

Trends and Issues on Aging

By Marlene A. Lee

By 2030, one-fifth of the population in most states will be age 65 and older, according to U.S. Census Bureau projections. Growing shares of elderly in each state will increase the number of people with chronic conditions that require long-term medical care and personal assistance. States' costs for long-term care, usually paid by Medicaid, may strain state budgets.

Aging Populations

In 2006, people age 65 and older represented approximately 12.4 percent of the total U.S. population. Dramatic growth in the older population in the United States is expected to continue well into the 21st century, reaching a projected 71.5 million by 2030 (Table A). This corresponds to an anticipated doubling of the 65 and older population between 2000 and 2030. The age 85 and older group is expected to grow at an even faster rate, more than doubling from 4.2 million in 2000 to 9.6 million by 2030—nearly a 130 percent increase. In contrast, the total U.S. population is only projected to increase by 29 percent—from 281.4 million to 363.6 million—during the same period.

Over the next two decades, growth of the U.S. elderly population will be driven primarily by the aging of baby boomers born between 1946 and 1964. Increased average life expectancy after age 65, however, will largely account for growth of the population age 85 or older until 2030. When surviving baby boomers start turning 85 in 2031, growth of the oldest-old (those age 85 or older) as a proportion of the total population is expected to accelerate.

Aging of the U.S. population will reflect the combined aging of state populations. State populations are, however, aging at different rates; the percentage of people age 65 and older will vary across states. In 2006, Florida had the highest percentage of elderly in the total population and Alaska had the lowest (Table A). Although California had the most people age 65 and older in 2006, its age profile, with 10.8 percent elderly, was younger than the overall U.S. age profile. Alaska had the fewest people age 65 and older and a much lower proportion of elderly (6.6 percent) than the U.S. as a whole. By 2030, most states are projected to have age profiles even older than that of Florida in 2006, with nearly one in five residents age 65 or older.

Diversity—Race, Ethnicity and Immigrant Status

As the U.S. population ages, it also is becoming more racially and ethnically diverse. But at the same

time, the elderly population tends to be less racially and ethnically diverse than the total U.S. population. The same is true in most states. In 2006, racial and ethnic minorities comprised only 19 percent of the U.S. elderly population, compared with 34 percent of the total U.S. population (Table B).

The extent of change in the composition of a state's elderly population depends on the current distribution of racial and ethnic minorities in the state. In 2006, Southern states that historically have had large black populations and states where immigrants have traditionally settled are among those with the highest shares of minorities among the elderly.

Future changes in elderly racial and ethnic composition will be driven primarily by immigration, which increasingly affects the age structure of minority groups. Although most immigrants are young adults, U.S. immigration policy favors the entry of parents and other family members of young immigrants who live in the states. As elderly family members join their relatives in the United States and as immigrants who moved here as young adults age, the percentage of Hispanics in the elderly population will increase and the percentage of non-Hispanic whites in the elderly population will decrease.

The presence of aging immigrants will be most pronounced in traditional destination states such as California, New York, Florida and Texas, where existing programs may be the most prepared to serve this elderly population. These states have experience with linguistic and cultural diversity. Nontraditional destinations such as Southern or Midwestern states that have only recently begun receiving immigrants, however, have little experience with these population groups.¹

Widowhood and Living Arrangements

Women outnumber men at every age among the elderly. Approximately 105 males are born for every 100 females, but because of higher male death rates, the sex ratio declines as people age. Females outnumber males well before middle age, and for people

Table A: Population 65 Years and Over for the United States and States, 2006 and 2030

