

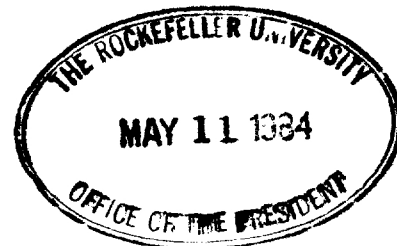


DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of  
Human Development Services

Administration on Aging

Office of Assistant Secretary  
Washington DC 20201



Joshua Lederberg, Ph.D.  
President  
The Rockefeller University  
1230 York Avenue  
New York, New York 10021

MAY - 8 1984

Dear Dr. Lederberg:

Thank you for your letter and your enclosed remarks from the convocation at Hahnemann University. I read both with much appreciation for your knowledge and interest in aging.

Your request for information regarding the demographics of aging, the health of older people and projections for the future is most appropriate and relevant to your overall thesis regarding the full impact of biotechnology on the human condition. According to available data it is estimated that the decade of the eighties will witness an increase in the numbers of Americans 65 years and older from 25 million to 30 million people. This growth on the older population reflects a trend occurring over the last 30 years and one that will continue for the next 45 years. In absolute numbers there were 12 million Americans 65 and over in 1950, 25 million in 1980 and there will be 55 million in 2030. Even more startling are the projections for the increase in the "old-old" population. There are presently 8 million people over the age of 75 or about 1/3 of the older population and 2 1/2 million people 85 years and older. By the year 2030 25% of all Americans will be over 65.

Although the majority of people age 65 and over view their health as good, compared to others of their own age, about 3 1/2 million older people living in the community need the help of another person in carrying out everyday activities. However, the rate of those needing help in at least one basic physical activity is substantially higher among people in the older age categories. For example about 20.6 per 1,000 people 45-64 years of age need help compared with the rate of 52.6 per 1,000 people 65-74 years, 114.0 per 1,000 people 75 to 84 years and 348.4 per 1,000 people 85 years of age and over. These data clearly indicate that the incidence of chronic or disabling conditions rises sharply with age. Such conditions include heart disease, cancer, stroke, diabetes, arthritis and

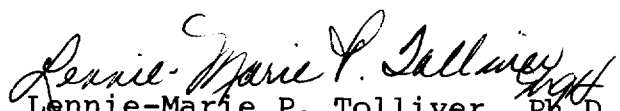
emphysema. These diseases account for 87% of all deaths for those age 65 and over and for 81% of days of restricted activity. Two chronic conditions cause almost half the limitations: heart disease restricts about 25% of the elderly and arthritis another 23%. Other limiting conditions include orthopedic impairments (10%), visual impairments (10%) and hypertension (9%).

In 1980 at least 13 billion dollars was spent nationally by the public sector on the provision of services related to long term care through Medicaid, Medicare, social and nutrition service programs authorized by the Older Americans Act, SSI, Title XX and long term care programs operated by the Veterans Administration. Nursing home care accounted for the largest portion of Fiscal Year 1980 total expenditures (64%) and Medicaid accounted for 92% of Fiscal Year 1980 total public long term care related spending. Medicaid also accounted for 33% of the in-home services spending. Medicare was second in terms of total spending with 7% of the total. Public expenditures for long term care are only part of the total costs. There are no exact data regarding private financing of long term care but it is thought that perhaps as much as another 30 to 40% of the personal health care expenditures for older people are privately financed through insurance, out of pocket and other resources.

There are currently no existing national data regarding the costs of informal care of the elderly. However, through information gathered from the 1979 Health Interview Survey and other survey data it has been estimated that the value of informal care currently being provided ranges from \$7.2 billion to \$16 billion a year depending on the methodology used to calculate the total costs of care.

I hope this information will be useful in your continuing efforts to communicate to others the need for training and research relevant to the problems of the aged population, and indeed, the importance of such endeavors to all Americans.

Sincerely,

  
Lennie-Marie P. Tolliver, Ph.D.  
Commissioner on Aging