The Older Population in the United States

learning objectives

1.1 Demonstrate knowledge of changing demographics of the U.S. population, especially as related to aging.

1.2 Describe the increasing diversity among the older population and its social impact.

1.3 Discuss the need to plan and prepare for an aging population.
Chapter 1 The Older Population in the United States

You have probably heard of baby boomers—the cohort or group of people born between 1946 and 1964, a period starting just after the end of World War II and one of prosperity and growth for the United States. Perhaps your parents or grandparents are part of this cohort, which are groups of people born at approximately the same time span and therefore share many common life and historical experiences and characteristics. This generation was born and spent their youth in an affluent, economically booming era. They experienced upheaval during their high school and college years, including protests against the Vietnam War; rock “n” roll, drugs and the sexual revolution; and the Civil Rights and women’s movements. Having come of age during the tumultuous period of the 1960s and early 1970s, baby boomers may be the first U.S. generation to experience a mixture of national pride and cynicism about the role of their country in the world. They are more highly educated, are healthier, have a higher percent of women in the labor force, are more likely to hold professional and managerial jobs, and are more diverse than prior cohorts.

Of course, there are exceptions to these patterns, especially because some baby boomers have seen their incomes and retirement savings markedly decline during the Great Recession that began in 2008. Just as baby boomers redefined lifestyles when they were younger, they are now changing what it means to grow old in America. And a primary reason that we hear so much about this generation is that since January 2011, 10,000 baby boomers turn age 65 each day. Currently numbering 79 million, they are part of a phenomenon sometimes also referred to as the “senior boom” (Administration on Aging (AoA), 2012; Frey, 2010).

In this chapter, we will provide you with an overview of the older adult population in the United States. This includes:

- Changing demographics of the U.S. population
- Life expectancy and life span
- Rapid growth of the old-old and oldest-old
- Increasing diversity among the older population
- Trends for the future: Increased longevity in health or disease?

### Changing Demographics of the U.S. Population

The senior boomers are changing the demographics of our country. By this we mean the characteristics of our population, such as its size, distribution of the very old and the very young, and geographic location. Demographic trends describe the changes in such characteristics over time. The long-range trend—and the focus of this book—is population aging, which refers to the sheer increase in the size of the population age 65 and older and a gain in the average age of a population. Population aging—fueled by baby boomers—is one of the most dramatic demographic changes in the United States and worldwide and is illustrated in Figure 1.1. Indeed, there is no historical precedent for population aging in any society around the world. It is the result of declines in birthrates and death rates, and differs from the individual aging process—or the physiological, psychological, and social changes of aging that we discuss throughout this book. We also consider other demographic characteristics such as race, ethnicity, gender, social class, education, sexual orientation, functional ability, and health status that impact the process of individual aging—sometimes more so than does chronological age.

- In 1900, people age 65 and older accounted for about 4 percent of the U.S. population—less than 1 in 25.
- By 2011, slightly more than 100 years later, they had grown to over 40 million, or almost 13.1 percent of the population. People over age 65 increased by almost 13 times during this period, compared with a threefold increase in the population under age 65.
- For the first time in history, by 2020, there will be more people age 65 and older than children under age 5.

The baby boomers—or the young-old—tend to be healthier and more active than previous generations of older adults.
The Older Population in the United States

(i.e., the average length of time one could expect to live if one were born in a particular year and if death rates were to remain constant) in mind as we refer to it throughout the book.

• In 1900, the average life expectancy at birth in the United States was 47 years.
• Today it is 30 years longer—slightly more than 78 years.
• It will be in the mid-eighties by 2050 (AoA, 2012; Federal Interagency Forum, 2012; U.S. Census Bureau News, 2011).

But population aging is also due to falling birthrates; when children are a smaller percent in the population, the average age of the population increases. In recent years, the birthrate in the U.S. has been declining. For teens ages 15–19 and for women in their early twenties, for example, the birthrate hit record lows in 2012 (Hamilton, Martin, & Ventura, 2013).

Take a moment to reflect on what you know about the generation that came of age during the 1960s. Are your parents or perhaps your grandparents baby boomers? What have they told you about that time period? Were they engaged in any of the protests that burst onto the national scene? How did their experiences in the 1960s affect them in middle age and now in old age?

**Points to Ponder**

Changes in Life Expectancy

Why is the older population growing so rapidly? Chiefly because of increasing life expectancy—quite simply, people are living longer. Keep the term life expectancy (i.e., the average length of time one could expect to live if one were born in a particular year and if death rates were to remain constant) in mind as we refer to it throughout the book.

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Look around your classroom. Four out of five of your classmates can expect to reach age 65, at which point there is a better than 50 percent chance for them to live past age 80. In fact, people who make it to age 65 today have an average life expectancy of an additional 19.2 years. This is a dramatic improvement from the early twentieth century, when it was 12.3 more years (Federal Interagency Forum, 2012).

The increase in life expectancy and the declining birthrate underlie an unusually rapid rise in the median age
Chapter 1  The Older Population in the United States

Throughout this book, we will give numerous examples of lifestyle choices that can increase your chances of aging in a healthy manner. If you are a 20-year-old reading this, you will probably live well into your eighties, barring accidents or natural disasters. Consider what your life might be like then by completing the “When I am age 80” exercise on page 14.

Most gains in life expectancy have occurred in the younger ages, largely due to the eradication of many diseases that caused high infant and childhood mortality. Maternal, infant, and early childhood death rates have declined considerably, primarily because of improved sanitation, antibiotics, and advances in medicine. But the increase in life expectancy is also due to medical advances in middle and old age. A hundred years ago, adults generally died from acute diseases, particularly influenza and pneumonia. Few people survived long enough to need care for chronic or long-term conditions. Today, death from acute diseases is rare. The result is a growing number of people who survive to old age, but often with one or more chronic diseases that require long-term services and supports. For example, heart disease and cancer have become less fatal because of medical breakthroughs. Instead, they have become chronic illnesses, with many older adults who may keep on living for years with these “killer” conditions. Because of these shifts, health care providers refer to the need for chronic disease management rather than a cure. Indeed, medical advances such as stem cell therapy are likely to postpone deaths from heart disease and cancer even more. In the near term, however, gender and racial differences in life expectancy are likely to persist.