State or other jurisdiction	2006 estimates		2030 projections	
	Number	Percent of population	Number	Percent of population
Total U.S. population	299,398,484	100.0%	363,584,435	100.0%
65 Years and Over	37,260,352	12.4	71,453,471	19.7
(United States)				
Alabama	1,231,194	13.4	1,039,160	21.3
Alaska	91,260	6.8	127,202	14.7
Arizona	1,580,572	12.8	2,371,354	22.1
Arkansas	780,842	13.9	656,406	20.3
California	7,863,028	10.8	8,288,241	17.8
Colorado	954,372	10.0	956,278	16.5
Connecticut	940,886	13.4	794,405	21.5
Delaware	229,148	13.4	237,823	23.5
Florida	6,075,408	16.8	7,769,452	27.1
Georgia	1,825,748	9.7	1,907,837	15.9
Hawaii	358,740	14.0	326,957	22.3
Idaho	338,346	11.5	361,033	18.3
Illinois	3,068,952	12.0	2,412,177	18.0
Indiana	1,568,438	12.4	1,231,873	18.1
Iowa	871,314	14.6	663,186	22.4
Kansas	715,418	12.9	593,091	20.2
Kentucky	1,074,588	12.8	903,450	19.8
Louisiana	1,046,692	12.2	944,212	19.7
Maine	385,278	14.6	374,017	26.5
Maryland	1,301,136	11.6	1,235,695	17.6
Massachusetts	1,711,924	13.3	1,463,110	20.9
Michigan	2,521,728	12.5	2,080,725	19.5
Minnesota	1,254,788	12.1	1,193,124	18.9
Mississippi	724,344	12.4	634,067	20.5
Missouri	1,557,782	13.3	1,301,714	20.2
Montana	261,184	13.8	269,558	25.8
Nebraska	469,310	13.3	375,811	20.6
Nevada	553,886	11.1	797,179	18.6
New Hampshire	325,258	12.4	352,786	21.4
New Jersey	2,255,484	12.9	1,959,545	20.0
New Mexico	485,200	12.4	555,184	26.4
New York	5,045,372	13.1	3,916,891	20.1
North Carolina	2,153,902	12.2	2,173,173	17.8
North Dakota	185,748	14.6	152,358	25.1
Ohio	3,063,988	13.3	2,357,022	20.4
Oklahoma	947,090	13.2	757,553	19.4
Oregon	956,360	12.9	881,957	18.2
Pennsylvania	3,770,646	15.2	2,890,068	22.6
Rhode Island	295,932	13.9	246,507	21.4
South Carolina	1,106,792	12.8	1,134,459	22.0
South Dakota	222,366	14.2	185,064	23.1
Tennessee	1,538,444	12.7	1,417,708	19.2
Texas	4,668,918	9.9	5,186,185	15.6
Utah	451,078	8.8	460,553	13.2
Vermont	165,932	13.3	173,940	24.4
Virginia	1,775,536	11.6	1,843,988	18.8
Washington	1,476,738	11.5	1,563,901	18.1
West Virginia	557,384	15.3	426,443	24.8
Wisconsin	1,448,068	13.0	1,312,225	21.3
Wyoming	125,500	12.2	138,586	26.5
District of Columbia	142,662	12.3	58,238	13.4

Source: U.S. Census Bureau, Population Estimates Program 2006 State Characteristics Population File and the Population Projections Program 2005 Interim State Projections of the resident population.

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ages 65 and older in the United States, there are 72 men per 100 women. In recent years, the death rate has declined faster among men than among women because of the decrease in male deaths from heart disease, narrowing the gender gap at older ages. Projected sex ratios for people ages 65 and older is expected to rise to 78 men for every 100 women by 2030. In most states, sex ratios are also projected to increase, but on average, more women than men will live past age 65.

Among all U.S. residents age 65 and older, 31.7 percent are widowed—meaning they lost a spouse and never remarried (Table B). The percent of those widowed in 26 states is at least as high as in the U.S. overall.

