

Old age
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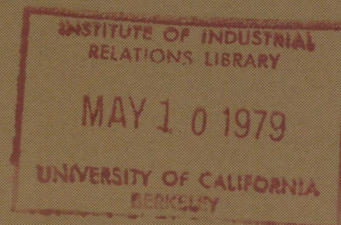
3. SOME PROSPECTS FOR THE FUTURE ELDERLY POPULATION

by Donald G. Fowles

(STATISTICAL
REPORTS
ON

OLDER
AMERICANS

Washington JANUARY 1978.



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SOME PROSPECTS FOR THE FUTURE ELDERLY POPULATION

*by Donald G. Fowles**

The elderly population has been growing much faster than the Nation's population as a whole during the 20th century and can be expected to continue growing at a rapid rate until the first third of the next century. Associated with this past growth have been changes in the social and economic structure of our society, particularly those aspects that affect the elderly. Massive public programs such as Social Security and Medicare have been launched and now provide benefits to nearly every person 65 and older, as well as many under 65. The average retirement age has been declining, allowing the newly retired to spend additional years in the pursuit of leisure and other non-career activities. About one million persons 60 years of age and older reside in over 24,000 nursing homes. Although progress continues on providing the elderly with sufficient income support and financing for health care, the Nation now appears to be headed toward the establishment of a comprehensive and coordinated network of services that will minister to other needs.

The forces that have shaped the demographic structure of our society, particularly the increasing number and proportion of elderly, are well known. Except for the "baby boom" following World War II, fertility rates have been steadily declining. At the same time, medical advances, especially those which have drastically reduced infant and maternal mortality, have

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added about 26 years to the average life span since 1900. Although the average life expectancy for persons at age 60 has not increased as dramatically, many more persons are now surviving to that age. Immigration from abroad brought about 17 million (primarily young) persons to this country in the first quarter of this century but has been at a relatively low level for decades. The survivors of the turn-of-the-century waves of immigration are now elderly, as are many of their children.

The elderly population increased in size from 4.9 million in 1900 to nearly seven times this number in 1977 (32.8 million), while the population under 60 years of age increased at only one-fourth this rate (see Table 1). Current Census Bureau projections indicate that the elderly will continue to grow at a faster pace than the rest of the population into the 21st century. The growth rate for the elderly population will slow somewhat around the turn of the next century as the relatively smaller cohorts who were born during the Depression of the 1930's reach the age of 60. However, as persons born during the "baby boom" years reach the age of 60 early in the next century, most of the growth in the Nation's population will occur in the older age brackets. Between 1977 and 2035, the total population is projected to grow by about 40%, from 217 million to 304 million persons. The elderly population is projected to more than double in size during this same period, from 33 to 71 million persons.

As a result of these demographic changes, the average age of our population has risen from 23 years to over 29 years since 1900, and is projected to climb to 38 years by the year 2035. At the beginning of this century, persons 60 years old and over represented one of every sixteen persons.

They now represent one of every seven and, by the year 2035, will represent about one-fourth of the total population (see Table 2). Among the population 25 years old and over, the elderly now represent one-fourth of this age group and will represent over one-third by the year 2035.

Beyond the sheer growth in the numbers of elderly, the demographic and socioeconomic characteristics of this population have also undergone considerable change in the past and will continue to change dramatically in the future. For example, the elderly population has become increasingly "older." While the size of the population 60 and over has increased by nearly seven times since 1900, the population 75 and over has experienced a ten-fold increase and the 85+ age group has grown by about seventeen times. Currently, about one-fourth of the elderly population is 75 and over, and this proportion is projected to increase to over one-third by the year 2035. The 85+ group now constitutes one of every sixteen elderly persons; by 2035, they will represent one of every ten. These increases in the older age groups will add about 3 years to the median age of the 60+ population, from 69 years in 1977 to 72 years in 2035.