Calculating Your Own Life Expectancy

You can calculate your own life expectancy online. You will see how important lifestyle factors, such as nutrition, exercise, and not smoking, are to how long you are likely to live. Developed by Dr. Thomas Perls, a highly regarded geriatrician who has studied centenarians, the Living to 100 Life Expectancy Calculator not only tells you how long you are likely to live, but it also offers personalized feedback from Dr. Perls on ways to live longer. Try Googling this life expectancy calculator or another one on the Web and plugging in your own numbers (Blow, 2011; Boyles, 2011; DyBunco, 2011).

It may surprise you to learn that the U.S. life expectancy lags behind that of 51 other countries. This is true despite the fact that U.S. medical expenditures, often for groundbreaking medical technology, are the highest in the world. Why do you think this might be the case? Factors such as better prenatal and early childhood services, more access to health care, and healthier foods in other countries contribute to their higher life expectancy rates at birth than those in the United States. Life expectancy in the United States is not rising as fast as it once was and is actually declining in the South. Increasing rates of poverty, obesity, heart disease, and diabetes along with past high rates of cigarette smoking may be contributing factors. Life expectancy may also be related to growing income inequality. When compared with 32 other developed countries, the United States has the third greatest disparity between its richest and poorest citizens. Only Singapore and Hong Kong have worse disparities (The Commonwealth Fund, 2011; Muennig & Glied, 2011).

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Chapter 1  The Older Population in the United States

When I Am Age 80

What will your life be like at age 80?

Physical: Assume that you will get at least one major disease that runs in your family. You may already have some signs of that illness or disability now. Look at the members of your family, and extrapolate what physical problems you might have as well as physical advantages. Think about your five senses and which of them will have been impacted by aging and to what degree. Will you be able to communicate verbally or will you have to rely on nonverbal means of communication?

Social: What kind of a family and personal lifestyle will you have when you are older? What type of living situation will you be in? Will you have any hobbies? Where will you go when/if you go out? How will you get there and with whom (e.g., your spouse, partner, adult child, neighbor)?

Financial: What will your finances be like when you are older? Extrapolate from how you handle money currently in your life. Are you a saver or a spender? Will you have a retirement pension or will you have to rely entirely on Social Security?

Emotional/Mental: What kind of individual will you be? Research shows that our personalities do not change significantly as we age, but we become more like our “true selves” as a result of loss, change, stress, and illness. For example, if you now become irate fairly easily in traffic, what will you be like in the dining room of a group-living situation as you wait for your food to be served? How will you adapt to new technologies and social values? What will you do to keep your mind as sharp as possible?

Spiritual: How important will religion or spirituality be to you? Extrapolate from how important it is to you now. How will you practice your faith, or if you have none, what will be most important to you as you think about your own death?

Legacy: Since you are 80, you are thinking about what you will leave behind, in terms of both tangible items and intangible qualities about yourself. What will you be remembered for or what would you like to be remembered for?

Add in other things that you feel will be important to you at that age, or concerns that you will have that are not on the list. And then think about changes you might make in your life now to increase your chances of an active old age. What did you learn from this that may affect how you view older adults and aging?

Gender Differences in Life Expectancy

If you are at a social gathering of older adults, you may see more women in attendance than men—a sign men and women differ in how long they live:

• On average, females born today will live 5–6 years longer than men: 80.8 years compared to 75.7, respectively.
• Even at age 85, female life expectancy is an additional 6.8 years compared to 5.7 years for males (Federal Interagency Forum, 2012; U.S. Census Bureau, 2011).

No one fully understands why women live longer than men, but several different explanations are supported by research. Women’s longer life expectancy may be due to a combination of biological factors, such as the genetic theory that the female’s two X chromosomes make her physiologically more robust, and of lifestyle factors, such as women’s greater likelihood of preventive health behaviors and their lower rates of smoking, substance abuse, and other high-risk behaviors across the life course. However, men who survive beyond age 85 are also likely to be “hardier”—to have fewer chronic illnesses or disabilities (AoA, 2012; Federal Interagency Forum, 2012).

As a result of these differences in life expectancy:

• Women represent 58 percent of the population age 65 and older, and nearly 70 percent of those over age 85. This means that there are approximately 135 women for every 100 men age 65 and older.
• Women at age 85 and over outnumber their male counterparts by five to two and among centenarians by three to one (AoA, 2012; Federal Interagency Forum, 2012; U.S. Census Bureau, 2011).

This pattern of increasing proportions of women relative to men after age 65 in 2010, 2030, and 2050 is shown in Figure 1.2 on page 15.

Racial Differences in Life Expectancy

Given their experiences of historical disadvantage across the life course, it is not surprising that elders of color in our country have a lower life expectancy than whites. For example, life expectancy at birth is approximately five years higher for white people than for African Americans.
Figure 1.3 on p. 16 shows life expectancy at birth, by race and sex in the United States. One factor that underlies African Americans’ shorter life expectancy is health care disparities—the current cohort of elders of color generally had unequal access to health care and preventive health services earlier in life. Consistent with the concept of the life course, inequities experienced as children and young adults in poverty, education, and health care are often intensified in old age, as reflected in lower life expectancy and more chronic illness. On the other hand, African Americans (especially men) who survive to age 75 tend to be the most robust of their cohort, so that their life expectancy after age 75 is longer than for whites. This is known as the crossover effect (Center for American Progress, 2010; Federal Interagency Forum, 2012; Sinn, 2011).

As is true with the total population of elders, women of color generally live longer than their male counterparts, with Asian American women living the longest. Among African Americans, the ratio of men to women age 65–75 is slightly lower than among other groups, because of higher death rates among African American men at every age. Tragically, some African American men do not live long enough to ever collect Social Security, because of their high rates of homicides and accidents in young and mid-adulthood and of chronic illness in their early sixties. Oldest-old women are the most rapidly growing group of African American elders, and they have the longest average remaining life expectancy.

In contrast, there are proportionately more Latino men to women over age 65 than among the white older population, even though Latina women live longer and outnumber men. The slight increase in proportion of men is due to the higher mortality rate of Latinas than white women at earlier ages, not to greater life expectancy among Latino men. Older Latino men marry or remarry more often than the other groups of color: over 65 percent of older Latino males are married, but only 39 percent of older Latinas. Latinas more often remain widowed and live alone than their male counterparts. Nevertheless, the percentage of older Latinas living alone is lower than that of the general population, while the percentage living with other relatives is almost twice as high. This living arrangement points to the
importance of extended family among Latinos (CDC, 2011a; Russell, 2011).

