

2 0 0 2

UPDATE

American Perceptions of Aging in the 21st Century

The NCOA's Continuing Study of the
Myths and Realities of Aging™



The National Council on the Aging, Inc.

409 Third Street, SW | Washington, D.C. | www.ncoa.org

The Myths and Realities of Aging™

PROJECT HISTORY

- *American Perceptions of Aging in the 21st Century* [APA21] is a major new component of **Myths and Realities of Aging™** [MRA], the National Council on the Aging's [NCOA] continuing study of the aging experience in America. APA21 (2000) was designed as a 25-year follow-up to *The Myth and Reality of Aging in America*, NCOA's landmark study of public attitudes toward aging conducted in 1974.
- The 1974 survey challenged many myths and misconceptions about aging. In continuing this challenge, the 2000 study uses many of the same questions, and then explores new issues about both aging and middle-aging, focusing on finance, health, and vital aging.
- The MRA series also includes *Aging in the Eighties: America in Transition* (1981), focusing on issues of work and retirement, and *75+ in America: The Experience of Aging in the 20th Century* (2001), a unique national survey of Americans age 75 and older asking them to reflect on aging based on their personal experiences.

THE 2000 SURVEY

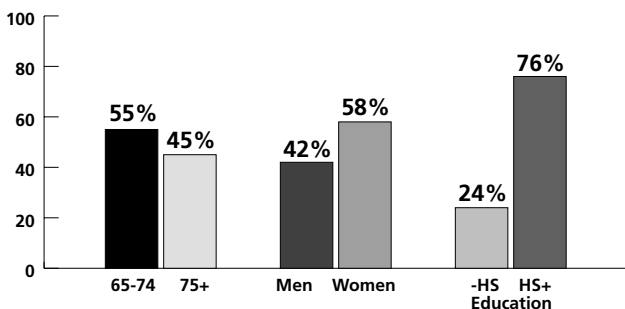
- **Comparison With the Past:** To measure 25-year trends, APA21 repeats key questions from the 1974 survey. These include how the general public and older people differ in their views of "older people's problems."
- **Projecting to the Future:** APA21 explores aging over the life span, focusing on finance, health, and the concept of vital aging. What do people of different ages know, hope for, fear, and do—in preparation for a vital old age?
- **A Large Sampling:** Because of the critical importance of looking **within** as well as between age groups, APA21 includes an "over-sampling" of 1,155 persons age 65+ within a total adult (age 18 and older) sample of 3,048, facilitating statistically reliable analysis of various older-age subgroups. The results of this community-based sample cannot be generalized to persons living in institutions or whose health precludes responding to a 25-minute telephone interview.

American Perceptions of Aging in the 21st Century

- Throughout this report, patterns of perceptions and attitudes **within** the older sample are separately described by gender, by age (65-74 vs. 75+), and by education as a general indicator of socioeconomic status (categorized as less than high school versus high school graduation or more education). The distribution of these three variables within the age 65+ sample is:

FIGURE 1

TOTAL AGE 65+ SAMPLE N = 1,155



SELECTED CHARACTERISTICS OF THE AGE 65+ SAMPLE

Married.....58%	Own Home87%
Widowed.....34%	With Paid Mortgage74%

<i>Children</i>	<i>Grandchildren</i>
08%	013%
1-237%	3+72%
3+56%	

(average age of oldest child: 49)

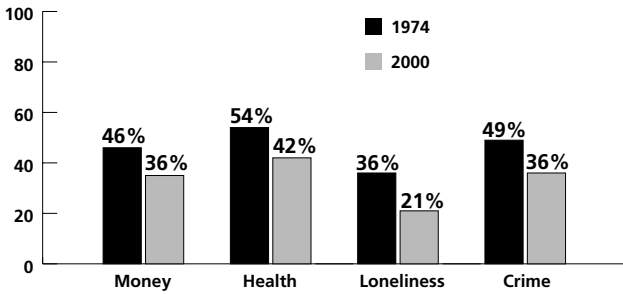
White86%	Protestant.....45%
Black8%	Catholic25%
	Jewish2%
	Other28%

“My Problems”—1974 vs. 2000

A set of “problems” was examined in both 1974 and 2000, first asking if this was a serious *personal* problem or not, and second if this was seen as a problem for “most people over 65 these days.”

