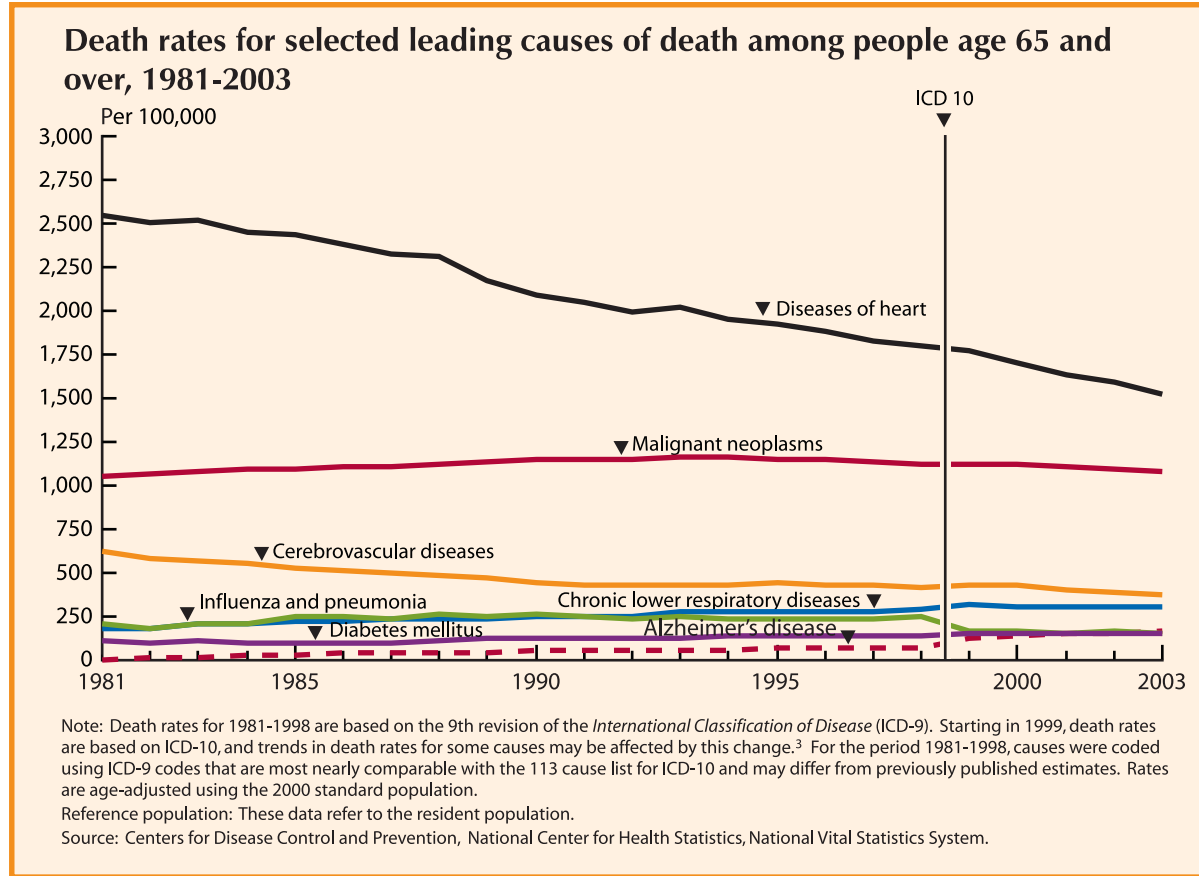
Age and sex	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000	2001	2002	2003
Years														
At age 65														
Men	11.5	11.2	12.2	11.7	12.1	12.7	13.0	13.0	14.2	15.1	16.2	16.4	16.6	16.8
Women	12.2	12.0	12.7	12.8	13.6	15.0	15.8	16.8	18.4	19.0	19.3	19.4	19.5	19.8
At age 85														
Men	3.8	3.9	4.1	4.0	4.1	4.4	4.4	4.7	5.1	5.3	5.6	5.7	5.7	6.0
Women	4.1	4.1	4.3	4.3	4.5	4.9	4.7	5.6	6.4	6.7	6.8	6.9	6.9	7.2