The aging of the elderly population will have an obvious impact on the need for health and supportive services in this country. The incidence of chronic and disabling conditions rises rapidly with age. Consequently, the demand for health services also rises with age. Persons 75 years and older spend an average of $4\frac{1}{2}$ times as many days in short-stay hospitals as the national average and 70% more than persons 65-74 years of age. In addition, three-fourths of all nursing home residents are 75 or over, and over one-third are 85+ years old. Thus, the aging of the elderly popu-

Table 1.-- NUMBER OF PERSONS OF ALL AGES AND 60+ YEARS OLD BY AGE FOR
1900 AND PROJECTIONS FOR THE YEARS 1977, 2000, AND 2035

Subject	All ages	60+		65+		75+	85+
		Total	60-64	Total	65-74		
NUMBER (in thousands)							
<u>Total</u>							
1900.....	76,212	4,879	1,795	3,084	2,189	895	122
1977.....	216,745	32,793	9,362	23,431	14,577	8,853	2,040
2000.....	260,378	41,973	10,151	31,822	17,436	14,386	3,756
2035.....	304,486	70,514	14,709	55,805	29,627	26,178	6,854
<u>Female</u>							
1900.....	37,243	2,401	875	1,526	1,070	456	68
1977.....	111,071	18,868	4,983	13,885	8,251	5,634	1,394
2000.....	133,790	24,451	5,346	19,105	9,762	9,341	2,693
2035.....	158,184	41,086	7,716	33,370	16,519	16,851	4,913
<u>Races Other Than White</u>							
1900.....	9,344	448	172	276	185	91	(NA)
1977.....	29,009	3,048	881	2,167	1,420	747	195
2000.....	41,464	4,991	1,324	3,667	2,216	1,450	392
2035.....	57,509	12,275	2,888	9,387	5,344	4,043	1,049
PERCENT CHANGE FOR SELECTED PERIODS							
<u>Total</u>							
1900 to 1977.....	184.4	572.1	421.6	659.8	565.9	889.2	1,572.1
1977 to 2000.....	20.1	28.0	8.4	35.8	19.6	62.5	84.1
2000 to 2035.....	16.9	68.0	44.9	75.4	69.9	82.0	82.5
1977 to 2035.....	40.5	115.0	57.1	138.2	103.2	195.7	236.0
<u>Female</u>							
1900 to 1977.....	198.2	685.8	469.5	809.9	671.1	1,135.5	1,950.0
1977 to 2000.....	20.5	29.6	7.3	37.6	18.3	65.8	93.2
2000 to 2035.....	18.2	68.0	44.3	74.7	69.2	80.4	82.4
1977 to 2035.....	42.4	117.8	54.8	140.3	100.2	199.1	252.4
<u>Races Other Than White</u>							
1900 to 1977.....	210.5	580.4	412.2	685.1	667.6	720.9	(NA)
1977 to 2000.....	42.9	63.7	50.3	69.2	56.1	94.1	101.0
2000 to 2035.....	38.7	145.9	118.1	156.0	141.2	178.8	167.6
1977 to 2035.....	98.2	302.7	227.8	333.2	276.3	441.2	437.9

(NA) Not available.

SOURCE: Bureau of the Census, various publications and unpublished data.

Table 2.--PERCENT DISTRIBUTION OF PERSONS OF ALL AGES AND 60+ YEARS OLD BY AGE
FOR 1900 AND PROJECTIONS FOR THE YEARS 1977, 2000, AND 2035

