

## Health Risks and Behaviors

**Indicator 21: Vaccinations** (*updated*)

**Indicator 22: Mammography** (*updated*)

**Indicator 23: Dietary Quality**

**Indicator 24: Physical Activity** (*updated*)

**Indicator 25: Obesity** (*updated*)

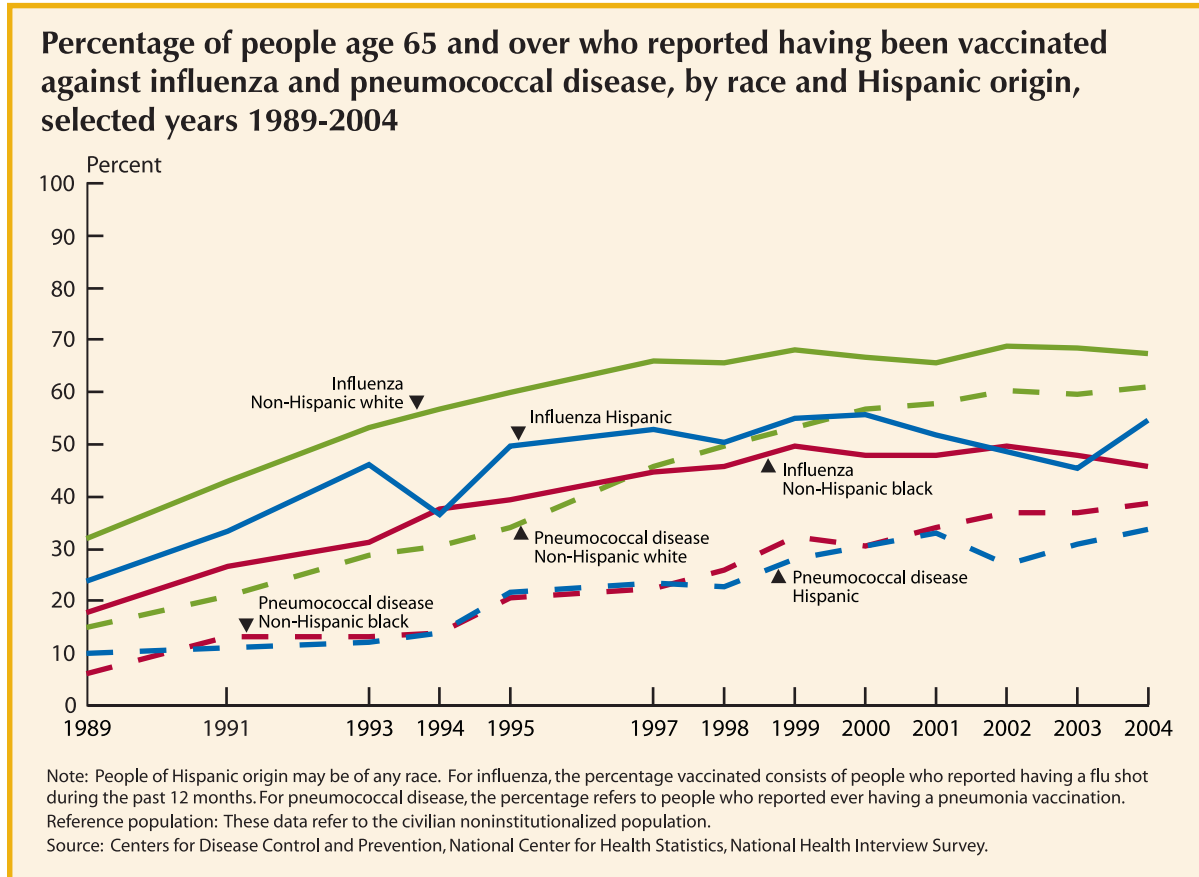
**Indicator 26: Cigarette Smoking** (*updated*)

**Indicator 27: Air Quality** (*updated*)

**INDICATOR 21**

**Vaccinations**

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for complications from these diseases compared with younger individuals.<sup>10,11</sup> Influenza vaccinations are given annually, and pneumococcal vaccinations are usually given once in a lifetime. The costs associated with these vaccinations are covered under Medicare Part B.