Because men tend to die at younger ages than women, most elderly people who are widowed are women. They have outlived their spouses, and many of them live alone. Changes in marriage, work patterns and childbearing also mean that a greater proportion of older women in the future will face life without a spouse or a child to assist them. Older women who are widowed are less likely to remarry, more likely to remain poor and more likely to depend on nonspousal care. Survey information suggests the elderly increasingly prefer to live independently in the community.² Older Americans' preference for independent living combined with other trends noted above suggest increasing costs for long-term care paid through Medicaid. Growing Medicaid costs have the potential to strain state budgets.

Financial Well-Being

The rise in the proportion of the elderly living alone over the last six decades has coincided not only with demographic and cultural changes but also with rising incomes among older adults. With Social Security and pension incomes, some older Americans are financially secure. However, there is considerable variation in the economic situation of the elderly.

The financial circumstances of the elderly often reflect opportunities they had earlier in life. Elderly people with higher incomes tend to have more savings and receive private pensions.³ Social Security is the primary source of income for older Americans in the lowest income brackets. The median income for U.S. households headed by someone age 65 or older is \$30,200 (Table B). In 31 states, the median income for elderly households is below the U.S. median. Hawaii has the highest median income—\$47,361 for elderly households.

The U.S. poverty rate for the elderly is 9.9 percent, closely matching the poverty rate for adults ages 18

to 64, but considerably lower than the 35 percent poverty rate among older Americans 45 years ago (Table B). Poverty is more prevalent among some elderly groups: the oldest-old, elderly women and minorities. States with elderly poverty rates above the U.S. poverty rate also tend to have a higher share of minorities or an older age profile. Mississippi, Louisiana, Kentucky, New Mexico and Tennessee have the highest poverty rates among the elderly. Alaska, Connecticut and Wyoming have the lowest, 4.2 percent, 6.1 percent and 6.1 percent respectively.

The low poverty rate among elderly Americans may underestimate the hardships they face. Official poverty thresholds for this group were established with the assumption that living expenses get lower as individuals reach old age. Increased longevity and rising health care costs, however, may stretch the financial resources of the older population. Some elderly may have to spend down their savings and assets to meet expenses. Others may see the value of their assets eroded by inflation, particularly as health care costs increase at a higher rate than inflation. The result may be an increasing proportion of elderly becoming eligible for state-funded benefits, such as Medicaid, in the future.

Health and Functioning

Long-term care costs for states are affected by the prevalence of chronic conditions in the older population. Chronic conditions frequently require both medical care and personal care assistance over long periods of time. As the older population increases, so will the number of people with chronic conditions. In addition, although chronic conditions today are less likely to be debilitating, older people are more likely to suffer from debilitating conditions. Forty-one percent of older Americans report a visual or hearing impairment, physical disability, mental disability, difficulties with personal care such as bathing, or difficulties going outside their home (Table B).

In nearly every state, a third of the elderly say they are in excellent or very good health,⁴ but lifestyle indicators reveal potential risks. Less than half the elderly in all states are at a healthy weight (Table C). Being either overweight or underweight at older ages may signal health problems. Obesity is associated with chronic diseases such as diabetes, and undernutrition, such as deficiencies in calorie consumption or loss of nutrients, is associated with more deaths after age 70.⁵ At least 25 percent of the elderly in most states say they have not been physically active or exercised in the past month (Table C). Lifestyle changes such as regular exercise instead of

