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Opportunities Challenges Choices

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A Profile of South Carolina's Older Population



Mature Adults Count 2006

Lieutenant Governor's Office on Aging



ANDRÉ BAUER
LIEUTENANT GOVERNOR

State of South Carolina
Office of The Lieutenant Governor

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A Message from the Lieutenant Governor

I am pleased to present the fourth edition of *Mature Adults Count: Opportunities, Challenges and Choices*. The Mature Adults Count report is a statistical profile of South Carolina's mature adults that provides us with a framework within which we can begin to address the opportunities, challenges and choices that we, as a state and its citizens, face over the next twenty years – a time during which our state's senior population is projected to double. This change in the demographic makeup of our population will require a change in the ways that local and state governments, private organizations, individuals and their families view aging and a host of related issues that touch on economics, health care, employment and culture.

It's been said many times, but it bears repeating, the baby boom generation in the United States has reshaped our society at every step of their journey through life. There's no reason to believe that their senior years will be any different. Opportunities for economic development abound for South Carolina, as more and more affluent retirees from other parts of the country discover what we have always known: South Carolina is a great place to live.

We have the opportunity to utilize this engine of growth both to create jobs for our citizens and build the resources and infrastructure that can improve the lives of all of our retirees in their later years. If we are successful in meeting the challenges presented by an aging population with smart, evidence-based policies that keep our seniors healthy, independent and productive, then South Carolina will be a state where seniors enjoy an enhanced quality of life, contribute to communities, have economic security, and receive supports necessary to age with choice and dignity.

A handwritten signature in cursive script, appearing to read "André".

André Bauer

Acknowledgements

Opportunities, Challenges and Choices is a product of the Lieutenant Governor's Office on Aging and represents a cooperative effort with the many organizations who serve and advocate for mature adults throughout South Carolina.

We appreciate the contributions of both the staff from the Lieutenant Governor's Office on Aging and the many state and local organizations that provided information for this report.

We express our special thanks for the hard work and dedication of the staff at the South Carolina Budget and Control Board, Office of Research and Statistics. This study would not be possible without their assistance.

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For the past 10 years, a series of Mature Adults Count publications has recorded and tracked statistics about South Carolinians aged 50 and above. This is the latest report, *Mature Adults Count: Opportunities, Challenges and Choices*. It describes how our older population is in the process of doubling in size, and how decision-makers and policymakers may find both opportunity and challenge as they make choices about how our state will react to the tremendous demographic changes that are occurring in South Carolina.

The state's 60-plus population is expected to double to 1.3 million by 2025. South Carolina's growth rate of older adults over the past decade ranked ninth in the nation.

Maturing baby boomers comprise a senior community growing from two directions: the in-migration of retirees moving to our state and our indigenous aging population. These demographic changes will result in two senior communities with different expectations and needs for public services.

Our more affluent in-migrants will fuel the economy while expecting scenic beauty, recreational and cultural opportunities and modest taxes while our less fortunate seniors will depend on state services including Medicaid, housing, transportation, and other social services. The synergy between the two senior communities can benefit our state economically if we plan well for our future.

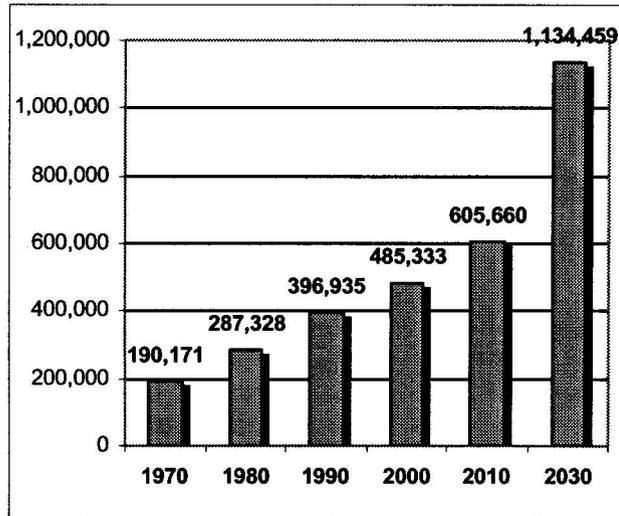
In April 2005 the state held a state-level White House Conference on Aging in Myrtle Beach and in December the federal government held the National White House Conference on Aging Washington DC. As a result of these conferences, a number of critical issues noted in earlier issues of the Mature Adults Count reports have begun to be addressed. The Baby Boom generation is fast becoming the Senior Boom. The growth of the senior population in South Carolina presents both business opportunities and challenges that must be addressed in a partnership between the corporate community and public sector if we are to assure a sustainable quality of life.

South Carolina's Critical Issues

- Maximizing the opportunities that the in-migration of affluent mature adults presents for economic growth and improving our tax base.
- Encouraging the private sector to create the services our aging population is clearly willing to purchase.
- Planning to meet our aging population's health needs and support a sustainable quality of life.
- Managing the workforce issues presented by caregivers who are torn between careers and family responsibilities.
- Encouraging personal responsibility so that certain inevitable services like long-term care are purchased by individuals rather than funded as entitlements.

The aging population in South Carolina is growing rapidly. The U.S. Census Bureau projects that by the year 2030, the state's 65 and over population will be nearly double what it was in 2000. About 1.1 million people who are 65 and over are expected to live in South Carolina in 2030, compared with 485,333 people in 2000.

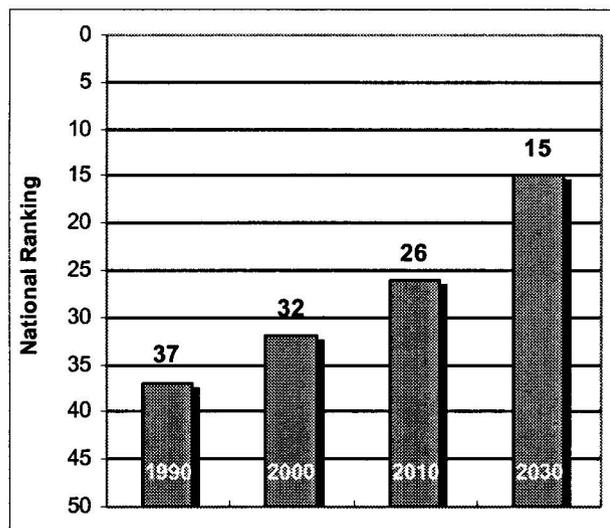
South Carolina 65+ Population and Population Projections: 1970-2030



Source: U.S. Census Bureau, Census 1970-2000. U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

In 2000, South Carolina ranked 32nd in the nation for the highest percentage of people aged 65 and older. By 2030, the state is projected to rank 15th in the nation.

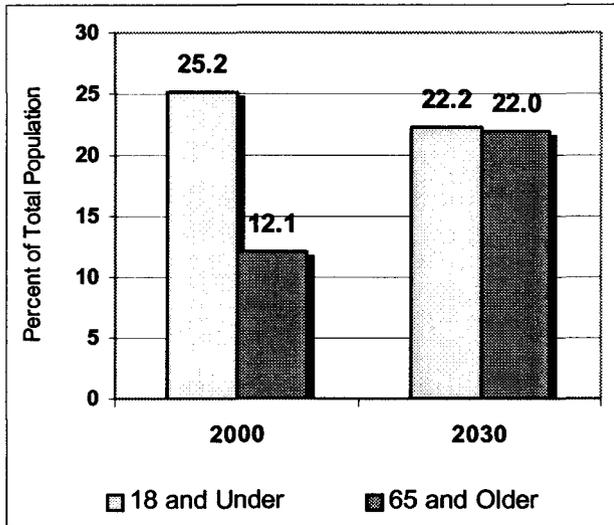
South Carolina State Ranking for Highest Percentage of 65+ Population: 1990 - 2030



Source: U.S. Census Bureau, Census 1990-2000. U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

If these projections are correct, there will be almost as many people older than 65 as there will be children younger than 18 by 2030. This marks a major shift in population from the 2000 Census, which showed twice as many children younger than 18 as adults aged 65 and over.

South Carolina Population and Population Projections by Age Group: 2000 and 2030



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

This increase in South Carolina’s older population can be attributed to several factors, including the aging of the Baby Boomer population and South Carolina’s attractiveness as a retirement destination due to its mild climate and low cost of living. Affluent retirees will fuel the economy as they move to the state in the coming years. Our often less-wealthy indigenous population is also rapidly aging, causing a strain on state services including Medicaid. If we plan well for our future, however, we can improve the quality of life for both of these groups of seniors.

In the coming years, South Carolina will face a number of opportunities, challenges and choices associated with the growth of the aging population:

Opportunities:

- With in-migrants coming to South Carolina in increasing numbers, South Carolina needs to address how we can best utilize this trend of more affluent mature adults coming to the state as a growth engine to offset the impact of the loss of manufacturing jobs due to globalization. This economic growth can help lessen the impact of our less fortunate seniors who will need services in the future.
- The Center for Carolina Living has conducted significant research on individuals and families in the relocation process. Of those inquiring for information on relocation, 43% are 50 and older based upon their surveys. According to the Center on Carolina Living these new in-migrants should bring an average of \$800,000 to \$1,000,000 in net worth prior to moving for retirement.
- Based upon a study conducted by Clemson University in 1998 (Consequences and Benefits Study) actual movers of all ages have annual household incomes of \$110,000 per year. Recent surveys conducted by the Center for Carolina Living of pre-move households show annual incomes of \$119,000 (2005 survey of 8,000-plus households).
- South Carolina ranked 5th in the nation for net in-migrants aged 60+ from 1995-2000 (U.S. Census and Dr. Charles Longino, Retirement Migration in America, 2005). Dr. Longino also reports that 40.3% of all 60+ households migrating to South Carolina in this time period had incomes greater than \$50,000 annually, which was 6% higher than the national average of relocating retirees.
- Center for Carolina Living surveys indicate that in-migrants are highly educated with

skills and expertise that will either create businesses on their own or help create new business through serving their needs.