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 been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, 2003–2004**

Year	Not Hispanic or Latino		
	White	Black	Hispanic or Latino
	Percent		
<b>Influenza</b>			
2003	68.6	47.8	45.4
2004	67.3	45.7	54.6
<b>Pneumococcal disease</b>			
2003	59.6	37.0	31.0
2004	60.9	38.6	33.7

Data for this indicator's chart can be found in table 21a on page 66.

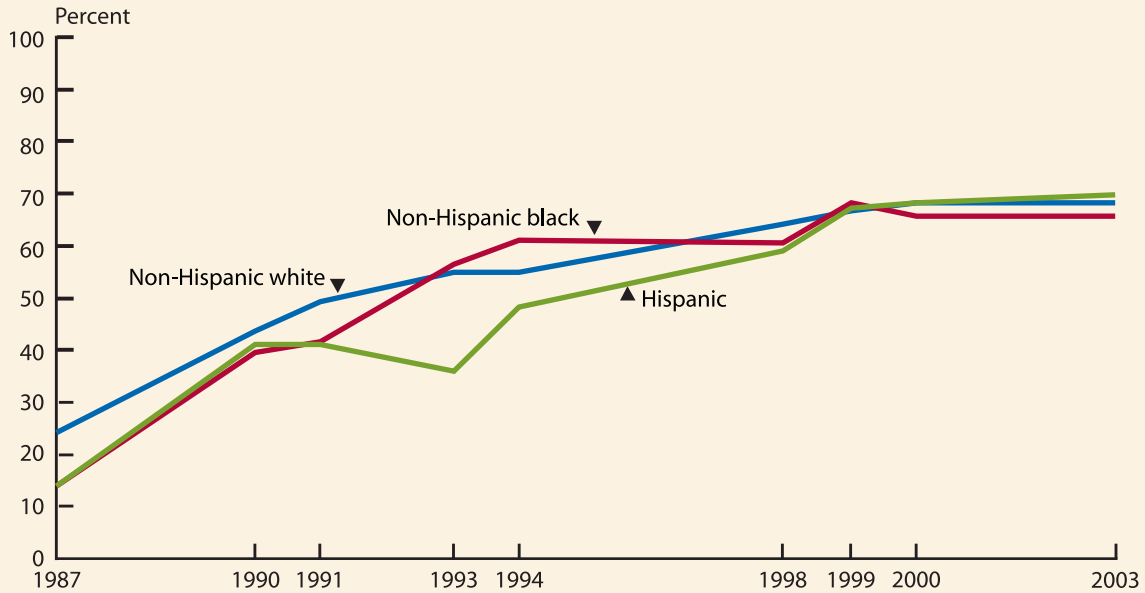


**INDICATOR 22**

**Mammography**

Health care services and screenings can help prevent disease or detect it at an early, treatable stage. Mammography has been shown to be effective in reducing breast cancer mortality among women age 40 and over, especially for the 50-69 age group.<sup>12</sup>

**Percentage of women age 65 and over who had a mammogram in the past 2 years, by race and Hispanic origin, selected years 1987-2003**



Note: People of Hispanic origin may be of any race.  
 Estimates for 2000 have been revised and may differ from what was reported 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 women age 65 and over who reported having had a mammogram within the past 2 years, by selected characteristics, selected years 1987-2003**

Selected characteristic	1987	1990	1991	1993	1994	1998	1999	2000	2003
	Percent								
All women 65 and over	22.8	43.4	48.1	54.2	55.0	63.8	66.8	67.9	67.7
White, not Hispanic or Latino	24.0	43.8	49.1	54.7	54.9	64.3	66.8	68.3	68.1
Black, not Hispanic or Latino	14.1	39.7	41.6	56.3	61.0	60.6	68.1	65.5	65.4
Hispanic or Latino	13.7	41.1	40.9	35.7	48.0	59.0	67.2	68.3	69.5

