

**United States Aging Demographics and Trends:**  
**A Statistical Overview**

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*Demographic Trends*

- In 2006, 37 million people age 65 and over lived in the United States, accounting for just over 12% of the total population. The older adult population in 2030 is projected to be almost twice as large, growing to 71.5 million and representing nearly 20% of the total U.S. population.<sup>1</sup>
- The population age 85 and over could grow from 5.3 million in 2006 to nearly 21 million by 2050.<sup>2</sup>
- Older women outnumber older men in the U.S, and the proportion that is female increases with age. In 2006, women accounted for 58% of the population age 65 and over and for 68% of the population age 85 and over.<sup>3</sup>
- Senior populations will grow virtually everywhere in the United States in the coming decades, thanks to the aging of the baby boom generation. The size and speed of that growth will vary across the nation, however. Fast growth (of over 140%) is projected to occur across a swath of states in the West, along with Texas, Georgia, and Florida in the south. A large number of states in the nation's interior will exhibit much lower growth (under 70%) in their senior populations. Yet even the slowest growing senior population state (Pennsylvania) is projected to register a 51% gain.<sup>4</sup>
- 90% of older adults report that they want to age in place in their own homes and communities.<sup>5</sup>
- Aging in place dwarfs net migration as a driver of future senior growth.<sup>6</sup>
- About 30 percent of noninstitutionalized older persons live alone. Older people who live alone are more likely than older people who live with their spouses to be in poverty.<sup>7</sup>
- Older women are more likely than older men to live alone. Almost half (48%) of older women age 75 and over live alone.<sup>8</sup>

*Health, Disability, and Disease*

- In 2004, the leading cause of death among people age 65 and over was heart disease, followed by cancer, cardiovascular disease (stroke), chronic lower respiratory diseases, Alzheimer's disease, diabetes mellitus, influenza, and pneumonia.<sup>9</sup>
- During the period 2004-2006, 74% of people age 65 and over rated their health as good or better. This has been true for the decades preceding 2004 as well; the majority of older people reported their health to be good to excellent.<sup>10</sup>
- In 2006, close to one-half of older men and more than one-third of older women reported trouble hearing.<sup>11</sup>
- Vision trouble affects 17% of the older adult population.<sup>12</sup>
- In 2005, 42% of people age 65 and over reported a functional limitation. Twelve percent had difficulty performing one or more ADLs; 18% had difficulty with 1-2 ADLs; 5% had difficulty with 3-4 ADLs; and 4% were in a facility. Women have higher levels of functional limitations than men.<sup>13</sup>
- Falls are the most common cause of injury to older adults. More than one-third of adults 65 and older fall each year.<sup>14</sup>
- Almost 350,000 hip fractures occurred in 2000, a figure that is expected to double by 2050.<sup>2</sup> Falls cause the majority of hip fractures, which often result in long-term functional impairments that might require admission to a nursing home for a year or more.<sup>15</sup>
- The injuries received from a fall can result in death, disability, nursing home admission, and direct medical costs. In 2003, a total of 13,700 persons aged 65 and older died from falls, and 1.8 million were treated in emergency departments for nonfatal injuries.<sup>16</sup>
- It is estimated that 5 million noninstitutionalized women aged 50 years and older in the U.S. had osteoporosis in 1988-1994. An additional 14 million women age 50 years and over were at risk for the disease due to their low bone mass.<sup>17</sup>
- The prevalence of moderate or severe memory impairment is six times as high for people age 85 and over as it is for people 65-69. In 2002, the proportion of people age 85 and over with moderate or severe memory impairment was 32%, compared with 5% for people age 65-69.<sup>18</sup>
- The number of Americans with diabetes is expected to rise from 30 million in 2007 to 46 million by 2030, when one out of every four baby boomers will be living with this chronic disease.<sup>19</sup>