**INDICATOR 14**

**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.

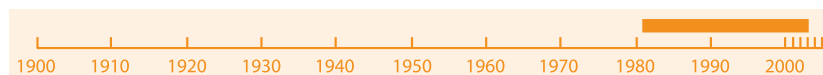


Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Death rates for selected leading causes of death among people age 65 and over, 2002-2003**

Year	Diseases of heart	Malignant neoplasms	Cerebrovascular diseases	Chronic lower respiratory diseases	Influenza and pneumonia	Diabetes mellitus	Alzheimer's disease
Number per 100,000 population							
2002	1,585.2	1,090.9	393.2	300.6	160.7	152.0	158.7
2003	1,524.9	1,073.0	372.8	299.1	154.8	150.7	167.7

Data for this indicator's chart can be found in table 14a on page 65.

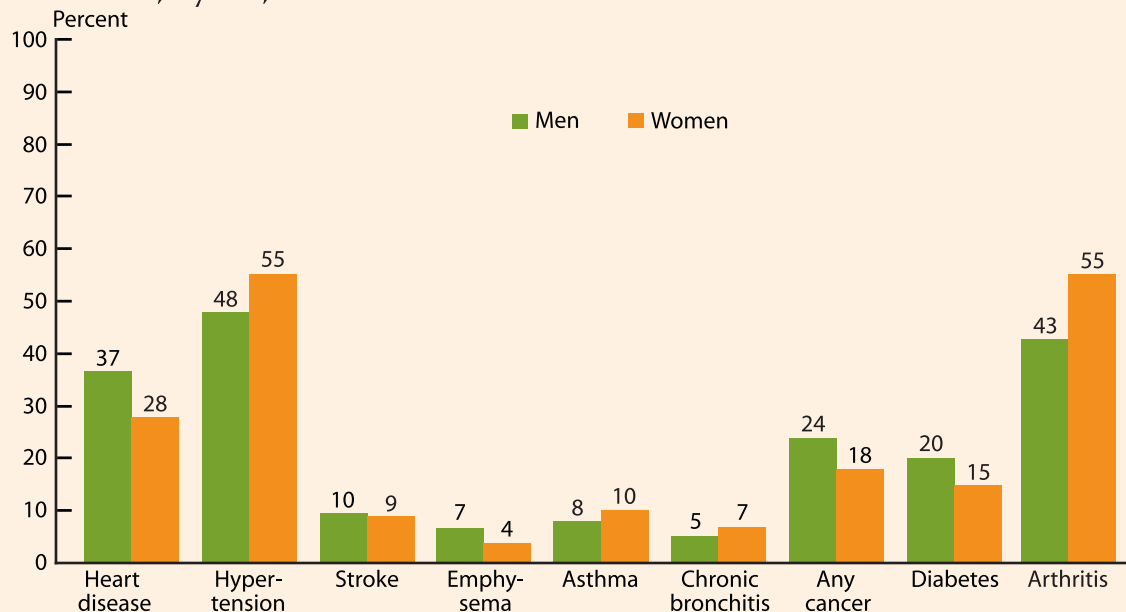


## INDICATOR 15

### Chronic Health Conditions

Chronic diseases are long-term illnesses that are rarely cured. Chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions.<sup>4</sup> Chronic health conditions negatively affect quality of life, contributing to declines in functioning and the inability to remain in the community.<sup>5</sup> Many chronic conditions can be prevented or modified with behavioral interventions. Six of the seven leading causes of death among older Americans are chronic diseases. (See “Indicator 14: Mortality.”)

**Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2003-2004**



Note: Data are based on a 2-year average from 2003-2004. The question used to estimate the percentage of people who report having arthritis is “Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?” This differs from the questions that were asked to estimate the percentage of people who report having “arthritic symptoms” in *Older Americans 2004*.

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.

Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2003-2004**

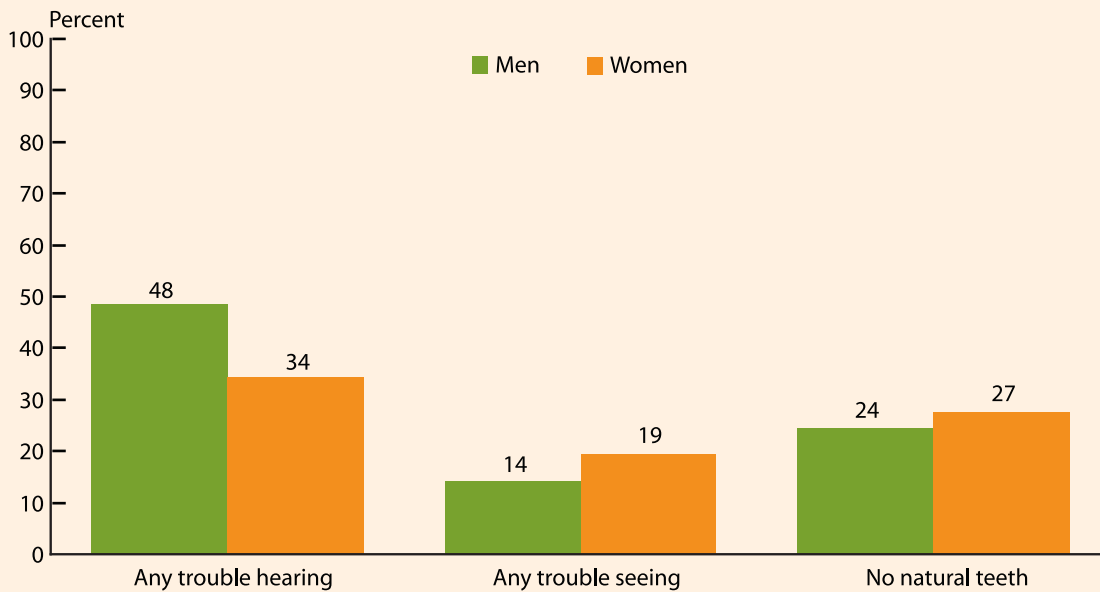
Sex	Heart disease	Hypertension	Stroke	Emphysema	Asthma	Chronic bronchitis	Any cancer	Diabetes	Arthritis
Percent									
Total	31.7	51.9	9.2	5.2	8.9	6.0	20.6	17.0	49.9
Men	37.2	48.1	10.1	6.7	7.6	4.6	23.8	19.5	42.9
Women	27.7	54.7	8.5	4.1	9.9	7.1	18.2	15.1	55.0

**INDICATOR 16**

## Sensory Impairments and Oral Health

Vision and hearing impairments and oral health problems are often thought of as natural signs of aging. Often, however, early detection and treatment can prevent, or at least postpone, some of the debilitating physical, social, and emotional effects these impairments can have on the lives of older people. Glasses, hearing aids, and regular dental care are not covered services under Medicare.

**Percentage of people age 65 and over who reported having any trouble hearing, any trouble seeing, or no natural teeth, by sex, 2004**



Note: Respondents were asked “Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, deaf?” For the purposes of this indicator the category “Any trouble hearing” includes “a little trouble, a lot of trouble, and deaf.” Regarding their vision, respondents were asked “Do you have any trouble seeing, even when wearing glasses or contact lenses?” The category “Any trouble seeing” also includes those who in a subsequent question report themselves as blind. Lastly, respondents were asked, in one question, “Have you lost all of your upper and lower natural (permanent) teeth?”

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.

Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Percentage of people age 65 and over who reported having any trouble hearing, any trouble seeing, or no natural teeth, by sex, 2004**

