Adults ages 65 and older make up approximately 16.9% of the United States population, or just over 55.6 million adults, and are estimated to comprise 21% of the population (73.1 million) by 2030, according to the U.S. Census Bureau. At that point, more than 1 in 5 people in the U.S. will be of retirement age as the last of the baby boomer generation enters older adulthood — making it essential to our nation’s continued well-being that we understand the short- and long-term trends affecting the health of this growing population to inform actions we can take to improve health and reduce disparities.

This year, in its 10th edition, the Senior Report examines 62 measures from 21 unique sources to provide a comprehensive look at the health and well-being of older Americans. The data demonstrate:

- Trends that reflect the changing health of our nation’s 65 and older population over the past decade.
- The impact that social, economic, environmental and other factors have on the health of older Americans.
- Disparities in health among older Americans by geography, education level, income level, gender, age and race and ethnicity.

The data in the 10th annual America’s Health Rankings® Senior Report show promising improvements in flu vaccination, self-reported health status and oral health. However, these signs of tangible progress were tempered by decade-long challenges and wide disparities in mortality and behavioral health. Most notably, the drug death rate among Americans ages 65 and older doubled over the last decade.

Meanwhile, the report finds that a decade of continuous progress in reducing mortality among those ages 65-74 was upended by the COVID-19 pandemic, resulting in a dramatic spike in the early death rate that disproportionately affected older Americans of color. While public health efforts have made great strides in combating the pandemic — 88.9% of adults ages 65 and older were fully vaccinated against COVID-19 as of mid-March, 2022 — there remains work to be done, as only 66.8% of fully vaccinated adults ages 65 and older have received a booster dose of any COVID-19 vaccine.

The majority of the measures included in the report feature data from 2020 or later, providing some insight into the preliminary effects of the COVID-19 pandemic on seniors’ health and well-being — although further analysis in future Senior Reports will be necessary to more clearly understand the impact of the public health crisis on this population. Readers are encouraged to visit AmericasHealthRankings.org, where the full suite of report data and resources are available, along with updated COVID-19 Report data covering topics like COVID-19 case, death, hospitalization and vaccination rates.

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10-Year Highlights

**Long-Term Progress** in High Health Status and Flu Vaccination Rates

- **High Health Status**
  - **13%** increase from 2011 to 2020 in adults 65+ who reported very good or excellent health.

- **Flu Vaccination Rates in Adults 65+**
  - **60.6%** in 2011
  - **67.3%** in 2020
  - **70.0%** HP2030 goal

**Drug Death Rate Increase**

- **147%** increase over the past decade among adults ages 65-74, drug deaths increased 147% — the largest percent increase compared with all other age groups.

**Early Death Rate Up 17%**

- After a decade of decline, early deaths among adults ages 65-74 showed a sudden and significant increase during the COVID-19 pandemic in 2020.

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Source: CDC WONDER, Multiple Cause of Death Files, 2008-2010, 2018-2020.
In the past decade, many seniors experienced higher rates of mortality and increased behavioral health challenges.

100% increase in drug death rates among those ages 65 and older, doubling from 4.2 to 8.4 deaths per 100,000 since 2008-2010.

Source: CDC WONDER, Multiple Cause of Death Files, 2008-2010, 2018-2020.

13% increase in suicide rates among those ages 65 and older since 2009-2011.

Source: CDC WONDER, Multiple Cause of Death Files, 2009-2011, 2018-2020.

9% increase in the prevalence of depression among those ages 65 and older since 2011.


Increases in Mortality, Behavioral Health Challenges and Obesity

Drug Death Rate Doubled Among Older Americans Over the Past Decade

America's older adults faced concerning decade-long trends and wide disparities in mortality, behavioral health and several other measures. Most notably, the rate of drug deaths among Americans ages 65 and older doubled over the last decade from 4.2 to 8.4 deaths per 100,000 since 2008-2010; this equates to 8,620 additional deaths. While this change is generally consistent with trends across all age groups, the most notable increase was 147%, from 4.7 to 11.6, among those ages 65-74 — the largest percent increase compared with all other age groups during that time period.

