



COMMONWEALTH of VIRGINIA
Department for the Aging

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AAA TUESDAY E-MAILING
February 22, 2012

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.



12-105

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Amy Marschean, Senior Policy Analyst
Kristen Owens, MSW Intern

DATE: February 22, 2012

SUBJECT: Commonwealth Council on Aging's 2012 Best Practices Award Program

This is a reminder that the 2012 Best Practice Awards nominations must be received no later than Thursday, March 1, 2012, by 5PM.

2012 Best Practices Award Program and Monetary Awards

The Commonwealth Council on Aging is sponsoring the 2012 Best Practices Award Program targeted to organizations serving older Virginians and their families. As we struggle to meet the challenges of serving a rapidly aging population during a time of budget cuts and growing demand, we need to share our best practices and applaud our successes. Instructions and nomination forms are available on the Virginia Department for the Aging's website: www.vda.virginia.gov.

This is the sixth year of the Best Practices Award Program and we are pleased to offer monetary awards to the top winners: ***The first place program will receive \$3,000; second place, \$2,000; and third place, \$1,000.*** The Council will also recognize three honorable mention programs.

The awards will echo the message to develop and support programs and services that assist older adults to *Age in the Community*. This invites an opportunity to recognize creativity in services that foster "Livable Communities" and/or "Home and Community Based Supports" - from transportation to housing, from caregiver support to intergenerational programming. We believe the door is wide open for creative best practices.

In 2011, the Council recognized six (6) organizations as examples of best practices. A list of these organizations and a brief overview of their programs can be found on the [Best Practices Awards page](#).

Please feel free to share the information about the 2012 Best Practices Award and monetary prizes with other organizations in your community and encourage them to share their best practices.

For more information please visit <http://www.vda.virginia.gov/council.asp>



12-106

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: February 22, 2012

SUBJECT: *National Nutrition Month® Resource Materials*

March is National Nutrition Month®, a nutrition education and information campaign sponsored annually by the Academy of Nutrition and Dietetics. The campaign is designed to focus attention on the importance of making informed food choices and developing sound eating and physical activity habits.

The theme this year is Get your Plate in Shape. Click the following link and find activities to have some fun while learning about food and nutrition with Nutrition Sudoku, Word Searches, videos in English and Spanish, and more. [View and Play Games »](#)

Also following are some games and puzzles that you may find useful in planning nutrition education with senior clients.

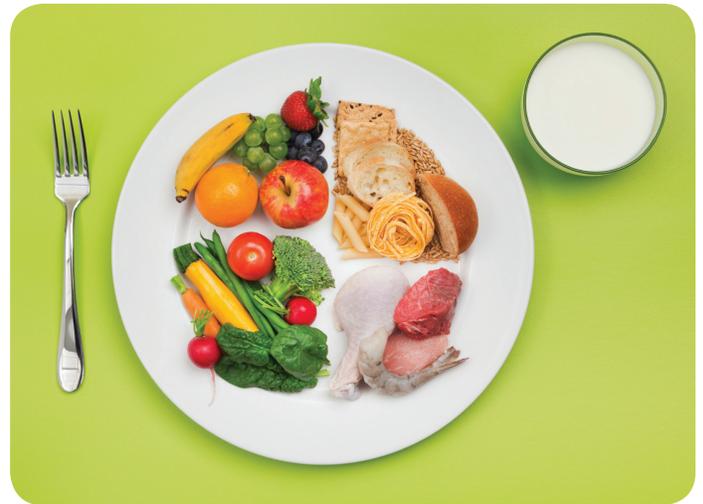
Eat Smart, Live Strong: Nutrition Education for Older Adults (*click title*) and link to an activity kit for older adults from the *USDA, Food and Nutrition Service*, that is designed to improve fruit and vegetable consumption and physical activity among 60-74 year olds.

Eat Right

Food, Nutrition and Health Tips from the Academy of Nutrition and Dietetics

Eating Right for Older Adults

Eating right doesn't have to be complicated. Before you eat, think about what goes on your plate or in your bowl. Choose foods that provide the nutrients you need without too many calories. Build your healthy plate with foods like vegetables, fruits, whole grains, low-fat dairy and lean protein foods. Try these eating right tips.



Make half your plate fruits and vegetables.

Eat a variety of vegetables, especially dark-green, red and orange vegetables plus beans and peas. Fresh, frozen and canned vegetables all count. Choose “reduced sodium” or “no-salt-added” canned vegetables.

Add fruit to meals and snacks. Buy fruits that are dried, frozen or canned in water or 100% juice, as well as fresh fruits.

Make at least half your grains whole.

Choose 100% whole-grain breads, cereals, crackers, pasta and brown rice. Also, look for fiber-rich cereals to help stay regular.

Switch to fat-free or low-fat milk, yogurt and cheese.

Older adults need more calcium and vitamin D to help keep bones healthy. Include three servings of fat-free or low-fat milk, yogurt or cheese each day. If you are lactose intolerant, try lactose-free milk or a calcium-fortified soy beverage.

Vary your protein choices.

Eat a variety of foods from the protein food group each week, such as seafood, nuts, and beans and peas, as well as lean meat, poultry and eggs.

Cut back on sodium and empty calories from solid fats and added sugars.

Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with lower numbers. Add spices or herbs to season food without adding salt.

Make major sources of saturated fats such as desserts, pizza, cheese, sausages and hot dogs occasional choices, not every day foods.

Switch from solid fats to oils when preparing food.

Drink water instead of sugary drinks. Select fruit for dessert. Eat sugary desserts less often.

Enjoy your food but eat less.

Most older adults need fewer calories than in younger years. Avoid oversized portions. Try using a smaller plate, bowl and glass.

Cook more often at home, where you are in control of what's in your food.

When eating out, choose lower calorie menu options. Choose dishes that include vegetables, fruits and whole grains. When portions are large, share a meal or take half home for later.

Write down what you eat to keep track of how much you eat.

Be physically active your way.

Pick activities that you like and start by doing what you can. Every bit adds up and health benefits increase as you spend more time being active.

If you are currently inactive, start with a few minutes of activity such as walking. Gradually increase the minutes as you become stronger.

Consult a registered dietitian if you have special dietary needs. A registered dietitian can create a customized eating plan for you. Visit www.eatright.org to find a registered dietitian near you.

For a referral to a registered dietitian and for additional food and nutrition information visit www.eatright.org.



The Academy of Nutrition and Dietetics is the world's largest organization of food and nutrition professionals. The Academy is committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy.

This tip sheet is provided by:

Authored by Academy of Nutrition and Dietetics staff registered dietitians.
Sources: U.S. Department of Health and Human Services, ADA Complete Food & Nutrition Guide.

Food Fun Messages



NNM 2012

Each letter will fit into a space under its own column.

When you fill in the grid correctly, you will have a fun message with a food word.

Several letters are provided to start you off!

J	S	T	E	S	H	B	U	C	T	E	R	D	A	P	I	H	E	S	H	E	S	R	I	S	T	E	G	E
	A	O	O	T		E		T	W	A	L		U	R	W	A	Y	R			T	R	Y	I	B	I	R	K
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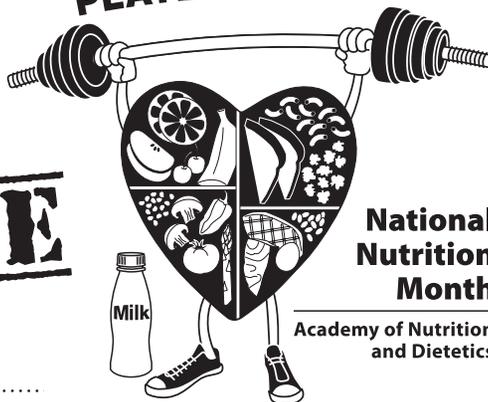
A	T	D	E	S	W	S	R	E	D	A	W	H	H	A	'	L	N	C	C	A	K	E	N	G	P	H	E
S	N	E	P		A	E	W	H	E	N	L	L	A	T	R	O	K	I	N	G	M	O	N	U	T		
		W					K	E				S		A	A	S		O	O		I						
							H												A								

B	U	A	E	N	D	I	S	H	R	I	O	U	F	S	N	T	O	F	O	A	L	I	K	A	G	E	R
		T			F	Y	S	T	E		E	D	T	E	L	O	W	B			R	D	I	E	T		
		W						H															W	N			
								H															K				

Answers:

1. Janet was always trying to **butter** up her sister so she could ride her bike.
2. We were all talking on the steps when Sharon came up and asked, "What's **cooking**?"
3. Wendy tried snowboarding, but she felt like a **fish** out of water.