- Based upon studies done by USC and the South Carolina Department of Parks, Recreation and Tourism in 1998, as well as studies done by the University of Arkansas, each new affluent household creates an economic impact ranging from a minimum of ½ of a new job statewide to 3.7 new jobs in rural areas.
- According to the Center for Carolina Living statistics, approximately 80% of new in-migrants of all ages have college degrees, and 14% move or start new businesses.
- Each new in-migrant household offers the opportunity for volunteering their experience and talents to various social and civic activities in their respective communities, thus helping to enrich and protect the local culture.
- A comprehensive study of in-migrating mature adults would address some people's concerns about what policy the State of South Carolina should take in encouraging affluent mature adults to come to South Carolina for retirement. Many studies indicate that the in-migration of mature adults represents a net economic benefit.
- As many employers shift from standard pension programs or drop them entirely, and reduce or eliminate health insurance coverage for retirees and their dependents, mature adults will need to take responsibility for this transition through financial literacy and planning.
- Seniors, especially those living in rural areas, will need affordable and reliable transportation.
- The sandwich generation of younger workers faces caregiving for aging parents or other relatives, while raising their own children. They will need to cope with this and plan for their retirement at the same time.
- South Carolina's infrastructure is inadequate to address the many medical needs of our aging population. The number of nursing homes and other long-term care facilities will have to increase to handle the growing elderly population. We also need to increase the ability of our seniors to remain at home and avoid higher cost institutional care whenever possible.
- Medical personnel must be attracted and retained to meet the needs of the aging population.

Challenges:

- Affordable health care will be an important issue to mature adults. Decisions made concerning Social Security, Medicare, Medicaid and privately funded health care will have to account for the growing number of mature adults.
- With improved preventative medical care and healthier lifestyles, many older adults may outlive their financial resources.
- In order to address the many opportunities and challenges that South Carolina faces, government, businesses, individuals and families must work together to make educated choices so that the future will bring positive outcomes rather than greater problems. The following are areas where choices need to be made:
- Individuals and families must realize that resources of government and the private sector are limited and that individuals and

families must take personal responsibility for their future.

- Government and business must work together to create the necessary medical infrastructure so that our mature adults have access to needed medical care and have the option of choice through community-based service options.
- As the demographics of the workforce change, many seniors will want or need to work longer. Employers will need to adapt to this phenomenon in order to prevent the loss of older, experienced workers. Employers will need to consider flexible options for work through sharing jobs, telecommuting and part time work.
- Organizations that provide services to seniors will need increased funding. However, these organizations need to adapt to a world where tax resources and the willingness of the state's citizens and businesses are limited. Service providers must recognize that increased investment of tax dollars in services will require greater accountability showing that these services make a difference and are cost effective. They will also need to adapt creatively to the growing market and need for services from our state's mature adults who are willing and able to purchase these services.
- Communities will need to look at how attractive they are to these in-migrants and

also address how they can make their communities more livable for all mature adults.

- The Lieutenant Governor's Office on Aging is moving toward greater accountability through its effort to use data to help state policymakers, the private sector and the public to make wise choices to address the opportunities and challenges of our aging population. *Mature Adults Count* is part of that effort. The office is also using evidence based research through its Performance Outcomes Measurement Project grants to show the value of state and federally funded home and community based services to reduce usage of higher cost services funded by Medicaid and Medicare. A third step is the creation of the Seniors' Cube funded by the Duke Endowment. The Seniors' Cube is a web-based analytical health care data warehouse which will help policymakers and researchers target how to use limited tax resources to invest in those services which allow our state's citizens remain at home and avoid more costly publicly funded institutional services.

Through the use of data from the Census Bureau and various state agencies, we hope to create an accurate and insightful picture of our state's many and diverse seniors. The data in *Mature Adults Count* can be a useful tool for policymakers as they address the opportunities, challenges and choices in the future.

Population By Age

According to population estimates from the U.S. Census Bureau, there were 520,392 people aged 65 and over in South Carolina in 2004, comprising 12.4 percent of the total population. There were 59,451 people aged 85 and older, who made up 1.4 percent of the state's total population.

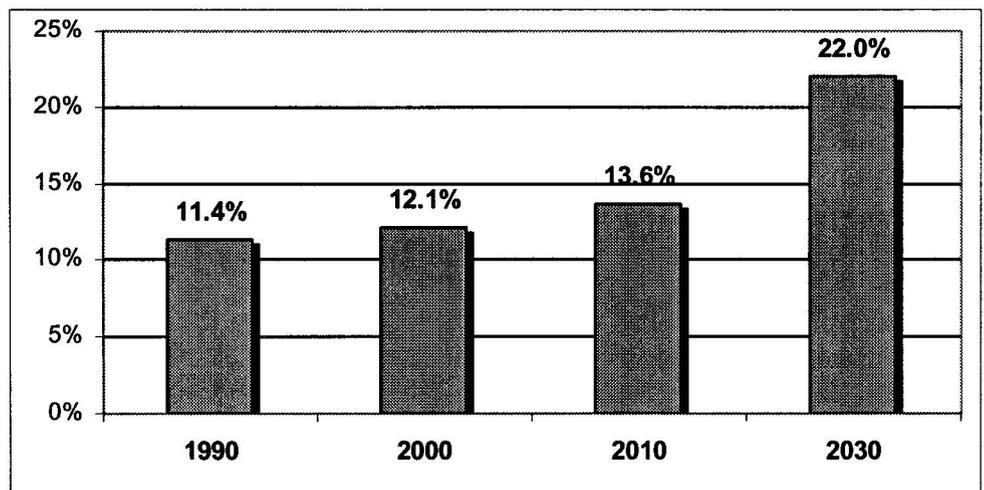
South Carolina Population by Age: 2000 and 2004

Age Group	2000 Census Population	July 1, 2004 Population Estimate	% of Total 2004 Population	% Change 2000-2004
50 Years and Over	1,120,787	1,255,360	29.9	12.0
60 Years and Over	651,482	718,375	17.1	10.3
65 Years and Over	485,333	520,392	12.4	7.2
75 Years and Over	215,285	234,692	5.6	9.0
85 Years and Over	50,269	59,451	1.4	18.3

Source: Population Division, U.S. Census Bureau.

According to Census Bureau projections, the percentage of South Carolinians who are aged 65 and over will increase dramatically by the year 2030. In the 2000 Census, 12.1 percent of the population was aged 65 and older. By 2010, the 65 and older population will make up 13.6 of South Carolina's population. By 2030 they are projected to make up 22.0 percent of the population – a 133.7 percent increase from 2000. South Carolina is projected to rank 15th in the nation in 2030 for highest percentage of the population aged 65 and older.

South Carolina 65+ Population as a Percent of Total Population

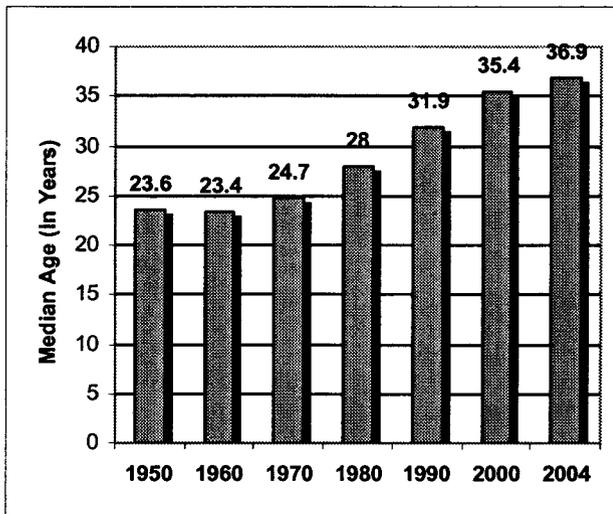


Source: U.S. Census Bureau, Census 1990-2000. U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

Another indication of the aging of South Carolina's population is the increase in median age. The median age divides the population's age distribution into two equal parts, with one-half of the population falling below the median

value and one-half above the median value. In 1950, the median age in South Carolina was 23.6. By 2000, the median age had increased to 35.4. According to estimates from the U.S. Census Bureau, the median age was even higher in 2004, growing to 36.9. The median age for the United States in 2004 was 36.2, making South Carolina's residents slightly older than the national average.

Median Age in South Carolina: 1950-2004



Source: U.S. Census Bureau.

Internal Migration of the 65+ Population

Many retirees move to South Carolina due to its warm climate and tax advantages. South Carolina's geographic location and its emphasis on tourism can also explain much of the state's attractiveness to retirees. In fact, the South Carolina counties that have attracted the largest in-migration of retirees (like Beaufort, Georgetown and Horry) are major tourist destinations, reflecting the tendency for people to retire where they have previously vacationed.

In 2005, the Tax Foundation ranked South Carolina 33rd in the nation in terms of highest state and local tax burden. The state and local tax burden for South Carolina was 9.7 percent, while

the national average state and local tax burden was 10.1 percent. South Carolina taxpayers paid \$2,976 per capita for state and local taxes. When considering per capita state taxes only, South Carolina ranks 43rd nationally for 2004 based upon Census data. South Carolina taxpayers paid \$1,621 per capita for state taxes in 2004.

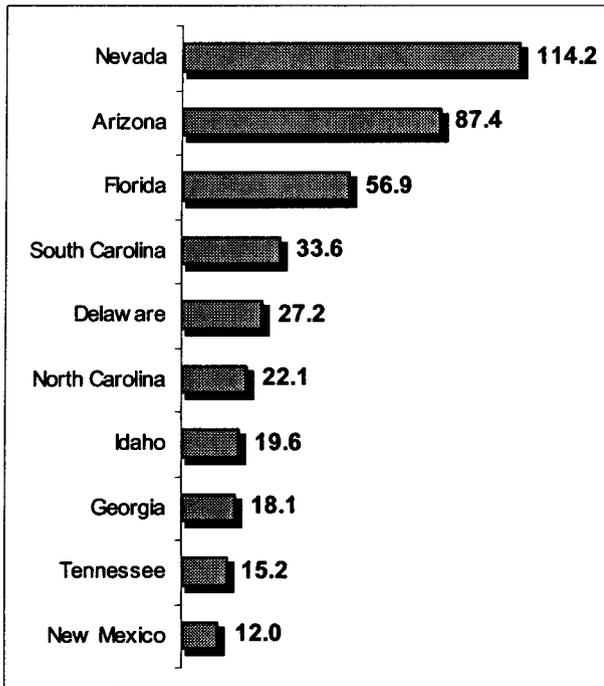
The Tax Foundation also ranked South Carolina 35th in the nation for highest per capita state and local property tax collections in 2002. South Carolina's per capita property tax was \$754, compared with the national average of \$971.

Studies have shown that most migrant retirees are "amenity migrants," looking for places like South Carolina that will provide a new and better lifestyle. Among the most sought-after amenities are a low crime rate, low overall cost of living, mild climate, friendly neighbors and large cities nearby. These more affluent retirees stimulate economic growth in the state, helping to offset the strain to state resources caused by South Carolina's often less wealthy indigenous seniors.