Q. Would you tell me whether ___ is a serious problem or not a problem at all for you personally? (1) Not having enough money to live on (2) Poor health (3) Loneliness (4) Fear of crime

FIGURE 2
PROBLEM FOR ME
% very or somewhat serious



- Each of the problems identified is personally less serious in 2000 than in 1974.
- In 2000, the presence of these personal problems is relatively similar across subgroups. Less educated persons are noticeably more likely to report lack of money and poor health as serious personal problems. Women report crime as a more serious problem than do men.

% PERSONAL PROBLEM—2000

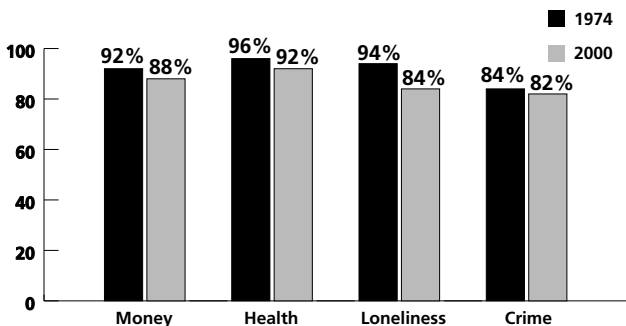
	Men	Women	65-74	75+	-HS	HS+
Money	31	39	40	30	53	30
Health	39	44	39	45	53	38
Loneliness	18	23	21	20	25	20
Fear of crime	27	43	35	37	35	36

“Their Problems”—1974 vs. 2000

Q. How serious a problem would you say ___ is for most people over 65 these days? (1) Not having enough money to live on (2) Poor health (3) Loneliness (4) Fear of crime

FIGURE 3

PROBLEM FOR MOST PEOPLE OVER 65 % very or somewhat serious

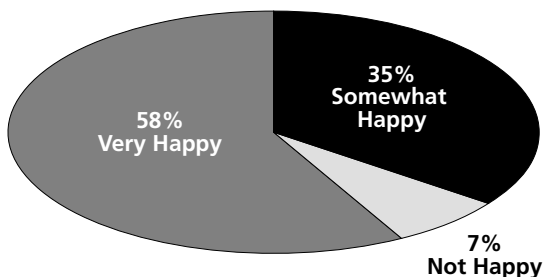


- Fewer older respondents in 2000 (compared to 1974) report these problems as serious for older people in general.
- In fact, as indicated in the figure below, most older persons in 2000 look forward to growing older.

Q. If you knew you would live to be 75 years old [if already age 70: “would live another 10 years”] would that make you very happy, somewhat happy, or not at all happy?

FIGURE 4

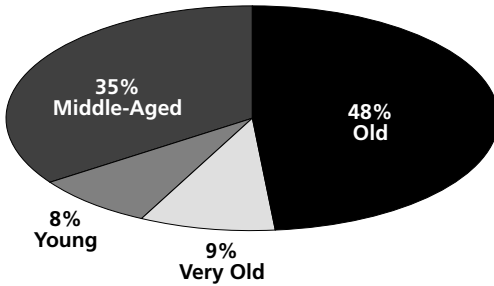
HAPPY TO LIVE TO AGE 75 AND OLDER



Are You Old? How Old is Old?

Q-1: Do you consider yourself young, middle-aged, old, or very old?

FIGURE 5
AGE SELF-IDENTIFICATION



- Nearly half of people age 65 and older consider themselves to be middle-aged or young. There are no noticeable male-female or education group differences. Only 15% of people age 75+ consider themselves “very old.”

	Young	Middle-Aged	Old	Very Old
65-74	9%	42	46	3
75+	7%	26	53	15

Q-2: At what age do you think the average man becomes old? The average woman?

