POPULATION CHARACTERISTICS

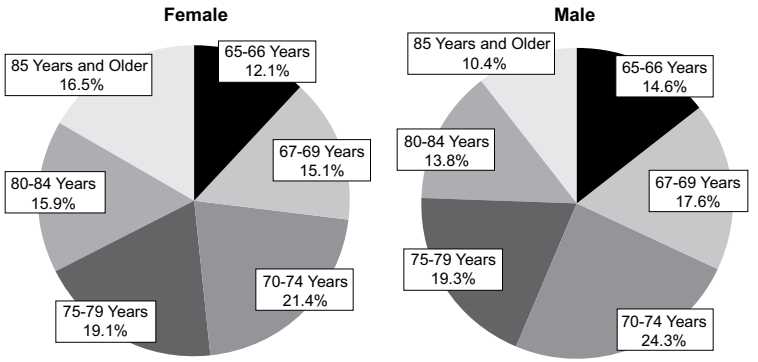
In 2008, there were nearly 39 million non-institutionalized adults aged 65 years and older in the United States. Women accounted for nearly 22.5 million or 57.7 percent of the older population. The age distribution of older adults varies by sex. More than 16 percent of older women were aged 85 years and older, compared to only 10.4 percent of the older male population. Similarly, 27.2 percent of older women were 65–69 years of age, compared to 32.2 percent of older men.

The distribution of the older female population varies by race and ethnicity and age. In 2008, non-Hispanic White women accounted for the majority of women aged 65 and older (79.9 percent), followed by Black and Hispanic women (9.0 and 6.8 percent, respectively). As age increases, non-Hispanic White women account for a greater percentage of the female population, while each of the other racial and ethnic groups account for a lower percentage. Non-Hispanic White women accounted for 77.3 percent of women aged 65–74 years, and 84.8 percent of women aged 85 years and older. In comparison, Hispanic women accounted for 7.6 percent of 65- to 74-year-olds and only 4.7 percent of those aged 85 years and older.

In the year 2011, the oldest members of the baby boom cohort will turn 65 years of age. Over the next two decades, the population of older Americans will grow dramatically as this generation ages.

U.S. Population* Aged 65 and Older, by Sex and Age, 2008

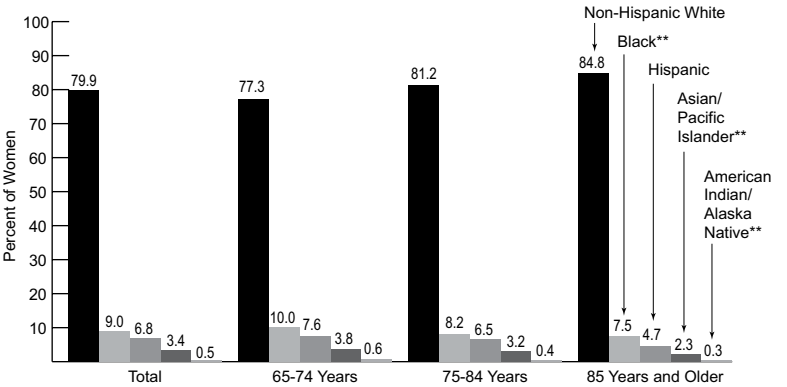
Source I.1: U.S. Census Bureau, American Community Survey



Includes only non-institutionalized population not living in group housing. Percentages may not add to 100 due to rounding.

U.S. Female Population* Aged 65 and Older, by Race/Ethnicity and Age, 2008

Source I.1: U.S. Census Bureau, American Community Survey



*Includes only non-institutionalized population not living in group housing. Data are not shown for persons of other races or more than one race. **May include Hispanics.*

LABOR FORCE PARTICIPATION

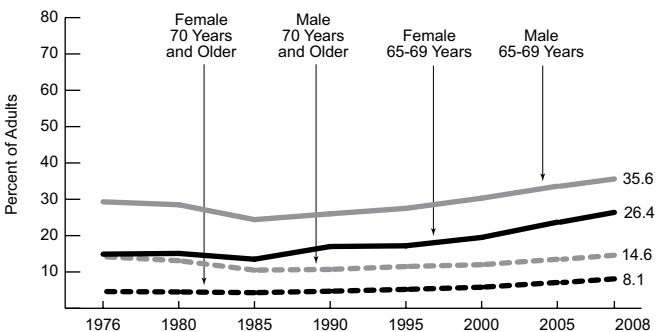
In 2008, 13.3 percent of women and 21.5 percent of men aged 65 years and older were in the labor force (employed or not employed and actively seeking employment; data not shown). Among older women, labor force participation rates have increased substantially since the 1970's. Between 1976 and 2008, labor force participation among women aged 65–69 years increased 77.2 percent, from 14.9 to 26.4 percent of the civilian, non-institutionalized population. Labor force participation among women aged 70 years and older has shown an even greater increase (85.4 percent) from 4.6 percent in 1976 to 8.1 percent in 2008. In comparison, men aged 65–69 years saw a 21.5 percent increase in labor force participation from 1976 to 2008, while men aged 70 years and older saw an increase of less than 3 percent.