Between 1995 and 2000, there were 31,789 people aged 65 and older who moved to South Carolina from another state. During the same time period, 16,029 people aged 65 and over moved out of South Carolina to some other state, for a net migration of 15,760 residents aged 65 and over. South Carolina's net migration rate for the period between 1995 and 2000 was 33.6, ranking fourth in the nation in terms of net migration gain for people aged 65 and older.

The net migration rate is based on an approximated 1995 older population, which is the sum of people 65 years and over in 2000 who reported living in an area in both 1995 and 2000 and those who reported living in that area in 1995 but had moved elsewhere. The net migration rate divides net migration, which is immigration minus outmigration, by the approximated 1995 population and multiplies the result by 1,000.

States with the Highest Net Migration Rates for the Population 65 Years and Over: 1995 to 2000



Source: U.S. Census Bureau, Census 2000.

South Carolina attracted most of its older movers from North Carolina, New York, and Florida. The following table ranks the top ten states for people aged 65 and older who moved to South Carolina between the years 1995 and 2000:

Top States for 65+ Movers to South Carolina Between 1995 and 2000

Rank	Residence in 1995	Movers Aged 65 and Over	% of Movers Aged 65 and Over
1	North Carolina	4,336	13.6
2	New York	3,951	12.4
3	Florida	3,429	10.8
4	Georgia	2,502	7.9
5	New Jersey	1,935	6.1
6	Pennsylvania	1,920	6.0
7	Virginia	1,525	4.8
8	Ohio	1,489	4.7
9	Maryland	1,093	3.4
10	Connecticut	985	3.1

Source: U.S. Census Bureau, Census 2000, special tabulation.

Place of Birth and Citizenship

Among South Carolina's population aged 60 and older in 2000, 97.8 percent were native-born, meaning that they were born in the United States, Puerto Rico, or the U.S. Island Areas. People who were born in a foreign country but have at least one American parent also are included in this category. Among the native population aged 60 and older, 64.3 percent were born in South Carolina, 35.4 percent were born in another state in the United States, and 0.3 percent were born outside the United States.

The remaining 2.2 percent of the 60-plus population in South Carolina was foreign-born, meaning that they were not U.S. citizens at birth. Of the older foreign-born population in 2000, 75.7 percent were naturalized citizens and 24.3 percent were not citizens.

The percentage of the older population who are native-born tends to increase slightly with age. While 97.8 percent of the 60-plus population in South Carolina was native born in 2000, 98.0 percent of the 65-plus population and 98.3 percent of the 75-plus population were native-born.

Foreign-Born and Native Population by Age Group: 2000

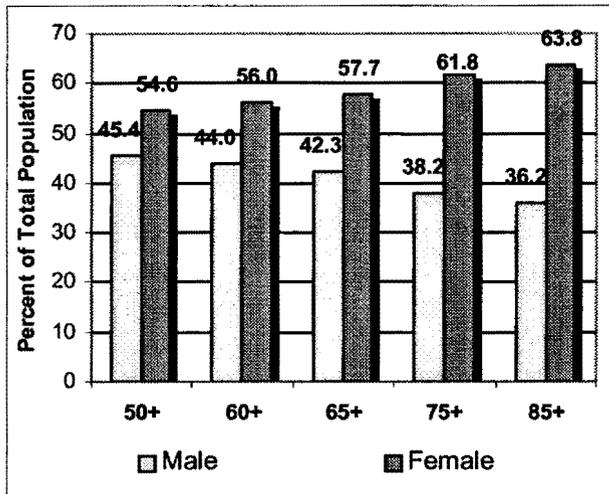
	65+		75+	
	#	%	#	%
Native Born Population	475,945	100.0	208,795	100.0
Born in South Carolina	309,445	65.0	140,150	67.1
Born in Other State	165,200	34.7	68,090	32.6
Born Outside the U.S.	1,305	0.3	555	0.3
Foreign Born Population	9,900	100.0	3,680	100.0
Naturalized Citizen	7,750	78.3	3,070	83.4
Not a Citizen	2,145	21.7	605	16.4

Source: U.S. Census Bureau, Census 2000 special tabulation.

Gender

As the population ages, women begin to outnumber men. According to 2004 estimates from the American Community Survey, 54.6 percent of the population aged 50 and over was female. For the 85 and over population, the percentage of females had increased to 63.8.

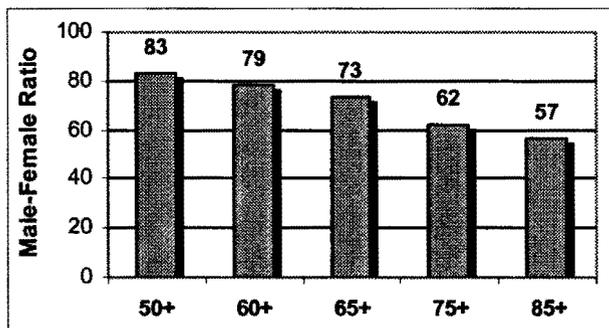
South Carolina Population by Age and Gender: 2004



Source: U.S. Census Bureau, 2004 American Community Survey.

The male-female ratio (the number of men multiplied by 100 and divided by the number of women) drops steadily with age. For the South Carolina population aged 50 and over in 2004, the male-female ratio was 83, meaning that there were 83 men for every 100 women in that age range. For the 85 and over population, the ratio had dropped to 57 men per 100 women.

Male-Female Ratio in South Carolina: 2004



Source: U.S. Census Bureau, 2004 American Community Survey, Table B01001.

The median age for females is consistently higher than that for males. South Carolina's median age for both genders was slightly higher than the national average in 2004.

Median Age by Gender: 2000 and 2004

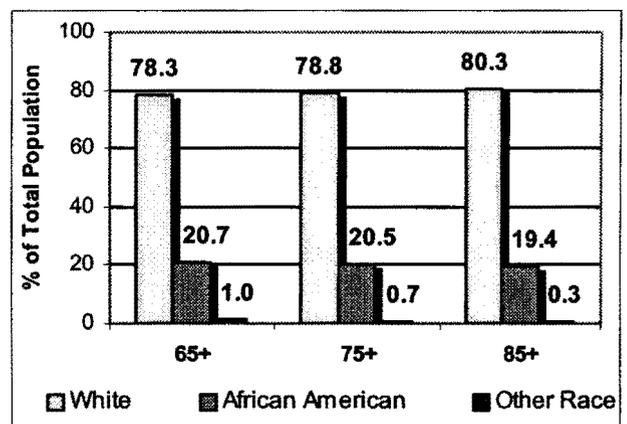
	South Carolina		United States	
	2000	2004	2000	2004
Male	34.0	35.3	34.0	35.0
Female	36.7	38.4	36.5	37.4

Source: U.S. Census Bureau, Census 2000 and 2004 American Community Survey.

Race

In 2004, the 65 and older population in South Carolina was 78.3 percent White alone, 20.7 percent African American alone, and 1.0 percent other races. Other races include the Census Bureau's race groupings of Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Some Other Race, and Two or More Races. Less than 1 percent of South Carolina's population aged 65 and over was of Hispanic or Latino origin.

South Carolina Population by Age and Race: 2004



Source: U.S. Census Bureau, 2004 American Community Survey, Tables B01001 and B01001A-G.

In the 2000 Census, South Carolina's 65 and older population was 77.6 percent White alone, 21.4 percent African American alone, 1.0 percent other races, and 0.6 percent Hispanic or Latino.

South Carolina's Older Population by Age Group and Race: 2004

	55+		65+		75+		85+	
	#	%	#	%	#	%	#	%
Total Population	938,209	100.0	489,220	100.0	208,709	100.0	41,579	100.0
White Alone	719,717	76.7	382,838	78.3	164,436	78.8	33,381	80.3
African American Alone	204,620	21.8	101,413	20.7	42,804	20.5	8,055	19.4
Other Races	13,872	1.5	4,969	1.0	1,469	0.7	143	0.3
Hispanic or Latino	7,179	0.8	2,296	0.5	425	0.2	131	0.3

Note: A person of Hispanic or Latino origin is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, *regardless of race*.

Source: U.S. Census Bureau, 2004 American Community Survey, Tables B01001 and B01001A-I.

Educational Attainment

Education levels for the older population tend to be lower than those for the middle-aged population. In 2004, over two-thirds (67.2 percent) of the population 65 and older had completed high school or had more education. 32.8 percent of the South Carolina population 65 and over had less than a high school education, and 16.2 percent had less than a 9th grade education. In contrast, 82.8 percent of the population ages 45-64 had a high school education or higher, 17.2 percent had less than a high school education, and only 5.4 percent had less than a 9th grade education.

Educational Attainment for the Population Aged 45-64 and 65+ in South Carolina: 2004

	Ages 45-64		Ages 65+	
	#	%	#	%
Total 65+ Population	1,040,072	100.0	489,220	100.0
Less Than 9th Grade	56,416	5.4	79,435	16.2
Less Than High School Graduate	178,821	17.2	160,257	32.8
High School Graduate or Higher	861,251	82.8	328,963	67.2
Bachelor's Degree or Higher	260,869	25.1	95,991	19.6
Graduate or Professional Degree	101,350	9.7	32,464	6.6

Source: U.S. Census Bureau, 2004 American Community Survey, Table B15001.

Marital Status

As the population ages, the percentage of people who are married or divorced tends to decrease while the percentage who are widowed increases. For the population 50 years and older in 2004, 63.6 percent were married with their spouse present, 16.0 percent were widowed and 11.5 percent were divorced. For the population 75 years and older, 45.5 percent were married with their spouse present and 47.0 percent were widowed. Only 2.9 percent of the population 75 and older was divorced.

Marital Status in South Carolina by Age Group: 2004

Marital Status	50+	55+	60+	65+	75+
Never married	4.9%	3.8%	3.2%	3.1%	2.4%
Married, spouse present	63.6%	62.9%	60.7%	57.1%	45.5%
Married, spouse absent	4.1%	3.5%	3.0%	2.5%	2.1%
Widowed	16.0%	20.0%	24.8%	31.3%	47.0%
Divorced	11.5%	9.8%	8.2%	6.0%	2.9%

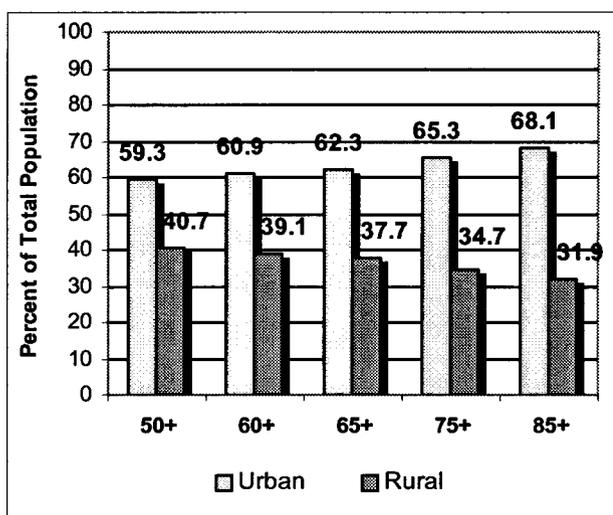
Source: U.S. Census Bureau, 2004 American Community Survey, Table B12002.

