



Executive
Brief

 AMERICA'S
HEALTH RANKINGSSM
UNITED HEALTH FOUNDATION

2026
**Senior
Report**

Data show improvements in prevention and the workforce caring for older adults; however, worsening behavioral health measures underscore unique challenges

The older adult population in the United States continues to grow faster than younger age groups, causing the average age of the country to rise. There are now more than 61 million individuals age 65 and older, and this number is projected to pass [78 million](#) by 2040. The distribution of older adults is not even; some states have a significantly higher share of older adults than others, and [millions](#) of adults age 65 and older transition between different homes and geographic areas each year.

Taken together, these ongoing changes in the size, geographic distribution, demographic characteristics and health needs of this population highlight the need for data at the national, state and population group levels to help understand and improve the well-being of communities nationwide.

The *America's Health Rankings® 2026 Senior Report* examines 56 measures from 25 data sources to provide a comprehensive view of older adult health. This year's report highlights progress in several areas, including improvements in preventive health behaviors, growth in the workforce caring for older adults and a continued decrease in early death. However, challenges persist, particularly in mental and behavioral health, with increases in drug deaths, excessive drinking and suicide, as well as increasing food insecurity. Differences remain across demographic groups, with health outcomes varying by metropolitan status, race/ethnicity, gender and more.

The report offers insights to help leaders identify priorities, build on areas of progress and take targeted action to improve health outcomes for older adults.

State Summaries

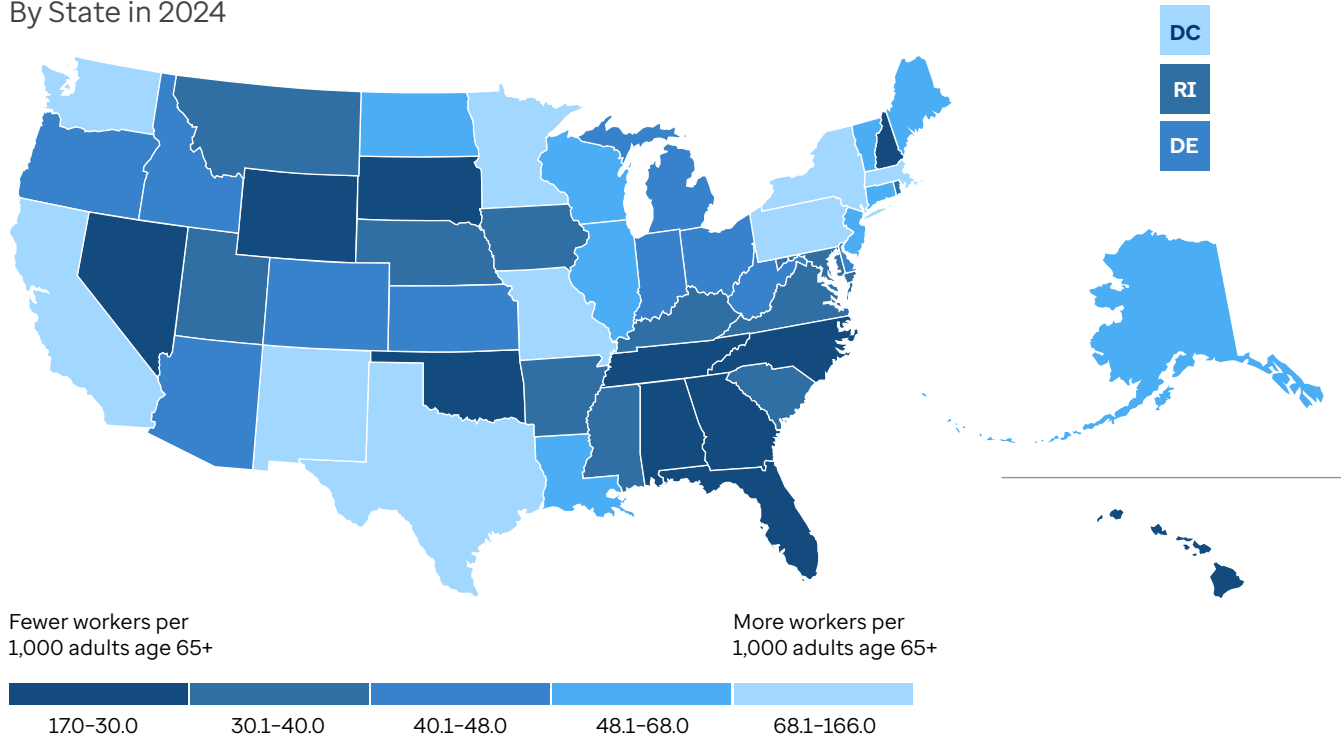
State Summaries provide tailored data and insights about the demographics and health of older adults in specific states to guide local action. Visit [State Summaries](#) to explore the data.