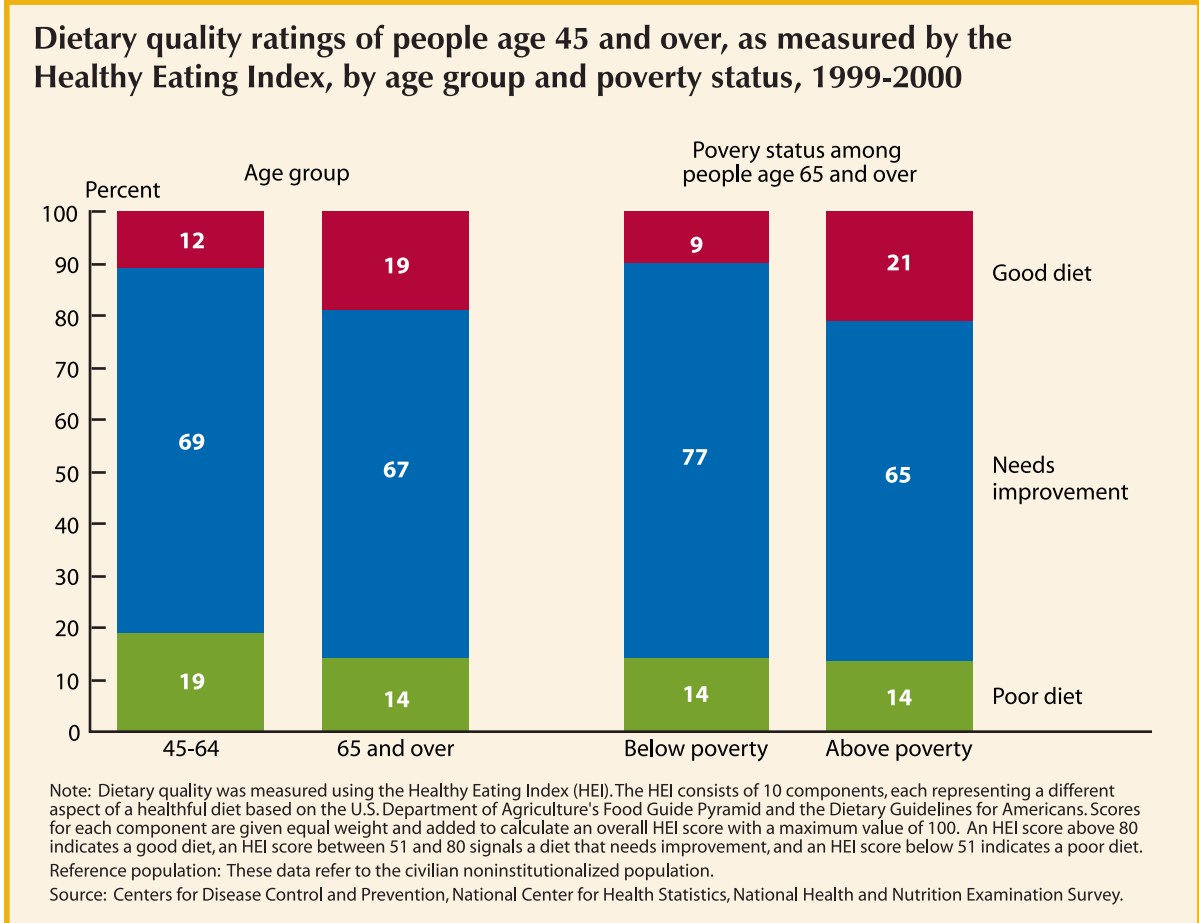
Note: People of Hispanic origin may be of any race.  
 Estimates for 2000 have been revised and may differ from what was reported in *Older Americans 2004*.



**INDICATOR 23**

## Dietary Quality

Dietary quality plays a major role in preventing or delaying the onset of chronic diseases such as coronary heart disease, certain types of cancer, stroke, and Type 2 diabetes.<sup>13</sup> A healthy diet can reduce some major risk factors for chronic diseases, such as obesity, high blood pressure, and high blood cholesterol.<sup>14</sup>



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

**Dietary quality ratings of people age 45 and over, as measured by the Healthy Eating Index, by age group and poverty status, 1999-2000 (Last updated in *Older Americans 2004*)**