Urban and Rural Population

The number of older adults living in rural areas is an important issue in South Carolina, since

many rural seniors have to travel long distances to receive medical and other services. Seniors living in urban areas enjoy greater economic resources, improved access to health care services, fewer risks for unintentional injury, and increased availability of social supports. According to 2000 Census data, 40.7 percent of South Carolina's population over 50 lived in rural areas. In the same year, 31.9 percent of the population 85 years and older lived in rural areas.

South Carolina Urban and Rural Population by Age Group: 2000



Source: U.S. Census Bureau, Census 2000.

Grandparents Raising Grandchildren

According to the 2004 American Community Survey, an estimated 2.4 million grandparents nationwide are responsible for their grandchildren under 18 years old. Many grandparents caring for grandchildren, especially those without legal custody, face problems not encountered by biological parents. They may have difficulties placing the children on their health insurance policies, obtaining affordable housing in which they can live with the children, or enrolling the children in school.

There are many reasons that parents may be

unable to care for their children, often placing responsibility for their care on grandparents who want to avoid seeing the children placed in the foster care system. Possible reasons for the increase in parents who rely on grandparents to take responsibility for their grandchildren include: death of a parent, substance abuse, child abuse or neglect, teenage pregnancy, incarceration, AIDS and other medical problems, and poverty.

In South Carolina in 2004, 97,004 grandparents were living with their grandchildren under the age of 18, and 53,881 of these grandparents (55.5 percent) were responsible for their grandchildren. Among grandparents responsible for their grandchildren, 37,446 (69.5 percent) were between the ages of 30 and 59, and 16,435 (30.5 percent) were aged 60 and older.

Becoming responsible for a grandchild can have a significant impact on a grandparent's finances. Nearly thirty percent of South Carolina's grandparents responsible for grandchildren in 2004 had incomes below poverty in the past twelve months. More than half of the state's grandparents raising grandchildren were in the labor force in 2004 (60.9 percent). Among grandparents aged 60 and older who were responsible for their grandchildren in 2004, 34.1 percent were still in the labor force.

According to an analysis of data from the 2002 and 2003 American Community Surveys, there were 21,375 workers in South Carolina aged 45 and older who were responsible for their grandchildren. These grandparents account for 2.9 percent of all workers aged 45 and older.

Of the 53,881 grandparents responsible for their own grandchildren in 2004:

- 12.0 percent had been responsible for their grandchildren for less than six months.
- 2.8 percent had been responsible for six to eleven months.

- 26.4 percent had been responsible for one or two years.
- 20.9 percent had been responsible for three or four years.
- 37.9 percent had been responsible for five years or more.

Planning for Retirement

A secure retirement is typically supported by four components: Social Security, pension and savings, continued earnings, and affordable health insurance. All four are facing increasing pressures in today's economy, causing many older Americans to retire later than planned or to return to work. According to the EBRI Retirement Confidence Survey, workers of all ages are planning to retire later now than they were in 1995.

Expected Age at Retirement, 1995 and 2005

Expected Age At Retirement	All Workers		Ages 45-54		Ages 55+	
	1995	2005	1995	2005	1995	2005
Less Than 60	21%	16%	16%	14%	7%	6%
Ages 60-64	24%	19%	28%	20%	26%	31%
Age 65	35%	26%	39%	25%	31%	19%
Age 66 or Older	15%	24%	11%	26%	25%	24%
Never Retire	—	6%	—	8%	—	8%
Don't Know/Refused	5%	9%	6%	7%	11%	11%
<i>Median Expected Age</i>	65	65	65	65	65	65

Source: Employee Benefit Research Institute and Matthew Greenwald & Associates, Inc. 1995 and 2005 Retirement Confidence Surveys.

Financial experts estimate that most retirees will need a post-retirement income equaling 70 percent of their pre-retirement income in order to ensure a secure retirement. For those earning lower incomes, post-retirement incomes of 90 percent or more are required.

Social Security

Social Security is currently an important topic of national discussion due to questions about its long-term financing. These financing problems are due to a number of factors, including longer life expectancy, the Baby Boomer population nearing retirement age, and a lowered birth rate. As a result, the ratio of workers to Social Security beneficiaries has fallen from 16.5-to-1 in 1950 to 3.3-to-1 today. Within 40 years, the ratio will be 2-to-1, which will be too few workers to pay scheduled benefits at current tax rates. As of the publication date of this document, there were no plans to cut Social Security benefits to current retirees or "near-retirees," defined as people aged 55 and older.

Current plans for reforming Social Security involve combinations of four basic alternatives:

- Increasing payroll taxes.
- Decreasing benefits.

- Using general revenues.
- Pre-funding future benefits through personal savings accounts or direct investments of the trust funds.

According to the Social Security Administration, benefits were paid to 750,970 persons in South Carolina in December 2004. Of these, 453,910 were retired workers. Retired workers in the state received an average monthly benefit of \$931 per month. Social Security beneficiaries represented 93.2 percent of the state's population aged 65 and older.

According to data from the 2000 Census, there were 141,990 beneficiaries aged 60 and over in South Carolina for whom Social Security was their only source of income.

Older women typically receive less from Social Security than older men do. Social Security benefits are based on the amount of salary earned, the number of years worked, and age at retirement. Since many women spend time out of the labor force to raise children, their Social Security checks are generally smaller. Nationally, over half of Social Security beneficiaries are women, and for one in four it is their only source of income in retirement.

According to 1999-2001 data from the Current Population Survey, the median annual Social Security benefit for South Carolina women aged 62-74 was \$6,814, compared with \$10,193 for men in the same age range. For women aged 75 and older, the median annual benefit was \$8,574, compared with \$10,236 for men. This data includes people receiving Social Security pensions and survivor benefits, as well as permanent disability payments made by the Social Security Administration.

Pensions and Savings

Once considered a cornerstone of retirement, standard pension plans are now being offered

by fewer companies. According to the U.S. Department of Labor, only 57 percent of employees in private establishments had access to retirement benefits in 2002. Only 12 percent of workers aged 55 and over in 2005 expected a workplace retirement plan to be their largest source of income in retirement. An additional 20 percent expected their largest source of income would be an employer-provided pension that pays a set amount each month for life in retirement.

Largest Expected Source of Income in Retirement: 2005

	Ages 45-54	Ages 55+
Workplace retirement savings plan	15%	12%
Other personal savings or investments	19%	15%
Social Security	22%	33%
Employer-provided pension that pays a set amount each month for life in retirement	18%	20%
Employment	10%	5%
Sale or refinancing of home	3%	6%
An inheritance	2%	2%
A lump-sum distribution from an employer-provided cash balance or defined benefit plan	2%	2%
Support from children or other family members	0%	2%
Don't know/refused	9%	3%

Source: Employee Benefit Research Institute and Matthew Greenwald & Associates, Inc. 2005 Retirement Confidence Survey.

Many companies are freezing or ending pension plans for their employees due to the increasing cost of pension plans and regulatory uncertainty. While this is to be expected in financially troubled industries such as airlines and steel, even financially strong companies such as Verizon Communications and Hewlett-Packard announced in 2005 that they would be ending guaranteed pensions. To offset the loss of pension benefits, many employers have begun increasing matching contributions to their 401(k) plans. Middle-aged workers who have worked for the same company for years are the hardest hit when a pension is frozen because they have

fewer years of work left and higher 401(k) matches will not make up for the loss of pension benefits.

According to Watson Wyatt Worldwide, a human resources consulting firm, the number of Fortune 1,000 companies who terminated or froze their defined-benefit pension plans increased dramatically in 2004.

Frozen or Terminated Pensions: 2001-2004

Year	Frozen or Terminated Plans	% of Sponsors with Frozen or Terminated Plan
2001	34	5%
2002	39	6%
2003	45	7%
2004	71	11%

Source: Watson Wyatt Worldwide, survey of Fortune 1,000 firms.

Another threat to retirement income is the growing amount of debt among older Americans. Nationwide, the average self-reported credit card debt of seniors over 65 increased by 89 percent between 1992 and 2001, to \$4,041. About one-fifth of senior-headed households with credit card debt and incomes under \$50,000 were in a state of debt hardship in 2001. This means they spent more than 40 percent of their income on debt payments, including mortgage debt. The frequency of bankruptcy among seniors increased by 244 percent between 1991 and 2002. The reasons for this increase in debt among our older population include insufficient retirement funds, deregulation in the financial services industry, rising health care bills, and the necessity of major home repairs.

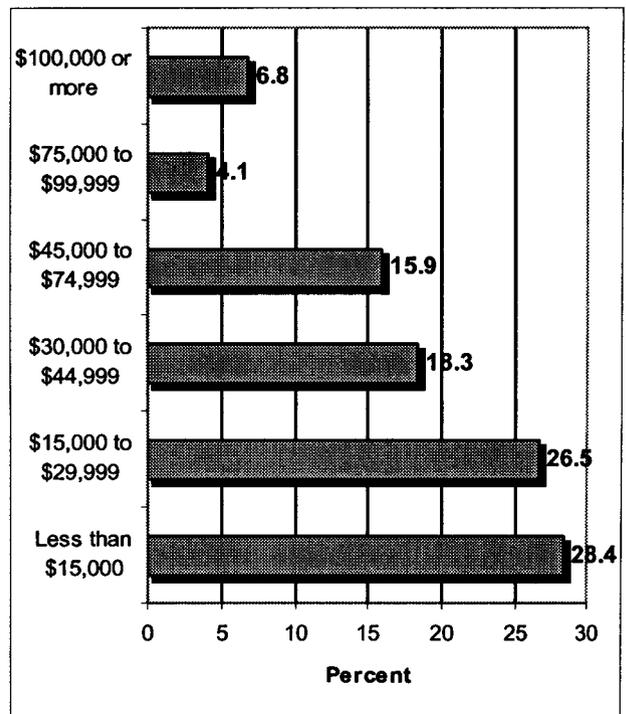
Income

Household income among households with householders aged 65 and older tends to be lower than the income among those who are under 65. In South Carolina in 2004, the median household income for householders aged 65 and older was

\$26,572. For householders aged 45 to 64, the median household income was \$47,737, and for those aged 25 to 44, it was \$44,322.