For more information on sources and methodology, please view the comprehensive *Senior Report* and additional resources at [AmericasHealthRankings.org](#).

Home Health Care Workers

By State in 2024



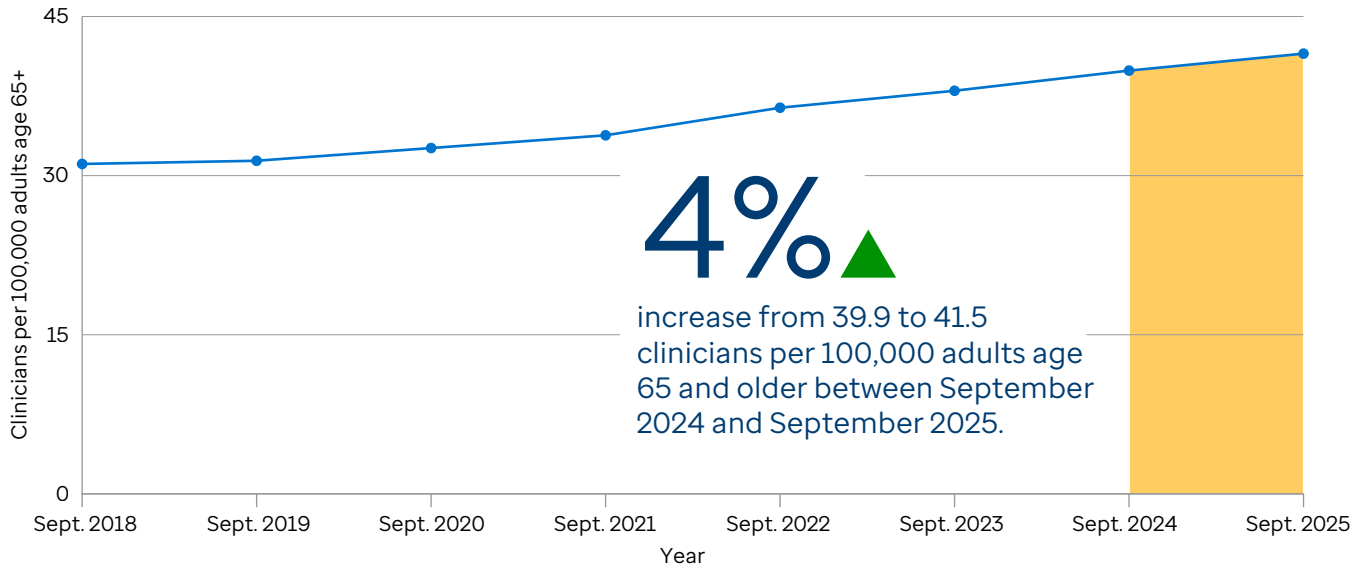
Source: U.S. DOL, Bureau of Labor Statistics, Occupational Employment and Wage Statistics Program, 2024.