Compared to other older adults of color and to white older persons, Asian-Pacific Islander (API) men outnumber their female counterparts until they reach age 75 and older. They also constitute a large percent of elders living alone. This pattern reflects the continuing influence of more API men than women immigrating in the early part of the twentieth century to the United States, and past restrictions on female immigration, rather than a higher life expectancy for men.

**Maximum Life Span**

Maximum life span is different from life expectancy; it is the length of years a given species could expect to live if all environmental hazards were eliminated. Many scientists posit that there is a “soft limit” to the human life span in the range of 85–90 years, unless there was some way to alter the basic biological process of aging—a conclusion that has not changed in the past 20 years. There appears to be a maximum biologically determined life span for human cells, so that even with the elimination of all diseases, we cannot expect to live much beyond 120 years—despite what you may hear in the media. For these reasons, more persons will expect to live longer in the future, but the maximum number of years they can
expect to live will not be increased dramatically, unless some extraordinary and unanticipated biological discoveries occur. The longest documented human life is of Jeanne Calment, a Frenchwoman who died at age 122 (Olshansky, 2010).

The ideal situation is one where all people would survive to the maximum life span, creating what is called a “rectangular survival curve” (shown in Figure 1.4). About 50 percent of all babies born after 2000 in developed countries are expected to reach age 85, more than two-thirds of the maximum life span of 120 years. We will not achieve the ideal survival curve until the diseases of middle and young-old age—including cancer, heart disease, diabetes, and kidney diseases, along with obesity—can be totally prevented or at least effectively managed as chronic conditions, which is a scenario far in the future (Kochanek, Xu, Murphy, Minino, & Kung, 2011; Pallarito, 2011).

**Population Pyramids**

Population pyramids visually capture the changing age distribution of the American population—the shift in the proportion of older adults in relation to younger persons.

- In 1900, when 4 percent of the U.S. population was age 65 and over, 40 percent was under age 17.
- By 2005, reduced birthrates in the 1970s and 1980s had resulted in a decrease of young persons as a percent of the total population.
- By 2030, the percentages of young and old persons are predicted to be similar, with those under age 17 forming 23.5 percent of the population, and older adults almost 20 percent.
- After 2030, the median age will be around 39 years, and the death rate will be greater than the birthrate because baby boomers will then be age 85 and older (U.S. Census Bureau, 2011).

Figure 1.5 on p. 18 contrasts the population pyramids for the years 2010, 2030, and 2050. The horizontal bars reflect birth cohorts and illustrate the importance of the baby boom generation in shaping the future population of the United States. By 2030, all of the baby boomers will have transitioned to the ranks of older adulthood.

**Reaching the Maximum Life Span**

Researchers worldwide are intrigued with Jeanne Calment for both her longevity and vitality. When younger, her life revolved around tennis, bicycling, swimming, roller-skating, piano, and opera. She took up fencing lessons at 85 and rode a bicycle until age 100. At age 121, she released two CDs, one in French and another in English, which featured Calment’s reminiscing to a score of rap and other tunes. Researchers attribute her longevity to her extraordinary immunity to stress. But genes may also be a factor since both her parents were long-lived. She once said, “If you can’t do anything about it, don’t worry about it.” Calment herself credited her longevity to an occasional glass of port wine, a diet rich in olive oil, and lots of laughter. She used to eat two pounds of chocolate per week until her doctor persuaded her to give up sweets at the age of 119. She quit smoking only at 119, largely due to pride rather than health—she was too blind to light up herself, and hated asking someone to do it for her. In later years, Calment lived mostly off the income from her apartment, which she sold cheaply to a lawyer when she was 90. The lawyer signed a contingency contract with Calment and agreed to pay a life annuity of 2,500 francs ($500) a month until she died and he became owner. He lost this gamble. When he died at age 77, his family was left still paying for the flat until Calment died several years later! How does one ferret out the role of genetics and lifestyle with someone like Jeanne Calment? Many researchers and others who have studied those who live to 100 years or more have attempted to figure this out as you will see in some of the studies reported below.
Figure 1.5: Population Pyramids Changing Age and Sex Structure of the U.S. Population: 2010, 2030, and 2050

In 2010, this ratio was 22 people age 65 and older to every 100 people age 18–64. This will rise from 35 older adults in 2030 to 37 in 2050 for every 100 “working age” adults. The higher this ratio, the greater the potential burden of “dependent” older adults (Vincent & Velkoff, 2010).

Another way of measuring this burden is the support ratio. This indicates the relationship between the proportion of the population that is employed (defined as “productive” and able to support others) and the percentage that is not in the workforce (viewed as “dependent” or as “requiring support”). This ratio has decreased steadily in the past 100 years, which means that proportionately fewer employed persons support retired older persons today. In 1910, there were 10 employed people per retired older person; today there are fewer than 5 employed. It is projected that there will only be about three employed people per retired person by 2030 (Orr, 2010; Vincent & Velkoff, 2010).

Such changes fuel public perceptions about older adults as a “burden” on the younger population. However, the population under age 16—not older adults—will continue to be the largest “dependent” group. As more elders remain in the workforce longer, there will be fewer retired elders who require economic support from younger adults. What is unknown, however, is how the Great Recession that started in 2008 and the increasing numbers of unemployed adults will affect this ratio in the next 10–20 years. There are likely to be fewer employed persons of all ages to support those who are not employed. The rapid growth of the population age 85 and older also has numerous implications for public perceptions that older adults are a burden.

Support and Dependency Ratios

The changing age distribution in our population is also reflected in what is variously called the old-age support ratio or the “dependency ratio.” You may have seen these terms in media coverage of the future of Social Security and Medicare. The dependency ratio refers to the number of people age 65 and older to every 100 people of traditional working ages (defined as 18–64).

What Causes Longevity? Genes or Behavior?

Journalist Dan Buettner has traveled to world regions where it is not unusual to find vigorous, active centenarians—those who live to age 100 and older. He labeled these “Blue Zones,” places with large numbers of long-living residents who share healthy lifestyles, diets, engagement in their community, and a positive worldview. Yet these elders in different parts of the world—Okinawa, Sardinia, the northwestern region of Costa Rica, and Loma Linda, California—share genetic qualities and cultural norms that have tied the community together for hundreds of years. These Blue Zones are generally more remote, less stressful environments than typical communities. While some aspects of their lifestyles may be adopted—such as strong connections with family and friends, engaging in physical labor into advanced old age, walking and exercise, a low-calorie, plant-based diet, and a positive outlook—some are fundamental societal and genetic factors and cannot be replicated by those in other communities (Buettner, 2008).

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These trends are also captured in Figure 1.6 on p. 20.