- The number of Americans with arthritis is expected to rise from 46 million in 2007 to 67 million by 2030. At that point, nearly one out of every two boomers will be living with the condition.<sup>20</sup>
- By 2030, more than one out of every three baby boomers will be considered obese.<sup>21</sup>
- In 2000, there were an estimated 411,000 new cases of Alzheimer's disease. That number is expected to increase to 454,000 new cases a year by 2010, 615,000 new cases a year by 2030, and 959,000 new cases a year by 2050. By 2050, the number of individuals age 65 and over with Alzheimer's could range from 11 million to 16 million.<sup>22</sup>
- Older Americans are disproportionately likely to die by suicide. Although they comprise only 12% of the U.S. population, people age 65 and older accounted for 16% of suicide deaths in 2004.<sup>23</sup>
- The proportion of leisure time that older American spent socializing and communicating – such as visiting friends or attending or hosting social events – declines with age. For Americans age 55-64, 13% of leisure time is spent socializing and communicating compared to 10% for those 75 and over.<sup>24</sup>
- Inactivity increases with age. By age 75, about one in three men and one in two women engage in no physical activity.<sup>25</sup>

### *Hospitalizations*

- For people aged 65 years and over, hospital stays in 2005 were less than one-half of what they had been in 1970 (5.5 days compared with 12.6 days).<sup>26</sup>
- Decline in function in activities of daily living (ADLs) occurs in one third of hospitalized older adults, and frequently heralds an end to community living.<sup>27</sup>
- For many patients, the post-hospitalization period is one of dynamic flux. Changes in functional status commonly occur even after hospitalization, and the risk of nursing home placement may persist.<sup>28</sup>
- Data suggest that adequate social support is essential for functional recovery and maintenance of community living.<sup>29</sup>
- Patients discharged from the hospital to home alone are more likely to be admitted to a nursing home in the month following discharge.<sup>30</sup>

### *Health Care Workforce Trends*

- There are approximately 7,600 certified geriatricians in the nation, despite an estimated need of approximately 20,000 geriatricians. The lack of geriatricians impedes the delivery of chronic care to needy, elderly individuals.<sup>31</sup>

- The Bureau of Labor Statistics projects that between 2000 and 2010, an additional 1.2 million nursing aides, home health aides, and persons in similar occupations will be needed to cover the projected growth in long-term care positions and replace departing workers. The pool, however, from which such workers have traditionally been drawn – largely women between 25 and 50 without post-secondary education – continues to shrink. It is questionable, therefore, whether the nation will have an adequate supply of workers in these occupations to meet the expected increases in demand.<sup>32</sup>

### *Social Service Needs and Trends*

- About 3.4 million older persons lived below the poverty line in 2001. The poverty rate for persons 65+ continued at a historically low rate of 10.1%. Another 2.2 million older adults were classified as ‘near poor’ (income between poverty level and 125 percent of this level).<sup>33</sup>
- In 2005, 41% of households with people age 65 and over had one or more of the following types of housing problems: housing cost burden, physically inadequate housing and/or crowded housing. This is the highest level since 1985.<sup>34</sup>
- Data indicate high levels of unmet need among persons 50 and older with disabilities: almost one-quarter report needing more help than they receive now with basic daily activities, such as bathing, cooking, or shopping; one-half said they were not able to do something they needed or wanted to do in the last month because of their disability. These needs were very basic, such as doing household chores, getting some exercise, or getting out of the house.<sup>35</sup>
- More than one-third of homeowners 50 and older with a disability would like to make home modifications that would make their lives easier, such as installing grab bars in the bathroom, but have not done so, largely because of cost.<sup>36</sup>
- Currently, almost 7 million people over the age of 65 do not drive, or about 20% of the total U.S. population 65 and over. More than 50% of non-drivers age 65 and over, or 3.6 million Americans, stay home on any given day partially because they lack transportation options.<sup>37</sup>
- Compared with older drivers, older non-drivers in the U.S. make 15% fewer trips to the doctor, 59% fewer shopping trips and visits to restaurants, and 65% fewer trips for social, family, and religious activities.<sup>38</sup>
- According to best available estimates, between 1 million and 2 million Americans age 65 or older have been injured, exploited, or otherwise maltreated by someone on whom they depend for care.<sup>39</sup>
- Data on elder abuse in domestic settings suggest that 1 in 14 incidents, excluding incidents of self-neglect, come to the attention of authorities.<sup>40</sup>

- Several million older adults in the U.S. lack access to the food needed to sustain health and reduce the risk of disability.<sup>41</sup>