GET YOUR PLATE IN SHAPE



National Nutrition Month®

Academy of Nutrition and Dietetics

Decode the SECRET MESSAGE

CODE:

A



C



E



H



K



L



N



S



T



Y



Can You Name These Foods?

GET YOUR PLATE IN SHAPE



**eatTM
right.**

National Nutrition Month® 2012

Academy of Nutrition and Dietetics
www.eatright.org

List the foods pictured in each of the food groups to the right.

Hint: There may be extra lines in the groups below.

Fruits

Vegetables

Grains

Protein

Dairy

ANSWERS:

Dairy

Protein

Grains

Vegetables

Fruits

salmon
chicken
shrimp
beef
eggs
nuts
beans

pasta
brown rice
whole grain bread
cereal
tortilla

mushrooms
peas
peppers
onion
kale or greens
tomato
asparagus

orange
kiwi
strawberry
cherries
banana
apple

Eat Right

Food, Nutrition and Health Tips from the Academy of Nutrition and Dietetics

Shop Smart — Get the Facts on Food Labels

Become a smart shopper by reading food labels to find out more about the foods you eat. The Nutrition Facts panel found on most food labels will help you:

- Find out which foods are good sources of fiber, calcium, iron, and vitamin C
- Compare similar foods to find out which one is lower in fat and calories
- Search for low-sodium foods
- Look for foods that are low in saturated fat and trans fats

A Quick Guide to Reading the Nutrition Facts Label

Start with the Serving Size

- Look here for both the serving size (the amount for one serving), and the number of servings in the package.
- Remember to check your portion size to the serving size listed on the label. If the label serving size is one cup, and you eat two cups, you are getting twice the calories, fat and other nutrients listed on the label.

Check Out the Total Calories and Fat

Find out how many calories are in a single serving and the number of calories from fat. It's smart to cut back on calories and fat if you are watching your weight!

Let the Percent Daily Values Be Your Guide

Use percent Daily Values (DV) to help you evaluate how a particular food fits into your daily meal plan:

- Daily Values are average levels of nutrients for a person eating 2,000 calories a day. A food item with a 5% DV means 5% of the amount of fat that a person consuming 2,000 calories a day would eat.
- Remember: percent DV are for the entire day — not just for one meal or snack.
- You may need more or less than 2,000 calories per day. For some nutrients you may need more or less than 100% DV.

The High and Low of Daily Values

- 5 percent or less is low — try to aim low in total fat, saturated fat, cholesterol, and sodium
- 20 percent or more is high — try to aim high in vitamins, minerals and fiber

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving

Calories 250 Calories from Fat 110

% Daily Value*

Total Fat 12g 18%

Saturated Fat 3g 15%

Trans Fat 1.5g

Cholesterol 30mg 10%

Sodium 470mg 20%

Total Carbohydrate 31g 10%

Dietary Fiber 0g 0%

Sugars 5g

Protein 5g

Vitamin A 4%

Vitamin C 2%

Calcium 20%

Iron 4%

*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

		2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

For more food label information, visit the Food and Drug Administration at www.fda.gov/Food/ResourcesForYou/Consumers

Limit Fat, Cholesterol and Sodium

Eating less of these nutrients may help reduce your risk for heart disease, high blood pressure and cancer:

- Total fat includes saturated, polyunsaturated and monounsaturated fat. Limit to 100% DV or less per day.
- Saturated fat and trans fat are linked to an increased risk of heart disease.
- Sodium—high levels can add up to high blood pressure.
- Remember to aim low for % DV of these nutrients.

Get Enough Vitamins, Minerals and Fiber

- Eat more fiber, vitamins A and C, calcium, and iron to maintain good health and help reduce your risk of certain health problems such as osteoporosis and anemia.
- Choose more fruits and vegetables to get more of these nutrients.
- Remember to aim high for % DV of these nutrients.

Additional Nutrients

- Carbohydrates—There are three types of carbohydrates: sugars, starches and fiber. Select whole-grain breads, cereals, rice and pasta plus fruits and vegetables.
- Sugars—simple carbohydrates or sugars occur naturally in foods such as fruit juice (fructose), or come from refined sources such as table sugar (sucrose) or corn syrup.

Check the Ingredient List

Foods with more than one ingredient must have an ingredient list on the label. Ingredients are listed in descending order by weight. Those in the largest amounts are listed first. Effective January 2006, manufacturers are required to clearly state if food products contain any ingredients that contain protein derived from the eight major allergenic foods. These foods are milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans.

What Health Claims on Food Labels Really Mean

FDA has strict guidelines on how certain food label terms can be used. Some of the most common claims seen on food packages:

- **Low calorie**—Less than 40 calories per serving.
- **Low cholesterol**—Less than 20 mg of cholesterol and 2 gm or less of saturated fat per serving.
- **Reduced**—25% less of the specified nutrient or calories than the usual product.
- **Good source of**—Provides at least 10% of the DV of a particular vitamin or nutrient per serving.
- **Calorie free**—Less than 5 calories per serving.
- **Fat free / sugar free**—Less than ½ gram of fat or sugar per serving.
- **Low sodium**—Less than 140 mg of sodium per serving.
- **High in**—Provides 20% or more of the Daily Value of a specified nutrient per serving.
- **High fiber**—5 or more grams of fiber per serving.

FDA also sets standards for health-related claims on food labels to help consumers identify foods that are rich in nutrients and may help to reduce their risk for certain diseases. For example, health claims may highlight the link between calcium and osteoporosis, fiber and calcium, heart disease and fat or high blood pressure and sodium.

For a referral to a registered dietitian and for additional food and nutrition information visit www.eatright.org.



The Academy of Nutrition and Dietetics is the world's largest organization of food and nutrition professionals. The Academy is committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy.

This tip sheet is provided by:

Authored by registered dietitians on staff with the Academy of Nutrition and Dietetics
Sources: US Food and Drug Administration, ADA Complete Food & Nutrition Guide



12-107

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors,
Area Agencies on Aging

FROM: Jim Rothrock
VDA Interim Commissioner

DATE: February 22, 2012

SUBJECT: Profile of Older Americans: 2011

Following is a copy of the publication Profile of Older Americans: 2011. This annual summary was produced by the Administration on Aging (AoA).

This document has proven to be a very useful; statistical summary in a user friendly format. Please share it with interested parties. Thank you.

A Profile of Older Americans: 2011



Administration on Aging
U.S. Department of Health and Human Services

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Highlights*

- The older population (65+) numbered 40.4 million in 2010, an increase of 5.4 million or 15.3% since 2000.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 31% during this decade.
- Over one in every eight, or 13.1%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 18.8 years (20.0 years for females and 17.3 years for males).
- Older women outnumber older men at 23.0 million older women to 17.5 million older men.
- In 2010, 20.0% of persons 65+ were minorities--8.4% were African-Americans.** Persons of Hispanic origin (who may be of any race) represented 6.9% of the older population. About 3.5% were Asian or Pacific Islander,** and less than 1% were American Indian or Native Alaskan.** In addition, 0.8% of persons 65+ identified themselves as being of two or more races.
- Older men were much more likely to be married than older women--72% of men vs. 42% of women (Figure 2). 40% older women in 2010 were widows.
- About 29% (11.3 million) of noninstitutionalized older persons live alone (8.1 million women, 3.2 million men).
- Almost half of older women (47%) age 75+ live alone.
- About 485,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 35 million in 2000 to 40 million in 2010 (a 15% increase) and is projected to increase to 55 million in 2020 (a 36% increase for that decade).
- The 85+ population is projected to increase from 5.5 million in 2010 and then to 6.6 million in 2020 (19%) for that decade.
- Minority populations have increased from 5.7 million in 2000 (16.3% of the elderly population) to 8.1 million in 2010 (20% of the elderly) and are projected to increase to 13.1 million in 2020 (24% of the elderly).
- The median income of older persons in 2010 was \$25,704 for males and \$15,072 for females. Median money income (after adjusting for inflation) of all households headed by older people fell 1.5% (not statistically significant) from 2009 to 2010. Households containing families headed by persons 65+ reported a median income in 2010 of \$45,763.
- The major sources of income as reported by older persons in 2009 were Social Security (reported by 87% of older persons), income from assets (reported by 53%), private pensions (reported by 28%), government employee pensions (reported by 14%), and earnings (reported by 26%).
- Social Security constituted 90% or more of the income received by 35% of beneficiaries in 2009 (22% of married couples and 43% of non-married beneficiaries).
- Almost 3.5 million elderly persons (9.0%) were below the poverty level in 2010. This poverty rate is not statistically different from the poverty rate in 2009 (8.9%). During 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in the livings costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. The SPM shows a poverty level for older persons of 15.9%, an increase of over 75% over the official rate of 9.0% mainly due to medical out-of-pocket expenses.
- About 11% (3.7 million) of older Medicare enrollees received personal care from a paid or unpaid source in 1999.