Of the 318,436 households in South Carolina with householders aged 65 and older, 28.4 percent were estimated to have household incomes less than \$15,000 in 2004. Only 6.8 percent of these households had a household income in excess of \$100,000 in 2004.

Household Income in 2004 for South Carolina Households with Householders Aged 65 and Older



Note: Income is in 2004 inflation adjusted dollars.

Source: U.S. Census Bureau, 2004 American Community Survey, Table B19037.

Households in South Carolina with householders aged 65 and older had aggregate household income of \$12,367,672,600 in 2004. These same households made up 19.8 percent of all South Carolina households in 2004, but reported only 14.5 percent of all household income.

Aggregate Household Income in the Past 12 Months by Age of Householder: 2004

Total aggregate household income in the past 12 months (in 2004 inflation-adjusted dollars):	\$85,302,903,100	100.0%
Householder under 25 years	\$2,846,218,400	3.3%
Householder 25 to 44 years	\$31,587,201,800	37.0%
Householder 45 to 64 years	\$38,501,810,300	45.1%
Householder 65 years and over	\$12,367,672,600	14.5%

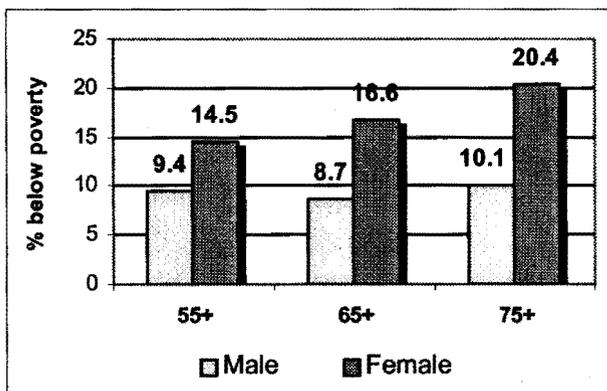
Source: U.S. Census Bureau, 2004 American Community Survey, Table B19050.

Poverty

As the population ages, the percentage of people living below the poverty threshold increases. In 2004, 12.2 percent of South Carolinians aged 55 and older lived below the poverty level. In the same year, 13.3 percent of the population aged 65 and older and 16.4 percent of the population aged 75 and older lived below poverty. The 2004 poverty threshold was \$9,060 for a householder aged 65 and older living alone, and \$12,971 for a two-person family with a householder aged 65 and older.

Older women, who typically have a longer life expectancy than men, are especially vulnerable to poverty. Among women aged 75 and older, 20.4 percent lived below poverty in 2004, compared with only 10.1 percent of men in the same age range.

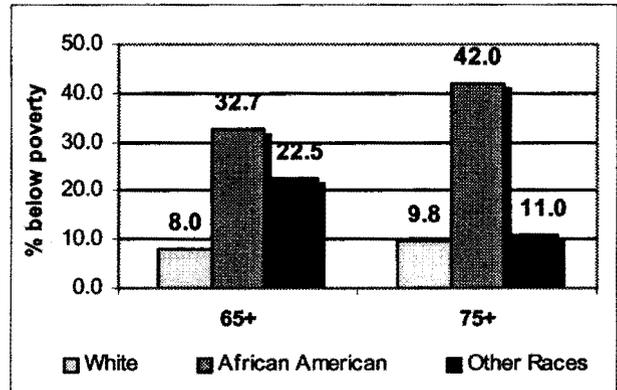
S.C. Population Below Poverty: 2004



Source: U.S. Census Bureau, 2004 American Community Survey, Table B17001.

Older African-Americans in South Carolina are more affected by poverty than seniors of other races. In 2004, 8.0 percent of the White population aged 65 and over lived below poverty, compared with 32.7 percent of the African American population. 22.5 percent of the population of other races aged 65 and over lived below poverty in 2004.

Population Below Poverty by Age and Race: 2004



Source: U.S. Census Bureau, 2004 American Community Survey, Table B17001A-I.

Labor Force and Employment

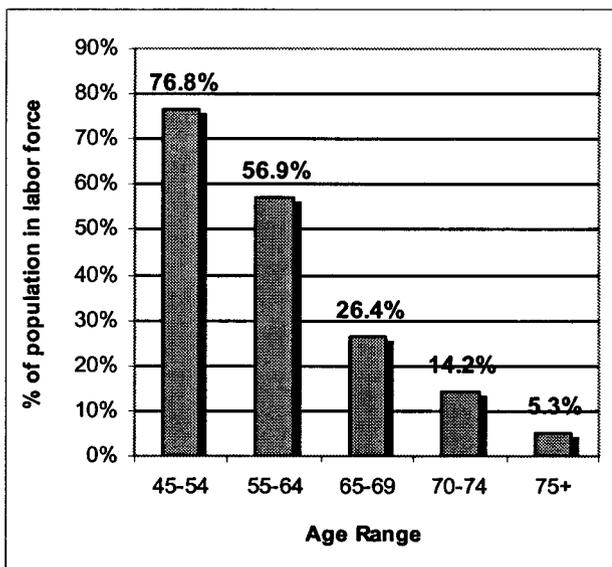
Workers aged 65 and older are increasingly choosing to remain in the labor force rather than retire. Factors such as decreased retirement benefits, rising health care costs, and the increase of grandparents raising grandchildren or caring for other relatives are contributing to this trend.

According to the 2004 American Community Survey, 14.1 percent of the population aged 65 and older was still in the labor force. Of the 69,103 seniors who were still in the labor force, 93.8 percent were employed and 6.2 percent were unemployed. In the 2000 Census, 13.5 percent of the population aged 65 and older was still in the labor force.

The labor force will be strongly affected over the next ten years by the aging of the baby boomers (those born between 1946 and 1964). According to the Bureau of Labor Statistics, the annual

growth rate of the 55-and-older population will be 4.1 percent between 2004 and 2014, or four times the growth rate of the overall labor force. During the same time period, the annual growth rate of the 25-to-54-year-old population will be only 0.3 percent. One consequence of this aging of the population is that there will be fewer young workers available to take the baby boomers' places in the workforce when they retire. In anticipation of this impending labor shortage, employers may have to become increasingly flexible in order to retain their older and more experienced employees.

**Population in Labor Force by Age Groups:
2004**



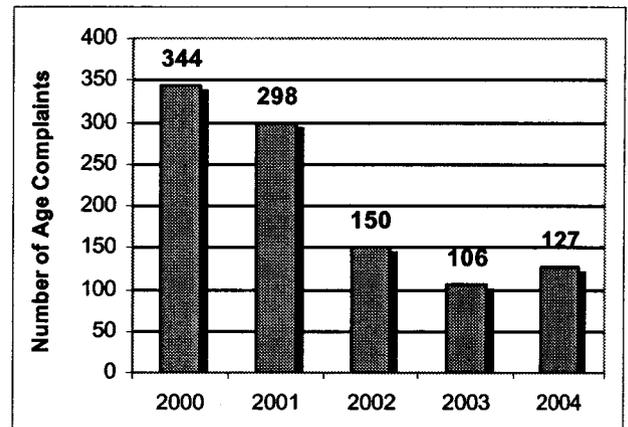
Source: U.S. Census Bureau, 2004 American Community Survey, Table B23001.

The unemployment rate for older workers of all ages is lower than that for the total population. In 2004, the unemployment rate for the population aged 65 and older in the labor force was 6.2 percent. The unemployment rate was slightly higher for the total South Carolina population aged 16 and older in the labor force, at 7.5 percent.

Older workers often face barriers to employment not encountered by younger employees. One such problem is age discrimination, which may

cause older workers to experience longer periods of unemployment when looking for a job or lower wages upon re-employment. In fiscal year 2003-04, the South Carolina Human Affairs Commission received 127 complaints of age discrimination.

Age Discrimination Complaints Received by the S.C. Human Affairs Commission in Fiscal Years 2000-2004



Source: South Carolina Human Affairs Commission.

Job displacement is another obstacle commonly faced by older employees. Workers may be displaced from their jobs due to a plant closing or relocation, insufficient work, or downsizing of their positions. Between 2001 and 2003, nearly 1.1 million workers aged 55 and older were displaced from their jobs. As of January 2004, only 52 percent of these displaced workers had found other employment.

Health Care Costs

Health care spending has accelerated in recent years, growing 7.9 percent in 2004 alone. These increases affect individuals, businesses and government in many ways, including higher insurance premiums, fewer retiree health benefits and more people living without health insurance.

In 2004, health insurance premiums went up 11.2 percent, the fourth double-digit increase in as many years, and continued to outpace general

inflation and wage growth. The increase in health care costs has led to a major decrease in the percentage of employers offering health benefits to future retirees - from 66 percent of large firms in 1988 to just 36 percent in 2004. This trend is particularly important to the 50-plus population since access to health benefits impacts when an individual can retire, as well as how one plans for health-related expenses during retirement.

Adults under age 65 can lose their health insurance coverage for a number of reasons, including death of a spouse, separation or divorce from a spouse, downsizing, and retiring before age 65 without retiree health insurance benefits. Americans between the ages of 50 and 64 are especially at risk when they are uninsured. They are more likely than younger people to develop a chronic disease such as cancer, diabetes, and heart disease, but are not eligible for coverage through Medicare until age 65.

Between 2000 and 2003, the number of 50 to 64 year-olds in the United States who were uninsured grew from 5.2 million to 6.4 million. According to 2003 data from the Current Population Survey, 15.4 percent of South Carolinians between the ages of 45 and 64 were uninsured.

Health Insurance Coverage for Older Adults in South Carolina: 2003

Age Range	Total Population	Insured		Uninsured	
45 to 54	568,039	478,870	84.3	89,169	15.7
55 to 59	209,768	186,701	89.0	23,067	11.0
60 to 64	187,627	151,447	80.7	36,180	19.3
65 to 80+	544,133	540,876	99.4	3,258	0.6

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2004.

Although the main reason for having health coverage is to protect against catastrophic or unpredictable health expenses, coverage does not necessarily protect everyone from high health care costs. Premiums and cost-sharing have been rising, and individuals are paying more

out-of-pocket for care not covered by their insurance, such as dental procedures, eye glasses, hearing aids, long-term care and prescription drugs.