As labor force participation among women has risen over the past 3 decades, the proportion of women receiving Social Security retired worker benefits has increased, as well. In 2006, 67.6 percent of women aged 65–69 years were receiving Social Security benefits for retired workers (as opposed to benefits for spouses of retired workers), an increase of 21.6 percent over the 55.6 percent of women receiving those benefits in 1990. Among women aged 70 years and older, 61.9 percent received retired worker benefits in 2006, compared to 55.9 percent in 1990; this represents an increase of 10.7 percent during that time period.

In 2006, 28.1 percent of women aged 65 and older received employer pensions or retirement savings. This is virtually unchanged since 1990, when 28.3 percent of women were receiving pensions or retirement savings. During this time, however, the proportion of men receiving retirement income from these sources decreased from 49.2 percent to 43.6 percent, possibly due in part to the decreasing reliance on traditional pension plans (data not shown).

Labor Force Participation* Among Adults Aged 65 and Older, by Age and Sex, 1976–2008

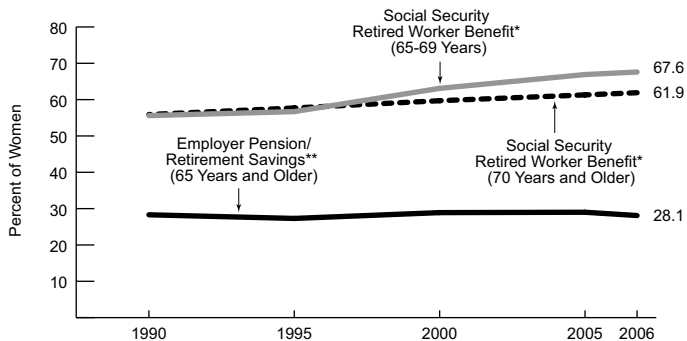
Source II.24, I.11: U.S. Department of Labor, Bureau of Labor Statistics



*Percent of the civilian, non-institutionalized population employed or not employed and looking for work.

Women Aged 65 and Older Receiving Retirement Income, by Type of Benefit and Selected Age Group, 1990–2006

Source II.25: U.S. Department of Labor, Current Population Survey and the Social Security Administration (as published by the Congressional Research Service)



*Includes women who are receiving the retired worker benefit based on their own employment; does not include women receiving a benefit as the spouse of a retired worker. **Includes traditional pensions, retirement savings plans, or both.

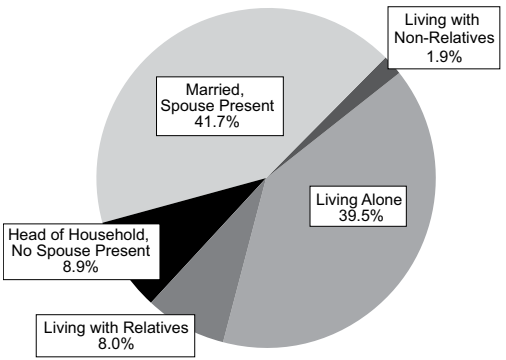
POVERTY AND HOUSEHOLD COMPOSITION

In 2008, 41.7 percent of women aged 65 years and older who did not reside in an institution were married and living with a spouse, while another 39.5 percent lived alone. Nearly 9 percent of older women were heads of their household, with no spouse present, meaning that they had children or other family members, but no spouse, living with them in a housing unit that they own or rent. Research has suggested that older adults who live alone are more likely to live in poverty, which has numerous implications including increased risk of food insecurity, decreased access to health care facilities due to lack of transportation, and inability to pay utility bills.[36]

Nearly 12 percent of women aged 65 years and older lived in poverty in 2008, while 29.9 percent had household incomes of 100–199 percent of poverty. Only one-quarter of older women had incomes of 400 percent or more of poverty. Among women aged 65 and older, income decreases as age increases. For instance, women aged 75 years and older were most likely to have incomes of 100–199 percent of poverty and less than 100 percent of poverty (36.1 and 13.3 percent, respectively). In comparison, 9.5 percent of women aged 65–69 years lived in poverty, and 21.6 percent had incomes of 100–199 percent of poverty. Women aged 75 and older were also least likely to have incomes of 400 percent or more of poverty (18.4 percent), compared to 26.2 percent of women aged 70–74 years and 36.6 percent of women aged 65–69 years.