The Rapid Growth of the Old-Old and Oldest-Old

Do you know anyone who is between the ages of 75 and 84? They fall into the old-old age group as defined by gerontologists. Or perhaps you have a grandparent or great-grandparent who are among the oldest-old—people age 85 and older. These categories represent an important demographic distinction, because it is the oldest-old who are growing most rapidly, even though the
institutions, housing, and communities. In other words, population aging affects all of us throughout our lives (AoA, 2012; Vincent & Velkoff, 2010).

**Who Are the Oldest-Old?**

- About 66 percent are women.
- Nearly 76 percent are widowed women compared to about 38 percent of men who are widowers.
- About 55 percent of the men are married, compared to 15 percent of women.
- Fifteen percent are foreign-born. Many emigrated from European countries in the early 1900s, but later immigrants are more likely to have come from China, Japan, the Philippines, Vietnam, and Latin America, as you will see in Chapter 2.
- They have fewer years of education compared to those ages 65–74.
- Their average personal income is lower than the rest of the older population.
- A higher proportion lives below or near poverty compared to those age 65–69 years.
- They are disproportionately represented in hospitals and long-term care settings such as skilled nursing facilities (SNFs) and assisted living facilities (ALFs). This is due to the fact that they are more likely to have multiple health problems and may have outlived a spouse or partner to care for them (AoA, 2012; Federal Interagency Forum, 2012).

Although their functional health is generally more impaired than younger age groups, the majority rate their health as good or excellent; moreover, there is ample evidence from many health studies that future cohorts of the oldest-old will be healthier and more active than today’s population. Such gains may be due in part to physical activity. As an example of the importance of exercise, consider the surprising findings in the box on p. 21 about healthy elders in two very different environments: New York City and rural North Dakota.

And there are multiple and growing examples of people age 90 and older who remain active both physically and socially. Consider Ida Keeling, a 95-year-old woman from New York City who set a world record after running 60 meters in 29.86 seconds. Or Olga Kotelko, who started training for track and field in her seventies, and at age 91...
Chapter 1  The Older Population in the United States  21

The Importance of Physical Activity

At first it seems counterintuitive that New Yorkers have among the highest life expectancy in the nation, given the pollution and risks inherent in a densely populated city. However, it may not be the quality of the physical environment so much as the opportunities and need to walk everywhere and the constant interactions with other people that keep many of the oldest-old in New York active, socially engaged, and among the healthiest in the nation. Although different in its population density and lifestyles, North Dakota also has a high proportion of oldest-old persons who are active in their communities; this has been attributed to genetic factors, lifelong patterns of physical activity such as farming, and continued activity after retirement (Harrop, 2010).

is a champion on the “master athlete” circuit (i.e., people over age 35 who compete in their age categories such as 50–55 or 90–95). She holds 23 world records in her age category, including the shot put (16.1 ft.), the long jump (5.8 ft.), and the 100-meter dash (23.95 seconds). Prior to that, her only physical activity was playing softball and she had to give up her position on the team to a 55-year-old. While Ms. Kotelko does not represent the “typical” oldest-old person, her advanced cardiovascular and lung function and amazing accomplishments demonstrate that advanced old age does not necessarily mean disability (CDC, 2011a; Grierson, 2010).

Centenarians and Super-Centenarians

Within the oldest-old population, people age 100 and older, known as centenarians, are also increasing dramatically. Consider these facts:

• In 2010, almost 72,000 Americans had reached this milestone of living to 100 years, a 72 percent increase from 1990 (37,000).
• One in 26 baby boomers can expect to live to be 100 by 2025, compared with only one in 500 in 2000.
• By 2050, 600,000–800,000 centenarians are likely to be alive (Federal Interagency Forum, 2012; U.S. Census Bureau, 2011).

Although this sounds like a large number, Japan will have even more centenarians within their smaller total population, or 627,000 (representing 1 percent of its total projected population in 2050), compared to the United States. Sizable numbers of centenarians will also populate Italy, Greece, Monaco, and Singapore. This demographic pattern also reflects the gains in life expectancy in these countries compared to the United States and aging of the baby boomer generation.

Contrary to what you might imagine, most centenarians are remarkably healthy, mentally alert, free of major disability, able to perform most daily activities, and engaged in their communities. They generally do not suffer from chronic illnesses associated with age, including hypertension, type 2 diabetes, cardiovascular diseases, or Alzheimer’s disease. Some experience these conditions in the last few years of life; others escape them altogether. Since as many as 30 percent of centenarians have no memory problems, it may be that the genetic mutations most closely associated with Alzheimer’s disease are not present in the oldest-old. Instead, environmental factors that emerge much later in life appear to cause dementia in centenarians. In studies of centenarians in New England, more than 90 percent of their research volunteers were healthy into their nineties. About half continued to live in the community on their own or with their families. Indeed, Dr. Mark Lachs, author of Treat Me, Not My Age, posits that there is an escape velocity—an age at which the risk of death and disability actually begins to fall! In other words, the older you get, the older you are likely to get (Kaye, 1997; Lachs, 2011; Perls, 2010; Samuelsson et al., 1997; Silver et al., 1998).

The New England Centenarian Study has looked at differences between participants in that study who are at age 100 and those who have reached age 110 or more, or super-centenarians. Just as they have shown that people who live to age 100 are generally physically and

Do you know any centenarians personally or have you read or heard stories about someone living beyond 100? Was this long-lived person an inspiration to you? If so, for what reasons? Or did you have negative perceptions of this person?
cognitively healthier than people who live to 85 or less, researchers in the New England study have found that super-centenarians have fewer chronic diseases and physical disabilities, and these diseases were first detected much later than in centenarians. Among the super-centenarians, only 34 percent have cardiovascular disease compared to 49 percent of those younger than 110; hypertension rates are 27 percent versus 43 percent. Interestingly, men at every age above 100 had better physical and cognitive health than women (Perls, 2010).