**Table B: Socioeconomic Characteristics of the Population
Age 65 or Older, 2006**

<i>State or other jurisdiction</i>	<i>Percent minority (a)</i>	<i>Percent widowed (b)</i>	<i>Percent living alone (c)</i>	<i>Median income (d)</i>	<i>Percent below poverty (e)</i>	<i>Percent with a disability (f)</i>
United States	18.9%	31.7%	28.9%	\$30,200	9.9%	41.0%
Alabama	19.6	33.6	30.2	25,362	12.6	48.4
Alaska	26.2	26.8	21.2	40,577	4.2	47.9
Arizona	16.3	27.1	24.9	33,234	8.0	38.9
Arkansas.....	11.7	32.5	29.8	24,788	12.3	50.5
California	35.8	30.3	26.1	35,583	8.4	41.1
Colorado.....	15.3	28.1	29.0	33,213	8.3	38.3
Connecticut	11.4	31.9	29.5	35,408	6.1	36.3
Delaware.....	15.9	29.2	27.8	32,664	6.9	38.8
Florida.....	20.7	29.3	26.6	31,077	10.1	38.4
Georgia.....	23.9	33.2	26.9	28,301	12.6	45.1
Hawaii.....	77.1	28.1	19.3	47,361	9.1	38.2
Idaho.....	5.0	28.2	26.0	29,846	8.7	41.4
Illinois.....	19.0	33.8	30.6	30,856	9.0	39.6
Indiana.....	8.0	32.4	30.9	28,694	7.8	41.8
Iowa.....	2.5	31.3	31.8	28,544	8.0	36.0
Kansas.....	7.3	31.2	31.7	30,240	8.9	40.5
Kentucky.....	6.2	34.4	31.5	23,956	13.5	47.9
Louisiana.....	25.8	35.6	28.3	25,269	13.9	48.1
Maine.....	1.7	29.5	31.5	25,701	10.3	40.6
Maryland.....	26.8	32.5	28.2	38,689	8.2	37.7
Massachusetts.....	8.9	32.2	31.1	30,294	9.3	37.7
Michigan.....	12.9	31.5	30.3	29,888	8.7	40.2
Minnesota.....	4.2	30.3	31.9	30,602	8.1	34.8
Mississippi.....	25.9	37.8	30.2	23,036	15.7	52.0
Missouri.....	9.8	32.0	30.9	27,550	10.3	43.3
Montana.....	5.3	30.1	31.0	27,183	8.9	42.1
Nebraska.....	4.6	31.9	32.7	28,393	9.5	37.3
Nevada.....	21.0	28.6	25.7	34,601	7.2	38.7
New Hampshire.....	2.3	31.4	29.9	32,148	7.9	37.9
New Jersey.....	21.4	34.1	28.7	35,281	8.2	36.5
New Mexico.....	39.0	27.7	27.9	29,537	13.0	43.1
New York.....	25.1	32.5	30.6	30,106	12.1	38.7
North Carolina.....	18.4	32.8	29.6	27,862	11.2	43.5
North Dakota.....	2.6	32.9	34.3	25,565	11.0	40.1
Ohio.....	10.4	32.8	31.1	28,089	8.5	39.8
Oklahoma.....	14.6	32.4	30.8	27,975	10.1	46.8
Oregon.....	6.8	28.5	28.4	31,789	8.5	41.0
Pennsylvania.....	9.2	33.7	31.1	27,110	8.9	39.3
Rhode Island.....	7.8	33.2	29.8	27,974	8.9	39.4
South Carolina.....	22.6	34.5	28.3	27,336	12.0	43.7
South Dakota.....	4.7	29.8	31.4	26,875	12.5	38.1
Tennessee.....	12.1	33.2	30.4	26,263	13.4	46.0
Texas.....	30.9	32.0	26.2	29,798	12.3	45.5
Utah.....	6.8	24.9	22.0	36,670	6.7	38.9
Vermont.....	2.1	29.3	30.8	29,228	9.4	39.9
Virginia.....	20.4	32.5	28.8	34,305	9.2	39.5
Washington.....	10.9	29.1	29.4	33,792	8.8	41.9
West Virginia.....	3.8	33.0	31.5	23,908	10.5	48.1
Wisconsin.....	4.8	30.8	31.2	28,956	8.3	35.7
Wyoming.....	4.3	28.6	29.9	32,232	6.1	40.9
District of Columbia.....	71.4	34.1	39.1	36,691	15.2	37.6

Source: U.S. Census Bureau, 2006 American Community Survey.

Notes:

(a) Includes those not classified as non-Hispanic white.