Subject	All ages	60+		65+		75+	85+
		Total	60-64	Total	65-74		
ALL AGES							
<u>Total</u>							
1900.....	100.0	6.4	2.4	4.0	2.9	1.2	0.2
1977.....	100.0	15.1	4.3	10.8	6.7	4.1	0.9
2000.....	100.0	16.1	3.9	12.2	6.7	5.5	1.4
2035.....	100.0	23.2	4.8	18.3	9.7	8.6	2.3
<u>Female</u>							
1900.....	100.0	6.4	2.3	4.1	2.9	1.2	0.2
1977.....	100.0	17.0	4.5	12.5	7.4	5.1	1.3
2000.....	100.0	18.3	4.0	14.3	7.3	7.0	2.0
2035.....	100.0	26.0	4.9	21.1	10.4	10.7	3.1
<u>Races Other Than White</u>							
1900.....	100.0	4.8	1.8	3.0	2.0	1.0	(NA)
1977.....	100.0	10.5	3.0	7.5	4.9	2.6	0.7
2000.....	100.0	12.0	3.2	8.8	5.3	3.5	0.9
2035.....	100.0	21.3	5.0	16.3	9.3	7.0	1.8
60+ YEARS OLD							
<u>Total</u>							
1900.....	(X)	100.0	36.8	63.2	44.9	18.3	2.5
1977.....	(X)	100.0	28.5	71.5	44.5	27.0	6.2
2000.....	(X)	100.0	24.2	75.8	41.5	34.3	8.9
2035.....	(X)	100.0	20.9	79.1	42.0	37.1	9.7
<u>Female</u>							
1900.....	(X)	100.0	36.4	63.6	44.6	19.0	2.8
1977.....	(X)	100.0	26.4	73.6	43.7	29.9	7.4
2000.....	(X)	100.0	21.9	78.1	39.9	38.2	11.0
2035.....	(X)	100.0	18.8	81.2	40.2	41.0	12.0
<u>Races Other Than White</u>							
1900.....	(X)	100.0	38.4	61.6	41.3	20.3	(NA)
1977.....	(X)	100.0	28.9	71.1	46.6	24.5	6.4
2000.....	(X)	100.0	26.5	73.5	44.4	29.1	7.9
2035.....	(X)	100.0	23.5	76.5	43.5	32.9	8.5

(NA) Not available.

(X) Not applicable.

SOURCE: Bureau of the Census, various publications and unpublished data.

lation will generate a demand for more health practitioners, facilities, and related supportive services than would be expected from the overall growth in the number of elderly persons alone.

Women now constitute a much larger proportion of the elderly population than in the past. In 1900, elderly men actually outnumbered women by a slight margin. However, the medical advances which have occurred in this century have had a greater impact on the health of women, particularly during the child-bearing years. The average life expectancy of white women increased by 26 years between 1900 and 1975; for white men, the increase was only 21 years. Based on 1975 mortality rates, white female children can expect to live 77 years on the average, about 8 years longer than white males. The increase in life expectancy at age 60 since 1900 has also been greater for white women than for white men (6.7 vs. 2.4 years). White women who were 60 years old in 1975 could expect to live an additional 22 years, about 5 years longer than white males of the same age.

One experience that most elderly women will eventually have in common is the loss of their husband. The vast majority of women in their younger adult years are married, but fewer than half of all women 60 years old and over are currently living with their spouse. Among the noninstitutional population, the number of elderly widows (7.9 million in 1976) slightly exceeds the number of elderly wives (7.8 million), and the rate of widowhood rises from only 23% for women 60-64 years to 70% for those 75 years and older. A recent report on elderly widows^{1/} stated that

^{1/} Administration on Aging, Statistical Memo, No. 33, "Elderly Widows," July 1976, prepared by Donald G. Fowles.

"...the conditions of their existence are considerably different from the elderly population in general. Most widows live alone on relatively low incomes. One-fourth rely on cash incomes below the Federal Government's poverty index. Many have given up their homes and moved to smaller apartments, but housing costs consume a large share of their income. Most do not have automobiles and must rely on other sources of transportation."

There are an additional half million elderly widows living in nursing homes. These widows constitute over one-half of the nursing home population and three-fourths of all elderly women in these institutions. Clearly, future growth in the number of elderly women will increase the number of elderly who will require a variety of supportive services in order to cope with such difficulties as living alone in declining health and with low incomes.