With increases in life expectancy, oldest-old adult children may live with centenarian parents, as in this photo of a 90-year-old daughter enjoying a meal with her 112-year-old mother.

die earlier. For example, most of the 600 centenarians studied in Okinawa, Japan, had genetic patterns that placed them at lower risk of autoimmune diseases. There also appear to be gender differences in hardiness. As we noted earlier in this chapter, although women on average live longer than men, men who survive to age 90 represent the hardiest segment of their birth cohort. Between ages 65 and 89, women score higher on tests of cognitive function. After age 90, however, men perform far better on these tests. They also are more likely to remain robust and independent. This suggests that long-lived

The Role of Genes

Genetics plays an important role in predicting the likelihood that we will become centenarians. We can see this in the predominance of healthy 80-year-old adult children of centenarians. Consider the photo on this page of the 90-year-old daughter who is caring for her 112-year-old mother in the family home. The likelihood of a genetic advantage is also supported by the finding that male siblings of centenarians are 17 times more likely than the general population, and female siblings 8 times more likely, to survive to age 100. On the other hand, according to John Rowe, who served as director of the MacArthur Foundation Research on Successful Aging, only about one-third of aging is heritable, while the rest is acquired, which means we are partly responsible for our own old age (Christensen, 2001; Parker-Pope, 2005; Perls, Alpert, Wagner, Vijg, & Kruglyak, 1998; Poon et al., 2000; Willcox, Willcox, He, Curb, & Suzuki, 2006b).

Genetic factors also determine how well an older person copes with disease or other stressors in their lives. This is often referred to as their hardiness. The oldest-old are hardy because they have a higher threshold for disease and a lower risk of autoimmune diseases. They also show slower rates of disease progression than their peers who develop chronic diseases at younger ages and

Evidence for a Genetic Role in Becoming a Centenarian

It is not unusual for siblings to die at similar ages, suggesting a genetic factor in longevity. Twin sisters Kin Narita and Gin Kanie became national celebrities in Japan during the 1990s because they both lived to be over 100 while maintaining their sense of humor and a positive outlook on life. These sisters represented what younger generations strive to achieve, a long, happy life marked by continued learning and engagement with the world. At age 100, they sang a “granny rap” that brought them newfound wealth. They joked that they were saving money “to provide for our old age.” The twins made their first trip abroad, to Taiwan, at the age of 102. They were famous by then. Kin died in 2000 at the age of 107; Gin in 2001 at age 108 (BBC News, 2001).
Aging Well as Centenarians and Oldest-Old

People who make it to age 100 and beyond provide us with inspiration and motivation to keep on going. In 2009, Emma Hendrickson became the oldest person (age 101) to compete in the U.S. Bowling Congress Women’s Championships. Harriet Ames died the day after receiving her bachelor’s degree at age 100. Monoel de Oliveira, one of Portugal’s most prolific filmmakers, continues to direct highly regarded films. At age 101, his latest film, *The Strange Case of Angelica*, premiered at the Cannes Film Festival, shortly after his feature film *Eccentricities of a Blonde-Haired Girl* was released to great international acclaim. Closer to home, 107-year-old Dorothy Kuroiwa in Hawaii continued to live alone, enjoyed visits from her four children who were all in their seventies or eighties, and prepared most of her own meals. Or consider a remarkable woman among the oldest-old—Doris “Granny D” Haddock—who at age 88 began a walk 3,200 miles across America to promote campaign finance reform. When snows threatened to keep her from reaching Washington, DC on schedule, she skied the last 90 miles. At age 94, she became the Democratic nominee for one of New Hampshire’s Senate seats (Arcayna, 2013; Park, 2010).

men have some reserve capacity or resiliency that allows them to bounce back from health problems earlier in life without long-term complications. This resilience also affects how they cope with or “shed” stress (Parker-Pope, 2005; Perls and Terry, 2003; Terry, Willcox, McCormick, & Perls, 2004).

The Role of the Environment  As is true of all ages, environmental and lifestyle factors also play a role in living to be 100 or older. The lower rates of disease among centenarians in Okinawa were partially due to a low-calorie diet with a high intake of vitamins B6, B12, D, calcium, omega-3 fats, and high-fiber foods. The traditional Okinawa lifestyle includes high levels of physical activity, social integration at all ages, a deep spirituality, adaptability, and optimistic attitudes. In fact, Okinawans who move from the island and abandon their traditional diet and lifestyle experience higher mortality rates from diseases that are rare among lifelong Okinawans. In the New England Centenarian Study of 850 adults age 100 and older, researchers identified both behavioral and personality traits central to longevity, such as not smoking, optimism, humor, adaptability, willingness to try new things, being extroverted and easygoing, and staying lean (Bernstein et al., 2004; Perls, 2010; Snowdon, 2001; Willcox et al., 2006a, 2006b).

We now turn to four other important demographic trends—the growth of populations of color that will change the face of aging in the future; the increasing numbers of older adults who are “out of the closet” in terms of their sexual orientation; the geographic distribution of older adults; and the high school completion rate.

Increasing Diversity among the Older Population

As we noted in the Introduction to this book, the population age 65 and older is more heterogeneous than any other age group. As we will illustrate throughout this text, they vary greatly in their health and cognitive status, family and living situations, employment status, and incomes. All of these characteristics of the

A Long-Lived Family

In thinking about the interplay of genetics and lifestyle, consider the Hurlbut family in 2010. Among these long-lived siblings, three are over the age of 90, four in their eighties, and one is almost 80. Agnes, age 96, learned to drive at age 63 and only recently gave it up. She made Christmas dinner last year for everyone. Millie, age 93, reads a half dozen books every few weeks and exercises twice a week for an hour. James, age 91, has a new girlfriend and is an accomplished poet. Muriel at 89 writes poetry and sews quilts. Helen at age 88 sews intricate dolls complete with period costumes and drives to her volunteer job at a local hospital. Walter, 84, is an accomplished painter. Peter, age 80, taught himself to play the piano (he wrote all his children’s wedding songs) and ice-skate after midlife. Peggy, the youngest at age 79, loves to cook and read and is determined to live as long as her siblings. They all love to watch *Jeopardy!* together and see who can call out the answers fastest. Their children and grandchildren try to learn from them how to keep active and reduce stress in their own busy lives (Park, 2010).
The obituary of a 108-year-old woman who died suddenly of congestive heart failure described her healthy lifestyle and enthusiasm for trying new activities. At age 103, she began to train as a shot-putter and participated in two Senior Games in Washington. She lifted a 6.5-pound shot and flung it 7 feet, a record for these Senior Games. Another obituary of a woman who died at 103 of a stroke noted that she celebrated her 100th birthday by taking her first hot-air balloon ride. To her it was no big deal, just something she wanted to do. Her daughter described her as “go, go, go, all the time. She liked to have fun” (Brown, 2009).

Centenarians’ Zest for New Experiences

The heterogeneous older population affect the experience of aging. But race/ethnicity and sexual orientation have profound differences on the individual process of aging.