(b) Includes widows and widowers who have not remarried.

(c) Household residents that live alone, does not include people in group quarters.

(d) Median household income in the past 12 months for householders age 65 or older, reported in 2006 inflation-adjusted dollars.

(e) Based on family income relative to poverty level in the past 12 months.

(f) Reported any one of the five limitations: sensory disability, physical disability, mental disability, self-care disability, or going-outside-home disability.

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Table C: Self-reported Health Status and Risks at Ages 65 and Over, 2004–2006

<i>State or other jurisdiction</i>	<i>Percent in excellent or very good health (a)</i>	<i>Percent with healthy weight (b)</i>	<i>Percent not exercising in the past month (c)</i>
Alabama	26.8%	37.9%	37.1%
Alaska	40.1	34.1	34.1
Arizona	43.8	39.0	30.1
Arkansas	32.0	37.5	36.9
California	40.6	39.0	26.5
Colorado	43.4	43.1	26.9
Connecticut	41.5	39.7	29.0
Delaware	42.1	34.0	30.9
Florida	40.4	38.4	30.1
Georgia	31.9	36.0	37.3
Hawaii	33.0	47.9	23.9
Idaho	38.2	36.3	29.9
Illinois	35.7	36.9	35.1
Indiana	32.0	33.3	36.7
Iowa	36.9	33.1	33.8
Kansas	36.1	37.1	34.1
Kentucky	29.9	34.4	40.5
Louisiana	31.2	33.6	40.6
Maine	42.2	36.3	33.4
Maryland	41.7	33.8	32.3
Massachusetts	42.8	41.1	30.2
Michigan	36.9	34.5	32.1
Minnesota	41.0	34.4	22.8
Mississippi	27.7	35.7	40.9
Missouri	34.5	35.6	34.6
Montana	38.4	39.4	31.3
Nebraska	37.6	33.3	31.0
Nevada	43.5	37.7	31.9
New Hampshire	44.6	37.0	31.1
New Jersey	36.0	36.0	35.3
New Mexico	36.1	40.9	31.5
New York	34.0	37.0	34.5
North Carolina	33.9	36.4	30.7
North Dakota	34.9	32.9	35.3
Ohio	35.9	34.5	33.8
Oklahoma	31.1	36.6	37.2
Oregon	41.5	36.5	24.5
Pennsylvania	34.9	33.3	36.2
Rhode Island	37.9	35.7	36.6
South Carolina	32.8	36.4	33.3
South Dakota	37.1	34.4	31.9
Tennessee	32.0	36.7	42.3
Texas	35.8	37.1	33.8
Utah	36.0	36.5	28.3
Vermont	44.9	39.5	30.9
Virginia	40.6	37.0	31.6
Washington	40.8	38.1	25.1
West Virginia	29.8	31.9	33.7
Wisconsin	39.8	33.4	30.3
Wyoming	39.2	37.6	32.0
District of Columbia	39.5	38.4	36.0

Source: Center for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data. Estimates are presented as three-year annual averages.

Notes:

(a) Health self-rated “excellent” or “very good” when asked the question “Would you say that in general your health is: excellent, very good, good, fair or poor?”

(b) “Healthy weight” is based on BMI from self-reported weight and height that is equal to or greater than 18.5 kg/m² and less than 25.0 kg/m².

(c) Did not participate in any physical activities or exercises in the past month.

or in addition to medication can be used to manage chronic diseases and weight.

Conclusion

State budgets will be strained by health care needs and other demands as the percentage of elderly residents grows. States provide almost half the funding for Medicaid which pays for most long-term care and Medicare prescription drug costs for the low-income elderly, the so-called dual eligible. States also bear other costs—such as special transportation options and other social services—related to declining abilities as people age.