The workforce caring for older adults has expanded, reaching new highs – though gaps persist as this population grows

The workforce caring for older adults has continued to grow in recent years. The number of home health care workers increased 5% from 62 to 65 workers per 1,000 adults age 65 and older between 2023 and 2024. This continued a long-term positive trend, totaling a 38% increase (47 to 65) from 2016 to 2024.

While this number grew nationally, there were differences between states. The rate of home health care workers was 9.8 times higher in New York (166 per 1,000) than in Florida (17), the states with the highest and lowest rates, respectively. Home health care workers increased the most in Washington (24%, from 59 to 73) and decreased the most in Hawaii (13%, from 23 to 20).

Geriatric Clinicians



Source: U.S. HHS, CMS, National Plan and Provider Enumeration System, September 2018-September 2025.

Similarly, the number of geriatric clinicians – including family medicine and internal medicine geriatricians and nurse practitioners – increased 4% from 39.9 to a new high of 41.5 clinicians per 100,000 adults age 65 and older between September 2024 and September 2025. However, this rate also varied by geography; the number of geriatric clinicians per 100,000 older adults was 5.5 times higher in the District of Columbia (94.5) than in South Dakota (17.3).

The share of individuals, [often family members or friends](#), providing unpaid support or assistance to someone age 65 or older did not significantly change between 2021-2022 and 2023-2024 (from 14.3% to 14.4% of individuals age 15 and older).

Cancer screenings and physical inactivity have improved, but differences remain between demographic groups

Some measures of preventive care and health behaviors have improved in recent years. The percentage of adults ages 65-75 receiving recommended breast and colorectal cancer screenings increased 4% from 74.1% to 76.8% between 2022 and 2024.

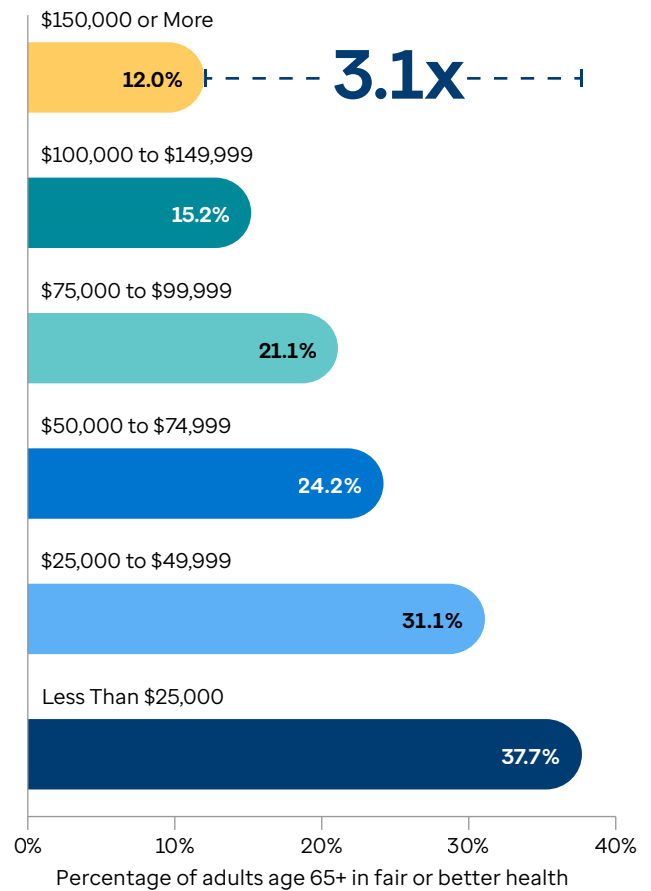
While the flu vaccination rate among the general population [decreased](#) 4% (from 42.9% to 41.3%) between 2023 and 2024, the rate among older adults remained relatively stable, decreasing 1% from 63.4% to 62.5% between 2023 and 2024. However, this was still lower than the [Healthy People 2030](#) goal to increase the proportion of people of all ages who get the flu vaccine every year to 70.0%.