- In general, men are perceived to “become old” at a younger chronological age, 70, than when women become old, at age 75. The younger-old and male respondents are an exception; they see women as becoming old at the same time as men become old.

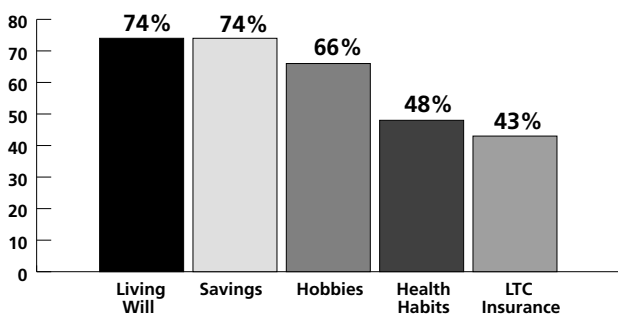
MEDIAN AGE WHEN OLD AGE BEGINS

	Men	Women	65-74	75+	-HS	HS+
When a Man Becomes Old	70	70	70	70	72	70
When a Woman Becomes Old	70	75	70	75	75	75

Preparation for Later Life

Q. Let me read you some steps other people have told us they have taken in order to prepare for their later years. For each, how important do you feel it is for you personally to do this in preparation for your later years? (1) Prepare a living will (2) Build up your savings (3) Develop hobbies and other leisure-time activities (4) Change your health habits (5) Purchase insurance for long-term care

FIGURE 6
PREPARATION FOR LATER LIFE
% very important



- Health and financial factors are equally represented among factors that are important in planning for later life.
- The importance of the health and financial preparation factors is fairly similar across the subgroups.

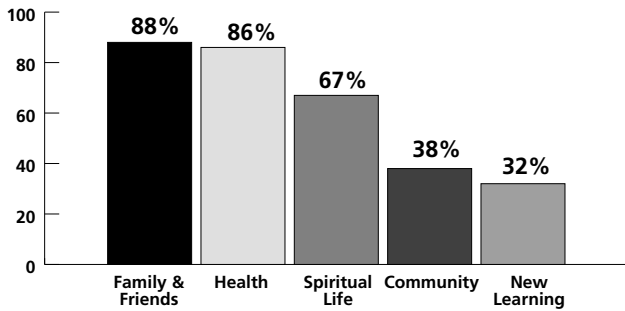
% very important

	Men	Women	65-74	75+	-HS	HS+
Living Will	70	78	77	71	72	75
Savings	75	73	75	73	71	75
Hobbies	65	67	70	61	55	69
Health Habits	46	49	51	44	50	47
LTC Insurance	44	42	41	45	53	39

Vital Aging

Q. I'm going to describe things that may contribute to having a meaningful, vital life. For you personally, how important is ___ at this time in your life? (1) Having close relationships with family and friends (2) Taking care of your health (3) Having a rich spiritual life (4) Being involved in your community (5) Having new learning experiences

FIGURE 7
VITAL AGING
% very important



■ There is substantial consensus on the importance of these Vital Aging factors across the gender, age, and education subgroups. Women tend to give more importance to family, spiritual life, and community involvement.

% very important

	Men	Women	65-74	75+	-HS	HS+
Family & Friends	83	92	88	89	88	88
Health	84	87	85	87	89	85
Spiritual Life	62	71	68	67	75	65
Community	33	41	37	38	44	36
New Learning	30	33	33	30	28	33

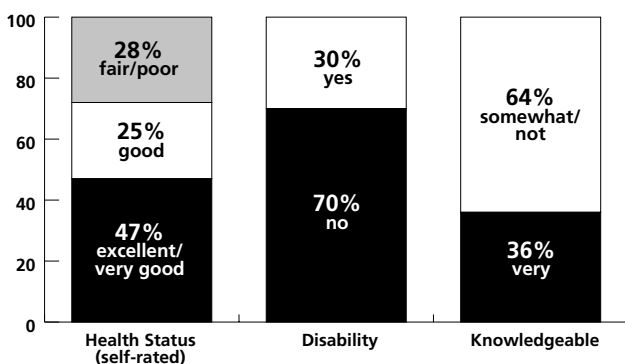
Personal Health

Q-1: Would you say that your health is excellent, very good, good, fair, or poor?