At the same time that providing services for aging populations will be increasing state and local government costs, states will likely collect less revenue as the proportion of elderly in the population increases. When individuals leave the labor force, their income generally declines. Over time more elderly may spend down savings and assets, becoming eligible for state assistance programs. In addition, many states offer income and property tax breaks for elderly residents at all income levels.⁶

Just as individual elderly Americans struggle with the rising cost of health care and fixed incomes, state governments must cope with the effects these factors have on state budgets. State governments may reduce potential imbalances by addressing health risk factors through incentives for older adults to eat right and exercise. Similarly, planning officials should work toward ensuring safe public spaces where adults of all ages may engage in physical activity. Healthy older Americans not only cost states less, they may also provide volunteer services thereby reducing local government expenditures.⁷

Notes

¹William Kandel and Emilio A. Parrado, “Industrial Restructuring and New Rural Hispanic Migration: The Case of the U.S. Meat Processing Industry,” *Population and Development Review* (September 2005).

²Ellen A. Kramarow, “The Elderly Who Live Alone in the United States: Historical Perspectives on Household Change,” *Demography*, Vol. 32, No. 3 (August 1995): 335–52; Laurence Koltikoff and John N. Norris, “Why the Elderly Don’t Live with Their Children? A New Look” in David Wise, ed. *Issues in the Economics of Aging*, University of Chicago Press, 1990.

³Christine L. Himes, “Elderly Americans,” *Population Bulletin*, 56, No. 4 (Washington, D.C.: Population Reference Bureau, December 2001).

⁴Self-reported ratings of health, such as these, have proven to be reliable indicators of overall mental and physical health.

⁵Katherine M. Flegal et al., “Excess Deaths Associated with Underweight, Overweight, and Obesity,” *JAMA*, 293, no. 15 (2005): 1861–7.

⁶Elizabeth C. McNichol, “Revisiting State Tax Preferences for Seniors,” (Washington, D.C.: Center on Budget and Policy Priorities, March 2006).

⁷Nina Glasgow and David L. Brown, “Social Integration Among Older In-Migrants in Nonmetropolitan Retirement Destination Counties,” 177–96 in: *Population Change and Rural Society*, William Kandel and David L. Brown, eds. (Dordrecht: Springer, 2006).

About the Author

Marlene Lee is a senior research associate and editor of the *Population Bulletin* at the Population Reference Bureau (PRB). Her research has been published in *Social Science Research* and *Population Research and Policy Review*. She is a member of the Population Association of America and serves on the editorial board of *Rural Sociology*.

The Implications of an Aging Population. The world is experiencing a seismic demographic shift and no country is immune to the consequences. While increasing life expectancy and declining birth rates are considered major achievements in modern science and healthcare, they will have a significant impact on future generations. In an order issued by the CDC under the Public Health Service Act, it was stated that an eviction moratorium could help with the effectiveness of COVID-19 prevention measures like quarantining, social distancing, and self-isolation. Certain trends, however, transcend cultural boundaries. Those in Mexico find themselves spending significant portions of the day (3 hours or more) on housework, as do those in Portugal. Activity category. Special Issue Information. One of the most important trends of the 21st century is the aging of populations, all the way from the local to the global scale. In nation after nation, the proportion of the population which is 60 years or older is now or will soon be greater than the proportion of the population under 15 for the first time. Population aging is, however, not a uniform process, geographically, socially or economically. This uneven process raises a multitude of questions for countries, including: Can age-friendly communities be created? What are the challenges in creating housing and Population aging trends in Nepal. © 2006 Japan Geriatrics Society 203. among Nepalese elderly despite the fact that it does not. cover the majority of the aged (those between 60 and. 74 years). In total, more than 400 00027 elderly citizens. benefit from this scheme. Discussion. Population aging is poised to become a major issue in. Emerging issues of the aging of population in selected. ESCAP countries: report of the Asian and Pacific seminar. on population aging held at Kuala Lumpur, Malaysia. Table 5 Pensioners in each sector. Sector Month and. year. Pensioners.