Women Aged 65 and Older*, by Household Composition, 2008

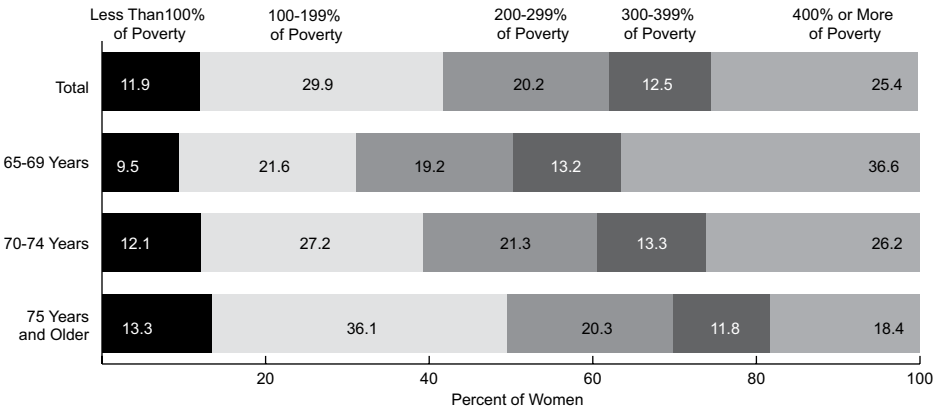
Source I.2: U.S. Census Bureau, Current Population Survey



*Civilian, non-institutionalized population.

Women Aged 65 and Older, by Poverty Status* and Age, 2008**

Source I.4: U.S. Census Bureau, Current Population Survey



*Poverty level, defined by the U.S. Census Bureau, was about $10,991 for an individual or $22,025 for a family of four in 2008.
**Percentages may not add to 100 due to rounding.

ACTIVITY LIMITATIONS

Although disability may be defined in many different ways, one common guideline is whether a person is able to perform common activities—such as walking up stairs, standing or sitting for several hours at a time, grasping small objects, or carrying items such as groceries—without assistance. While women and men of all ages may be limited in their ability to perform some of these activities, the proportion of adults with activity limitations increases with age. In 2008, more than 62 percent of adults aged 65 years and older reported having a condition that limited their ability to perform one or more of these common activities (data not shown). Women of this age were more likely than men to report being limited in their activities (68.4 versus 54.4 percent, respectively; data not shown).

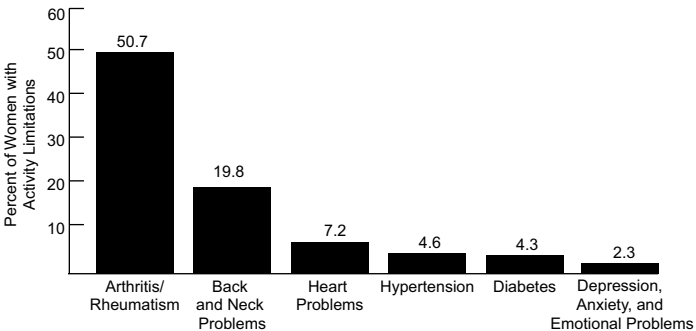
The most common causes of activity limitations among women aged 65 years and older were arthritis (reported by 50.7 percent of women with limitations) and back and neck problems (19.8 percent). Heart problems were the next most common condition, reported among 7.2 percent of women with activity limitations.

The percentage of women aged 65 and older reporting at least one activity limitation varies with race and ethnicity. Non-Hispanic Black women (71.9 percent) were more likely than Hispanic and non-Hispanic White women (69.6 and 68.2 percent, respectively) to report any activity limitations (data not shown).

Dementia is characterized by loss of memory and a decline in cognitive functioning. In 2002, an estimated 3.4 million adults aged 71 years and older had dementia, 2.4 million of whom had Alzheimer's disease (data not shown). Overall, women were more likely than men to have dementia (15.7 versus 11.1 percent, respectively); however this varied with age. For both men and women, the prevalence of dementia increases as age increases. Women and men aged 90 years and older were most likely to have dementia (34.7 and 44.6 percent, respectively) while those aged 71–79 years were least likely (4.8 and 5.3 percent, respectively).