Q-2: Do you have a health problem, disability, or handicap that currently keeps you from participating fully in work, school, housework, or other activities or not?

Q-3: When it comes to things you can do now to prepare yourself for a healthy old age, how knowledgeable do you consider yourself?

FIGURE 8
PERSONAL HEALTH



- Respondents are about evenly split between rating their health as excellent/very good or good/fair/poor. Most do not feel “very knowledgeable” about how to prepare for a healthy old age.
- While men and women give virtually the same responses to these questions, older-old persons (75+) report less good health and more disability, although the differences are not substantial. Education is strongly related to health status and health knowledge.

Health (self-rated)	65-74	75+	-HS	HS+
<i>excellent/very good</i>	50	42	33	51
<i>good</i>	26	24	23	26
<i>fair-poor</i>	24	34	43	23
How Knowledgeable	65-74	75+	-HS	HS+
<i>very</i>	38	34	30	38
<i>somewhat/not</i>	62	66	70	62

New Retirement Patterns— Simultaneously Retired *and* Working

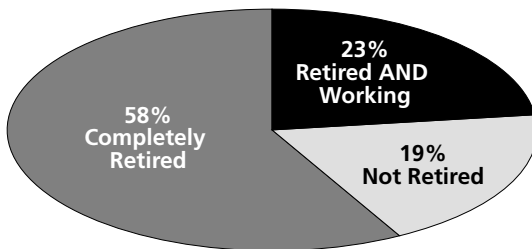
Q-1: Do you consider yourself retired or not?

Q-2: Are you employed (full-time, part-time, homemaker), or not (unemployed, disabled, other)?

Nowadays retirement is not “an event” but a process. Work and retirement are no longer mutually exclusive.

When the two questions are combined, 23% of persons age 65+ are both retired and working, 58% are “completely retired” (retired and not working), and 19% are not retired at all.

FIGURE 9
WORKING & RETIRED



- Responses to the two separate questions and the combined responses are shown below.
- Older (75+) persons tend to be more completely retired. Because respondents identified “homemaker” as a form of work, more women than men consider themselves to be both retired and working.

% retired & working

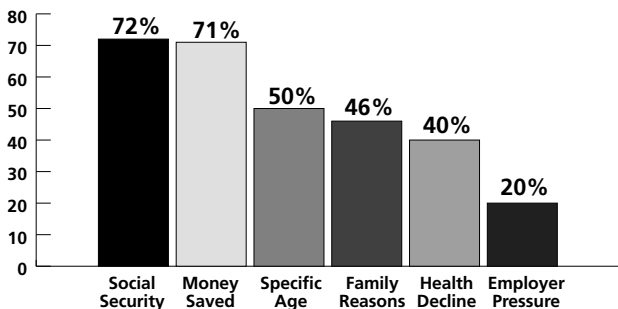
	Men	Women	65-74	75+	-HS	HS+
Q-1: Retired?	82	83	80	86	80	83
Q-2: Working?	30	45	42	34	36	39
Combined - % Retired and Working	20	26	26	20	19	24

Why Did You Retire? Financial Reasons Dominate

Q. [Asked of those who consider themselves to be retired] How important was ___ in your decision to retire? (1) Qualifying for Social Security (2) The amount of savings you had accumulated (3) Reaching a specific age (4) Family reasons (5) Decline in your health (6) Pressure from your employer

FIGURE 10

REASONS FOR RETIRING % very or somewhat important



- Qualifying for Social Security and accumulated savings are the most important factors in the decision to retire.
- There are few gender or age differences. Education, a measure of social status, affects health reasons more than financial reasons: 57% of less educated persons vs. 31% of more educated say health was important in the decision to retire.