Elders of Color

Today, slightly more than 20 percent of the population over age 65 is composed of persons of color, with African American elders the largest group, and American Indians the smallest. These groups include a smaller proportion of older people and a larger proportion of younger adults than the white population (7.2 percent are age 65 and older, compared with 15.7 percent among whites over age 65). Indeed, among Americans younger than age 65, almost 30 percent are persons of color. The difference results primarily from higher fertility and mortality rates among the younger nonwhite population and high rates of immigration of younger adults (AoA, 2012; Treas & Carreon, 2010).

This pattern is shifting, however. The proportion of older persons is predicted to increase at a higher rate for the nonwhite population than for non-Hispanic whites. Older adults of color will double their current proportion in the older U.S. population, from nearly 20 percent to about 40 percent of the older population in 2050. For those ages 85 and older, the increase will be from 15 percent in 2010 to 33 percent in 2050. You can see these patterns of growth for different groups and the proportion of elders in each population of color in Figure 1.7 (AoA, 2012; U.S. Census Bureau, 2010).

Much of this growth will result from populations with high immigration levels such as Latinos and Asians. A large percentage of children in these groups, unlike their parents and especially their grandparents, are expected to reach old age. Young Mexican immigrants, who have come

**FIGURE 1.7** Projected Distribution of the Population Age 65 and Older by Race, 2000 and 2050

Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders

The older population is also becoming more diverse in terms of those who identify as lesbian, gay, bisexual, and transgender (LGBT) adults. The general invisibility of being old is heightened for those who are old and LGBT—the most “invisible of an already invisible minority.” Accordingly, it is difficult to know the size of this population because of limited existing empirical knowledge about them. This has occurred because gerontology research often fails to measure sexual orientation and gender identity, or does so incompletely, in population-based samples of older adults. Additionally, LGBT research frequently fails to include older adults. As a result of widespread social stigma, even when asked directly, research participants may underreport membership as a sexual minority. Accordingly, data on life expectancy of LGBT individuals are unavailable. Estimates of the percent of LGBT elders range from as low as 3 percent to as high as 18–20 percent. This translates into at least 2 million older lesbians and gay men, which will likely increase to over 6 million by the year 2030 (Fredriksen-Goldsen & Muraco, 2010; Gates, 2010; Institute of Medicine, 2011).

Because of the double stigma of being “twice hidden,” some studies suggest that the aging experience is more difficult for LGBT adults, who may experience high rates of social isolation and mental distress; others indicate that lifelong marginalization and skills in managing a stigmatized status may stimulate adaptive strategies to the challenges of aging. What is clear is that LGBT elders have experienced disparities in access to health and longterm care due to legal and attitudinal obstacles. Many of these health care inequities result because they lack the legal protection of marriage, although some legal barriers have recently been removed. It is also important when you are interacting with older adults not to assume that they are heterosexual and to be aware of the discrimination that LGBT elders have undoubtedly experienced throughout their lives, which will affect their aging. For example, when interviewing an older adult, ask about their partner rather than their husband or wife (Barker, 2008; Blando, 2001; Fredriksen-Goldsen & Muraco, 2010; Fredriksen-Goldsen et al., 2011; Gabbay & Wahl, 2002; McFarland & Sanders, 2003; Thompson, 2006).

Geographic Distribution

Although older adults live in every state and region of the United States, the map depicted in Figure 1.8 on p. 26 shows that they are not evenly distributed. In 2011, 57 percent of all persons age 65 and older lived in 11 states that have the highest absolute number of older people. Not surprisingly, the highest numbers are in Florida. But what may surprise you is that many of these states are not ones with sunny retirement destinations that we traditionally associate with large numbers of retirees, but include West Virginia, Pennsylvania, Maine, New York, and Ohio. It is not just the absolute numbers that matter in terms of quality of life, but also the proportion of residents over age 65. Some states have a higher percentage than the national average, even though the absolute numbers may be smaller. For example, only 7 percent of the population of Alaska and 8.8 percent in Utah are age 65 and older, although both states report a tremendous increase in their older population in the past decade. Data on the geographic location and growth of older populations are important, because it affects the need for services and housing, and has implications for state and local government spending (AoA, 2012; U.S. Census Bureau, 2011).

Points to Ponder

LGBT older adults are a part of the communities most of us live in. What do you think are some of the challenges that LGBT older adults experience in contemporary society compared to heterosexual elders? If you wanted to create an inclusive work or social environment for LGBT older adults, what kinds of things could you do?
as Pennsylvania may have a high percentage of elders, its growth rate of older adults is lower than in states with a lower proportion of older adults. Other states may simply reflect the generalized “graying of America.” These regional differences are expected to continue in the future (Frey, 2010).

Contrary to the popular image of older adults’ flocking to warm climates, older people typically do not relocate significant distances. The movement that occurs tends to be within the same region and state (such as within the same county) and similar types of environments. In a typical year, less than 6 percent of people age 65 and older move, usually within the same region, compared with nearly 17 percent of people younger than 65. Only about 21 percent of older movers leave the state when they relocate. The oldest-old are most likely to relocate, often into or near their children’s homes, which is typically precipitated by widowhood, significant deterioration in their health, or disability (Frey, 2010).

In some cases (such as Florida), migration of retired persons to the state explains the increase, whereas in others (such as North Dakota or Maine), migration of younger persons out of the state (or out-migration), typically in search of employment, leaves a greater proportion of older people. In such instances, even though a state such as Pennsylvania may have a high percentage of elders, its growth rate of older adults is lower than in states with a lower proportion of older adults. Other states may simply reflect the generalized “graying of America.” These regional differences are expected to continue in the future (Frey, 2010).

Contrary to the popular image of older adults’ flocking to warm climates, older people typically do not relocate significant distances. The movement that occurs tends to be within the same region and state (such as within the same county) and similar types of environments. In a typical year, less than 6 percent of people age 65 and older move, usually within the same region, compared with nearly 17 percent of people younger than 65. Only about 21 percent of older movers leave the state when they relocate. The oldest-old are most likely to relocate, often into or near their children’s homes, which is typically precipitated by widowhood, significant deterioration in their health, or disability (Frey, 2010).

**FIGURE 1.8 Persons Age 65+ as a Percentage of the Total Population**


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**points to ponder**

What factors do you think might explain the higher percentages of older adults in states that do not necessarily have large absolute numbers of elders? What reasons do you think might explain these different population patterns across the states? What might these patterns mean for social and health services as well as for local and state governments?