*Principal sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

The Older Population

The older population--persons 65 years or older--numbered 40.4 million in 2010 (the most recent year for which data are available). They represented 13.1% of the U.S. population, over one in every eight Americans. The number of older Americans increased by 5.4 million or 15.3% since 2000, compared to an increase of 8.7% for the under-65 population. However, the number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 31% during this period.

In 2010, there were 23.0 million older women and 17.5 million older men, or a sex ratio of 132 women for every 100 men. The female to male sex ratio increases with age, ranging from 112 for the 65-69 age group to a high of 206 for persons 85 and over.

Since 1900, the percentage of Americans 65+ has more than tripled (from 4.1% in 1900 to 13.1% in 2010), and the number has increased almost thirteen times (from 3.1 million to 40.4 million). The older population itself is increasingly older. In 2010, the 65-74 age group (20.8 million) was 10 times larger than in 1900. In contrast, the 75-84 group (13.1 million) was 17 times larger and the 85+ group (5.5 million) was 45 times larger.

In 2009, persons reaching age 65 had an average life expectancy of an additional 18.8 years (20.0 years for females and 17.3 years for males). A child born in 2009 could expect to live 78.2 years, about 30 years longer than a child born in 1900. Much of this increase occurred because of reduced death rates for children and young adults. However, the period of 1990-2007 also has seen reduced death rates for the population aged 65-84, especially for men – by 41.6% for men aged 65-74 and by 29.5% for men aged 75-84. Life expectancy at age 65 increased by only 2.5 years between 1900 and 1960, but has increased by 4.2 years from 1960 to 2007. Nonetheless, some research has raised concerns about future increases in life expectancy in the US compared to other high-income countries, primarily due to past smoking and current obesity levels, especially for women age 50 and over (National Research Council (2011)).

About 2.6 million persons celebrated their 65th birthday in 2010. In the same year, almost 1.8 million persons 65 or older died. Census estimates showed an annual net increase of 814,406 in the number of persons 65 and over.

There were 53,364 persons aged 100 or more in 2010 (0.13% of the total 65+ population).*** This is a 53% increase from the 1990 figure of 37,306.

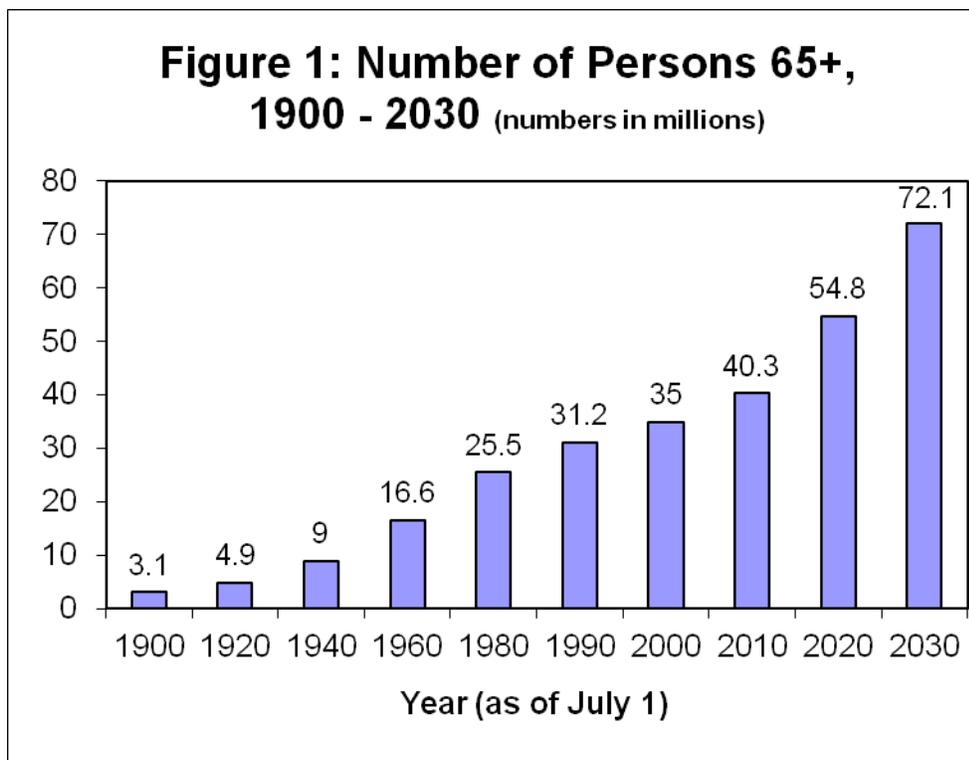
(Data for this section were compiled primarily from Internet releases of the U.S. Census Bureau and the National Center for Health Statistics/Health Data Interactive).

Future Growth

The older population will continue to grow significantly in the future (see [Figure 1](#)). This growth slowed somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. But the older population will burgeon between the years 2010 and 2030 when the "baby boom" generation reaches age 65.

The population 65 and over has increased from 35 million in 2000 to 40 million in 2010 (a 15% increase) and is projected to increase to 55 million in 2020 (a 36% increase for that decade). By 2030, there will be about 72.1 million older persons, over twice their number in 2000. People 65+ represented 13.1% of the population in the year 2010 but are expected to grow to be 19.3% of the population by 2030. The 85+ population is projected to increase from 5.5 million in 2010 and then to 6.6 million in 2020 (19%) for that decade.

Minority populations have increased from 5.7 million in 2000 (16.3% of the elderly population) to 8.1 million in 2010 (20% of the elderly) and are projected to increase to 13.1 million in 2020 (24% of the elderly). Between 2010 and 2030, the white** population 65+ is projected to increase by 59% compared with 160% for older minorities, including Hispanics (202%), African-Americans** (114%), American Indians, Eskimos, and Aleuts** (145%), and Asians and Pacific Islanders** (145%).



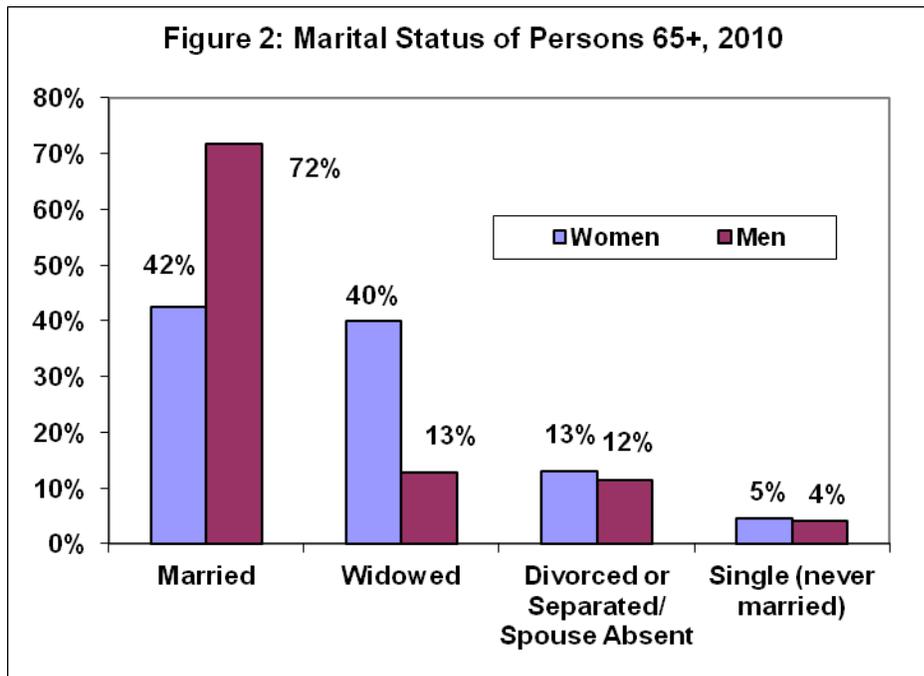
Note: Increments in years are uneven.