% very or somewhat important

	Men	Women	65-74	75+	-HS	HS+
Social Security	74	71	74	71	76	71
Savings	77	66	74	68	67	72
Age	60	43	51	50	50	50
Family	44	47	49	42	55	43
Health	39	40	43	35	57	34
Employer	25	16	23	17	20	20

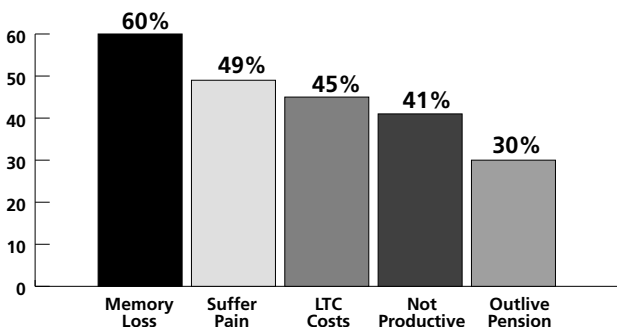
Worries about Living to Age 75— Health Worries Dominate

Even though financial issues dominate why people retire (see Figure 10), health issues are seen as the key to a vital later life.

Q: Think about your life at age 75 [if age 71+ think about “your life 10 years from now”]. How worried are you about the following? (1) Losing your memory (2) Suffering from uncontrollable pain (3) Spending all your money on long term care (4) Not having enough opportunities to be productive (5) Outliving your pension and savings

FIGURE 11

WORRIES ABOUT LIVING TO AGE 75 % very or somewhat worried



- Worries about living to age 75 or beyond center around health factors. Despite these worries, as indicated in Figure 4, most older adults look forward to having a long life.
- Women generally express higher levels of worry than men. Persons age 65–74 are generally more worried than persons age 75+, expressing the greatest worry about memory loss.

% very or somewhat worried

	Men	Women	65-74	75+	-HS	HS+
Memory Loss	56	63	64	56	55	62
Suffer Pain	45	53	50	49	51	49
LTC Costs	41	48	49	39	38	47
Not Productive	40	42	47	34	46	39
Outlive Pension	26	33	34	25	34	28

Health, Money, and Aging

When asked, “Thinking of the one thing that you could do now to improve the quality of your life at age 75, is it more important to take care of your health or save money,” 93% of persons 65+ choose health. However, there are inter-connections between health, money, and aging.

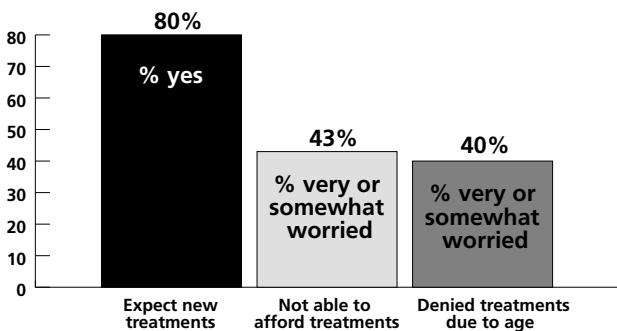
Q-1: In your lifetime, do you think there will be dramatic new treatments or cures that will improve your chances of living past age 75, or not?

Q-2: How worried are you that you will not be able to afford dramatic new treatments that may appear?

Q-3: Thinking about your life at age 75 [if age 71+ think about your life 10 years from now]. How worried are you about being denied medical treatments because of your age?

FIGURE 12

EXPECTATIONS ABOUT TREATMENTS



- Though older adults are optimistic about the development of new treatments and cures, about 40% are worried that money and/or age will limit their access to these treatments.