### *Long-Term Care Trends*

- An estimated 10 million Americans needed long-term care in 2000. Approximately 63% were persons 65 and older.<sup>42</sup>
- Most people – nearly 79% - who need long-term care live at home or in community settings, not in institutions.<sup>43</sup>
- About 1.46 million residents of all ages lived in 16,435 nursing facilities in 2005. Only 3.5% of people age 65 and older lived in nursing facilities.<sup>44</sup>
- The total rate of nursing home residence among the older population declined between 1985 and 2004. In 1985, the age adjusted nursing home residence rate was 54 people per 1,000 age 65 and over. By 2004, this rate had declined to 35 people per 1,000.<sup>45</sup>
- Estimated public and private spending on long-term care services exceeded \$180 billion in 2002.<sup>46</sup>
- In 2002, \$103.2 billion dollars were spent on nursing home care compared to \$36.1 billion dollars for care in the community.<sup>47</sup>
- Despite the trend toward community-based care as opposed to institutional care, only 18.2% of long-term care expenditures for the elderly are for community-based care.<sup>48</sup>
- The aging of the population, especially those 85+ - the most in need of long-term care – is expected to result in a tripling of long-term care expenditures, projected to climb from \$115 billion in 1997 to \$346 billion (adjusted for inflation) annually in 2040.<sup>49</sup>
- Studies have shown that the delivery of home or community-based long-term care services is a cost-effective alternative to nursing homes. In 2004, the average daily rate for a private room in a skilled nursing facility was \$192 for a private room or \$70,080 annually, and \$169 or \$61,685 annually for a semi-private room. The hourly rate for a home health aide was \$18.12.<sup>50</sup>

### *Volunteer Trends*

- Some 45 million Americans participate in volunteer opportunities and 15 million – about one-third – of those who volunteer are older persons.<sup>51</sup>
- Older Americans contributed \$44.3 billion through formal volunteer activities in 2002, and another \$17.8 billion by volunteering their time through informal channels.<sup>52</sup>

### *Policy Trends*

- Policymakers are trying to control the growth in Medicaid long-term care expenditures through increased investments in alternatives to institutional care.<sup>53</sup>
- The 1999 Supreme Court ruling in *L.C. and E.W. vs. Olmstead* is causing states to expand their community-based supports. The Court ruled that states may not discriminate against people with disabilities by providing services in institutions when the individual could be served in the community and prefers to live there.<sup>54</sup>
- There is a growing movement within state public policy programs to give beneficiaries more choice and control in arranging for the personal assistance they require. Currently, it is estimated that at least 60% of state Medicaid programs offer some ‘consumer direction.’<sup>55</sup>
- The Administration on Aging (AoA) is taking decisive steps to eliminate the institutional bias in the long-term care system and is giving more focus to community care.<sup>56</sup>
- Community Innovations for Aging in Place authorizes AoA to make available demonstration grants to nonprofit community based aging, health, and other supportive service agencies to develop and test new and innovative services models to assist older adults to age in place. The program was established within the reauthorization of the Older Americans Act in 2006.<sup>57</sup> It was predicated on the AoA NORC demonstrations,<sup>58</sup> but purposely broadened in its scope to be as welcoming to innovation as possible.<sup>59</sup>

### *Family Caregiving Trends*

- Approximately 34 million adults are currently providing care to an adult 50 years of age or older.<sup>60</sup>
- The number of family caregivers in the U.S. could increase by as much as 85% by 2050.<sup>61</sup>
- There are approximately 7 million long-distance family caregivers in the U.S.<sup>62</sup>
- Family caregivers provide about 80% of the community-based care in the U.S. and are considered the ‘backbone’ of the nation’s long-term care system by AoA.<sup>63</sup>
- The total value of care provided for ‘free’ by family caregivers currently estimated to be about \$350 billion a year.<sup>64</sup>
- Shorter hospital stays and increased usage of outpatient procedures have shifted responsibility toward unpaid providers of care from paid providers, increasing burdens on family caregivers.<sup>65</sup>
- Declining health among family caregivers is a leading risk factor for the institutionalization of care recipients.<sup>66</sup>

