Senior Report finds recent shifts in long-term trends and highlights disparities in the health of older Americans

There are nearly 56 million adults ages 65 and older in the United States. The demographic makeup of this population has become more racially and ethnically diverse in the past several years. It is critical that we address the unique challenges and disparities that this large, diversifying demographic faces to ensure the overall well-being of our nation — especially as we emerge from a pandemic that has had a profound impact on this population.

This year’s America’s Health Rankings® Senior Report examines 52 measures of health and well-being from 22 distinct data sources to present a holistic overview of the health and well-being of older Americans that reflects the population’s evolving needs. The report highlights some negative trends, including an increase in the early death rate for the second year in a row after a decade-long decline and rises in the prevalence of multiple chronic conditions and frequent physical distress. On the other hand, some positive trends have continued, such as increases in the number of geriatric providers and home health care workers per capita.

The data in this report also demonstrate persistent disparities across various subpopulation groups, by gender, race/ethnicity, age, geography, education and income — particularly in measures of mortality, behavioral health, including drug deaths, and physical health. Despite improvements in some measures like food insecurity, other socioeconomic measures like poverty and housing cost burden remain concerning challenges for older Americans.

As Americans recover from the health effects and isolating impact of the pandemic, improving the health of older adults will require us to foster greater connectivity and community engagement among this population. We encourage public health and community leaders to draw from the data included in this report to guide their efforts to engage older adults with resources in their communities and address these health challenges.

For more information on sources and methodology, please view the comprehensive Senior Report and AmericasHealthRankings.org.

“The 2023 Senior Report highlights an urgent need to support older Americans as we continue to recover from the pandemic. We must help them reconnect with health care, re-engage with their communities and join activities that keep them physically active and emotionally well.”

Dr. Rhonda Randall
EVP & Chief Medical Officer, UnitedHealthcare Employer and Individual
Early Death Rate Increased, Continuing Trend Reversal From 2020

The early death rate among older Americans increased for the second consecutive year, breaking a long-term improvement. Since 2019, deaths among adults ages 65-74 rose 22%. This includes a sharp 17% increase between 2019 and 2020, reversing a decline that lasted from 2011 to 2019. The negative trend persisted as the pandemic continued to disproportionately impact older Americans in 2021, reflected in an additional 4% increase between 2020 and 2021.

Between 2020 and 2021, there was a significant increase in the early death rate among white older adults (6%), while the rates among their Black and Hispanic counterparts decreased (both 3%). Despite this, the early death rate remains the highest among Black older adults; it was 2.9 times higher among Black (3,100 per 100,000 adults ages 65-74) and roughly 2.5 times higher among Hawaiian/Pacific Islander (2,666) and American Indian/Alaska Native (2,613) older adults compared with multiracial (1,058) and Asian (1,082) older adults, the groups with the lowest rates.

As the early death rate continued to rise between 2020 and 2021, the percentage of the U.S. population ages 65 and older declined for the first time in the 11 years of the Senior Report. The percentage of the U.S. population ages 65 and older decreased from 16.9% to 16.8% between 2020 and 2021. However, the overall number of older adults still increased — in 2021, there were 55.8 million adults ages 65 and older in the United States, 188,588 more than in 2020 — and is projected by the Congressional Budget Office to continue increasing despite the pandemic’s impact.

Frequent Physical Distress Increased

The prevalence of frequent physical distress — the percentage of adults ages 65 and older who reported their physical health was not good 14 or more days in the past 30 days — rose 9% from 14.5% to 15.8% between 2020 and 2021. Despite this increase, the prevalence was still lower than in 2019 (17.4%).