Just as this century's medical advances have had a larger impact on women than men, these advances have had a greater impact on blacks and persons of other races as compared to white persons. Average life expectancy at birth for white persons increased by nearly one-half between 1900 and 1975, but doubled for persons of races other than white. The increase in life expectancy at age 60 was also greater for nonwhites than for whites. As a result of this and other demographic factors, persons of races other than white are projected to grow in number about 300% by 2035 (compared to 115% for all races), increasing their proportion of the elderly population from about one-tenth today to one-sixth in the year 2035.

In the near future, then, the elderly will continue to grow in numbers at a more rapid rate than the population as a whole. Associated with this numerical change will be changes (many for the better) in the socioeconomic

characteristics of the elderly. However, the segments of the elderly population that will be growing most rapidly (the oldest of the old, women, and persons of races other than white) will be the same groups that have suffered more from such common problems of the elderly as poor health, social isolation, and poverty.

One of the most striking phenomena that have occurred in recent decades has been the rapid growth in the number of elderly who live alone. Since 1960, the number living alone has increased three times as fast as one would have predicted from the simple growth in the size of the elderly population alone. The proportion living alone has increased from one-sixth of all noninstitutionalized elderly in 1960 to one-fourth in 1976, and the number has risen from 3.8 million in the earlier year to 7.9 million in the latter year. The trend toward living alone has been particularly noticeable among elderly women and the oldest subgroups of the elderly population. Although the number of elderly men living alone grew by 600,000 or 56% between 1960 and 1976, the proportion living alone in 1976 was not much higher than in 1960 (13% vs. 11%). However, the number of elderly women maintaining households by themselves grew by 3.5 million or 132% during this 16-year period, and the proportion living alone rose from 22% to 35%. Likewise, the increase in single-person households among persons 75 years old and over far outstripped the rates for the "younger" elderly, being twice as high as the rate for the 65 to 74 age group and three times that of the 60-64 age group. In 1976, over one-third (37%) of all persons 75+ years old lived alone and nearly one-half (48%) of all women in this age group resided alone.

There are many contributing factors to this trend toward living alone among the elderly. One of the principal factors, of course, is the increasingly longer life span of women compared to men, coupled with the fact that most women are generally younger than their husbands. Most wives outlive their husbands by several years. Few elderly widows remarry, and most of them (about two-thirds) live alone. The disparity between the number of elderly widows and the number of elderly widowers has grown since 1930 from a ratio of about 2 to 1 to over 5 to 1. Other factors contributing to the increase in living alone include (1) greater financial security because of new income and health care support programs (e.g., Supplemental Security Income, Medicare), as well as automatic cost-of-living increases in Social Security and wider coverage under private pension plans; (2) the increasing geographic dispersal of families due to rising levels of education, occupational mobility, and improvements in communication and transportation; and (3) smaller family size (most of today's elderly were in their child-bearing years before World War II when birth rates were relatively low, and therefore have fewer children than earlier generations of elderly).

Future changes in these other factors could cause a slowing or reversal of the trend toward living alone among the elderly in the next few decades. For example, the parents of the "baby-boom" generation, who are currently beginning to join the ranks of the 60+ population, will have larger families to rely upon when residential relocation decisions must be made. Future periods of high inflation or a continuation of the current energy and housing shortages could undermine the desirability or economic feasibility of living alone. Nevertheless, elderly persons with the highest

rates of living alone (women and the oldest of the elderly) are the same groups that will be growing at the most rapid rates in the future. Even if the rate of increase in living alone slows somewhat, it appears that the number of elderly living alone will continue to climb.