Most Common Conditions Causing Activity Limitations* Among Women Aged 65 and Older, 2008

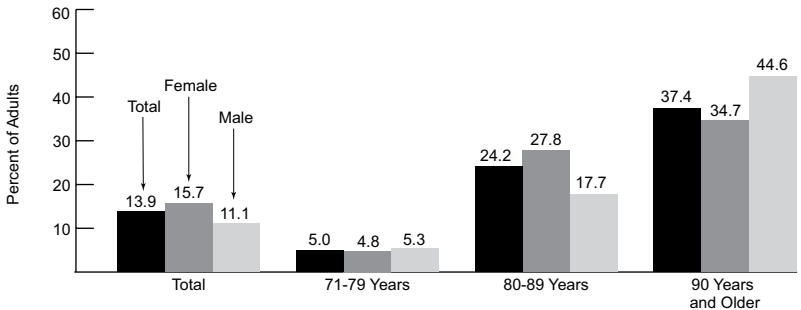
Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



Activity limitations are defined as conditions that cause difficulty performing certain physical, leisure, and social activities.

Dementia Prevalence* Among Adults Aged 71 and Older, by Age and Sex, 2002

Source II.26: National Institute on Aging, Aging, Demographics and Memory Study, as published in Plassman, et al, 2007



Includes all types of dementia, such as Alzheimer's disease, vascular dementia, dementia of undetermined etiology, Parkinson's dementia, alcoholic dementia, traumatic brain injury, and Lewy body dementia.

OSTEOPOROSIS

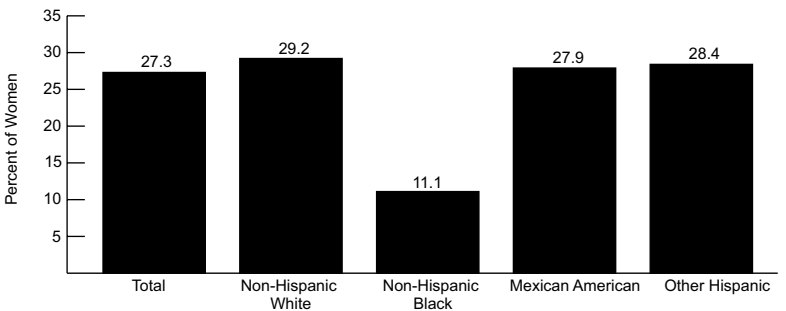
Osteoporosis is the most common underlying cause of fractures in the elderly, but it is not frequently diagnosed or treated, even among individuals who have already suffered a fracture. In 2005–2008, an estimated 6.3 million Americans aged 65 years and older had osteoporosis, nearly 90 percent of whom were women. Among adults in this age group, 27.3 percent of women and 4.2 percent of men reported having ever been told by a health professional that they have osteoporosis. Estimates of osteoporosis prevalence among women varied significantly by race and ethnicity. Non-Hispanic Black women were least likely to have osteoporosis (11.1 percent), compared to about 28 percent of Mexican American and other Hispanic women, and 29.2 percent of non-Hispanic White women.

Each year more than 1.5 million people suffer a bone fracture related to osteoporosis, with the most common breaks occurring in the wrist, spine, and hip. Fractures can have devastating consequences. For example, hip fractures are associated with an increased risk of mortality, and nearly 1 in 5 hip fracture patients is admitted to a nursing home within a year.[37] In 2007, there were 208,000 hospital discharges due to hip fractures among women aged 18 and older, nearly half of which occurred among women aged 85 and older. Hospital discharge rates due to hip fractures were 271.8 per 10,000 women aged 85 and older, and 83.7 per 10,000 women aged 75–84 years.

Osteoporosis may be prevented and treated by getting the recommended amounts of calcium, vitamin D, and regular weight-bearing physical activity (such as walking), and by taking prescription medication when appropriate. Bone density tests are now recommended for women aged 65 and older, men aged 70 and older, any man or woman who suffers a fracture after age 50, and any postmenopausal women who have a risk factor, including low weight, smoking, heavy alcohol consumption, and family history of a broken hip.[38]

Women Aged 65 and Older with Diagnosed Osteoporosis,* by Race/Ethnicity,** 2005–2008

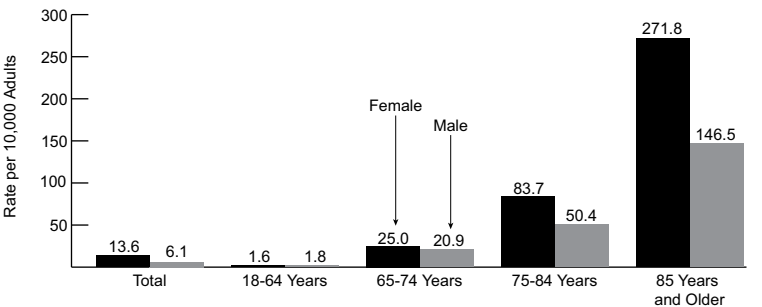
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Reported a health professional had ever told them they had osteoporosis. **The sample of Asian/Pacific Islanders, American Indian/Alaska Natives, persons of more than one race, and persons of other races was too small to produce reliable results.