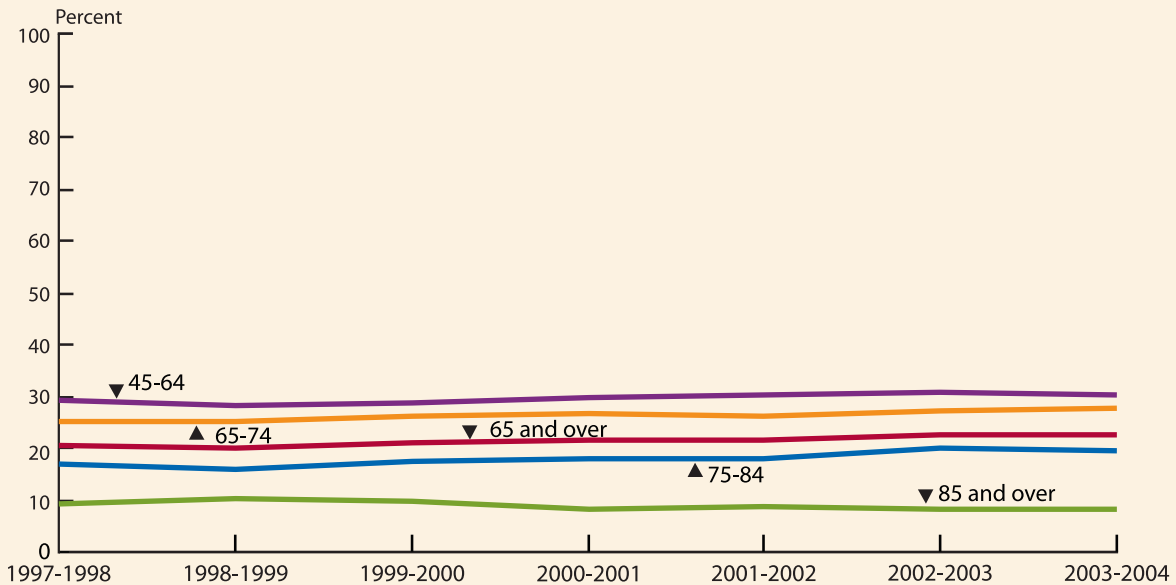
Rating	Age group		Poverty status among people age 65 and over	
	45-64	65 and over	Below poverty	Above poverty
	Percent			
Good	12.4	19.4	8.8	21.3
Needs improvement	69.0	66.7	77.2	64.8
Poor	18.6	13.9	14.0	13.9

**INDICATOR 24**

**Physical Activity**

Physical activity is beneficial for the health of people of all ages, including the 65 and over population. It can reduce the risk of certain chronic diseases, may relieve symptoms of depression, helps to maintain independent living, and enhances overall quality of life.<sup>15,16</sup> Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity.<sup>17</sup>

**Percentage of people age 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997-2004**



Note: Data are based on 2-year averages. "Regular leisure time physical activity" is defined as "engaging in light-moderate leisure time physical activity for greater than or equal to 30 minutes at a frequency greater than or equal to 5 times per week, or engaging in vigorous leisure time physical activity for greater than or equal to 20 minutes at a frequency greater than or equal to 3 times per week." 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 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997-2004**

Age group	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
	Percent						
65 and over (age-adjusted)	20.3	20.1	21.1	21.5	21.4	22.4	22.4
45-64	29.1	28.2	28.9	29.8	30.1	30.7	30.5
65-74	24.9	25.0	26.0	26.7	26.4	27.2	27.5
75-84	17.0	15.9	17.3	17.7	18.0	19.8	19.4
85 and over	9.0	10.5	9.7	8.4	8.6	8.0	8.4