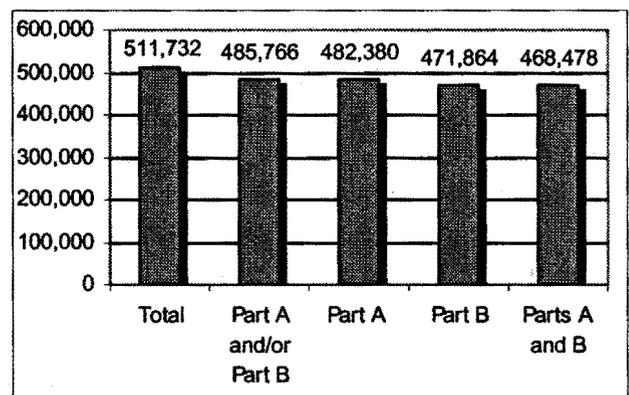
Medicare

Medicare is health insurance offered by the federal government to people aged 65 and older and to some younger people with disabilities. Medicare has two parts:

- Hospital Insurance (Medicare Part A) helps pay for hospital bills
- Medical Insurance (Medicare Part B) helps pay for doctor bills

Most people get Medicare Part A at no monthly cost. Part A typically covers care in hospitals as an inpatient, critical access hospitals, skilled nursing facilities, hospice care, and some home health care. Medicare Part B coverage is optional, and enrollees must pay a monthly premium for coverage. In 2006, Medicare Part B coverage cost \$88.50 per month. Part B typically covers doctors' services, durable medical equipment, outpatient hospital care, and other medical services that Part A does not cover, such as the services of physical and occupational therapists, and some home health care.

Medicare Enrollment for South Carolina's 65+ Population in 2003



Source: U.S. Census Bureau, Population Division and Centers for Medicare and Medicaid Services.

Most South Carolinians enroll in Medicare once they reach age 65. In 2003, 94.9 percent of the estimated population aged 65 and over was enrolled in Medicare Part A and/or Part B.

Because of the size and administrative structure of the Medicare program, it has been designated as a program at high risk for abuse by the General Accounting Office. The U.S. General Accounting Office estimates that \$1 of every \$7 spent on Medicare is paid inappropriately due to error, fraud, or abuse. The most common forms of Medicare fraud include:

- Billing for services not furnished,
- Misrepresenting the diagnosis to justify payment,
- Soliciting, offering, or receiving a kickback,
- Unbundling or “exploding” charges,
- Falsifying certificates of medical necessity, plans of treatment, and medical records to justify payment, and
- Billing for a service not furnished as billed.

Since 1995, the U.S. Administration on Aging has provided grants to support local Senior Medicare Patrols across the nation. These grants are used to develop public information campaigns and to train retired professionals to help older citizens in identifying and reporting potential waste, fraud, and abuse. Since 1997, complaints reported by Senior Medicaid Patrol projects have saved the Medicare and Medicaid programs \$104.2 million. In 2005, the Administration on Aging awarded \$9.4 million to 64 Senior Medicaid Patrol projects nationwide.

In South Carolina the Senior Medicare Patrol Program is administered by the Lieutenant Governor’s Office on Aging. In fiscal year 2004-05, the program served 12,507 persons through individual contacts, suspected fraud complaints, or outreach events. An additional 67,820

people were reached through media events.

With the new Medicare prescription drug benefit going into effect in 2006, it will be even more important for seniors to be aware of Medicare fraud. Suspected Medicare fraud can be reported to the Medicare Fraud Hotline at 1-800-447-8477.

Prescription Drug Coverage

The typical older American takes an average of three prescription drugs, making rising drug prices a special concern for seniors. According to research from the AARP Public Policy Institute, the costs of 195 brand name drugs widely used by seniors have outpaced inflation every year between 2000 and 2004. The average annual increase in manufacturers’ prices for these drugs rose from 4.1 percent in 2000 to 7.1 percent in 2004, while inflation dropped from 3.3 percent in 2000 to 2.7 percent in 2004.

Medicare law signed in December 2003 created a new benefit to help Medicare enrollees with their prescription drug costs. The first stage of the law began in June 2004, when Medicare prescription discount cards went into effect. The cards cost a maximum of thirty dollars. They were designed save cardholders between 10 and 15 percent on their total prescription drug costs. The cards offered extra assistance to low-income seniors (defined as seniors earning \$12,569 a year for one person, or \$16,862 for a married couple), who were eligible for \$600 annual credits towards prescription drug costs in 2004 and 2005.

The Medicare drug discount cards phased out in May 2006. Beginning in January 2006, people with Medicare have been able to voluntarily join drug plans run by private companies. Under the new plan, Medicare beneficiaries will pay a monthly premium (approximately \$37 in 2006), and also pay a share of prescription costs. The drug plans will vary in terms of cost, drug coverage, and pharmacy participation. Those

with low incomes and limited assets will qualify for assistance in paying their monthly premium and/or some of the cost of their prescriptions. The first enrollment period for the new drug plans began November 15, 2005 and continued to May 15, 2006.

In 1999, South Carolina introduced the SilverCard, its own prescription drug discount program for low-income seniors aged 65 and older. The program was initially funded at 100% state dollars but later became a Medicaid Waiver funded at 70% Medicaid and 30% state funds. The SilverCard program served about 50,000 seniors in South Carolina in 2005, costing the state nearly \$12 million a year. With the introduction of the Medicare prescription drug program, however, state officials changed the program as of January 1, 2006. Because the Medicare Part D program offers coverage to the SilverCard population, SilverCard is no longer a primary source of prescription drug coverage. The program instead serves to cover the gaps in the Medicare program for beneficiaries between 150% and 200% of poverty.

Medicaid

Medicaid is a program jointly funded by state and federal governments that provides health coverage to low-income Americans. For older adults with low incomes, it serves to assist eligible Medicare beneficiaries with Medicare premiums and cost-sharing. For low-income adults aged 65 and older who meet eligibility requirements, Medicaid can cover Medicare Part B premiums.

Medicaid's state and federal dollars provide health coverage for about 874,000 people in South Carolina, including coverage for three of four nursing home residents. The percentage of the state's general-fund budget that went to Medicaid increased from 10 percent in fiscal year 1995 to 19 percent in 2004. Forecasts show that without changes to the program, Medicaid

will take up 29 percent of the budget within the next decade. In 2004, state and federal Medicaid spending in South Carolina totaled \$4.2 billion.

In state fiscal year 2003-04, there were 116,748 unduplicated Medicaid recipients aged 65 and older in South Carolina. Total Medicaid expenditures for the 65-and-older population were \$795,870,947.

In early 2006, Congress approved \$35 billion in cuts to Medicaid, Medicare, and student loan programs, clearing the way for states to alter their Medicaid plans. Among the proposed changes to South Carolina's program are:

- New co-payments for doctor visits.
- Co-payments for non-emergency visits to hospital emergency rooms.
- Requirements that Medicaid recipients belong to a medical home network.
- The new law tightens Medicaid long term care eligibility rules and allows for the nationwide expansion of the Long Term Care (LTC) Partnership program.
- The look back period for the transfer of assets will change from three to five years prior to applying for Medicaid coverage. This will be phased in.
- The legislation will deny Medicaid coverage for nursing home care to any applicant with home equity valued above \$500,000. This can range up to \$750,000 in some states.
- The new law expands the availability of the states to participate in the Long Term Care Partnership program. Each state can implement a program and allow individuals to purchase long term care insurance in order to protect a portion of their assets that they would typically need to spend down prior to qualifying for Medicaid coverage. Once a

state implements a program, any tax qualified long term care insurance policy approved by the South Carolina Department of Insurance that meets the requirements of the federal partnership program would qualify for asset protection, on a dollar-for-dollar basis, up to the policy maximum.

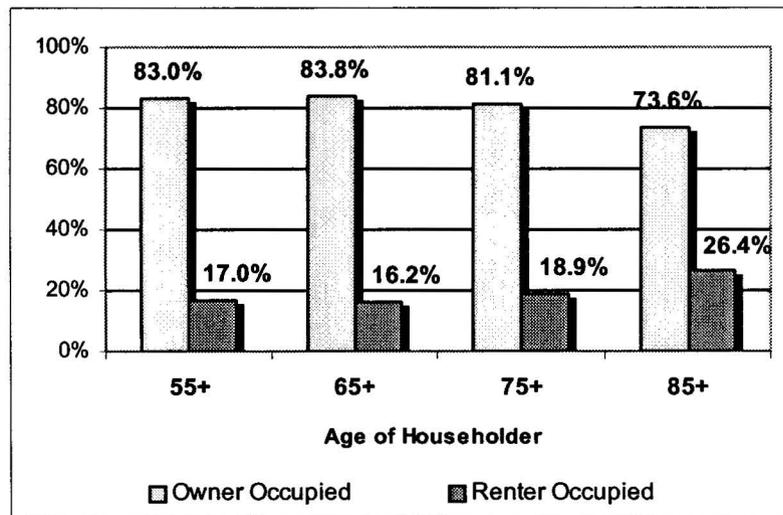
These changes to the program could go into effect as soon as January of 2007. South Carolina will also attempt to become part of a 10-state pilot program to test health savings accounts for Medicaid recipients. These accounts would combine a high-deductible insurance plan with a tax-free savings account that people can use to pay for health care as they choose.

Owners and Renters

Older Americans are increasingly staying in their own homes as they age. According to a survey conducted by the AARP in 2003, 83 percent of Americans aged 45 and older said that they strongly or somewhat agreed that they wanted to remain in their current residence for as long as possible. Even if they needed services to help them take care of themselves, 82 percent would still prefer to remain in their current home.

Most older South Carolinians own their homes. In 2004, 83.0 percent of households with householders aged 55 and older were owner occupied. Elderly householders aged 85 and older are less likely to own their home. In 2004, 73.6 percent of householders 85 and older were homeowners and the remaining 26.4 percent were renters.

Tenure by Age of Householder in 2004



Source: U.S. Census Bureau, 2004 American Community Survey, Table B25007.

Older renters are more likely to live below poverty than older homeowners. Among households with householders 55 and older, only 9.8 percent of owner occupied households had incomes below poverty in 2003. In contrast, 38.4 percent of renter occupied households with householders 55 and older were below poverty. As renters age, they are even more likely to be poor. Among the 8,411 renter occupied households with householders aged 85 and older in 2003, 48.1 percent lived below poverty.

Living Arrangements

The majority of older South Carolinians live with one or more other people. Among the population aged 65 and older in 2004, 70.2 percent lived in family households, 28.2 percent lived alone, and the remaining 1.6 percent lived in

non-family households.

The longer people live, the more likely they are to live alone rather than sharing a household with others. This can have negative consequences for the health of older adults who need assistance with activities of daily living or personal care. The 2000 Census provided a detailed breakdown of seniors living alone by age, showing that the likelihood of living alone increases with age.