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Note: The diagram shows the percentage of persons age 65+ in 2011 by state. The states are color-coded to indicate different percentage ranges.
Nearly 80 percent of older adults live in metropolitan areas.

- Among those, about 64 percent live in cities, with 36 percent in suburbs and smaller communities.
- Baby boomers, who tend to live in suburban areas, account for the graying of the suburbs.
- Despite their low distribution in rural communities, older adults make up 20 percent of rural and small town populations compared to 13 percent in the general population (AoA, 2012).

These geographic trends and their implications for living arrangements and community services are described further in Chapter 11.

**Geographic Distribution among Elders of Color**

We briefly discuss where elders of color live, since understanding their geographic distribution is relevant to the planning and delivery of social, health, and long-term services and supports. It is also important to learn about their national or tribal identity, particularly among immigrants, since service providers need to provide culturally appropriate care. While the African American population is distributed more evenly in the United States than other elders of color, those from other historically disadvantaged groups tend to be concentrated in the Northeast, Southwest, Florida, and California and, in the case of American Indians, along the Canadian border (AoA, 2012).

Patterns of and reasons for immigration also affect the need for services and other supports for elders. Recent Mexican immigrants—both documented and undocumented—have dramatically increased the size of this population in the United States, are the poorest group of Latina elders, and have fueled heated debates about whether and how to limit immigration from Mexico. In contrast to the early immigrants, who are now the oldest-old, the more recent Mexican immigrants are young. Their life course experiences will play a major role in the characteristics and needs of the Latino older population in the future. In contrast, Cubans, who were political refugees, created “Little Havana” in Miami, and represent the wealthiest and most educated of all Latino groups in the United States. Moreover, Puerto Rican elders, who are more likely to live in the east, are distinguished by their citizenship that provides full access to U.S. government services and their ability to travel freely to the United States, but they have not achieved the degree of economic success that Cubans have (Angel & Hogan, 2004; Matza, 2009).

Although some of you may think American Indians live mostly on reservations, this is not true for the majority today, young or old. About 60–70 percent live in urban areas. Among this highly diverse population, nearly 300 native languages are spoken, and cultural traditions vary widely. Despite the growing urbanization of American Indians, more elders live in rural areas than do other elders of color. Slightly less than 25 percent live on reservations or in Alaskan Native villages. Older American Indians rarely move as they age. For example, most urbanized American Indians prefer to age in place in the city rather than return to their reservations (Annie E. Casey Foundation, 2008; Ogunwole, 2002).

API elders, who are concentrated in three states—California, Hawaii, and New York—represent a wide range of cultural and language groups and have widely different immigration patterns that affect the lives of older family members.

- Asians include Burmese, Cambodian, Chinese, East Indian, Filipino, Indonesian, Japanese, Korean, Laotian, Malaysian, Polynesian, Thai, and Vietnamese people.
- Pacific Islanders encompass Fijian, Guamanian, Hawaiian, Micronesian, Samoan, and Tongan populations.

The first wave of Asian immigrants came from China and Japan in the late nineteenth and early twentieth centuries, often remaining isolated in large Western cities such as San Francisco and Los Angeles. In 1965, immigration
quotas based on race and nationality were repealed. This resulted in a rapid population growth of Southeast Asian immigrants. The process accelerated after 1975 when refugees from Vietnam, Cambodia, and Laos settled in many different communities throughout the United States.

In recent years, a wave of API elders have immigrated as parents and grandparents of younger immigrants, primarily from India, China, Korea, and Vietnam. As a result, between 1990 and 2000, the population of elders among Asian Americans increased by 78 percent, and the median age of this minority group is second only to whites. Although they only make up about 9 percent of the total older population, they are projected to increase rapidly by 2050. Today nearly 80 percent of Asian American elders in the United States are foreign-born and often linguistically isolated. About 60 percent do not speak English, which is higher than the percentage of Latino elders who speak only Spanish (AoA, 2012; Min, Moon, & Lubben, 2006; Wilmoth, 2012).

Educational and Economic Status

As you think of your older relatives, you may find that, in general, fewer completed high school or college than what you see among your cousins and other younger relatives. Nationally also this is true.

- In 1960, less than 20 percent of the older population had a high school degree.
- By 2010, slightly over 79 percent of the cohort age 65 and older had completed high school and slightly over 22 percent held a bachelor’s degree or more. The greatest educational gains were among whites and Asian and Pacific Islanders, while the lowest were among Latinos (AoA, 2012).

Because of gender inequities in previous generations, only 15 percent of white women age 65 and older compared to 25 percent of white men have more than a high school education. Fortunately, future generations of older people will be better educated than their grandparents. More than 75 percent of baby boomers have at least a high school education. What do you think might be the implications of this shift in education for employment, political activism, and volunteerism among future generations of elders (Federal Interagency Forum, 2012)?

Differences in high school completion rates between whites and elders of color, shown in Figure 1.9, are striking and have numerous consequences for well-being in old age. The fact that so few Latinos and African Americans have a high school education is a result of historical patterns of discrimination in educational opportunities in the 1950s and 1960s. Nevertheless, the rate of high school completion is increasing among African Americans generally. Because of the high dropout rate among youth of color, however, it is unclear whether educational gains will continue for the current generation of teenagers and young adults (AoA, 2012).

![Figure 1.9](image-url)
Unfortunately, a recent analysis of health trends in the United States revealed that the phenomenon of compression of morbidity has not continued. Although Americans continue to live longer, as described earlier in this chapter, the added years are more likely to be accompanied by disease and disability. Consider these alarming statistics:

- Between 1998 and 2008, the prevalence of many diseases among adults age 40 and older increased.
- In 1998, only 16 percent of men in their seventies complained that they had difficulty getting around on their own; this had increased to 25 percent by 2006 (Crimmins & Beltran-Sanchez, 2011).

You have probably heard of the striking increase in rates of diabetes, even among younger persons. Given all the additional health problems that diabetes can cause (e.g., vision loss, dental problems, amputation of limbs, disability), we can conclude—based on this one disease alone—that years of morbidity are actually increasing in 

Since educational level is so closely associated with economic well-being, these racial differences often mean higher levels of poverty for persons of color across the life course and particularly in old age. What are some other implications of these gaps in educational attainment for achieving well-being by older adults of color? We will discuss older adults' economic well-being in detail in Chapter 10.

Longevity in Health or Disease? What Does the Future Hold?