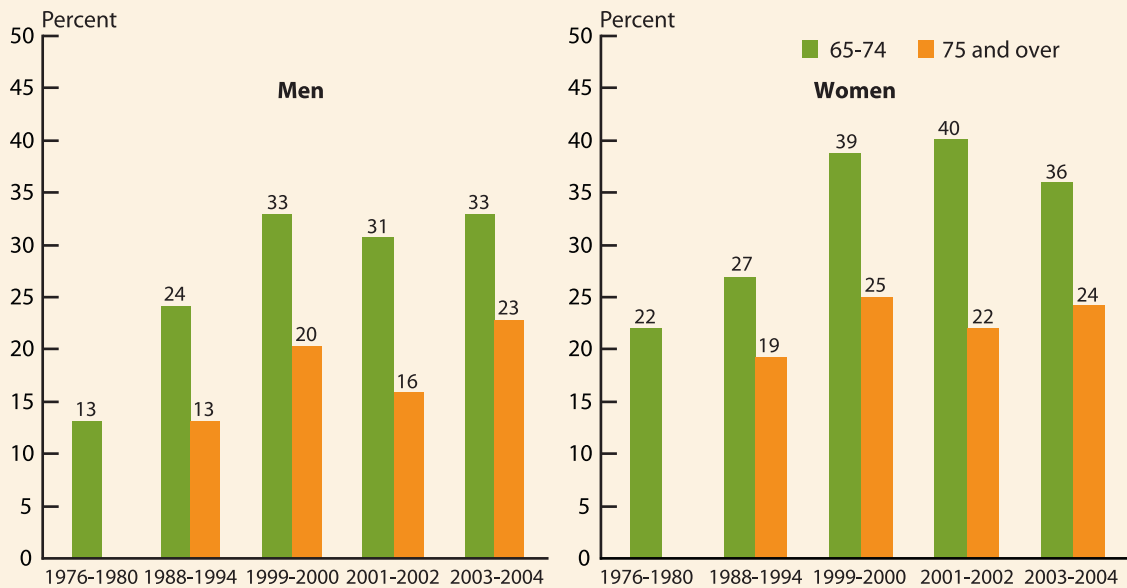


## INDICATOR 25

### Obesity

Obesity and overweight have reached epidemic proportions in the United States and may soon rival cigarette smoking as a major cause of preventable disease and premature death.<sup>18</sup> Both are 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.<sup>19,20</sup> The increase in prevalence of obesity among older adults has been especially dramatic.<sup>21</sup>

**Percentage of people age 65 and over who are obese, by sex and age group, selected years 1976-2004**



Note: In *Older Americans 2004* data were combined for 1999-2002; two-year estimates are shown here. Confidence intervals associated with these two-year estimates are larger than those associated with four-year estimates. Data for people age 75 and over are not available for 1976-1980. 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.

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

**Body weight status among people age 65 and over, by sex and age group, selected years 1960-2004**

Sex and age group	1960-1962	1971-1974	1976-1980	1988-1994	1999-2000	2001-2002	2003-2004
Percent							
<b>Obese</b>							
<b>Both sexes</b>							
65 and over	na	na	na	22.2	31.0	29.2	29.7
65-74	17.5	17.2	17.9	25.6	36.3	35.9	34.6
75 and over	na	na	na	17.0	23.2	19.8	23.5
<b>Men</b>							
65 and over	na	na	na	20.3	28.7	25.3	28.9
65-74	10.4	10.9	13.2	24.1	33.4	30.8	33.0
75 and over	na	na	na	13.2	20.4	16.0	22.7
<b>Women</b>							
65 and over	na	na	na	23.6	32.9	32.1	30.4
65-74	23.2	22.0	21.5	26.9	38.8	40.1	36.1
75 and over	na	na	na	19.2	25.1	22.1	24.1

na Data not available.

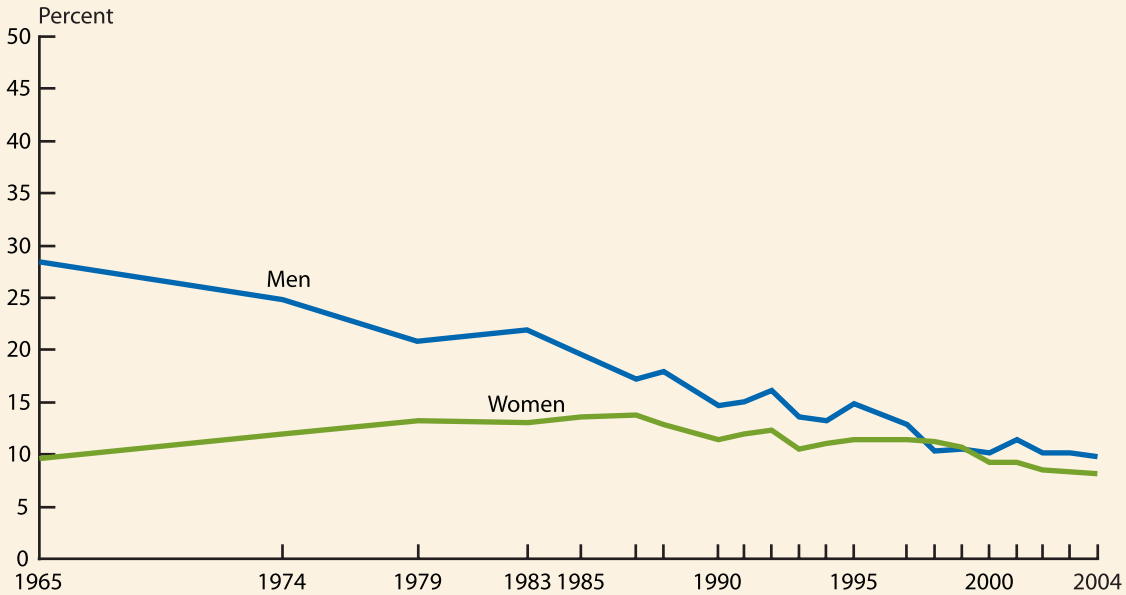
Note: In *Older Americans 2004* data were combined for 1999-2002; two-year estimates are shown here. Confidence intervals associated with these two-year estimates are larger than those associated with four-year estimates.