The drug death rate among adults ages 65 and older significantly increased in 35 states between 2008-2010 and 2018-2020, led by 352% in Connecticut (2.3 to 10.4 deaths per 100,000 adults ages 65 and older), 323% in Maryland (3.5 to 14.8) and 222% in New Jersey (2.7 to 8.7).

Drug deaths were not experienced equally by all racial and ethnic groups. The drug death rate in 2018-2020 was 10.4 times higher among Black adults ages 65 and older (19.8 deaths per 100,000) compared with older Asian adults (1.9), the groups with the highest and lowest rates, respectively.

There are a variety of reasons why older adults are particularly at risk for drug overdoses. They may unintentionally misuse prescription medications like opioids, are more likely to be taking multiple prescription medications than other populations and face other risk factors including social isolation. Drug abuse is particularly dangerous for this population: older adults face a reduced ability to metabolize medications due to age-related changes in the liver.

A Decade of Worsening Mental and Behavioral Health Challenges Among Older Adults

The large increase in drug deaths parallels several other long-term negative trends in mental and behavioral health among older adults. For example, the suicide rate increased 13%, from 15.0 to 16.9 deaths per 100,000 adults ages 65 and older between 2009-2011 and 2018-2020 — an increase of 9,239 deaths due to

intentional self-harm. Additionally, the prevalence of depression increased 9% between 2011 and 2020, from 13.0% to 14.2% of adults ages 65 and older who reported being told by a health provider that they have a depressive disorder. The prevalence of frequent mental distress — the percentage of adults ages 65 and older who reported their mental health was not good 14 or more days in the past 30 days — also rose 8%, from 7.5% in 2011 to 8.1% in 2020.

Steady Rise in Obesity, Stagnation in Smoking Rate Since 2011

Consistent with trends across all age groups, the prevalence of obesity among adults 65 and older increased 16% between 2011 and 2020, from 25.3% to 29.3%. Disparities have persisted by race and ethnicity since the first Senior Report, with older Hispanic (36.2%), Black (36.1%) and American Indian/Alaska Native (35.7%) adults experiencing obesity in 2020 at a prevalence nearly 6 times higher compared with older Asian adults (6.4%), the group with the lowest prevalence.

Despite ongoing smoking cessation initiatives, the prevalence of smoking among adults 65 and older did not change over the past decade, remaining at 8.9% even as smoking rates declined across all other age groups.

Decade of Progress in Reducing Early Death Upended by COVID-19

Between 2011 and 2019, the death rate among adults ages 65-74 (considered an early death) decreased 4% from 1,846 to 1,765 per 100,000. However, a sharp increase in mortality during the pandemic reversed a decade of progress. The early death rate increased 17% from 1,765 to 2,072 from 2019 to 2020 — an additional 118,948 early deaths in 2020. Much of this increase was attributed to the COVID-19 pandemic; COVID-19 became the third-leading cause of death among older adults in 2020, contributing to 76,277 deaths. Deaths from various acute and chronic conditions were also higher in 2020 than in 2019 among older adults.

This stark increase in the early death rate profoundly affected older Americans of color. Between 2019 and 2020, the early death rate rose more sharply than the national average of 17% for Hispanic (48% increase), American Indian/Alaska Native (32%), Asian (31%), Black (29%) and multiracial (19%) adults. Meanwhile, it rose 14% among Hawaiian/Pacific Islander adults and 12% among white adults. This disproportionate increase widened existing gaps by race and ethnicity; the early death rate in 2020 was 3.2 times higher among Black adults ages 65-74 than multiracial adults, the groups with the highest and lowest rates, respectively.