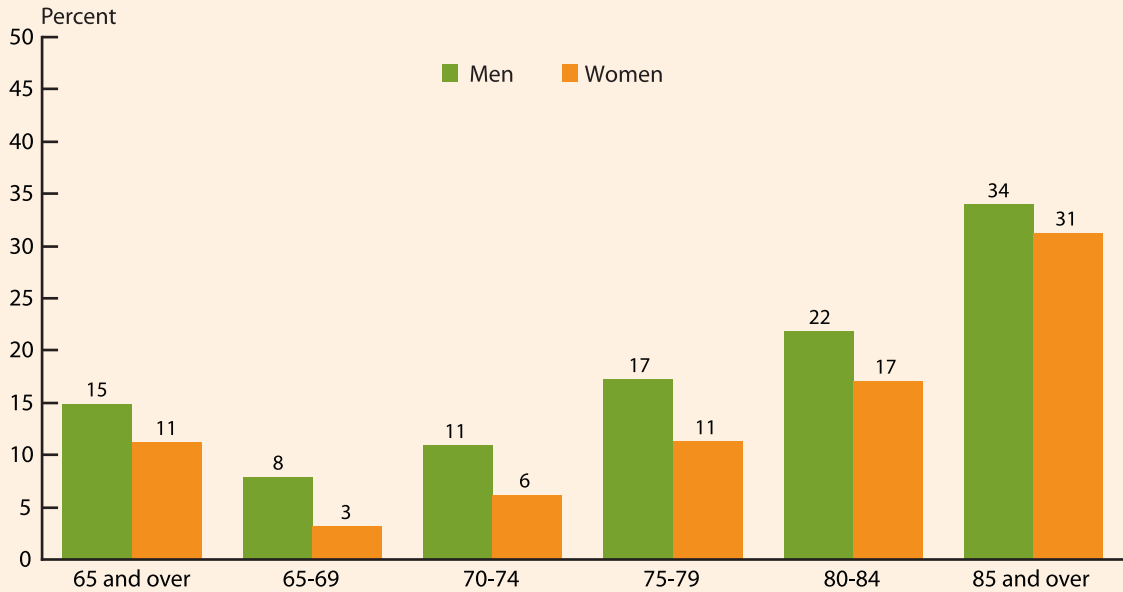
Sex	Any trouble hearing	Any trouble seeing	No natural teeth
	Percent		
Men	47.7	14.4	24.2
Women	33.9	18.7	26.8

## INDICATOR 17

### Memory Impairment

Memory skills are important to general cognitive functioning, and declining scores on memory tests 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.<sup>6,7</sup>

**Percentage of people age 65 and over with moderate or severe memory impairment, by age group and sex, 2002**



Note: The definition of "moderate or severe memory impairment" is four or fewer words recalled (out of 20) on combined immediate and delayed recall tests among self-respondents. Self-respondents who refused either the immediate or delayed word recall test were excluded from the analysis. Proxy respondents with an overall memory rating of "poor" were included as having moderate or severe memory impairment. Because of some changes in methods from the 2000 edition of *Older Americans*, no inference should be made about longitudinal trends.

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

Source: Health and Retirement Study.

Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Percentage of people age 65 and over with moderate or severe memory impairment, by age group and sex, 2002 (Last updated in *Older Americans 2004*)**

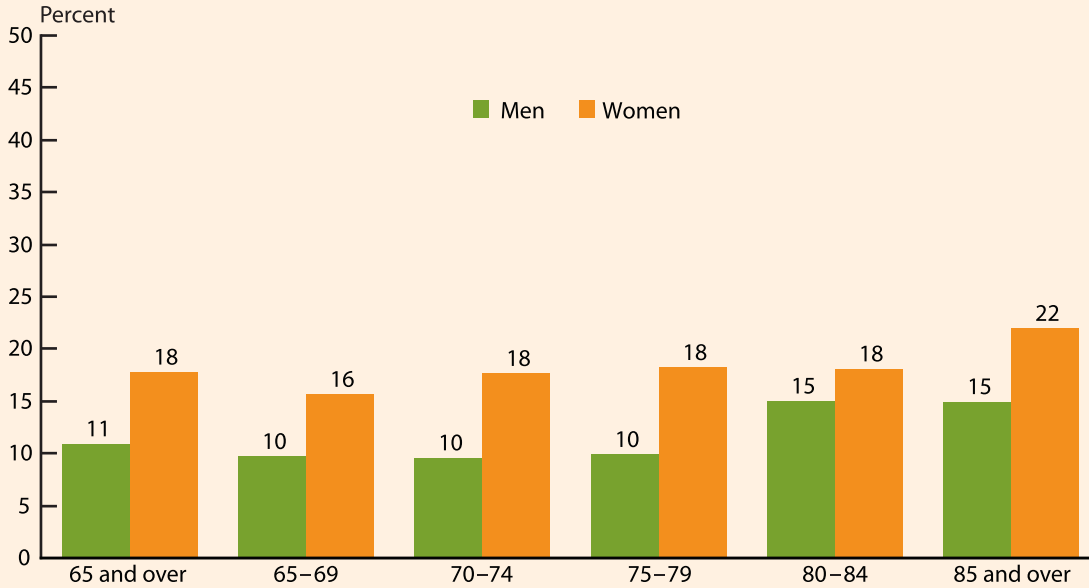
	Both sexes	Men	Women
		Percent	
65 and over	12.7	14.9	11.2
65-69	5.1	7.8	3.1
70-74	8.2	10.9	6.1
75-79	13.6	17.2	11.2
80-84	18.8	21.8	17.0
85 and over	32.1	33.9	31.2