**INDICATOR 26**

## Cigarette Smoking

Smoking has been linked to an increased likelihood of cancer, cardiovascular disease, chronic obstructive lung diseases, and other debilitating health conditions. Among older people, the death rate for chronic lower respiratory diseases (the fourth leading cause of death among people age 65 and over) has increased since 1980.<sup>22</sup> This increase reflects, in part, the effects of cigarette smoking.<sup>23</sup>

**Percentage of people age 65 and over who are current cigarette smokers, by sex, selected years 1965-2004**



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 are current cigarette smokers, by sex, selected years 1965-2004**

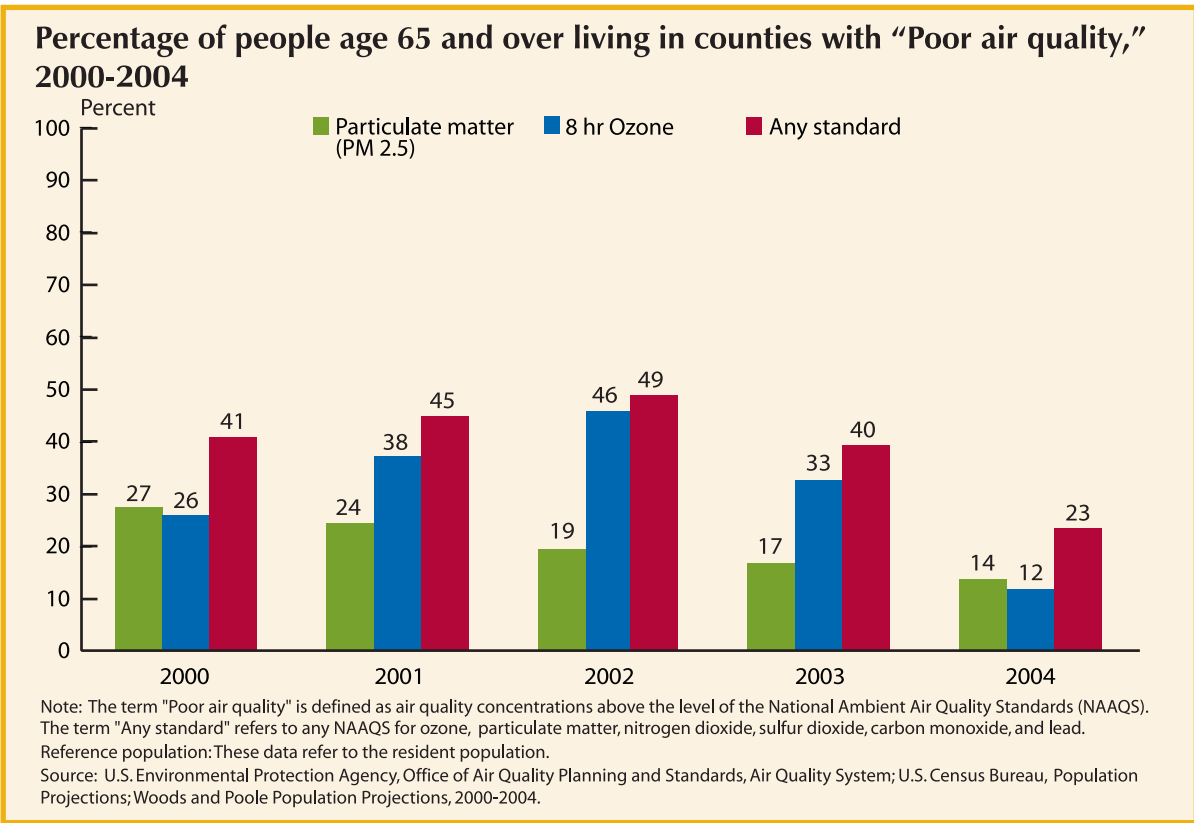
Year	Men	Women	Year	Men	Women
Percent			Percent		
1965	28.5	9.6	1994	13.2	11.1
1974	24.8	12.0	1995	14.9	11.5
1979	20.9	13.2	1997	12.8	11.5
1983	22.0	13.1	1998	10.4	11.2
1985	19.6	13.5	1999	10.5	10.7
1987	17.2	13.7	2000	10.2	9.3
1988	18.0	12.8	2001	11.5	9.2
1990	14.6	11.5	2002	10.1	8.6
1991	15.1	12.0	<b>2003</b>	<b>10.1</b>	<b>8.3</b>
1992	16.1	12.4	<b>2004</b>	<b>9.8</b>	<b>8.1</b>
1993	13.5	10.5			