- Family caregivers have chronic conditions at more than twice the rate of non-family caregivers.<sup>67</sup>
- Elderly spousal caregivers (age 66-99) who experience caregiver-related stress have a 63% higher mortality rate than non-caregivers of the same age.<sup>68</sup>
- Between 40 – 70% have clinically significant symptoms of depression.<sup>69</sup>
- 40% of family caregivers report that caregiving has affected their ability to advance in their jobs.<sup>70</sup>
- Family caregivers lose an average of \$659,000 over the lifetime in lost wages and benefits.<sup>71</sup>
- Many policymakers realize the cost savings that family caregivers provide and, as a result, many states have created public programs to assist them. States have increased their respite care programs, both as state-funded individual programs and as part of a series of benefits provided under Medicaid home and community-based waiver programs.<sup>72</sup>

#### *Trends in the American Jewish Community*

- Approximately 1 million elderly Jews reside in the United States.<sup>73</sup>
- The elderly comprise 19% of the U.S. Jewish population.<sup>74</sup>
- The U.S. Jewish population is comparatively older than the general U.S. population, with a median age of 42 versus the U.S. general population median of 35.<sup>75</sup>
- With the aging of the Baby Boom generation and continued increases in longevity, projections suggest that the elderly will comprise approximately 25% of the U.S. Jewish population by 2020.<sup>76</sup>
- As a group, the Jewish elderly are more economically vulnerable than their non-elderly counterparts, with 9% meeting the federal criteria for poverty (compared with 5% of all Jewish adults) and 37% reporting household incomes of less than \$25,000 (compared with 15% of all Jewish adults).<sup>77</sup>
- The elderly population is at greatest risk for social isolation, with one third of the Jewish elderly living alone and an even greater percentage of the ‘old elderly’ (39%) living alone.<sup>78</sup>
- Twenty-eight percent of Jewish elderly households report a health condition that limits activities - 40% of which require daily assistance.<sup>79</sup>

Footnotes

<sup>1</sup>Federal Interagency Forum on Aging Related Statistics (2008). *Older Americans 2008: Key Indicators of Well-Being*. Washington, D.C.: Government Printing Office.

<sup>2</sup>Same as above.

<sup>3</sup>Same as above.

<sup>4</sup>Frey, H. (2008). America's Regional Demographics in the Early 21<sup>st</sup> Century: The Role of Seniors, Boomers, and New Minorities. *Public Policy and Aging Report*, 18(1), 1-31.

<sup>5</sup>Hansen, C. (2005). *No Place Like Home: AARPs View on Livable Communities*. Washington, D.C.: AARP Public Policy Institute.

<sup>6</sup>Frey, H. (2008). America's Regional Demographics in the Early 21<sup>st</sup> Century: The Role of Seniors, Boomers, and New Minorities. *Public Policy and Aging Report*, 18(1), 1-31.

<sup>7</sup>United States Department of Health and Human Services, Administration on Aging. *A Profile of Older Americans: 2007*. Washington, D.C.: AoA.

<sup>8</sup>Same as above.

<sup>9</sup>Federal Interagency Forum on Aging Related Statistics (2008). *Older Americans 2008: Key Indicators of Well-Being*. Washington, D.C.: Government Printing Office.

<sup>10</sup>Same as above.

<sup>11</sup>Same as above.

<sup>12</sup>Same as above.

<sup>13</sup>Same as above.

<sup>14</sup>American Hospital Association (2007). *When I'm 64: How Boomers will Change Health Care*. Chicago, IL: American Hospital Association.

<sup>15</sup>Fatalities and Injuries from Falls among Older Adults: United States, 1993-2003 and 2001-2005. *MMWR* (2006), 55(45), 1221-1224.

<sup>16</sup>Same as above.

<sup>17</sup>Robinson, K. (2007). Trends in Health Status and Health Care Use among Older Women. *Aging Trends*, no. 7. Hyattsville, MD: National Center for Health Statistics.

<sup>18</sup>Federal Interagency Forum on Aging Related Statistics (2008). *Older Americans 2008: Key Indicators of Well-Being*. Washington, D.C.: Government Printing Office.