**INDICATOR 18**

**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, and higher health care resource utilization.<sup>6,8</sup>

**Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2002**



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 for Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study. 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 "4 or more symptoms" cut-off can be found in the following documentation, [hrsonline.isr.umich.edu/docs/userg/dr-005.pdf](http://hrsonline.isr.umich.edu/docs/userg/dr-005.pdf).  
Reference population: These data refer to the civilian noninstitutionalized population.  
Source: Health and Retirement Study.

Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2002 (Last updated in *Older Americans 2004*)**

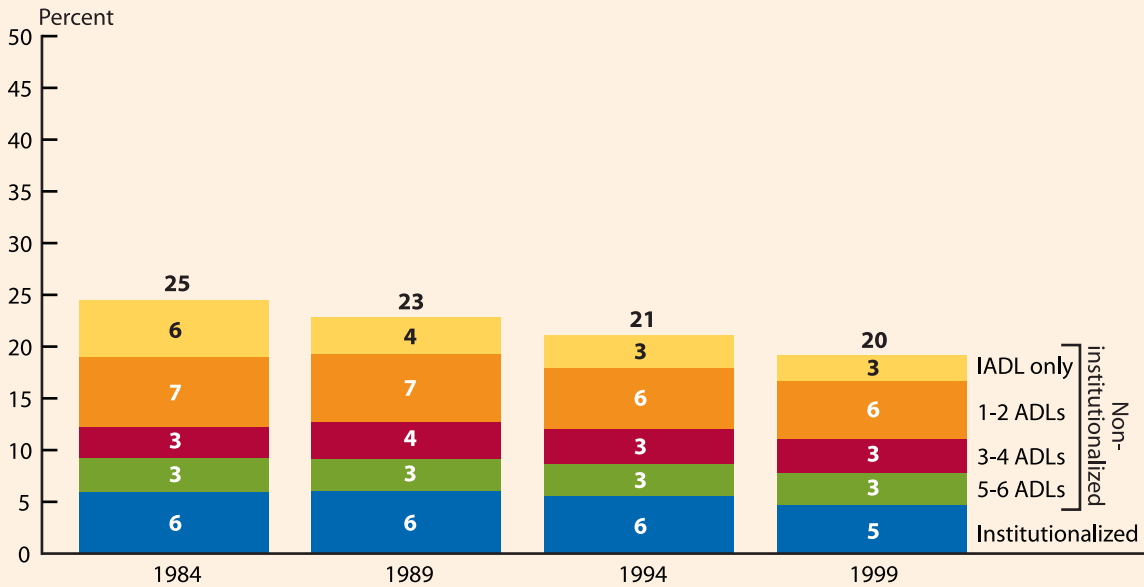
	Percent		
	Both sexes	Men	Women
65 and over	15.0	10.9	17.8
65-69	13.1	9.7	15.6
70-74	14.2	9.6	17.6
75-79	14.9	9.9	18.2
80-84	16.9	15.0	18.1
85 and over	19.6	14.9	21.9

## INDICATOR 19

### 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.

**Age-adjusted percentage of Medicare enrollees age 65 and over who are chronically disabled, by level and category of disability, 1984, 1989, 1994, and 1999**



Note: Disabilities are grouped into two categories: limitations in activities of daily living (ADLs) and limitations in instrumental activities of daily living (IADLs). The six ADLs included are bathing, dressing, getting in or out of bed, getting around inside, toileting, and eating. The eight IADLs included are light housework, laundry, meal preparation, grocery shopping, getting around outside, managing money, taking medications, and telephoning. Individuals are considered to have an ADL disability if they report receiving help or supervision, or using equipment, to perform the activity, or not performing the activity at all because of their health or a disability. Individuals are considered to have an IADL disability if they report using equipment to perform the activity or not performing the activity at all because of their health or a disability. Individuals are considered to be chronically disabled if they have at least one ADL or one IADL limitation that is expected to last 90 days or longer, or they are institutionalized. Data for 1989 do not sum to the total because of rounding.