While older adults tend to be less active than younger people, [increasing their susceptibility](#) to diseases associated with physical inactivity, the percentage of adults age 65 and older in fair or better health who reported doing no physical activity or exercise in the past 30 days decreased 16% from 31.7% to 26.5% between 2023 and 2024, an improvement in this measure. Despite this progress, the physical inactivity rate among older adults still exceeds the [Healthy People 2030](#) goal to reduce the proportion of adults age 18 and older who do no physical activity in their free time to 21.8%.

Physical inactivity differed by socioeconomic status. The rate was 3.1 times higher, or less healthy, among older adults living in households with an income less than \$25,000 (37.7%) compared with those with an income of \$150,000 or more (12.0%).

Physical Inactivity

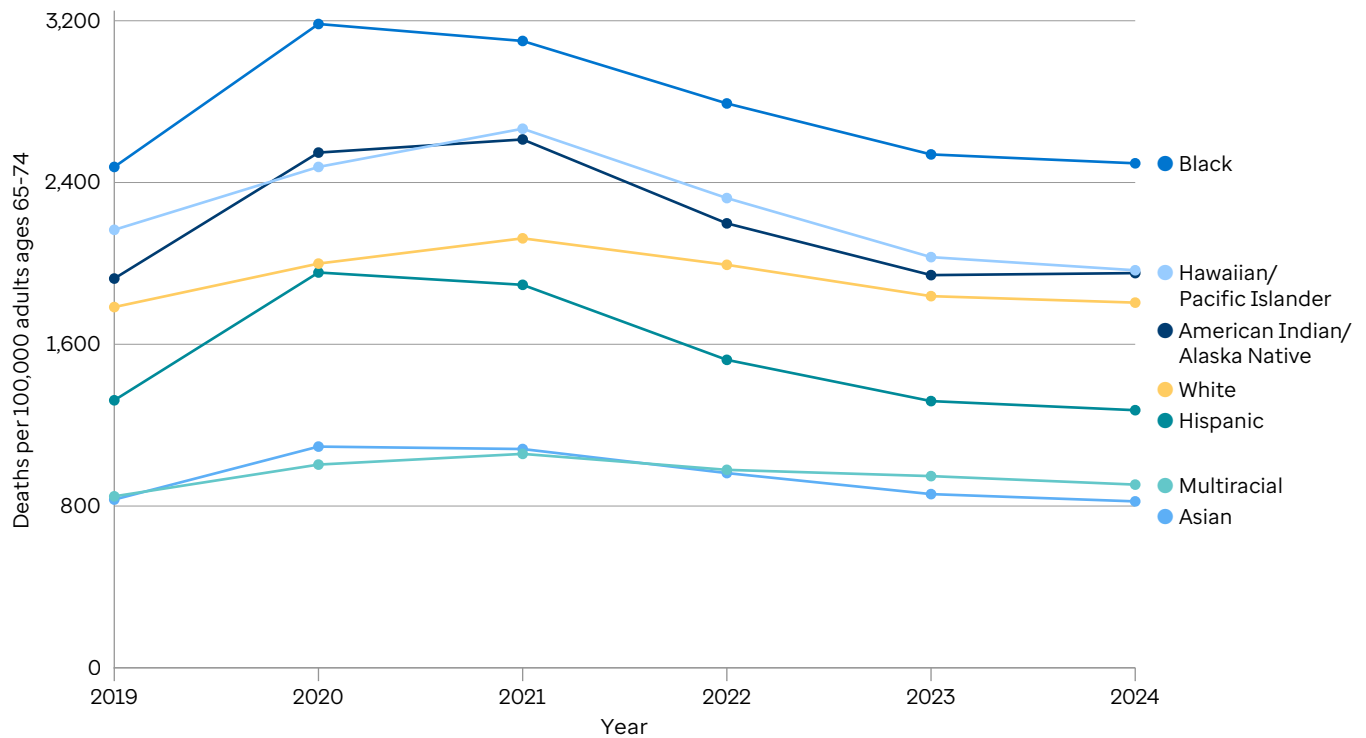
By Income in 2024



Source: U.S. HHS, CDC, Behavioral Risk Factor Surveillance System, 2024.
Note: No data were available for Tennessee in 2024.