(Sources: Projections for 2010 through 2050 are from: Table 12. Projections of the Population by Age and Sex for the United States: 2010 to 2050 (NP2008-T12), Population Division, U.S. Census Bureau; Release Date: August 14, 2008. The source of the data for 1900 to 2000 is Table 5. Population by Age and Sex for the United States: 1900 to 2000, Part A. Number, Hobbs, Frank and Nicole Stoops, U.S. Census Bureau, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century. The data for 2010 are from the U.S. Census Bureau Decennial Census.)

Marital Status

In 2010, older men were much more likely to be married than older women--72% of men, 42% of women (Figure 2). Widows accounted for 40% of all older women in 2010. There were over four times as many widows (8.7 million) as widowers (2.1 million).

Divorced and separated (including married/spouse absent) older persons represented only 12.4% of all older persons in 2010. However, this percentage has increased since 1980, when approximately 5.3% of the older population were divorced or separated/spouse absent.



(Based on Internet releases of data from the 2010 Current Population Survey, Annual Social and Economic Supplement of the U.S. Census Bureau)

Living Arrangements

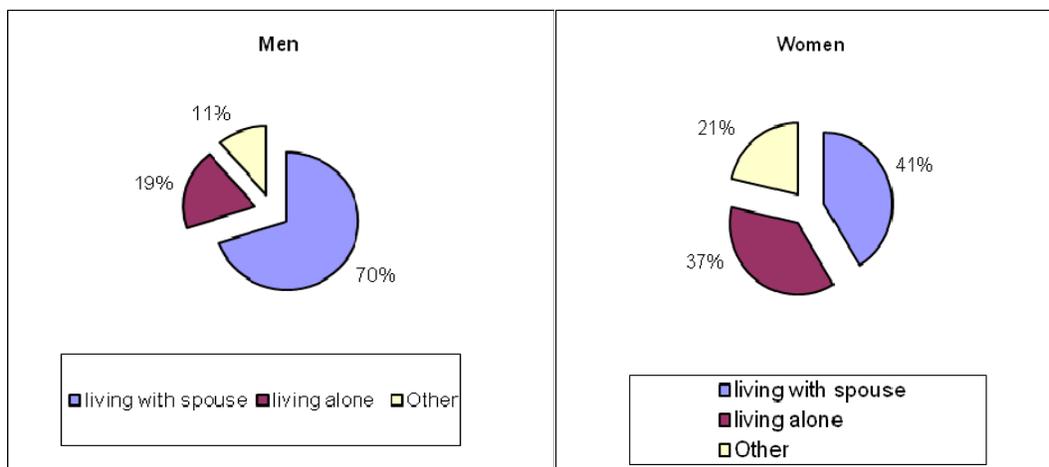
Over half (55.1%) the older noninstitutionalized persons lived with their spouse in 2010. Approximately 11.7 million or 69.9% of older men, and 9.0 million or 41.3% of older women, lived with their spouse (Figure 3). The proportion living with their spouse decreased with age, especially for women. Only 30.4% of women 75+ years old lived with a spouse.

About 29.3% (11.3 million) of all noninstitutionalized older persons in 2010 lived alone (8.1 million women, 3.2 million men). They represented 37.3% of older women and 19.1% of older men. The proportion living alone increases with advanced age. Among women aged 75 and over, for example, almost half (47%) lived alone.

Approximately 746,000 grandparents aged 65 or over maintained households in which grandchildren were present in 2010. (Another 275,000 elderly were spouses of such people.) In addition, about 955,000 grandparents over 65 years lived in parent-maintained households in which their grandchildren were present. A total of about 1.94 million older people lived in household with a grandchild present in the house. About 485,000 of these grandparents over 65 years old were the persons with primary responsibility for their grandchildren who lived with them.

A relatively small number (1.5 million) and percentage (4.1%) of the 65+ population in 2009 lived in institutional settings such as nursing homes (1.3 million). However, the percentage increases dramatically with age, ranging (in 2009) from 1.1% for persons 65-74 years to 3.5% for persons 75-84 years and 13.2% for persons 85+. In addition, approximately 2.4% of the elderly lived in senior housing with at least one supportive service available to their residents.

Figure 3: Living Arrangements of Persons 65+, 2010



(Based on data from U.S. Census Bureau including the 2010 Current Population Survey, Annual Social and Economic Supplement and the 2010 American Community Survey. See: November 2010 Current Population Survey Internet releases, Detailed Tables and data from the 2009 Medicare Current Beneficiary Survey retrieved from Health Data Interactive, 11/29/2011; also the 2007 Medicare Current Beneficiary Survey)

Racial and Ethnic Composition

In 2010, 20.0% of persons 65+ were minorities--8.4% were African-Americans.** Persons of Hispanic origin (who may be of any race) represented 6.9% of the older population. About 3.5% were Asian or Pacific Islander,** and less than 1% were American Indian or Native Alaskan.** In addition, 0.8% of persons 65+ identified themselves as being of two or more races.

Only 7.2% of all the people who were minority race or of Hispanic ethnicity were 65+ in 2010 (8.9% of African-Americans,** 5.5% of Hispanics, 9.4% of Asians and Pacific Islanders,** 8.0% of American Indians and Native Alaskans,**), compared with 16.3% of non-Hispanic whites.**

(Data for this section were compiled from Internet releases of the 2010 Decennial Census).

Geographic Distribution

The proportion of older persons in the population varies considerably by state with some states experiencing much greater growth in their older populations (Figures 4 and 5). In 2010, over half (56.5%) of persons 65+ lived in 11 states: California (4.3 million); Florida (3.3 million); New York (2.6 million); Texas (2.6 million); Pennsylvania (2.0 million) and Ohio, Illinois, Michigan, North Carolina, New Jersey, and Georgia each had well over 1 million (Figure 6).