Reference population: These data refer to Medicare enrollees.

Source: National Long Term Care Survey.

Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Age-adjusted percentage of Medicare enrollees age 65 and over who are chronically disabled, by level and category of disability, 1984, 1989, 1994, and 1999 (Last updated in *Older Americans 2004*)**

Selected characteristic	1984	1989	1994	1999
	Percent			
Both sexes total	24.5	23.1	21.1	19.7
Living in the community				
IADL only	5.5	3.6	3.1	2.6
1-2 ADLs	6.7	6.6	6.0	5.8
3-4 ADLs	3.0	3.5	3.3	3.4
5-6 ADLs	3.3	3.1	3.1	3.1
Living in an institution	6.0	6.2	5.6	4.8

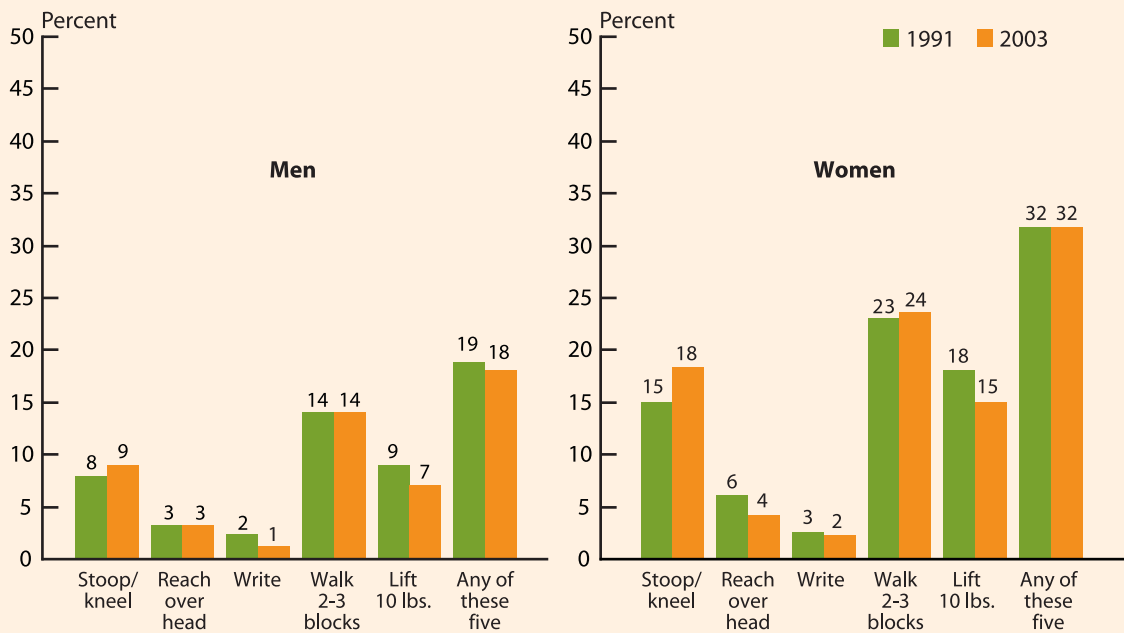




## INDICATOR 19 Disability continued

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 lift heavy objects, walk 2-3 blocks, 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 Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2003



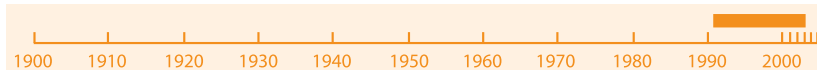
Note: Rates for 1991 are age-adjusted to the 2003 population.  
Reference population: These data refer to Medicare enrollees.  
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

### Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2003

Function	1991	2003	Function	1991	2003
Men					
Percent					
Stoop/kneel	7.8	9.0			
Reach over head	3.1	2.8			
Write	2.2	1.4			
Walk 2-3 blocks	13.9	13.7			
Lift 10 lbs.	9.1	7.1			
Any of these five	18.8	18.1			
Women					
Percent					
Stoop/kneel	15.1	18.2			
Reach over head	6.2	4.1			
Write	2.6	2.2			
Walk 2-3 blocks	22.8	23.6			
Lift 10 lbs.	18.1	15.1			
Any of these five	31.8	31.5			