<sup>19</sup>American Hospital Association (2007). *When I'm 64: How Boomers will Change Health Care*. Chicago, IL: American Hospital Association.

<sup>20</sup>Same as above.

<sup>21</sup>Same as above.

<sup>22</sup>Alzheimer's Association (2007). *Alzheimer's Disease Facts and Figures 2007*. Chicago, IL: Alzheimer's Association.

<sup>23</sup> National Institute of Mental Health. *Older Adults: Depression and Suicide Facts*. Bethesda, MD: NIMH.

<sup>24</sup>Federal Interagency Forum on Aging Related Statistics (2008). *Older Americans 2008: Key Indicators of Well-Being*. Washington, D.C.: Government Printing Office.

<sup>25</sup>U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (1996). *Physical Activity and Health*. Atlanta, GA: CDC.

<sup>26</sup>DeFrances, C.J., Hall, M.H. (2007). *2005 National Hospital Discharge Survey: Advance data from Vital and Health Statistics*. Hyattsville, MD: National Center for Health Statistics.

<sup>27</sup>Mahnoey, J.E., Eisner, J., Havighurst, T., Gray, S., and Palta, M. (2000). Problems of Older Adults Living Alone after Hospitalization. *General Internal Medicine*, 15(9), 611-619.

<sup>28</sup>Same as above.

<sup>29</sup>Same as above.

<sup>30</sup>Same as above.

<sup>31</sup>American Geriatrics Society and the Association of Directors of Geriatric Academic Programs (2005). Geriatric Medicine: A Clinical Imperative for an Aging Population, Part 1. *Annals of Long-Term Care*, 13(3), 18-22.

<sup>32</sup>National Center for Health Workforce Analyses, Bureau of Health Professions, Health Resources and Services Administration (2004). *Nursing Aides, Home Health Aides, and Related Health Care Occupations – National and Workforce Shortages and Associated Data Needs*. Washington, D.C.: U.S. Department of Health and Human Services, HRSA.

<sup>33</sup>United States Department of Health and Human Services, Administration on Aging. *A Profile of Older Americans: 2007*. Washington, D.C.: AoA.

<sup>34</sup>Federal Interagency Forum on Aging Related Statistics (2008). *Older Americans 2008: Key Indicators of Well-Being*. Washington, D.C.: Government Printing Office.

<sup>35</sup>Gibson, M.J. et al. *Beyond 50.03: A Report to the Nation on Independent Living and Disability*. Washington, D.C.: AARP.

<sup>36</sup>Same as above.

<sup>37</sup>Straight, A., and Gregory, S.R. (2002). *Transportation: The Older Person's Interest*. Washington, D.C.: AARP Public Policy Institute; and Bailey, L., and the Surface Transportation Policy Project (2004). *Aging Americans: Stranded without Options*. Washington, D.C.: Surface Transportation Policy Project.

<sup>38</sup>Alpass, F.M., and Neville (2003). Loneliness, health, and depression in older males. *Aging and Mental Health*, 7(3), 212-216.

<sup>39</sup>National Center on Elder Abuse. *Fact Sheet: Elder Abuse Prevalence and Incidence*. Washington, D.C.: NCEA.

<sup>40</sup>Same as above.

<sup>41</sup>Food Security Institute (2003). *Hunger Issue Brief: Hunger and Food Insecurity among the Elderly*. Waltham, MA: Brandeis University.

<sup>42</sup>Family Caregiver Alliance. *Selected Long-Term Care Statistics*. San Francisco, CA: Family Caregiver Alliance.

<sup>43</sup>Same as above.

<sup>44</sup>Hausner, A.N., Fox-Grage, W., and Gibson, M.J. (2006). *Across the States 2006: Profiles of Long-Term Care and Independent Living*. Washington, D.C.: AARP Public Policy Institute.

<sup>45</sup>Federal Interagency Forum on Aging Related Statistics (2008). *Older Americans 2008: Key Indicators of Well-Being*. Washington, D.C.: Government Printing Office.

<sup>46</sup>Family Caregiver Alliance. *Selected Long-Term Care Statistics*. San Francisco, CA: Family Caregiver Alliance.

<sup>47</sup>Same as above.

<sup>48</sup>Same as above.