Hospital Discharges Due to Hip Fractures* Among Adults, by Age and Sex, 2007

Source II.11: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey



*First-listed diagnosis of hip fracture (ICD-9-CM code: 820.0-820.9).

INJURY AND ABUSE

The consequences of injuries can often be controlled by either preventing or lessening the impact of an injurious event. This can occur through education, enactment and enforcement of policies and laws, and improvements in emergency care. Some examples of efforts to prevent injury and falls among older Americans include home-modification interventions, community-based exercise interventions, and guidelines recommending that physicians ask about falls as part of a patient's routine physical exam.[39]

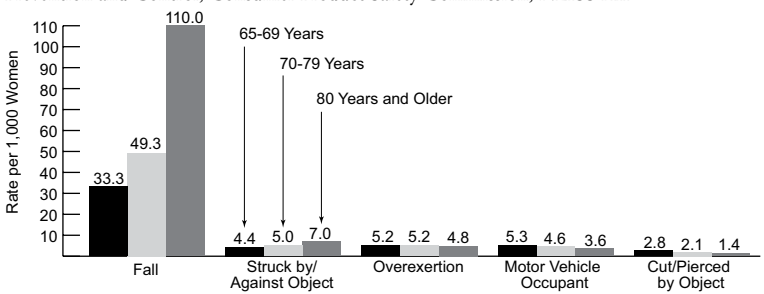
Despite efforts to prevent injuries among older adults, the rate of unintentional injury treated in hospital emergency departments has increased by 12.1 percent among women aged 65 years and older, from 82.9 per 1,000 women in 2001 to 92.9 per 1,000 women in 2008 (data not shown). Falls were the most commonly reported cause of injury reported by older women, followed by being struck by or against an object. Rates of fall-related injuries and being struck by or against an object increase as age increases, while rates of injuries sustained as a motor vehicle occupant and being cut or pierced by an object decrease with age. Women aged 80 years and older were most likely to have suffered a fall-related injury (110.0 per 1,000 women), compared to 49.3 per 1,000 women aged 70–79 years and 33.3 per 1,000 women aged 65–69 years.

Statistics regarding the criminal victimization and abuse of older adults have not been uniformly and consistently collected and reported. In 2006, rates of violent crimes for adults aged 65 and older were 2.1 per 1,000 women and 5.0 per 1,000 men.[40] Despite these low rates, it is estimated that 2–10 percent of older adults may be victims of elder abuse, and that only 1 in 14 incidents are reported to authorities (data not shown).[41] Elder abuse takes many forms, including physical abuse; neglect; emotional or psychological abuse; financial exploitation; and sexual abuse.

A survey of State Adult Protective Services agencies found that, in 2004, women were more likely to be victims of reported elder abuse (65.7 percent; 15 states reporting; data not shown), and that the most common forms of substantiated abuse for all adults were self-neglect (37.2 percent) and caregiver neglect (20.4 percent; 19 states reporting). Nearly 15 percent of cases each were for financial exploitation and emotional, psychological, or verbal abuse.

Leading Causes of Nonfatal Unintentional Injury* Among Women Aged 65 and Older, by Age, 2008

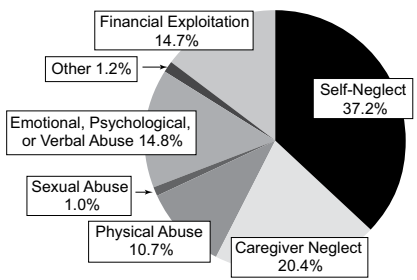
Source II.14: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Consumer Product Safety Commission, NEISS-AIP



*Treated in hospital emergency departments.

Substantiated Reports of Elder Abuse Among Adults Aged 60 and Older, by Category of Abuse, 2004*

Source II.27: National Protective Services Association, Survey of State Adult Protective Services



*Based on 19 State agencies reporting; includes all adults (data were not reported by sex).