- 27.0 percent of householders aged 60 to 64 lived alone in 2000.
- 35.1 percent of householders aged 65 to 74 lived alone.
- 49.6 percent of householders aged 75 to 84 lived alone.
- 63.9 percent of householders aged 85 and over lived alone.

Women aged 65 and older are more likely to live alone than men of the same age range. In 2004 in South Carolina, there were 29,907 men aged 65 and older living alone, compared with 108,002 women.

Women aged 65 and older who live alone also tend to have less income than their male counterparts. The median household income in 2004 for South Carolina women aged 65 and older who lived alone was \$14,146, compared with \$15,490 for men in the same age range who lived alone.

Age and Value of Housing Units

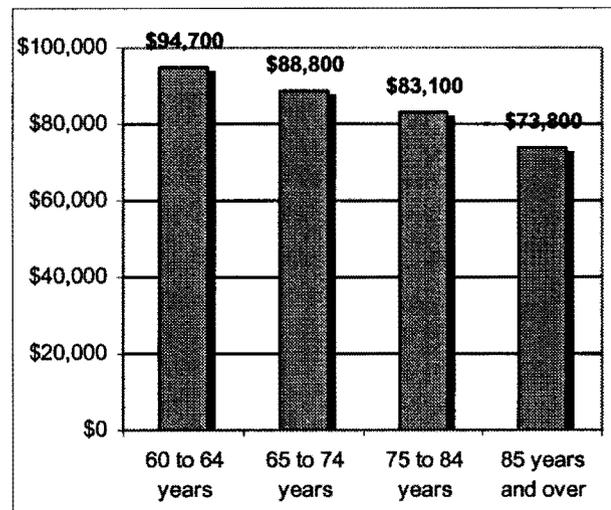
South Carolina's older population tends to live in older housing units, which may require frequent and expensive repairs. According to 2000 Census data, less than a third of householders aged 60 and older lived in a house that was built after 1979.

- 29.6 percent of householders aged 60 and older lived in housing units built between 1980 and 1999.

- 38.2 percent lived in housing units built between 1960 and 1979.
- 22.6 percent lived in housing units built between 1940 and 1959.
- 9.5 percent lived in housing units built in 1939 or earlier.

The median value of owner-occupied housing units owned by householders aged 60 and older was \$87,700 in South Carolina in 2000. Median housing unit values decline steadily with the increase of householder age.

Median Value of South Carolina Housing Units by Age of Householder: 2000



Source: U.S. Census Bureau, Census 2000 special tabulation.

Among householders aged 60 and older who lived below poverty, the median housing unit value was \$56,600. For householders aged 60 and older above poverty, the median housing unit value was \$91,600.

Transportation

As people grow older, they often become less willing or able to drive, making it necessary to depend on public transportation or rides from friends or family members. Seniors who live in rural areas and those who do not own vehicles are especially affected by transportation

problems. Only one-half of Americans 65 or older have access to public transportation to meet their daily needs. Older Americans living in sparsely populated geographical areas are disproportionately affected by isolation because they have even fewer transportation options than seniors living in denser geographic areas.

Reliable transportation is crucial in order for the older population to obtain medical care, make shopping trips for necessities, and participate in social, family, and religious activities. Barriers to the mobility of seniors in South Carolina include:

- 37.7 percent of the 65-plus population lived in rural areas in 2003.
- There were 48,784 households with householders aged 65 and older that reported having no vehicle available in the year 2000. This accounts for 15.2 percent of all households with householders aged 65 and older.
- Only 33 of South Carolina's 46 counties have some type of public transportation system.
- According to *Aging Americans: Stranded Without Options*, a publication of the Surface Transportation Policy Project, 21 percent of people aged 65-plus in South Carolina were non-drivers in 2000.

As the population continues to age, it is crucial for states to take the mobility needs of older Americans into account when planning transportation projects.

How South Carolina Helps

Homestead Tax Exemption

When considering where to retire, many people focus on a state's income taxes; however, it can be more helpful to focus on a state's property tax. While many states exclude some or all of a

retiree's pension from income taxes, property taxes persist - and often increase - year after year.

Property taxes can make homeownership the biggest burden of all during the retirement years. To prevent elderly homeowners from being forced out of their homes by rising property taxes, South Carolina provides relief to older residents in the form of the Homestead Tax Exemption.

Under the Homestead Tax Exemption, the first \$50,000 of the fair market value of a house or mobile home owned by a 65-year or older state resident of at least one year is exempt from municipal, county, school and special assessment real property taxes. Exemptions are provided to surviving spouses who are 50 or older and anyone who is legally blind or has a permanent disability, regardless of age.

During tax year 2003, there were 307,768 South Carolina residents who received Homestead Tax exemptions for a total amount of \$133 million.

Emergency Rental Assistance Program

The Lieutenant Governor's Office on Aging (LGOA) has entered into a partnership with the South Carolina Housing Finance and Development Authority to assist low-income seniors age 60 and older with rental assistance. The program began on September 31, 2005 and will remain in effect until June 30, 2007 or until a zero balance is attained. Applicants may receive up to \$1,000 per household for rental assistance. The program focuses on seniors who have households at 100% of the federal poverty level or below. In the first six months of the program, it awarded \$55,285 in rental assistance to 115 eligible senior households.

Community Development Block Grants

Community Development Block Grants help to provide decent housing, economic opportunities, and a suitable living environment to people in South Carolina with low to moderate incomes.

The South Carolina Department of Commerce administers the program for the state. Since 1982, the grants have provided \$133 million towards rehabilitating substandard homes and developing new housing. An additional \$37 million helped to build community facilities, including senior citizen centers. In 2004, South Carolina received \$25 million in Community Development Block Grant funds to be used for 59 projects across the state.

HOME Investment Partnerships Program

The South Carolina State Housing Finance and Development Authority's HOME Program is designed to promote partnerships among the federal government (HUD), state and local governments, and those in the nonprofit and for-profit sectors who build, own, manage, finance, and support low income housing initiatives. HOME programs include homeownership, lease/purchase, rental housing, and the tenant based rental assistance program.

Low-Income Home Energy Assistance

The federal Low Income Home Energy Assistance Program helps many older Americans with their home heating and cooling needs. The state received over \$12 million in energy assistance funds for fiscal year 2004. There were

11,988 applicants to the Direct Assistance Program who were aged 60 and over. Through its Weatherization Assistance Program, which allocates 50% of its funds towards weatherizing the homes of seniors, 221 senior households were assisted in the 2004 program year.

ElderCare Trust Fund

The ElderCare Trust Fund was established in 1992 to award seed grants to public and private nonprofit organizations to establish programs that assist older South Carolinians in living with dignity and vitality in their communities. South Carolina tax filers can "check off" a voluntary contribution to the fund on their state income tax form. Since its inception, the ElderCare partnership has funded over 25 grants totaling more than \$300,000 for projects including home repairs, transportation for medical visits and day care, exercise and health promotion, and the construction of wheelchair ramps for disabled adults. The program is administered by the South Carolina Lieutenant Governor's Office on Aging.

In 2004, the ElderCare Trust Fund received \$33,268 through income tax check-offs. The five projects funded include two for medication awareness, two for senior home repairs, and one for an Alzheimer's social day care program.

Healthy Aging

Life expectancy has increased dramatically in the last century, primarily due to improved medical care and preventative screenings. Life expectancy is defined as the average years of life remaining at birth or at a particular age given current age-specific death rates. In 1900, the life expectancy at birth was 47.3 years; in 2002, it was 77.3 years. Life expectancy rates are highest for whites and females.

2002 Life Expectancy at Birth and 65 and 85 Years of Age

	At Birth	At Age 65	At Age 85
Total Population	77.3	18.1	6.5
White	77.7	18.2	6.4
Black	72.3	16.6	6.6
Male	74.5	16.6	5.7
Female	79.9	19.5	6.9

Source: Centers for Disease Control, National Center for Health Statistics, Trends in Healthy Aging.

Chronic diseases such as heart disease, cancer, and stroke are the leading causes of death in the United States. In 2001, the leading causes of death in South Carolina for adults aged 65 to 74 were cancer (32.4 percent), diseases of the heart (25.8 percent), and chronic lower respiratory disease (6.7 percent). For the population aged 75 and older, the leading causes of death were diseases of the heart (29.9 percent), cancer (17.9 percent), and cerebrovascular disease (10.7 percent).

These chronic diseases are often preventable, and poor health is not necessarily an inevitable consequence of aging. Adopting a healthy lifestyle with frequent physical activity, a healthy diet, regular health screenings, and no smoking can greatly reduce the risk of developing many chronic diseases.

The Behavior Risk Factor Surveillance System (BRFSS) is a random telephone survey of the non-institutionalized population aged 18 or older that is used to track health risks in the United States. The survey provides an overview of the health of seniors in South Carolina in terms of lifestyle, disease, and preventative care.

Health of South Carolinians Aged 65 and Over, 2004

- 34.5 percent reported their general health as “fair” or “poor.”
- 37.0 percent reported being overweight (Body Mass Index between 25 and 29) and an additional 22.5 percent were obese (Body Mass Index of 30 or higher).
- 14.4 percent reported that they smoked cigarettes on a daily basis.
- 34.0 percent did not receive a flu shot in the past 12 months.
- 36.0 percent had not received a pneumococcal (pneumonia) vaccine.

- 33.3 percent reported that they did not participate in any physical activity or exercise in the past month.
- 19.4 percent were diabetic.
- 37.0 percent had never had a sigmoidoscopy or colonoscopy to test for colorectal cancer.
- 12.1 percent of men had never received a PSA test for prostate cancer screening.
- 6.4 percent of women had never received a mammogram.
- 26.1 percent reported having a history of cardiovascular disease (heart attack, coronary heart disease or stroke).
- 28.8 percent had some type of disability, defined as any limitation due to physical, mental, or emotional problems.

Source: South Carolina Department of Health and Environmental Control, 2004 BRFSS.