<sup>49</sup>Same as above.

<sup>50</sup>Same as above.

- <sup>51</sup>Administration on Aging. *Volunteer Opportunities*. Washington, D.C.: United States Department of Health and Human Services, Administration on Aging.
- <sup>52</sup>Johnson, R.W., and Schaner, S.G. (2005). *Value of Unpaid Activities by Older Americans Tops \$160 Billion Per Year*. The Retirement Project: Perspectives on Productive Aging. Washington, D.C.: Urban Institute.
- <sup>53</sup>National Conference of State Legislatures, Forum for State Health Policy Leadership. *Promising Practices: Community-Based Long-Term Care*. Washington, D.C.: NCSL.
- <sup>54</sup>Same as above.
- <sup>55</sup>Same as above.
- <sup>56</sup>United States Department of Health and Human Services, Administration on Aging. *Fact Sheet: Rebalancing Long Term Care*. Washington, D.C.: AoA.
- <sup>57</sup>Older Americans Act of 1965 as amended in 2006 (Public Law 108-365).
- <sup>58</sup>Hearing before the Senate Subcommittee on Retirement Security and Aging, May 16, 2006. *Examining Naturally Occurring Retirement Communities and what impact they may have on the ability to create livable community options for all Americans*. S.Hrg. 109-599.
- <sup>59</sup>Goldberg, R.
- <sup>60</sup>Family Caregiver Alliance. *Selected Caregiver Statistics*. San Francisco, CA: FCA.
- <sup>61</sup>U.S. Department of Health and Human Services and Assistant Secretary for Planning and Evaluation (2003). *The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation: Report to Congress*. Washington, D.C.: HHS.
- <sup>62</sup>National Institute on Aging. *So Far Away: Twenty Questions for Long-Distance Caregivers*. Bethesda, MD: NIA.
- <sup>63</sup>United States Department of Health and Human Services, Administration on Aging. *Compassion in Action*. Washington, D.C.: AoA.
- <sup>64</sup>Gibson and Hauser (2007). *Valuing the Invaluable: A New Look at the Economic Value of Caregiving*. Washington, D.C.: AARP Public Policy Institute.
- <sup>65</sup>Family Caregiver Alliance. *Selected Caregiver Statistics*. San Francisco, CA: FCA.
- <sup>66</sup>Talley, R.H., and Crews, J.H. (2007). Framing the Public Health of Caregiving. *American Journal of Public Health*, 97(2), 224-228.
- <sup>67</sup>United States Department of Health and Human Services, Administration on Aging. *Compassion in Action*. Washington, D.C.: AoA.

<sup>68</sup>Schulz, R. & Beach, S. (1999). Caregiving as a risk factor for mortality: The Caregiver Health Effects Study, *JAMA*, 282: 2215-2219.

<sup>69</sup>Zarit, S. (2006). Assessment of Family Caregivers: A Research Perspective. In Family Caregiver Alliance (Eds.), *Caregiver Assessment: Voices and Views from the Field*. Report from a National Consensus Development Conference (Vol. II) (pp. 12-37). San Francisco: Family Caregiver Alliance.

<sup>70</sup>MetLife Mature Market Institute (1999). *The MetLife Juggling Act Study: Balancing Caregiving with Work and the Costs Involved*. Westport, CT: Metropolitan Life Insurance Company.

<sup>71</sup>United States Department of Health and Human Services, Administration on Aging. *Compassion in Action*. Washington, D.C.: AoA.

<sup>72</sup>National Conference of State Legislatures, Forum for State Health Policy Leadership. *Promising Practices: Community-Based Long-Term Care*. Washington, D.C.: NCSL.

<sup>73</sup>UJC Human Services and Social Policy Pillar. *Report on the Policy and Planning Implications of NJPS 2000-2001*. Washington, D.C.: United Jewish Communities.

<sup>74</sup>Same as above.

<sup>75</sup>Same as above.

<sup>76</sup>DellaPergola, S. (2000). Prospecting the Jewish Future: Population Projections, 2000-2080. *American Jewish Yearbook*.

<sup>77</sup>Same as above.

<sup>78</sup>Same as above.

<sup>79</sup>Same as above.