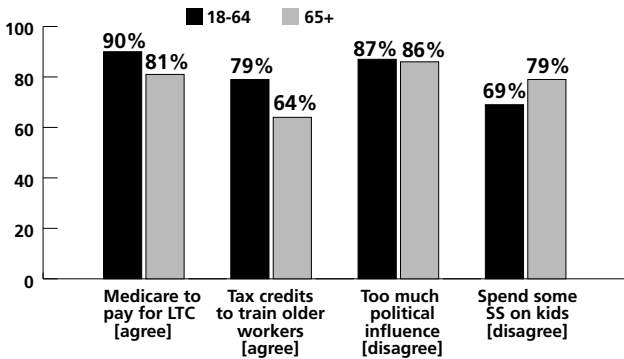
A Generation Gap?

The myth or reality of a “generation gap,” measured by age differences concerning aging policy and politics, is seen in response to four domestic political questions. This “gap” compares persons 18-64 and 65+.

Q: Do you agree or disagree? (1) Medicare should be expanded to pay for long term care. (2) Old people have too much political influence. (3) The government should provide a tax credit to employers to hire and re-train older workers. (4) Some of the money spent on Social Security should go to children instead of older people.

FIGURE 13

GENERATION GAP? % agree or % disagree



- There is no evidence of a generation gap. The majority of Americans of all ages support programs that benefit older people. For three of these four questions younger people are more supportive of the “older” political position than are the older respondents themselves.
- Young-old differences within education groups (education as a measure of social class) might reveal evidence of a generation gap, but no such differences were found.

Resources

AARP

Tel: (800) 424-3410
www.aarp.org

AARP Andrus Foundation

Tel: (800) 775-6776
www.andrus.org

Access America for Seniors

www.seniors.gov

Administration on Aging

Tel: (202) 619-750
www.aoa.gov

Alliance for Aging Research

Tel: (202) 293-2856
Fax: (202) 785-8574
www.agingresearch.org

Alzheimer's Association

(800) 272-3900
www.alz.org

American Chronic Pain Association

Tel: (916) 632-0922
Fax: (916) 632-3208
www.theacpa.org

American Geriatrics Society Foundation for Health in Aging

Tel: (212) 755-6810
www.healthinaging.org

American Society on Aging

Tel: (415) 974-9600
www.asaging.org

Americans for Long-Term Care Security

Fax: (202) 682-3984
www.ltcweb.org

BenefitsCheckUp

www.benefitscheckup.org

Centers for Medicare and Medicaid Services

Tel: (410) 786-3000
www.cms.gov

Eldercare Locator

Tel: (800) 677-1116
www.eldercare.gov

Medicare

Tel: (800) 633-4227
www.medicare.gov

National Association of Older Worker Employment Services

Tel: (202) 479-1200
www.ncoa.org/naowes

National Chronic Pain Outreach Association

Tel: (540) 862-9437
Fax: (540) 862-9485

National Council on the Aging

Tel: (202) 479-1200
Fax: (202) 479-0735
www.ncoa.org

National Family Caregivers Association

Tel: (800) 896-3650
www.nfcacares.org

National Institute on Aging

Tel: (301) 496-1752
www.nih.gov/nia

National Senior Service Corps Hotline

Tel: (800) 424-8867
www.seniorcorps.org

Social Security Administration

Contact your local office
www.ssa.gov

American Perceptions of Aging in the 21st Century

**The National Council
on the Aging, Inc.**

IN COLLABORATION WITH THE
International Longevity Center-USA

SUPPORTED BY UNRESTRICTED GRANTS FROM
OppenheimerFunds, Inc.
and
Pfizer Inc

THIS PUBLICATION WAS SUPPORTED BY
A GRANT FROM THE
AARP Andrus Foundation

SAMPLING, INTERVIEWING, AND DATA
PREPARATION WERE CONDUCTED BY
Harris Interactive, Inc.
Interviewing completed
January-February, 2000

American Perceptions of Aging in the 21st Century is based on a nationally representative telephone survey of community-residing adults age 18 and older. This Special Report describes men and women age 65 and older. Results cannot be generalized to persons living in institutions or whose health precludes responding to a 25-minute telephone interview.

WWW.NCOA.ORG