Early Death

By Race/Ethnicity



Source: U.S. HHS, Multiple Cause of Death Files via CDC WONDER, 2019-2024.

Early death improved, continuing to approach its 2019 level

The early death rate – the number of deaths per 100,000 adults ages 65-74 – also improved, decreasing 2% from 1,810 to 1,773 deaths between 2023 and 2024, continuing to approach the 2019 level (1,765). Chronic diseases accounted for the top five causes of early death in 2024, underscoring the importance of prevention, screening and clinical care. The [leading causes of death](#) among adults ages 65-74 in the U.S. were cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease and diabetes. [Unintentional injuries](#) remained the sixth-leading cause of early death, led by falls, poisonings (including drug deaths) and motor vehicle crashes.

Despite the improvement in early death nationally, this rate was 3.0 times higher among Black (2,495 deaths per 100,000) compared with Asian (823) older adults.

Amid a nationwide trend of drug death reduction, older adults were the only age group to experience an increase

Drug overdose deaths – the number of deaths due to drug injury per 100,000 adults age 65 and older – [have risen](#) in the U.S. over the past two decades. Drug deaths increased 38% from 9.9 to 13.7 deaths per 100,000 adults age 65 and older between 2019–2021 and 2022–2024.

[America's Health Rankings data](#) indicate that older adults were the only age group that experienced a significant increase between 2022 and 2023. While drug-related deaths among individuals ages 65–74 rose 12% from 19.0 to 21.3 deaths per 100,000 adults, rates decreased among those ages 15–54. The drug death rate among adults age 65 and older in 2022–2024 was 2.6 times higher among older men (20.8) compared with older women (8.0).

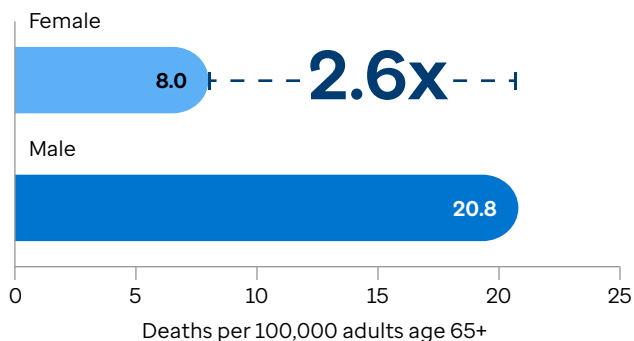
Excessive drinking and suicide also rose among adults age 65 and older, despite rates stabilizing in other age groups

Excessive drinking – the percentage of adults age 65 and older who reported binge drinking or heavy drinking – also increased, rising 10% from 6.9% to 7.6% of adults age 65 and older between 2023 and 2024. This increase occurred even as [excessive drinking remained stable among the overall population](#) (16.7% to 17.0%) and rose more modestly at 7% among adults ages 45–64 (15.1% to 16.2%). Excessive drinking was 1.7 times higher among men age 65 and older (9.7%) compared with women in the same age group (5.8%) in 2024.

Suicide is a troubling public health issue that can leave a [lasting impact](#) on families and communities. The suicide rate among older adults increased 4% from 16.9 to 17.6 deaths due to intentional self-harm per 100,000 adults age 65 and older between 2019–2021 and 2022–2024, while the [suicide rate for the overall population](#) did not significantly change between 2022 and 2023 (14.8 to 14.7). Adults age 85 and older had the highest suicide rate of any group (22.7) in 2023, 1.7 times higher than those ages 15–24 (13.5). In 2022–2024, the suicide rate among adults age 65 and older was 6.0 times higher among older men (32.4) compared with older women (5.4).