With all the attention on baby boomers and their quest for longer, healthier lives, you are probably wondering if aging in the future will simply mean more years lived in good health. In fact, researchers and policy-makers have become more focused on the need to help people keep up their good health into their eighties and beyond. A strong argument was first put forth to support this idea over 30 years ago by Dr. James Fries. Fries suggested that more people will achieve the maximum life span in future years because of healthier lifestyles and better health care during their youth and middle years. Furthermore, he argued that future cohorts will experience a phenomenon he labeled compression of morbidity (i.e., lengthening the period of youthful vigor and experiencing only a few years of major illness in very old age). The concept of compressed morbidity, which some gerontologists refer to as the Longevity Dividend, implies that premature death is minimized because disease and functional decline are compressed into a brief period of 3–5 years before death. Until recently, it looked like compression of morbidity was in fact occurring; mortality rates among older adults had declined by about 1 percent per year and disability rates at about 2 percent per year. These healthier older adults of the future would therefore expect to die a “natural death,” or death due to the natural wearing out of all organ systems, by age 100–120. Some elders would die of chronic diseases, but these conditions would not occur until later in life, requiring less medical attention in the middle years. More simply, treating disease can extend the period of old age but does not alter the biological process of aging (Butler, 2008; Fries, 1980, 1990, 2002; Olshansky, 2010).
the United States, not being compressed. Partly because of better diagnosis and treatment, there are more middle-aged and older adults who have many chronic diseases (the most common ones are described in Chapter 3). Thanks to regular checkups, medications, and other treatments to manage these conditions, people are surviving to advanced old age. The implication for future generations of elders is that they will experience a longer life, but these extra years will be filled with managing multiple chronic diseases, some of which may cause the person to be disabled. In many cases they will experience a longer dependent life expectancy and a shorter active life expectancy. Another way to describe this is that they will live longer but with chronic illness, and that the longest-lived will generally need to depend on others to help them with their daily activities, rather than living independent, healthy, and active lives (Crimmins & Beltran-Sanchez, 2011; Olshansky, 2010).

Not surprisingly, active life expectancy varies by gender, race, and social class:

• A 65-year-old woman today has almost 20 years remaining, 15.7 in active life expectancy, but 4 years in a dependent state.
• A 65-year-old man can look forward to living 16.2 more years, 2.5 years in a dependent state.
• The nonpoor experience 1–2.5 additional years of active life expectancy compared to the poor.

The greatest gains in active life expectancy are experienced by non-Hispanic whites, followed by Latino men and women, and then African American women.

• African American men are likely to be disabled at 50 percent greater rates than white men and thus experience shorter active life expectancy (AoA, 2012; Rockeymoore & Lui, 2011).

Despite these trends, the adoption of healthier lifestyles by some adults, for example, physical exercise and maintaining a lean body weight—as well as advances in preventing heart disease, musculoskeletal problems, and stroke—may result in a longer active life expectancy for future generations. We discuss these patterns more in Chapter 3 (Schoeni, Freedman, & Martin, 2008).

Not surprisingly, active life expectancy varies by gender, race, and social class:

Although you have just completed the first chapter in this textbook, you have probably also read or watched news stories over the years that pertain to older adults that influenced your view of old age. What do you remember about any of these stories? Did they help you view older adulthood as a positive time in a person’s life or not? Why or why not?

In this chapter, we demonstrated that a major reason for the growing interest in studying the aging process and the lives of older people is the dramatic increase in the population over age 65. In particular, there has been a steady growth in the oldest-old population, those over age 85. Even more interesting is the growth in the number of people who survive to age 100 and more. Many of these oldest-old and centenarians continue to live active, productive lives. These increasing survival rates reflect major achievements in disease prevention and health care since the start of the twentieth century. Improved methods of treating acute diseases like pneumonia in childhood and adulthood, particularly the advent of antibiotics, have helped to increase life expectancy at birth and at age 65. More recently, there has been increased attention given to learning about the aging process by studying centenarians. Those who live to be 100 and older may have a biological advantage over their peers who die at a younger age. Studies have found greater tolerance to stress and fewer chronic illnesses in centenarians.

In the United States, average life expectancy from birth has increased from 47 years in 1900 to 78.3 in 2010, with women continuing to outlive men. Yet, you have also seen in this chapter that people of color are now less likely to live a significant number of years beyond age 65 than their white counterparts. On the other hand, population projections anticipate a much higher rate of population growth for elders of color in the next 20 years. Because of the lower life expectancy of historically disadvantaged populations, there is increasing attention on reducing
health and economic disparities from birth to old age (U.S. Census Bureau, 2011; Zarit & Pearlin, 2005).

The growth in the numbers and proportions of older people, especially the oldest-old, requires that both public and private policies affecting employment and retirement, health and long-term services and supports be modified to meet the needs and enhance the quality of life of those who are living longer. This will become a greater concern to society as people with low incomes and elders of color live into advanced old age with multiple, chronic diseases and disabilities. Fundamental issues need to be resolved about who will receive what resources and what roles will be played by informal (e.g., families) and formal sectors to care for the growing number of elders who may need assistance. Society must also address the increasing number of healthy, hardy elders who want to continue to be employed, participate in their communities as active volunteers and leaders, and live in their own homes as long as possible.

key terms
active life expectancy, p. 30
centenarians, p. 21
chronic diseases, p. 13
compression of morbidity, p. 29
crossover effect, p. 15
demographers, p. 20
demographic trends, p. 11
demographics, p. 11
dependency ratio, p. 19
dependent life expectancy, p. 30
demographics, p. 11
life expectancy, p. 12
maximum life span, p. 16
median age, p. 12
hardiness, p. 22
individual aging process, p. 11
longevity, p. 14
oldest-old, p. 19
old-old, p. 19
population aging, p. 11
super-centenarians, p. 21
support ratio, p. 19
review questions

1. What are three historical and cultural factors that have influenced the baby boom generation?
2. Discuss the differences between life expectancy, life span, longevity, and active life expectancy. How would you define each of these?
3. Describe the increasing diversity of the older population in the United States.
4. Identify characteristics that distinguish the oldest-old from the young-old.
5. Discuss factors that may explain the hardiness of people who are age 100 and older.
6. Identify steps that can be taken to avoid chronic illness in later years.
7. List the primary reasons that states like Pennsylvania and West Virginia have a high proportion of older people compared to the reasons for states like Florida and California.

media resources
Watch
▸ Success Across the Lifespan
View
▸ Aging and Elderly Slideshow
▸ The Elderly Population across the United States
▸ The Graying of U.S. Society

references