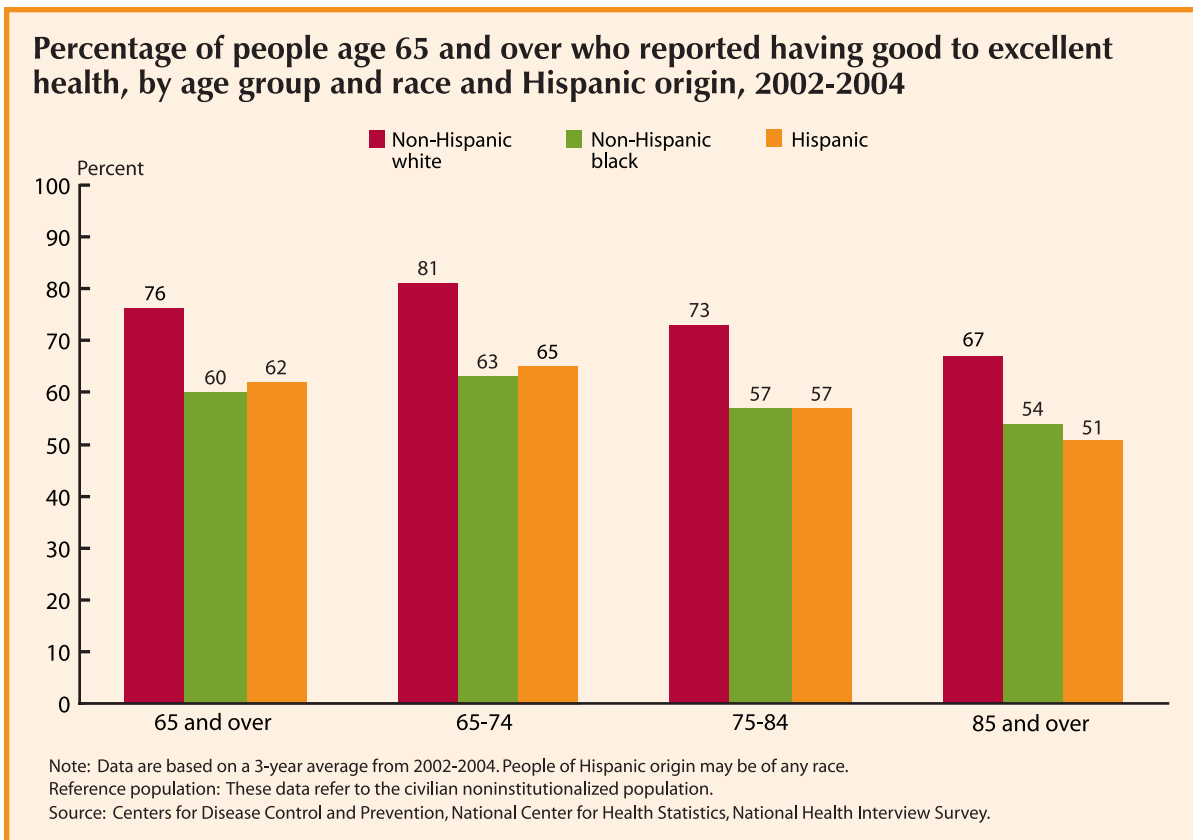
Note: Rates for 1991 are age-adjusted to the 2003 population.



## INDICATOR 20

### Respondent-Assessed Health Status

Asking people to rate their 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. Respondent-assessed health ratings of good, very good, and excellent correlate with lower risks of mortality.<sup>9</sup>



Additional information for this indicator can be found at [www.agingstats.gov](http://www.agingstats.gov).

**Respondent-assessed health status among people age 65 and over, by age group and race and Hispanic origin, 2002-2004**

Selected characteristic	Not Hispanic or Latino		Hispanic or Latino
	White only	Black only	
Good to excellent health	Percent		
Both sexes	Percent		
65 and over	76.2	59.9	61.6
65-74	80.6	62.8	65.3
75-84	72.8	56.5	56.5
85 and over	67.0	53.6	50.8