Frequent physical distress varied most by socioeconomic status and by race/ethnicity. The prevalence was 3.0 times higher among older adults with a household income less than $25,000 (27.2%) compared with those with an income of $75,000 or more (9.0%), and 2.5 times higher among older adults with less than a high school education (26.2%) compared with college graduates (10.3%). It was also 2.5 times higher among American Indian/Alaska Native (23.1%) compared with Asian (9.1%) older adults.
Continued Improvements in Key Access to Care Measures

There were continued improvements in two key measures of older adults’ access to care, as the number of geriatric providers and home health care workers per capita both increased. The number of geriatric providers, including family medicine, internal medicine geriatricians and nurse practitioners, increased 8% between 2021 and 2022, from 33.8 to 36.4 per 100,000 older adults — a 26% increase since 2018. Additionally, between 2020 and 2021, the number of personal care and home health care workers per 1,000 older adults increased 5%; it has risen 29% since 2016. The number of home health care workers varied dramatically by state in 2021 and was 9.4 times higher in New York (137.6 workers per 1,000 adults ages 65 and older) than in Florida (14.6).

Despite these notable improvements, there is currently a shortage of these workers in many communities and the need is expected to increase, according to USAging.

Drug Death Rate Increased 43% Since 2016-2018

The decade-long rise in drug death rates continued among older Americans. The number of drug deaths — deaths due to drug injury (unintentional, suicide, homicide or undetermined) per 100,000 adults ages 65 and older — increased 43% nationally between 2016-2018 and 2019-2021, from 6.9 to 9.9. This represents a continuation of a longer-term increase, from 4.2 deaths per 100,000 in 2008-2010; additionally, research published in *JAMA Psychiatry* indicates that drug overdose fatalities among older adults have quadrupled since 2002.

Between 2016-2018 and 2019-2021, drug deaths increased significantly in 30 states and the District of Columbia, but ultimately differed across the nation. The drug death rate was 4.3 times higher in Maryland (16.6) than Nebraska (3.9), the states with the highest and lowest rates in 2019-2021. However, the highest rate was in the District of Columbia (75.3).

Certain racial/ethnic groups were disproportionately affected by drug deaths. The drug death rate was 10.8 times higher among Black (24.8 deaths per 100,000 adults ages 65 and older) compared with Asian (2.3) older adults. The rate was also higher among American Indian/Alaska Native (9.1), white (8.7), multiracial (7.1) and Hispanic (7.0) older adults compared with Asian older adults.
Opioid deaths were a major component of this rise, as they have surged among the older adult population in recent years. Older adults are among those most impacted by the opioid crisis as they are often prescribed opioids to help them cope with chronic pain or recover from a surgical procedure, according to the Administration for Community Living, a division of Health and Human Services. Opioid deaths more than doubled since 2014-2016 from 2.6 to 5.4 deaths per 100,000 adults ages 65 and older, larger than the increase in the overall drug death rate (involving all drug types). In particular, deaths due to synthetic opioids increased 175% among older adults between 2016-2018 and 2019-2021.

Stagnant Rate and Disparities in Suicide

While suicide among older adults has remained level overall in recent years, the rate varied significantly by gender, race/ethnicity and age group. Specifically, in 2019-2021, death by suicide was 6.3 times higher among males (31.5) compared with females (5.0) and 4.6 times higher among white (20.3) compared with Black (4.4) older adults. Notably, suicide did increase among the oldest population, and was 1.4 times higher among adults ages 85 and older (21.1) compared with those ages 65-74 (15.1) in 2019-2021.

Physical Inactivity Increased 6% Since 2018

Physical inactivity among older adults did not improve significantly between 2011 to 2021, and older adults may have lived more sedentary lifestyles during the pandemic. Between 2018 and 2021, physical inactivity increased 6% nationwide among adults ages 65 and older in fair or better health, from 29.4% to 31.2%.

In 2021, the prevalence of physical inactivity was 2.7 times higher among older adults with less than a high school education (47.8%) compared with college graduates (17.7%).

More Older Adults Are Living in Poverty

The number of older adults living in poverty has been on the rise, with 5.6 million adults ages 65 and older falling into this category in 2021, representing a 10% increase since 2019. Data from the U.S. Census Bureau show that adults ages 65 and older were the only age group that experienced an increase in poverty between 2020 and 2021. The prevalence of poverty in 2021 was more than twice as high among older adults who identified their race as other (18.9%), Hispanic (17.7%), Black (17.6%), American Indian/Alaska Native (17.6%) or Hawaiian/Pacific Islander (16.5%) compared with white (8.2%) older adults. Meanwhile, poverty increased 21% among multiracial and 12% among white older adults between 2019 and 2021.