Drug Deaths

By Gender in 2022–2024



Source: U.S. HHS, Multiple Cause of Death Files via CDC WONDER, 2022–2024.
Note: No data were available for North Dakota and South Dakota in 2022–2024.



Excessive Drinking

10% ▲

increase from 6.9% to 7.6% of adults age 65 and older between 2023 and 2024.

Source: U.S. HHS, CDC, Behavioral Risk Factor Surveillance System, 2023–2024.
Note: No data were available for Tennessee in 2024 or for Kentucky and Pennsylvania in 2023.



Suicide

4% ▲

increase from 16.9 to 17.6 deaths per 100,000 adults age 65 and older between 2019–2021 and 2022–2024.

Source: U.S. HHS, Multiple Cause of Death Files via CDC WONDER, 2019–2024.



Food Insecurity

6% ▲

increase from 8.7% to 9.2% of adults age 60 and older between 2022 and 2023. 7.4 million older adults experienced food insecurity in 2023.

Source: Feeding America, Food Insecurity Among Seniors and Older Adults Report Series, 2022-2023.



SNAP Reach

5% ▲

increase from 82.8 to 86.8 participants per 100 adults age 60 and older living in poverty between 2022 and 2023. 7.8 million older adults received SNAP benefits in 2023.

Source: USDA, Characteristics of Supplemental Nutrition Assistance Program Households Report Series, 2022-2023.

Food insecurity among older adults worsened, despite increases in SNAP participation and home-delivered meals

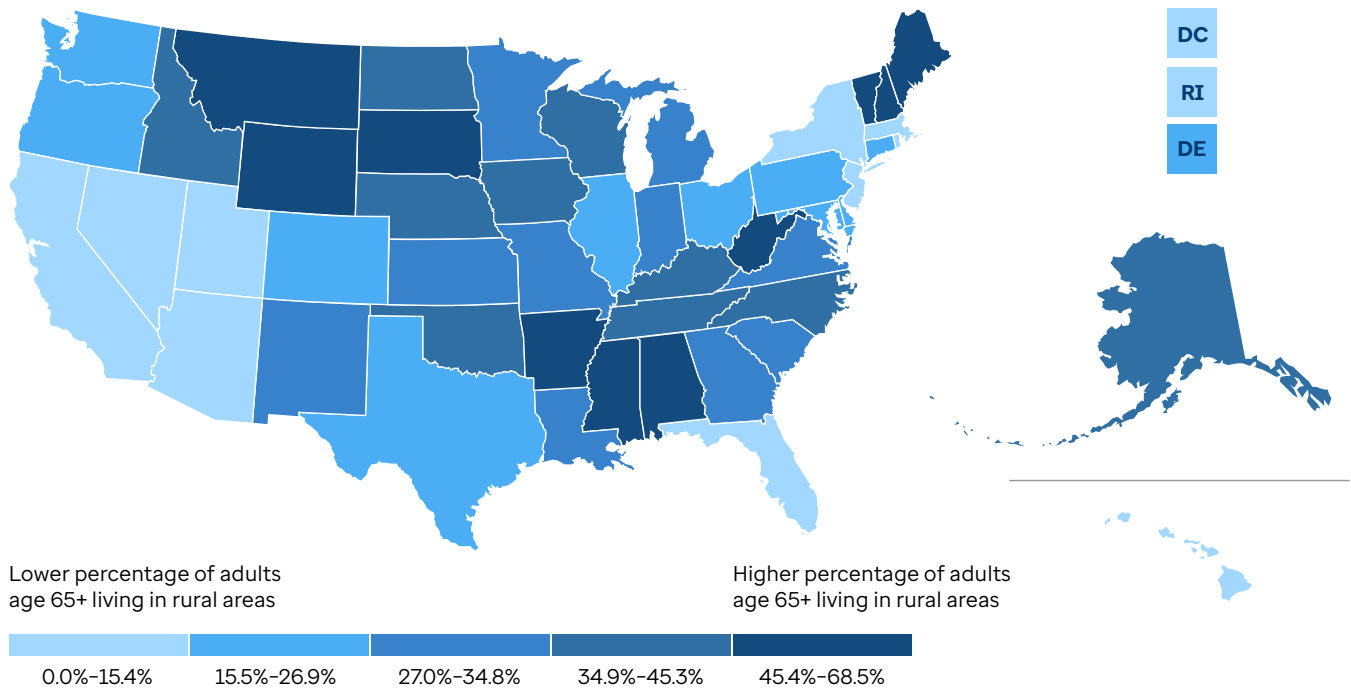
Food insecurity among older adults worsened between 2022 and 2023, increasing 6% from 8.7% to 9.2% of adults age 60 and older – an increase of approximately 500,000 older adults, from 6.9 million to 7.4 million. Limited access to adequate nutrition is associated with a range of [adverse health outcomes](#) for older adults, including chronic disease and mental health challenges.