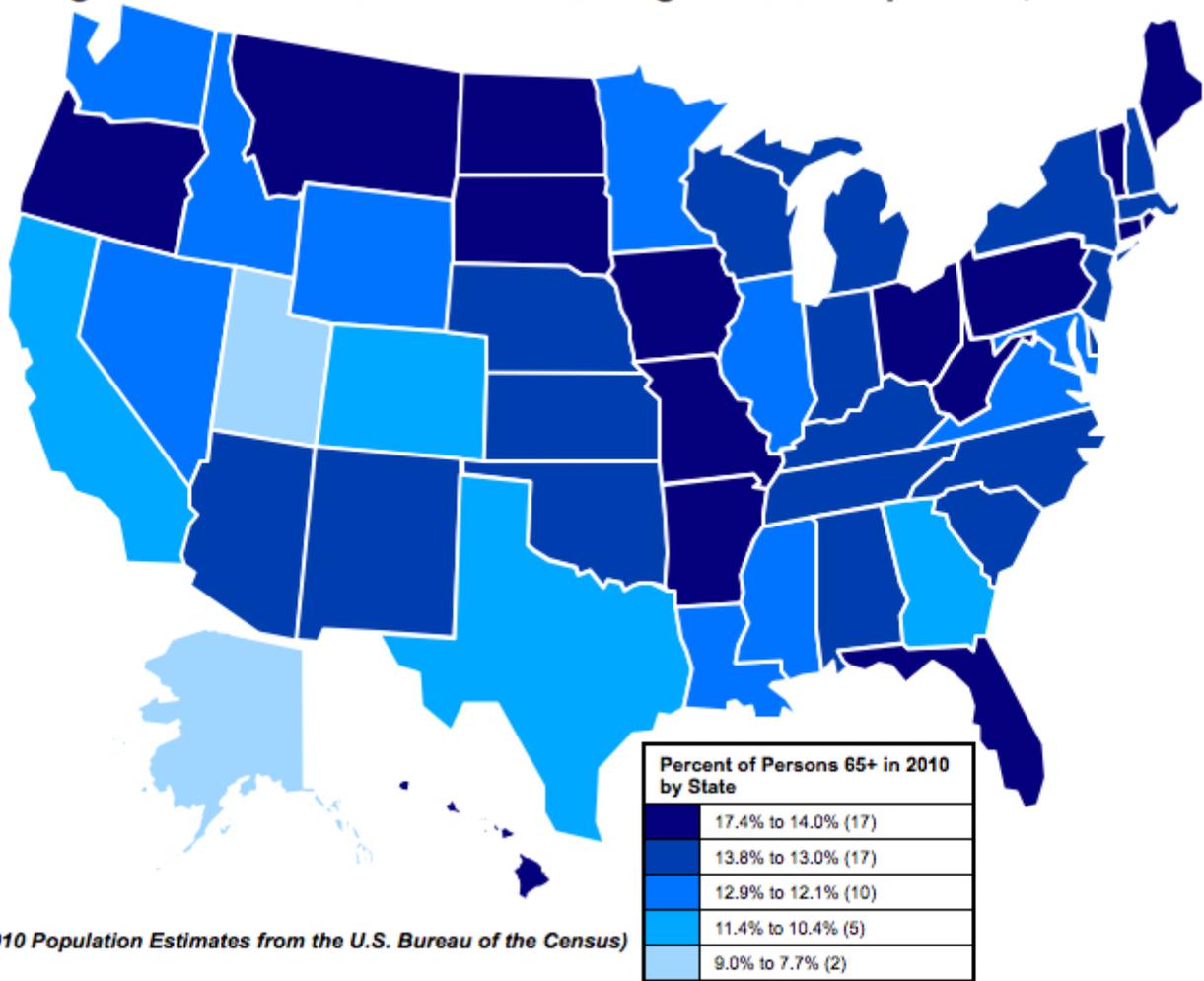
Persons 65+ constituted approximately 14% or more of the total population in 17 states in 2010 (Figure 6): Florida (17.4%); West Virginia (16.1%); Maine (15.9%); Pennsylvania (15.5%); Iowa (14.9%); Montana (14.9%); Vermont (14.6%); Hawaii (14.5%); North Dakota (14.5%); Rhode Island (14.4%); Arkansas (14.4%); Delaware (14.4%); South Dakota (14.3%); Connecticut (14.2%); Ohio (14.1%); Missouri (14.0%); and Oregon (14.0%). In 13 states, the 65+ population increased by 25% or more between 2000 and 2010 (Figure 6): Alaska (50.0 %); Nevada (47.0 %); Idaho (32.5 %); Arizona (32.1%); Colorado (31.8 %); Georgia (31.4 %); Utah (31.0 %); South Carolina (30.4 %); New Mexico (28.5 %); North Carolina (27.7%); Delaware (26.9 %); Texas (26.1 %); and Washington (25.3%). The twelve jurisdictions with poverty rates over 10% for elderly during 2010 were: District of Columbia (13.1%); North Dakota (12.1%); New Mexico (12.0%); Mississippi (11.9%); Louisiana (11.5%); Kentucky (11.2%); South Dakota (11.1%); New York (10.9%); Alabama (10.7%); Georgia (10.7%); Texas (10.7%); and Arkansas (10.2%).

Most persons 65+ lived in metropolitan areas in 2010 (78.9%). About 64% of these older persons lived outside the principal cities and 36% lived in principal cities. Also, 20% of older persons lived in outside of metropolitan areas.

The elderly are less likely to change residence than other age groups. From 2009 to 2010, only 5.8% of older persons moved as opposed to 16.9% of the under 65 population. Most older movers (58.7%) stayed in the same county and 78.2% remained in the same state. Only 21.8% of the movers moved from out-of-state or abroad.

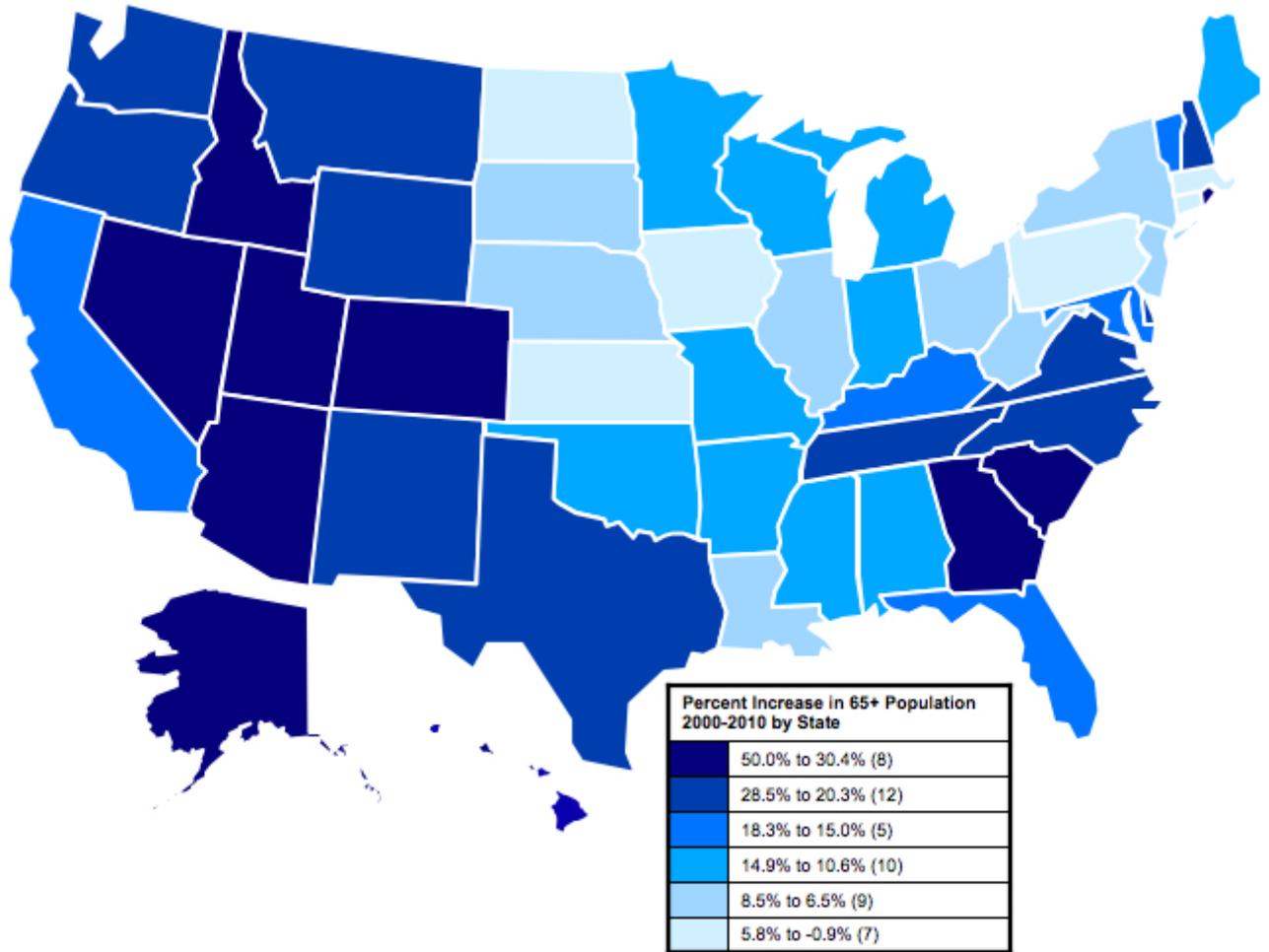
(Data for this section and for Figures 4-6 were compiled primarily from the 2010 Decennial Census as well as other Internet releases of the U.S. Census Bureau including tables from the March 2010 Current Population Survey, Annual Social and Economic Supplement and the 2010 American Community Survey)

Figure 4: Persons 65+ as a Percentage of Total Population, 2010



(Source: 2010 Population Estimates from the U.S. Bureau of the Census)

Figure 5: Percent Increase in Population 65+, 2000 to 2010



(Source: 2000 and 2010 Population Estimates from the U.S. Bureau of the Census)