Source: CDC WONDER, Multiple Cause of Death Files, 2019, 2020.
Decade-Long Improvements in Vaccination and Health Status

11% Increase in Flu Vaccination

The report found several promising improvements in seniors’ health over the past decade. Notably, the flu vaccination rate increased 11% between 2011 and 2020. In 2020, 67.3% of adults ages 65 and older reported receiving a seasonal flu vaccine in the past 12 months. This is the highest rate since America’s Health Rankings began tracking it in the first Senior Report. The rate rose significantly in 26 states and the District of Columbia between 2011 and 2020, led by 32% in Illinois, 28% in Rhode Island and 24% in both New Hampshire and Michigan. In 2020, an estimated 35 million older adults reported receiving a flu vaccine.

This improvement represents noteworthy progress among older adults toward the U.S. Department of Health and Human Services’ Healthy People 2030 target of 70% flu vaccination among all persons ages 6 months and older — although continued improvement across the broader population is needed.

Improvement in Self-Reported Health Status

The percentage of adults ages 65 and older who reported their health was very good or excellent increased 13% between 2011 and 2020, from 38.4% to 43.5%. Much of this improvement occurred in the past year, as it increased 6% from 41.0% in 2019 to 43.5% in 2020 — reaching the highest prevalence in Senior Report history, with nearly 25 million older adults reporting high health status.

Improvements in Oral Health Since 2012, but Notable Disparities Remain

The percentage of adults ages 65 and older who reported having all their teeth removed due to decay or gum disease decreased 17%, from 16.1% to 13.4%, between 2012 and 2020. Despite this success, older adults with lower socioeconomic status had higher prevalences of full-mouth teeth extractions. For example, the prevalence was 8.1 times higher among adults with less than a high school education (29.8%) than among college graduates (3.7%).

Missing teeth or having dentures can impair older adults’ ability to speak and eat, is associated with poor nutrition and can increase risk for disability, mortality and decreased daily function and quality of life, as well as loneliness.

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Many Social Isolation Risk Factors Improved

Between 2011-2015 and 2016-2020, there were significant improvements in four of six risk factors for social isolation among adults ages 65 and older: independent living difficulty, disability, being divorced, separated or widowed, and poverty. These improvements suggest it’s possible that fewer seniors were at risk for isolation in 2016-2020 than in 2011-2015. Despite this progress, continued monitoring of social isolation risk in future Senior Reports will be necessary to assess the impact of the pandemic.

Rankings Shaped by Unique Pre-Pandemic Circumstances in Each State

Each state has experienced unique challenges amid the public health crisis of COVID-19. Meanwhile, the specific circumstances of each state’s older adult population in the years leading up to the pandemic also shaped its impact. The rankings in this report reflect a holistic model that emphasizes the influence of social, economic and environmental factors on overall health, identifying key short- and long-term trends that state leaders can use to tailor and target their efforts.

As the nation continues to address the pandemic’s effects, we must also prioritize long-standing challenges and disparities in senior health — especially behavioral health — that emerged over the last decade and were potentially exacerbated by COVID-19. The United Health Foundation encourages leaders to utilize this report’s findings and the full array of data available at AmericasHealthRankings.org to guide discussions about solutions and urges everyone to help seniors re-engage with their communities after this recent period of isolation.

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To make progress in improving senior health, we must recognize that older adults are a resource to be tapped, not a problem to be solved. Our communities are healthiest when everyone is a full member with the voice, power and opportunity to contribute to their fullest potential.

– Lisa Marsh Ryerson, President AARP Foundation
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About the United Health Foundation

Through collaboration with community partners, grants and outreach efforts, the United Health Foundation works to improve our health system, build a diverse and dynamic health workforce and enhance the well-being of local communities. The United Health Foundation was established by UnitedHealth Group (NYSE: UNH) in 1999 as a not-for-profit, private foundation dedicated to improving health and health care. To date, the United Health Foundation has committed more than $500 million to programs and communities around the world. To learn more, visit UnitedHealthFoundation.org.