At the same time, participation in nutrition support programs increased. The number of older adults receiving [Supplemental Nutrition Assistance Program](#) (SNAP) benefits increased 5% from 82.8 to 86.8 participants per 100 adults age 60 and older living in poverty between 2022 and 2023 – an increase of approximately 626,000 older adults, from 7.2 million to 7.8 million. SNAP provides food benefits to low-income individuals, and its [eligibility requirements](#) are determined at the federal level.

While the rate of home-delivered meals has declined since its peak in 2021, it remains above the 2019 level. In 2024, 11.3 individuals per 100 adults age 65 and older with independent living difficulty were served a home-delivered meal – still 27% higher than the rate in 2019 (8.9).

Rural Population Age 65 and Older

By Percentage in 2024



Source: U.S. Census Bureau, American Community Survey, 1-Year Dataset, 2024.



Spotlight Older Adults in Rural Communities

Data provide insights into distinct factors shaping the health of older adults in rural areas

Rural communities exist across the country, and tend to be **older**, on average, than metropolitan communities. The percentage of the older adult population living in rural areas varies significantly between states. However, even in states where a relatively low percentage of older adults live in rural areas, there may still be significant rural older adult populations. For example, California has the ninth-largest rural older adult population, representing more than 500,000 people, despite having the second-lowest rate (7.7%) of any state. Similarly, 15.2% of older adults in New York live in rural areas, equivalent to more than 570,000 people. It is therefore critical that state and local leaders understand the health needs of their rural older adult population.

The data show recent bright spots for older adults living in rural (nonmetropolitan) areas.