Figure 6: The 65+ Population by State 2010

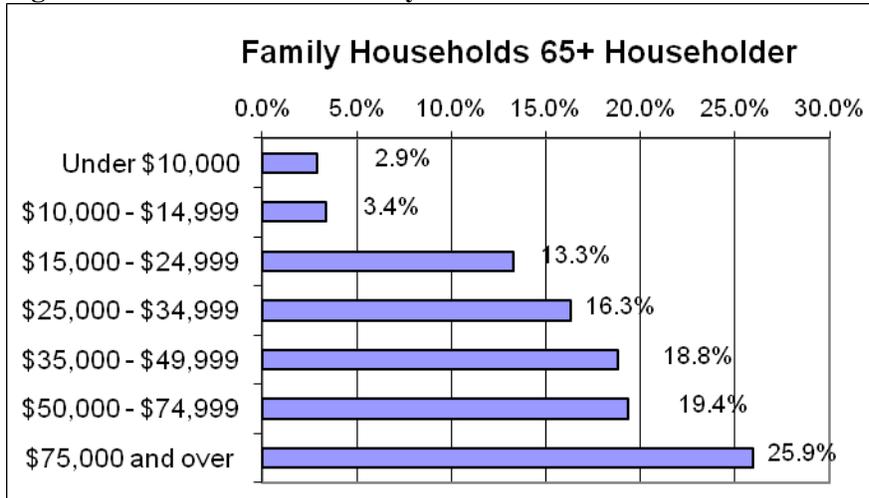
State	Number of Persons 65 and Older	Percent of All Ages	Percent Increase from 2000 to 2010	Percent Below Poverty 2010
US Total (50 States + DC)	40,437,581	13.1%	15.3%	9.0%
Alabama	659,822	13.8%	13.7%	10.7%
Alaska	55,233	7.7%	50.0%	5.7%
Arizona	886,604	13.8%	32.1%	7.7%
Arkansas	421,476	14.4%	12.5%	10.2%
California	4,269,690	11.4%	18.3%	9.7%
Colorado	553,147	11.0%	31.8%	8.1%
Connecticut	507,837	14.2%	7.9%	6.6%
Delaware	129,586	14.4%	26.9%	7.7%
District of Columbia	69,061	11.4%	-0.9%	13.1%
Florida	3,273,940	17.4%	16.4%	9.9%
Georgia	1,037,287	10.7%	31.4%	10.7%
Hawaii	198,094	14.5%	22.5%	6.8%
Idaho	195,438	12.4%	32.5%	7.9%
Illinois	1,614,730	12.6%	7.5%	8.4%
Indiana	843,780	13.0%	11.7%	6.8%
Iowa	454,205	14.9%	4.0%	6.7%
Kansas	377,391	13.2%	5.8%	7.7%
Kentucky	580,394	13.4%	15.0%	11.2%
Louisiana	560,160	12.3%	8.5%	11.5%
Maine	211,336	15.9%	14.9%	9.5%
Maryland	710,761	12.3%	18.2%	7.7%
Massachusetts	905,896	13.8%	5.2%	8.7%
Michigan	1,364,431	13.8%	11.6%	8.0%
Minnesota	685,349	12.9%	14.8%	8.3%
Mississippi	381,372	12.8%	11.2%	11.9%
Missouri	841,075	14.0%	11.3%	9.1%
Montana	147,181	14.9%	21.4%	7.0%
Nebraska	247,518	13.5%	6.5%	7.5%
Nevada	325,935	12.1%	47.0%	7.6%
New Hampshire	178,625	13.6%	20.3%	6.1%
New Jersey	1,190,312	13.5%	6.9%	7.2%
New Mexico	273,572	13.2%	28.5%	12.0%
New York	2,627,101	13.5%	7.1%	10.9%
North Carolina	1,240,390	13.0%	27.7%	9.9%
North Dakota	97,863	14.5%	3.7%	12.1%
Ohio	1,626,201	14.1%	7.8%	7.7%
Oklahoma	509,065	13.5%	11.8%	9.3%
Oregon	535,754	14.0%	21.9%	7.9%
Pennsylvania	1,965,118	15.5%	2.5%	7.9%
Rhode Island	151,918	14.4%	-0.3%	8.2%
South Carolina	634,522	13.7%	30.4%	9.8%
South Dakota	117,070	14.3%	8.3%	11.1%
Tennessee	856,664	13.5%	21.6%	9.7%
Texas	2,619,733	10.4%	26.1%	10.7%
Utah	251,016	9.0%	31.0%	6.0%
Vermont	91,238	14.6%	17.1%	6.8%
Virginia	982,313	12.2%	23.7%	7.4%
Washington	832,650	12.3%	25.3%	6.9%
West Virginia	298,119	16.1%	7.8%	9.9%
Wisconsin	779,383	13.7%	10.6%	7.1%
Wyoming	70,225	12.4%	20.8%	6.8%
Puerto Rico	579,135	14.6%	35.3%	39.6%

(Source: Population data is from U.S. Census Bureau 2010 Population Estimates. Puerto Rico population data is from the U.S. Census Bureau's international Data Base. State level poverty data is from the Census 2010 American Community Survey. National level poverty data is from the 2010 Current Population Survey/American Social and Economic Survey.)

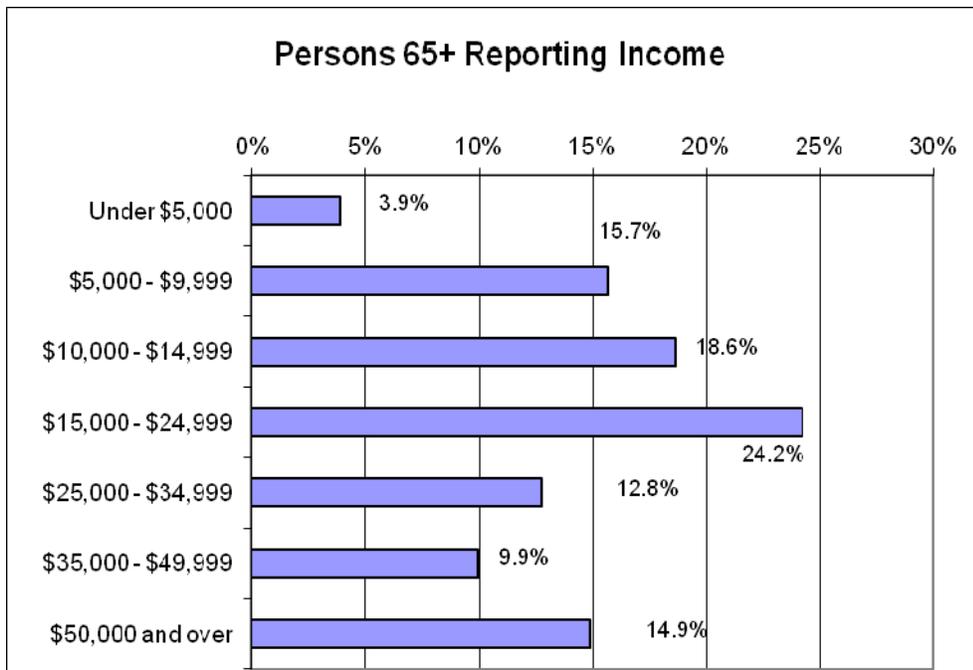
Income

The median income of older persons in 2010 was \$25,704 for males and \$15,072 for females. From 2009 to 2010, median money income (after adjusting for inflation) of all households headed by older people fell 1.5% but this was not statistically significant. Households containing families headed by persons 65+ reported a median income in 2010 of \$45,763 (\$47,584 for non-Hispanic Whites, \$32,338 for Hispanics, \$37,037 for African-Americans, and \$42,986 for Asians). About 6.3% of family households with an elderly householder had incomes less than \$15,000 and 64.1% had incomes of \$35,000 or more (Figure 7).

Figure 7: Percent Distribution by Income: 2010



\$45,763 median for 13.5 million family households 65+



\$18,819 median for 37.9 million persons 65+ reporting income

For all older persons reporting income in 2010 (37.9 million), 19.6% reported less than \$10,000 and 37.6% reported \$25,000 or more. The median income reported was \$18,819.

The major sources of income as reported by older persons in 2009 were Social Security (reported by 87% of older persons), income from assets (reported by 53%), private pensions (reported by 28%), government employee pensions (reported by 14%), and earnings (reported by 26%). In 2009, Social Security benefits accounted for 38% of the aggregate income of the older population. The bulk of the remainder consisted of earnings (29%), asset income (11%), and pensions (19%). Social Security constituted 90% or more of the income received by 35% of beneficiaries (22% of married couples and 43% of non-married beneficiaries).

(Based on data from Current Population Survey, Annual Social and Economic Supplement, "Income, Poverty, and Health Insurance Coverage in the United States: 2010" P60-239, issued September, 2011 by the U.S. Census Bureau, related Census detailed tables on the U.S. Census Bureau web site, and from Fast Facts and Figures About Social Security, 2011, Social Security Administration)

Poverty

Almost 3.5 million elderly persons (9.0%) were below the poverty level in 2010. This poverty rate is not statistically different from the poverty rate in 2009 (8.9%). Another 2.3 million or 5.8% of the elderly were classified as "near-poor" (income between the poverty level and 125% of this level).