Nearly One-Third of Older Adults Burdened by High Housing Costs

2021 saw significant financial strain on older adult households; nearly one-third (31.8%) faced a housing cost burden, meaning they spent more than 30% of their income on housing. This equated to an estimated 12.4 million households.
As more adults enter old age, this challenge could be exacerbated. According to a study from the University of Pennsylvania, adults born between 1955 and 1965 have experienced higher rates of homelessness throughout their adult lives and are likely to contribute to the number of homeless older adults as they age; addressing housing costs will be important moving forward.

**Food Insecurity Decreased; Home-delivered Meals Increased**

There were positive developments in addressing food insecurity among older adults, including a decrease of 6% in the national rate between 2019 and 2020. This is an important improvement given the impact of food insecurity on health for older adults; according to a JAMA study, food insecurity is linked to a faster decline in brain function among older adults. Meanwhile, the rate of home-delivered meals supported by funding from the Older Americans Act (OAA) increased 79% between 2019 and 2021.

However, there is concern that progress may be at risk. As priorities continue to shift following the end of the public health emergency, the expiration of Supplemental Nutrition Assistance Program (SNAP) benefits and other assistance could endanger the gains made in addressing food insecurity.

**Amid Pandemic, Internet Access Continued to Increase while Senior Centers Declined**

As virtual settings for social and family connectedness and health care became more popular amid the COVID-19 pandemic, high-speed internet access continued to improve for older Americans. From 2019 to 2021, high-speed internet increased 7% in households with adults ages 65 and older, corresponding to over 45 million households with access to a broadband internet subscription and a computer, smartphone or tablet. This increase was significant across 46 states.

The number of senior centers per capita receiving federal funds from the OAA decreased 5% between 2020 and 2021 — a 23% decrease since 2019. This includes decreases of 5% or more in 17 states, led by 98% in New Jersey, 48% in Iowa and 43% in Hawaii. Conversely, there were also seven states that increased by 5% or more between 2020 and 2021, led by 263% in Rhode Island, 122% in Oklahoma and 87% in Massachusetts. However, overall community support expenditures per capita — dollars captured by the Administration on Aging per adult ages 60 and older, which includes OAA-supported senior centers, congregate meals and home-delivered meals —
increased 5% from $59 to $62 per adult ages 60 and older between 2020 and 2021. This indicates that support for older adults likely shifted from senior centers to the other avenues of support captured in the measure, such as home-delivered meals, during the pandemic.

Between 2019 and 2021, volunteerism among older adults decreased 22% nationally, from 28.5% to 22.1%. In 22 states, the percentage of adults ages 65 and older who reported volunteering in the past 12 months decreased by 22% or more, led by 45% in Louisiana, 39% in Alabama and 38% in Georgia. According to a study conducted by AmeriCorps, the decrease among the older adult population is consistent with a national decrease in formal volunteering across all age groups within this period.

**Millions at Risk for Social Isolation**

Millions of older adults are at risk for social isolation. Over 20 million were divorced, separated or widowed, more than 17 million had a disability and nearly 14 million lived alone during 2017-2021. Mississippi had the highest risk of social isolation, while Utah had the lowest.

The burden of social isolation remains a major concern as the older adult population continues to grow and age, and as socioeconomic conditions worsen for some. Recent data from the University of Michigan show that while rates of isolation have largely improved from the height of the pandemic in 2020, the percentage of adults ages 50-80 who feel isolated some of the time still exceeds pre-pandemic 2018 rates.

**2023 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.*

- **Healthiest States**
  1. Utah
  2. New Hampshire
  3. Colorado
  4. Minnesota
  5. Vermont

- **Least Healthy States**
  50. Mississippi
  49. Louisiana
  48. Kentucky
  47. West Virginia
  46. Oklahoma

Source: America’s Health Rankings composite measure, 2023.
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 $700 million to programs and communities around the world. To learn more, visit UnitedHealthFoundation.org.

For more information, contact:
The United Health Foundation
Jenifer McCormick
jenifer_mccormick@uhg.com
(952) 936-1917
AmericasHealthRankings.org