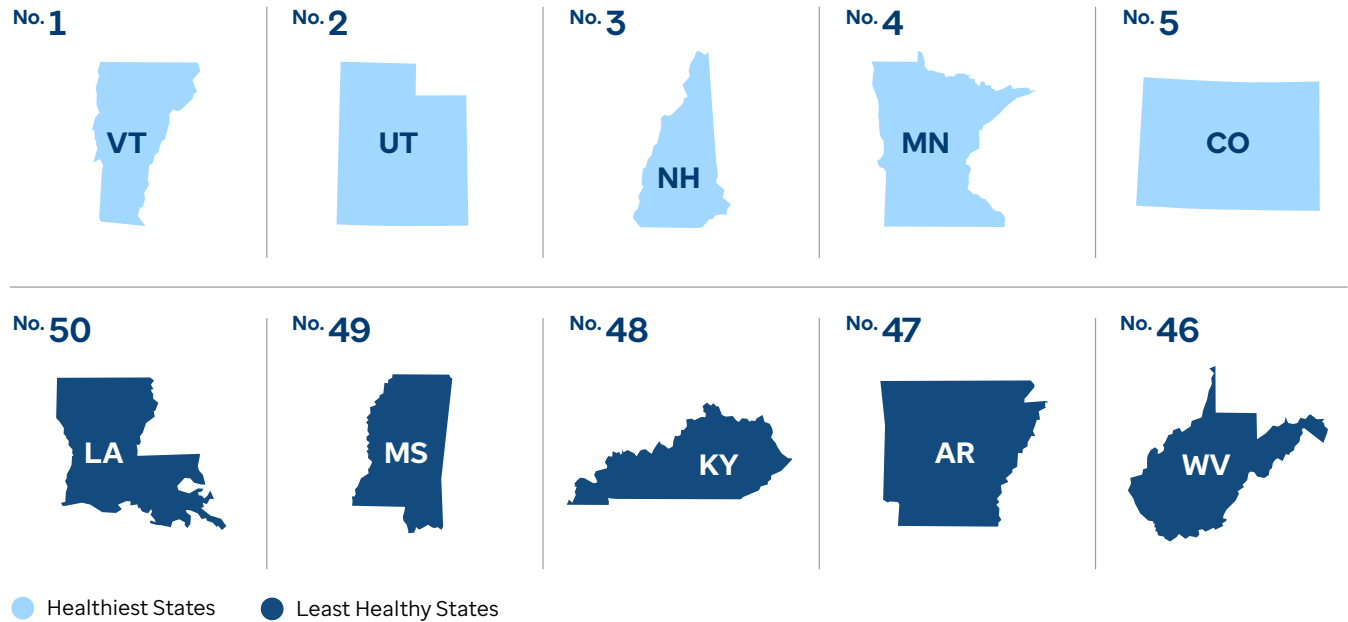
For example, in 2024:

- In Minnesota, depression was significantly lower among older adults in rural areas than those in metropolitan areas (13.7% vs. 17.9%).
- In New York, the percentage of older adults in rural areas who avoided care due to cost was significantly lower compared with their metropolitan counterparts (3.0% vs. 5.6%).
- In Alaska, excessive drinking was lower among older adults in rural areas compared with those in metropolitan areas (7.4% vs. 13.1%).

Nationwide differences persist between older adults living in rural versus metropolitan areas. In 2024, those living in rural areas had higher rates of cigarette smoking than those in metropolitan areas (10.7% vs. 7.8% of adults age 65 and older). While physical inactivity improved 20% for rural older adults between 2023 and 2024 (from 37.2% to 29.7% of adults age 65 and older in fair or better health), inactivity remained more common among those living in rural areas than those in metropolitan areas (25.7%) in 2024.

2026 Senior Report State Rankings

Healthiest and least healthy states for older adults ranked across Social and Economic Factors, Physical Environment, Clinical Care, Behaviors and Health Outcomes.



Source: America's Health Rankings composite measure, 2026.

Data show noteworthy progress to build on – and opportunities to address persistent challenges

This year's report highlights encouraging progress in the health of older adults, including continued reductions in early deaths and a growing older adult care workforce. The data also point to the complex and unique challenges that older adults face, demonstrated by the rise in drug deaths among this population despite its stabilization among other age groups.

As the older adult population continues to grow, we urge leaders at every level to use these findings – along with the detailed state- and population-level data available through the *America's Health Rankings* platform – to build on areas of progress and address the persistent barriers that make healthy aging harder for too many people. By working together, we can help ensure that every older adult has the opportunity to live a healthier life.

UNITED HEALTH FOUNDATION

About the United Health Foundation

Through collaboration with community partners, grants and outreach efforts, the United Health Foundation works to improve the health system, advance and grow the health care workforce and enhance the well-being of local communities. The United Health Foundation was established by UnitedHealth Group in 1999 as a nonprofit, private foundation dedicated to improving health and health care. To date, the United Health Foundation has committed \$880 million to programs and communities around the world, including a \$100 million commitment to help support the health care workforce. To learn more, visit UnitedHealthFoundation.org.



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