Many of the changes that have occurred in the social and economic structure of the United States are reflected in the characteristics of the elderly population only after a delay of years or even decades. For example, the advent of universal education and the changing values of our society regarding the benefits of higher education have been reflected in the constant rise in the median number of years of school completed. Between 1940 (the first year for which such data are available) and 1976, the median for persons 25 years old and over rose steadily from 8.6 to 12.4 years. For elderly persons, who received most of their education during or before the Depression of the 1930's, the median number of school years remained at slightly over 8 years for the decades between 1940 and 1960. Since 1960, the median for the elderly has risen from 8.3 to 10.3 years, and this figure can be expected to rise to 12 years around the year 1990. Although the overall median for the elderly population was 10.3 in 1976, this figure ranged from 12 years for the 60-64 age group to about 9 years for persons 75 and over.

Related to the increase in educational attainment is the decrease in the number of elderly persons with language difficulties. Although consistent data on languages spoken by the population are not available, data on the number of elderly persons who were born in foreign countries can at least

indicate the likely direction of the trend. According to the decennial censuses conducted since 1900, the number of persons 60+ years old who were born abroad increased steadily from about 1.5 million at the turn of the century to 4.2 million in 1960, a result of the aging of the large number of pre-World War I immigrants. Between 1960 and 1970 this number declined from 4.2 million to 3.7 million, and it will continue to decline in the future. Even though the number of foreign-born elderly rose between 1900 and 1960, their proportion of the entire elderly population declined steadily from one-third in 1900 to one-seventh in 1970. This proportion will decline at an accelerating rate in the coming years, reaching one of every twenty during the 1980's. As noted above, not all of the foreign-born elderly have difficulty with the English language. However, a survey conducted in 1975 by the Bureau of the Census indicated that 5% or 1.0 million persons 65 years old and over usually spoke a language other than English. The usual speaking language for half of these persons was either Spanish (30%) or Italian (20%).

In addition to educational attainment, the occupational history of the elderly population is also changing. In the last several decades, the occupational structure of the nation's labor force has undergone a considerable transformation. Many occupations have flourished, particularly those in the professions, sciences, public services, and others which generally require higher levels of education and which return a high level of earnings. Entire industries have been created or have experienced phenomenal growth rates, e.g., aerospace and computer technology, electronics, telecommunications. On the other hand, many occupations, partic-

ularly farming and unskilled labor, have lost much of their former share of the labor force.

As with education, the full extent of these changes in the Nation's occupational structure are not reflected in the occupational histories of today's elderly. To illustrate, let us compare the occupational distributions of employed males who were 35-44 years old in 1970 (all of whom will be over 60 by the year 1990) and a similar group as of 1950 (the survivors of whom were 62-71 years old in 1977). During this 20-year period, the proportion of these workers who were employed in "white-collar" jobs rose from 33% to 44%, most of the increase occurring in the highly-paid professional and technical occupations (8% in 1950 to 17% in 1970). The proportion of workers in "blue-collar" jobs remained about the same (49% and 47%, respectively). However, the proportion engaged in unskilled labor or farm work declined from 20% in 1950 to only 8% in 1970. Thus, the occupational history of tomorrow's elderly retired population will be considerably different from today's elderly. In fact, some of America's first astronauts will reach their 61st birthday in the next five years.

One of the effects of these changes in the characteristics of the elderly has been to increase the average income of older persons and decrease the number whose incomes fell below the poverty level. Other factors, which have contributed to the relative as well as absolute improvement in the economic situation of the elderly population have been the general movement of the economy in recent years, the increasing coverage of the elderly under a variety of public and private pension plans, and the implementation of new income support programs for the elderly. Some of the income support

programs include Supplemental Security Income, Medicare, Food Stamps, and housing subsidies. In addition, large increases in benefit levels and a cost-of-living escalator clause have been enacted for the Social Security program.