One of every 15 elderly Whites** (6.8%) was poor in 2010, compared to 18.0% of elderly African-Americans, 14.6% of Asians, and 18.0% of elderly Hispanics. Higher than average poverty rates were found in 2010 for older persons who lived in principal cities (11.2%), outside metropolitan areas (i.e. rural areas and small towns) (10.4%), and in the South (10.5%).

Older women had a higher poverty rate (10.7%) than older men (6.7%) in 2010. Older persons living alone were much more likely to be poor (16.0%) than were older persons living with families (5.3%). The highest poverty rates were experienced among Hispanic women (40.8%) who lived alone and also by older Black women (30.7%) who lived alone.

During 2011, the U.S. Census Bureau released a new Supplemental Poverty Measure (SPM). The SPM methodology shows a significantly higher number of older persons below poverty than is shown by the official poverty measure. For persons 65 and older this poverty measure shows a poverty level of 15.9% (an increase of over 75% over the official rate of 9.0%). Unlike the official poverty rate, the SPM takes into account regional variations in the cost of housing etc. and, even more significantly, the impact of both non-cash benefits received (e.g., SNAP/food stamps, low income tax credits, WIC, etc.) and non-discretionary expenditures including medical out-of-pocket (MOOP) expenses. For persons 65 and over, MOOP was the major source of the significant differences between these measures. Bear in mind that the SPM does not replace the official poverty measure.

(Based on data from Current Population Survey, Annual Social and Economic Supplement, "Income, Poverty, and Health Insurance Coverage in the United States: 2010," P60-239, issued September, 2011, by the U.S. Census Bureau and related Census detailed tables on the U.S. Census Bureau web site and on "The Research Supplemental Poverty Measure," P60-241, issued November 2011)

Housing

Of the 23.1 million households headed by older persons in 2009, 80% were owners and 20% were renters. The median family income of older homeowners was \$30,400. The median family income of older renters was \$15,744. In 2009, 48% of older householders spent more than one-fourth of their income on housing costs - 42% for owners and 70% for renters - as compared to 48% of all householders.

For homes of older householders in 2007, the median construction year was 1970 (it was 1974 for all householders) and 4.3% of the homes had physical problems. In 2009, the median value of homes owned by older persons was \$150,000 (with a median purchase price of \$49,000) compared to a median home value of \$170,500 for all homeowners. About 65% of older homeowners in 2009 owned their homes free and clear.

(Source: American Housing Survey National Tables: 2009, U.S. Census Bureau web site)

Employment

In 2009, 6.7 million (17.4 %) Americans age 65 and over were in the labor force (working or actively seeking work), including 3.7 million men (22.1%) and 3.0 million women (13.8%). They constituted 4.4% of the U.S. labor force. About 6.7% were unemployed. Labor force participation of men 65+ decreased steadily from 2 of 3 in 1900 to 15.8% in 1985; then stayed at 16%-18% until 2002; and has been increasing since then to over 20%. The participation rate for women 65+ rose slightly from 1 of 12 in 1900 to 10.8% in 1956, fell to 7.3% in 1985, was around 7%-9% from 1986 – 2002. However, beginning in 2000, labor force participation of older women has been gradually rising to the 2010 level. This increase is especially noticeable among the population aged 65-69.

(Source: Current Population Survey, labor force statistics. See: Bureau of Labor Statistics web-site: <http://www.bls.gov/cps/home.htm>)

Education

The educational level of the older population is increasing. Between 1970 and 2010, the percentage of older persons who had completed high school rose from 28% to 79.5%. About 22.5% in 2010 had a bachelor's degree or higher. The percentage who had completed high school varied considerably by race and ethnic origin in 2010: 84.3% of Whites**, 73.6% of Asians, 64.8% of African-Americans, and 47.0% of Hispanics. The increase in educational levels is also evident within these groups. In 1970, only 30% of older Whites and 9% of older African-Americans were high school graduates.

(Source: Current Population Survey, Annual Social and Economic Supplement, 2010 and related tables on the U.S. Census Bureau web site)

Health and Health Care

In 2000-2009, 40.0% of noninstitutionalized older persons assessed their health as excellent or very good (compared to 64.7% for all persons aged 18-64 years). There was little difference between the sexes on this measure, but older African-Americans** (26.0%), older American Indians/Alaska Natives (24.3%) and older Hispanics (28.2%) were less likely to rate their health as excellent or very good than were older Whites** (42.8%) or older Asians (35.3%)†. Most older persons have at least one chronic condition and many have multiple conditions. In 2007-2009, the most frequently occurring conditions among older persons were: uncontrolled hypertension (34%), diagnosed arthritis (50%), all types of heart disease (32%), any cancer (23%), diabetes (19%), and sinusitis (14%).

Almost 63% reported in 2010 that they received an influenza vaccination during the past 12 months and 59% reported that they had ever received a pneumococcal vaccination. About 27.7% (of persons 60+) report height/weight combinations that place them among the obese. Almost 35% of persons aged 65-74 and 24% of persons 75+ report that they engage in regular leisure-time physical activity. Only 9.5% reported that they are current smokers and only 5% reported excessive alcohol consumption. Only 2% reported that they had experienced psychological distress during the past 30 days.

In 2007, about 12.9 million persons aged 65 and older were discharged from short stay hospitals. This is a rate of 3,395 for every 10,000 persons aged 65+ which is about three times the comparable rate for persons of all ages (which was 1,149 per 10,000). The average length of stay for persons aged 65+ was 5.6 days; the comparable rate for persons of all ages was 4.8 days. The average length of stay for older people has decreased by 5 days since 1980. Older persons averaged more office visits with doctors in 2007: 7.1 office visits for those aged 65 and over while persons aged 45-65 averaged only 3.7 office visits during that year. In 2010, almost 97% of older persons reported that they did have a usual place to go for medical care and only 3.0% said that they failed to obtain needed medical care during the previous 12 months due to financial barriers.

In 2010 older consumers averaged out-of-pocket health care expenditures of \$4,843, an increase of 49% since 2000. In contrast, the total population spent considerably less, averaging \$3,157 in out-of-pocket costs. Older Americans spent 13.2% of their total expenditures on health, more than twice the proportion spent by all consumers (6.6%). Health costs incurred on average by older consumers in 2010 consisted of \$3,085 (65%) for insurance, \$795 (18%) for medical services, \$805 (17%) for drugs, and \$158 (3.0%) for medical supplies.

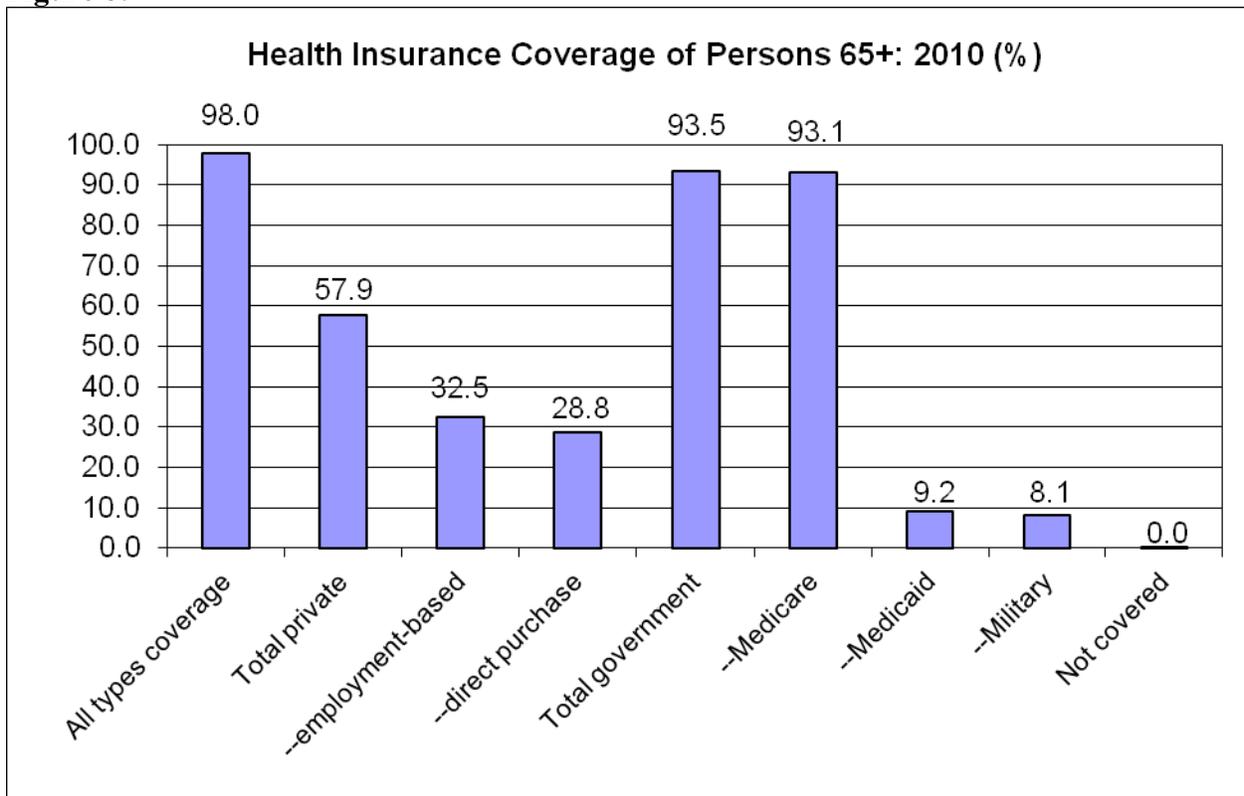
(Sources: Data releases from the web sites of the National Center for Health Statistics; and from the Bureau of Labor Statistics web site)

