Health Risks and Behaviors
Men and women benefit from social activity at older ages. Those who continue to interact with others tend to be healthier, both physically and mentally, than those who become socially isolated. Interactions with friends and family members can provide emotional and practical support that enable older persons to remain in the community and reduce the likelihood they will need formal health care services.

The majority of persons age 70 or older reported engaging in some form of social activity in the past two weeks. Interactions with family were the most common type of interaction reported—92 percent of older persons got together with a non-coresident family member. A slightly smaller percentage reported getting together with friends and neighbors (88 percent). Half of all older persons reported going out to church or temple for services or other activities.

The percentage reporting social activities declines with age. The percentage reporting volunteer work in the past year declined from 20 percent among persons ages 70 to 74 to 7 percent among persons age 85 or older. About one-third of persons ages 70 to 74 reported attending a movie, sports event, club, or other group event in the preceding two weeks, while fewer than 14 percent of persons age 85 or older did so. The majority of persons even at the oldest ages reported some interactions outside the home.

The majority of both men and women, approximately two out of three, felt that there was enough social activity in their lives.

Data for this indicator can be found in Tables 19a and 19b on page 80.
**Sedentary Lifestyle**

Physical activity is beneficial for the health of people of all ages, including the older population. It can reduce the risk of certain chronic diseases, may relieve symptoms of depression, helps to maintain independent living, and enhances overall quality of life. Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity.

- The percentage of older persons who were sedentary declined between 1985 and 1995, from 34 percent to 28 percent among men and from 44 percent to 39 percent among women.

- In 1995, 34 percent of persons age 65 or older had a sedentary lifestyle. Women were more likely than men to have a sedentary lifestyle.

- In 1995, the most common types of exercise among older Americans were light to moderate activities such as walking, gardening, and stretching.

Data for this indicator can be found in Table 20 on page 81.
Vaccinations

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for complications from these diseases compared with younger individuals. Influenza vaccinations are given annually, while pneumococcal vaccinations are usually given once in a lifetime. The costs associated with these vaccinations are covered under Medicare Part B.

Healthy People 2000, a national effort to improve health through establishing health objectives and measuring progress, set targets of 60 percent coverage for both influenza and pneumococcal vaccinations among older Americans. Between 1989 and 1995, the percentage of non-Hispanic white persons who were vaccinated against influenza increased from 32 percent to 60 percent. Over the same period, influenza vaccination rates increased from 18 percent to 40 percent among older non-Hispanic black persons and from 24 percent to 50 percent among older Hispanic persons.

Vaccination rates also increased for pneumococcal disease, but none of the racial or ethnic groups have reached the 60 percent target.

During the period 1993 to 1995, the level of vaccination for both influenza and pneumococcal disease was similar among older women and men. Persons ages 75 to 84 had slightly higher levels of vaccination coverage than persons ages 65 to 74 and persons age 85 or older.

Data for this indicator can be found in Tables 21a and 21b on page 82.
Among women age 65 or older, the percentage who had a mammogram within the preceding two years increased from 23 percent in 1987 to 55 percent in 1994.

The percentage of women who had a mammogram increased among all racial and ethnic groups. Until recently, non-Hispanic white women were the most likely to report having had a mammogram, but in 1994 non-Hispanic black women were more likely to report having had a mammogram (61 percent) than either non-Hispanic white women (55 percent) or Hispanic women (48 percent).

Data for this indicator can be found in Table 22 on page 83.
Dietary quality ratings of persons age 45 or older, as measured by the Healthy Eating Index, by age group and poverty status, 1994 to 1996

Dietary quality plays a major role in preventing or delaying the onset of chronic diseases. The Healthy Eating Index (HEI) is a summary measure of dietary quality. The HEI consists of 10 components, each representing a different aspect of a healthful diet based on the U.S. Department of Agriculture’s Food Guide Pyramid and the Dietary Guidelines for Americans. Scores for each component are given equal weight and added to calculate an overall HEI score with a maximum value of 100. An HEI score above 80 indicates a good diet, an HEI score between 51 and 80 signals a diet that needs improvement, and an HEI score below 51 indicates a poor diet.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Poverty status among persons age 65 or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 TO 64</td>
<td>13% Good, 70% Needs improvement, 18% Poor</td>
</tr>
<tr>
<td>65 OR OLDER</td>
<td>21% Good, 67% Needs improvement, 13% Poor</td>
</tr>
<tr>
<td>BELOW POVERTY</td>
<td>13% Good, 66% Needs improvement, 21% Poor</td>
</tr>
<tr>
<td>ABOVE POVERTY</td>
<td>22% Good, 67% Needs improvement, 11% Poor</td>
</tr>
</tbody>
</table>

Note: Dietary quality was measured using the Healthy Eating Index. See “Indicator 6: Poverty” for information on the definition of poverty. The data were collected between 1994 and 1996. Reference population: These data refer to the civilian noninstitutional population. Source: Continuing Survey of Food Intakes by Individuals.

- Diets were rated “good” for a higher percentage of the population age 65 and older (21 percent) than for persons ages 45 to 64 (13 percent). Even so, a majority of older persons reported diets that needed improvement (67 percent).
- Older persons living in poverty were more likely to report a poor diet (21 percent) than were older persons living above the poverty level (11 percent).
- Older persons’ scores were lowest for the components of the Healthy Eating Index measuring daily servings of fruit and milk products. Older persons’ scores were best for the components of the index measuring cholesterol intake and the variety of the diet.

Data for this indicator can be found in Tables 23a and 23b on page 84.
The fear of crime is an important concern among persons of all ages. Although older persons may be more fearful of violent crime, they are more likely to be victims of property crime.

Data for this indicator can be found in Table 24 on page 85.