During the 1960's, a period of economic progress for the population as a whole, the income of both younger and older families and individuals rose at similar rates. After adjustment for inflation between 1960 and 1970, the median income of families headed by persons 65+ years old rose by 33% and the median income for persons 65+ years old who lived alone rose by 41%. The 1970's have been much more difficult years for the economy. The unemployment rate more than doubled between 1969 and 1976 (3.5% vs. 7.7%). At the same time, the cost of living (as measured by the Consumer Price Index) rose by 55%, as compared to only 24% between 1960 and 1969. The effects of this downturn in the economy were felt more strongly by younger families and individuals than by the elderly. The median income of younger families and individuals (25-64 years of age) grew by only 4% each between 1970 and 1976, whereas the income of families and individuals 65 years and over grew by 18% and 22%, respectively.

The trend in the number of persons with incomes below the Federal Government's poverty index^{2/} was similar to the trend in median income. During

^{2/} This index consists of a set of 124 income thresholds that take into account such factors as size of family, number of children, age and sex of family head, and farm-nonfarm residence. The income thresholds are updated annually based on changes in the Consumer Price Index. For an analysis of recent trends in poverty, see Administration on Aging, Statistical Reports on Older Americans, No. 2, "Income and Poverty Among the Elderly: 1975," April 1977, prepared by Donald G. Fowles.

the 1960's, large decreases in the number of poor were experienced by all age groups. Between 1969 and 1976, the number of persons under 60 years of age below the poverty level increased from 18.3 to 20.7 million. For persons 60+ years old, however, the number of poor continued to decline, from 5.9 million in 1969 to 4.3 million in 1976. These 4.3 million elderly poor represented one-seventh of all noninstitutionalized persons 60+ years old.

Although the number of elderly poor declined by 1.6 million in recent years, this decline was partially offset by an increase of 400,000 in the number of elderly persons with incomes above the poverty level but below the "near-poor" level.^{3/} In addition, the subgroup of the elderly population which exhibited the greatest decline in poverty during the 1970's consisted of elderly males living with their wives or other family members. The subgroups that experienced slower rates of decline in poverty or no decline at all were the same subgroups that were growing in size most rapidly and are projected to continue growing at rapid rates: females, minorities, and those who live alone. These subgroups, women and minorities in particular, tend to have worked less in the past and to have worked in lower-paying occupations than white males, and therefore tend to have fewer financial assets to rely on after retirement.

It is quite difficult to predict future economic trends because of the large number of variables involved. It may well be, however, that the continued rapid rate of growth of these subgroups in the future will insure

^{3/} The "near-poor" index is identical to the poverty index except that the income thresholds are set at 125% of the poverty thresholds.

the continued existence of a substantial number of elderly persons with incomes near or below the poverty level. To illustrate this point, if the age, sex, and race distribution of the elderly population in 1975 had been the same as that projected for the year 2035, the mean income of elderly persons in 1975 would have been about one-tenth lower than was actually reported.

Nevertheless, it is likely that the income and other financial resources of most of the future elderly will be greater than for today's elderly. Tomorrow's elderly will be more highly educated and will have worked in higher-paying occupations. In addition to Social Security, many will receive pension benefits. A higher proportion of elderly women in the future will have participated in the labor force for a significant number of their preretirement years, and will therefore be receiving retirement benefits of their own. Hopefully, the elimination of inequities between the economic situation of whites on the one hand and minority racial and ethnic groups on the other will occur, and will be translated into economic security for the future minority elderly.

Regardless of their economic situation, the above data indicate that the elderly population will not only be growing rapidly in the future but will also be changing rapidly as well. The trend toward early retirement coupled with longer life expectancy will mean many more years of retirement. The increasing proportion of elderly who will fall in the 75+ and 85+ age groups will require additional resources to handle the physical and emotional problems which occur more frequently in these age groups. The growing proportion of women, many of whom will be widowed and living

alone, will require additional resources to meet the social needs of this subgroup. The rising numbers of elderly who live alone will require housing alternatives to institutionalization in order that they may continue to live independent lives while learning to cope with the physical infirmities of their age. The Nation's population as a whole, as it becomes progressively older in composition, must learn to deal with the changing needs of its members.

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