† These figures are from 2006-2008 data.

Health Insurance Coverage

In 2010, almost all (93.1%) non-institutionalized persons 65+ were covered by Medicare. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. About 58% had some type of private health insurance. Over 8% had military-based health insurance and 9% of the non-institutionalized elderly were covered by Medicaid. Less than 1% did not have coverage of some kind. About 86% of non-institutionalized Medicare beneficiaries in 2009 had some type of supplementary coverage. Among Medicare beneficiaries residing in nursing homes, almost half (46%) were covered by Medicaid.

Figure 8:



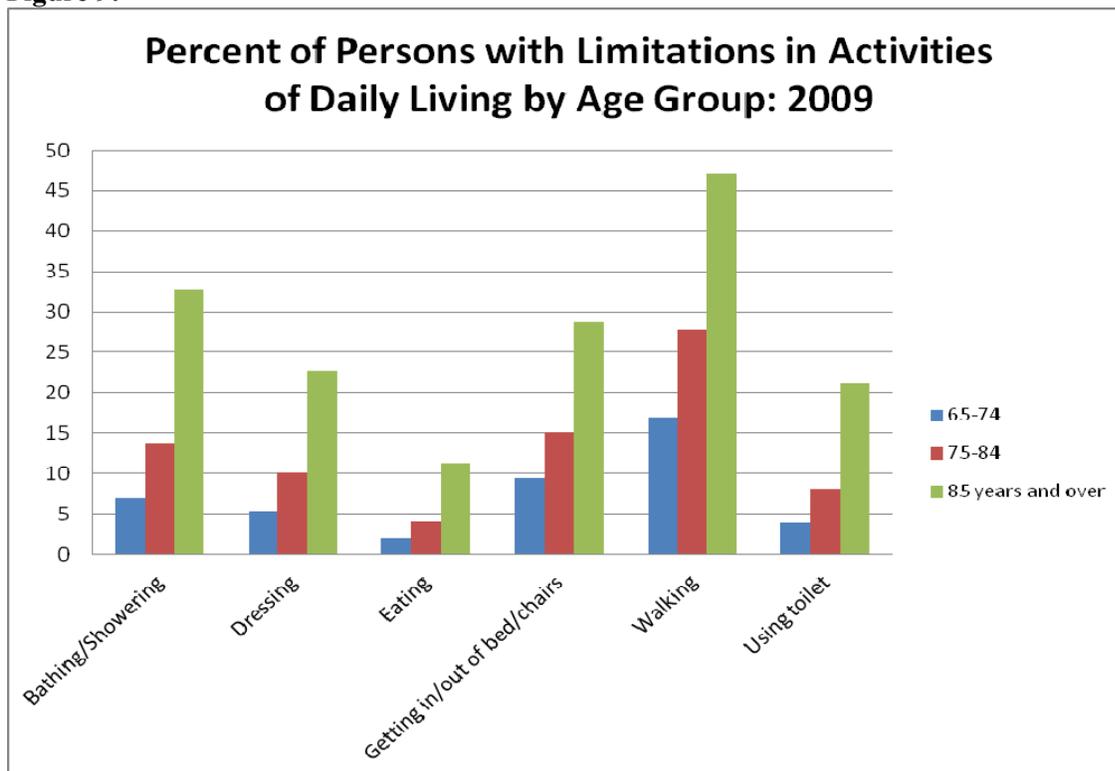
Note: Figure 8 data is for the non-institutionalized elderly. A person can be represented in more than one category. (Source: "Income, Poverty, and Health Insurance Coverage in the United States: 2010," P60-239, issued September, 2011, by the U.S. Census Bureau. Medicare beneficiary data is from the Medicare Current Beneficiary Survey retrieved from the NCHS Health Data Interactive data warehouse)

Disability and Activity Limitations

Some type of disability (i.e., difficulty in hearing, vision, cognition, ambulation, self-care, or independent living) was reported by 37% of older persons in 2010. Some of these disabilities may be relatively minor but others cause people to require assistance to meet important personal needs. In 2005, another survey found that almost 37% of older persons reported a severe disability and 16% reported that they needed some type of assistance as a result. Reported disability increases with age: 56% of persons over 80 reported a severe disability and 29% of the over 80 population reported that they needed assistance. There is a strong relationship between disability status and reported health status. Among those 65+ with a severe disability, 64% reported their health as fair or poor. Among the 65+ persons who reported no disability, only 10% reported their health as fair or poor. Presence of a severe disability is also associated with lower income levels and educational attainment.

In another study which focused on the ability to perform specific activities of daily living (ADLs), over 27% of community-resident Medicare beneficiaries over age 65 in 2009 had difficulty in performing one or more ADLs and an additional 12.7% reported difficulties with instrumental activities of daily living (IADLs). By contrast, 95% of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 74% of them had difficulty with three or more ADLs. [ADLs include bathing, dressing, eating, and getting around the house. IADLs include preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication.] Limitations in activities because of chronic conditions increase with age. As shown in Figure 9, the rate of limitations in activities among persons 85 and older are much higher than those for persons 65-74.

Figure 9:



Except where noted, the figures above are taken from surveys of the noninstitutionalized elderly. Although nursing homes are being increasingly used for short-stay post-acute care,

about 1.3 million elderly are in nursing homes (about half are age 85 and over). These individuals often have high needs for care with their ADLs and/or have severe cognitive impairment due to Alzheimer's disease or other dementias.

(Sources: Americans with Disabilities: 2005, December 2008, P70-117 and other Internet releases of data from the U.S. Census Bureau, the Centers for Medicare and Medicaid, and the National Center on Health Statistics, including the NCHS Health Data Interactive data warehouse)

Caregiving

About 11% (3.7 million) of older Medicare enrollees received personal care from a paid or unpaid source in 1999. Almost all community resident older persons with chronic disabilities receive either informal care (from family or friends) or formal care (from service provider agencies). Over 90% of these older persons with chronic disabilities received informal care and/or formal care; and about two thirds received only informal care. About 9% of this chronically disabled group received only formal services.

(Source: National Long Term Care Survey, 1999)

Notes:

*Principal sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

**Excludes persons of Hispanic origin.

***The U.S. Census Bureau's 2010 Decennial Census release revised downward the previously issued estimates of the 100+ population.

A Profile of Older Americans: 2011 was developed by the Administration on Aging (AoA), U.S. Department of Health and Human Services. The annual Profile of Older Americans was originally developed and researched by Donald G. Fowles, AoA. Saadia Greenberg, AoA, developed the 2011 edition.

AoA serves as an advocate for the elderly within the federal government and is working to encourage and coordinate a responsive system of family and community based services throughout the nation. AoA helps states develop comprehensive service systems which are administered by 56 State and Territorial Units on Aging, 629 Area Agencies on Aging, 246 Native American and Hawaiian organizations, and approximately 20,000 local service providers.