INDICATOR 27

Air Quality

As people age, their bodies are less able to compensate for the effects of environmental hazards. Air pollution can aggravate heart and lung disease, leading to increased medication use, more visits to health care providers, admissions to 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 Environmental Protection Agency’s (EPA) established standards. Ozone and particulate matter (PM) (especially smaller, fine particle pollution called 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.<sup>24-28</sup>



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

**Percentage of people age 65 and over living in counties with “Poor air quality,” 2000-2004**

Pollutant measures	2000	2001	2002	2003	2004
	Percent				
Particulate matter (PM 2.5)	27.3	24.3	19.4	16.6	13.6
8hr Ozone	26.2	37.5	45.7	32.7	11.9
Any standard	41.0	44.9	48.8	39.5	23.4

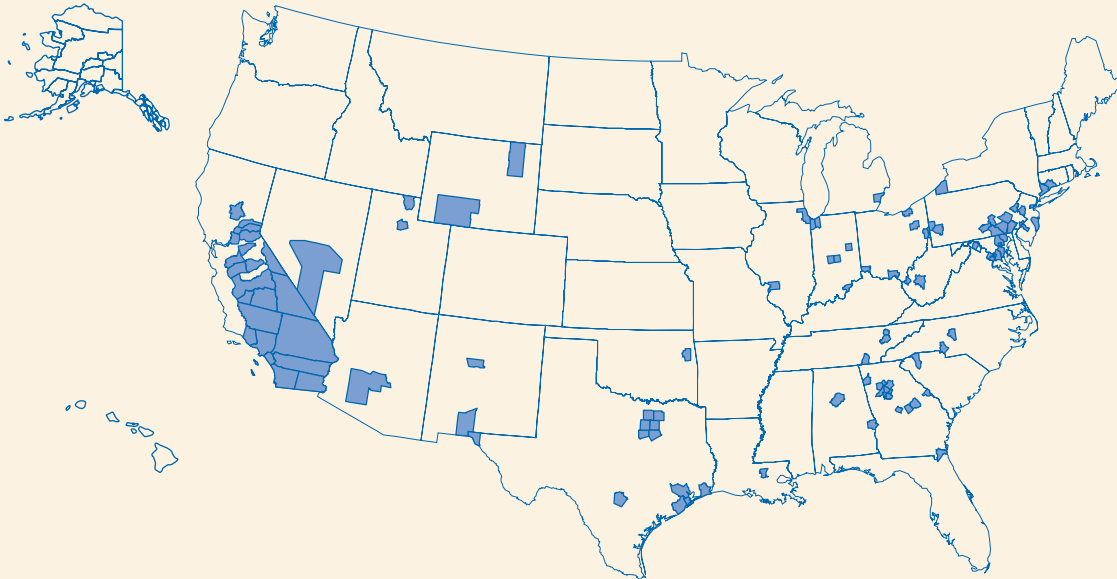




**INDICATOR 27** Air Quality continued

Air quality varies across the United States; thus, where people live can affect their health risk. Each State monitors air quality and reports findings to the EPA. In turn, the EPA determines whether pollutant measurements are above the standards that have been set to protect human health.

**Counties with “Poor air quality” for any standard in 2004**



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, and lead. 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.

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

*Data for this indicator’s chart can be found in table 27b on page 67.*