Emergency Room Visits

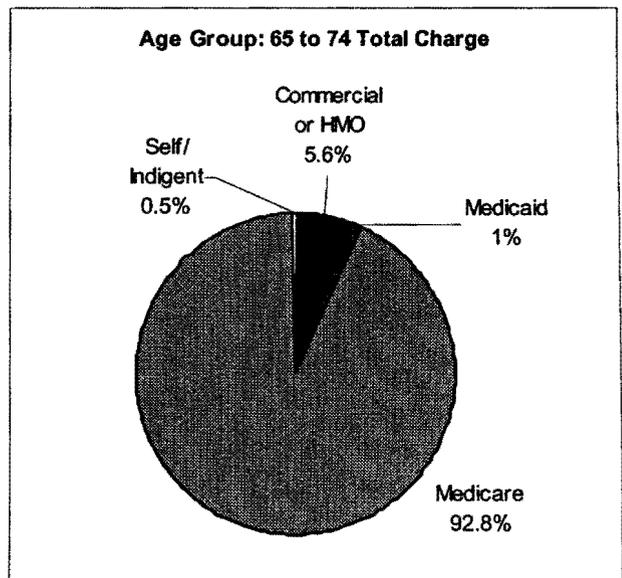
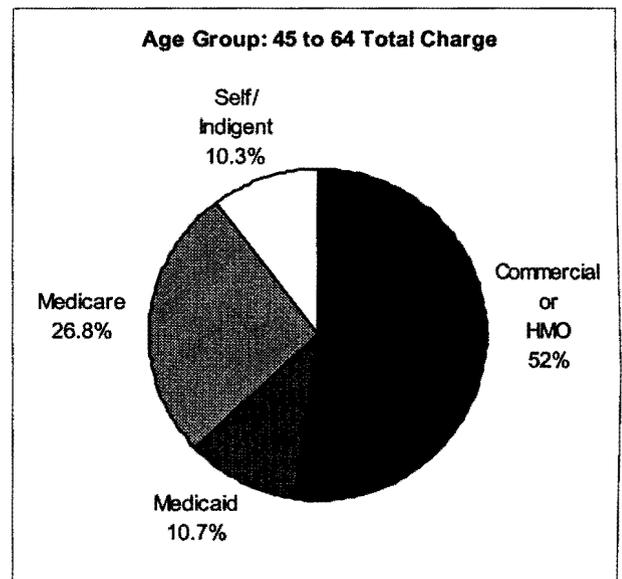
People aged 65 and older use the emergency room at a higher rate than any other age group. According to the *Annals of Emergency Medicine*, they also have longer stays in the ER, are more likely to be admitted or have repeat ER visits, and tend to experience higher rates of adverse health outcomes after discharge. In South Carolina in 2003, there were 241,493 emergency room visits made by people ages 65 and older. The rate of ER visits per 100,000 population aged 65 and older was 47,536.

In South Carolina, age also correlates with average charge for emergency room visits and inpatient discharges resulting from emergency visits. For the 45 to 64 age group, the average charge for emergency room visits and resulting inpatient discharges was \$3,202 in 2003. For the 65 to 74 age group, the average charge was \$5,946; and, for the 75 and older age group, the average charge \$7,274—more than double the average charge for 45 to 64 year olds.

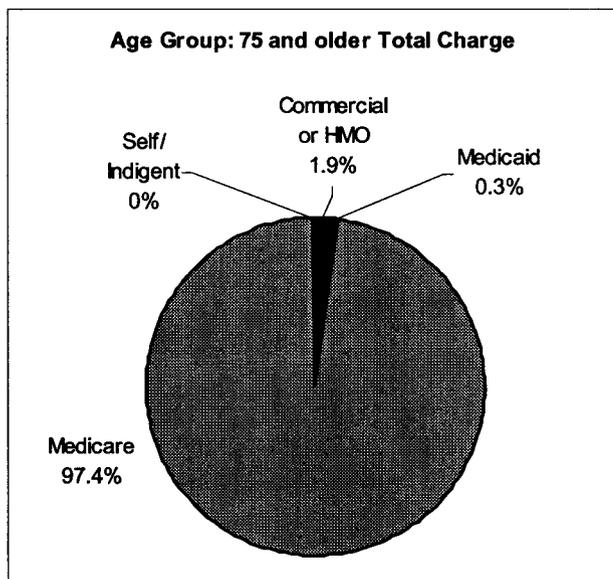
The payer for these emergency room charges also correlates with the age group. Among the

younger group (45 to 64 year olds), payers tend to be either commercial insurance or HMOs, paying 44 percent of the total \$1.04 billion in charges accrued by this age group. Among older age groups, this shifts overwhelmingly to Medicare, with the federally-funded health insurance paying 94 percent of the total \$620 million in charges for the 65 to 74 age group, and 98 percent of the total \$977.5 million in charges for the 75 and older group. Among 45 to 64 year olds, Medicare only paid 29 percent of total charges.

Payer for Emergency Room Visits by Age of Patient: 2003



Payer for Emergency Room Visits by Age of Patient: 2003 (continued)



Source: South Carolina Budget and Control Board, Office of Research and Statistics. Emergency Room Hospital Discharge Online Query System.

Inpatient Hospitalizations

The term discharge is roughly synonymous with hospitalization. A patient becomes a discharge once he or she officially leaves the health care facility.

Inpatient Hospital Discharges by Age: 2003

Age Group	Discharges	Total Charge	Avg. Charge	Avg. Stay (Days)
45-64	134,927	\$3,153,200,271	\$19,049	4.3
65-74	76,970	\$1,946,985,699	\$20,808	4.9
75+	102,340	\$2,287,891,554	\$18,589	5.6

Source: South Carolina Budget and Control Board, Office of Research and Statistics. Inpatient Hospital Discharge Database Query.

The most prevalent diagnoses for hospitalized patients age 65 and older in 2003 included heart disease, respiratory disease, digestive ailments and injuries.

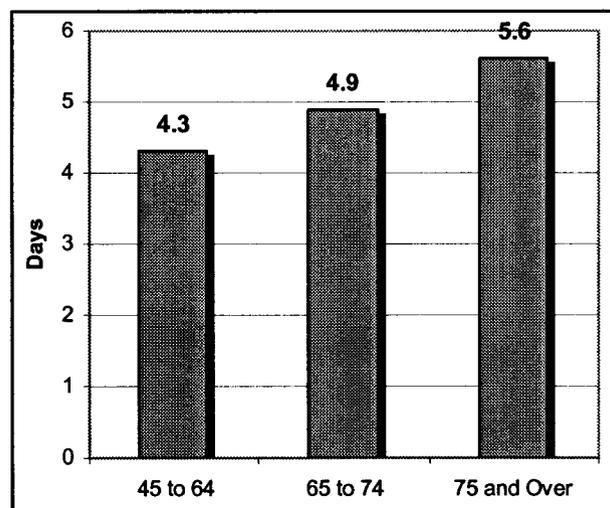
Top Five Reasons for Inpatient Hospitalizations for Patients Aged 65 and Over: 2003

Diagnosis Related Group Name	Discharges	Percent of Total
Total	173,776	100.0
Heart Failure and Shock	10,149	5.8
Simple Pneumonia and Pleurisy Age >17 with CC	7,099	4.1
Major Joint and Limb Reattachment Procedures of Lower Extremity	6,157	3.5
Chronic Obstructive Pulmonary Disease	5,325	3.1
Rehabilitation	4,983	2.9

Source: South Carolina Budget and Control Board, Office of Research and Statistics. Top 25 Reasons for Inpatient Hospitalization.

Older individuals tend to have longer lengths of stay when hospitalized. In South Carolina in 2003, the average inpatient hospital stay was 4.3 days among those 45 to 64 years old. Among 65 to 74 year olds, the average length of stay was slightly longer: 4.9 days. Patients 75 years and older had the longest stays, averaging 5.6 days.

Average Length of Stay for Inpatient Hospitalizations by Age Group: 2003



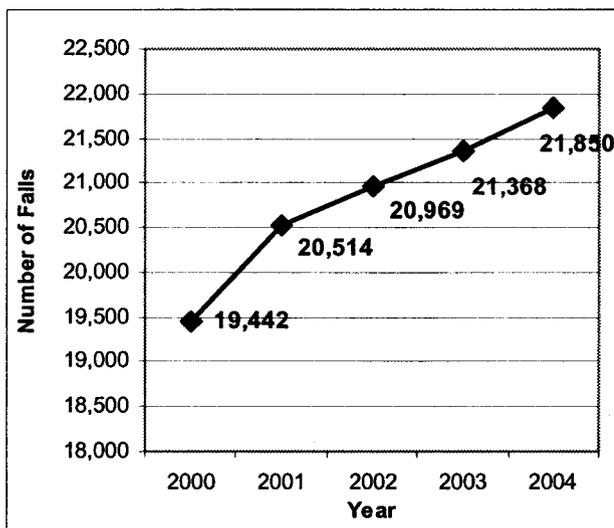
Source: South Carolina Budget and Control Board, Office of Research and Statistics. Inpatient Hospital Discharge Database Query.

Falls

Falls are the leading cause of injury deaths among mature adults. Changes in vision, strength, and coordination associated with aging can increase the risk of falls. Among people age 65 and over who fall, 20% to 30% experience injuries such as hip fractures and head traumas that can reduce mobility and independence. According to the CDC, there were 13,820 deaths and 1,851,602 injuries caused by falls nationwide for the population 65 and older in 2003.

In South Carolina in 2004 there were 21,850 emergency room visits and inpatient admissions due to falls among people 65 and older.

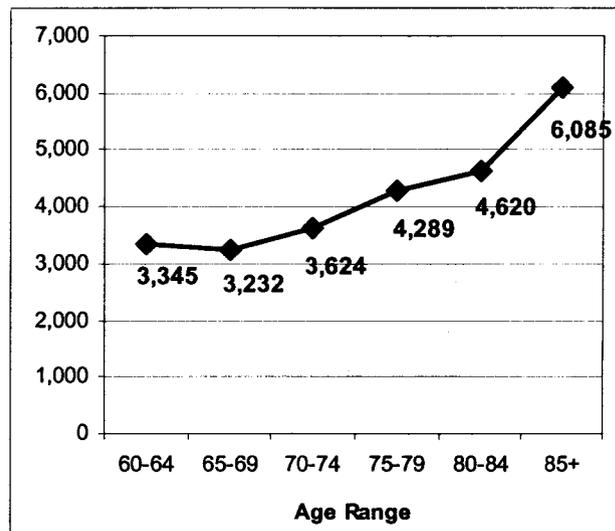
Total Number of Falls for Adults Over Age 65 Visiting a S.C. Emergency Room or Admitted as an Inpatient Due to a Fall: 2000-2004



Source: South Carolina Budget and Control Board, Office of Research and Statistics. SC UB92 Inpatient and Outpatient Billing Data.

Hospital visits due to falls tend to increase with age. In 2004 in South Carolina, there were 6,085 fall-related emergency room visits or inpatient hospital stays for the population aged 85 and over.

Number of Mature Adults Visiting a S.C. Emergency Room or Admitted as an Inpatient Due to a Fall, By Age Range: 2004



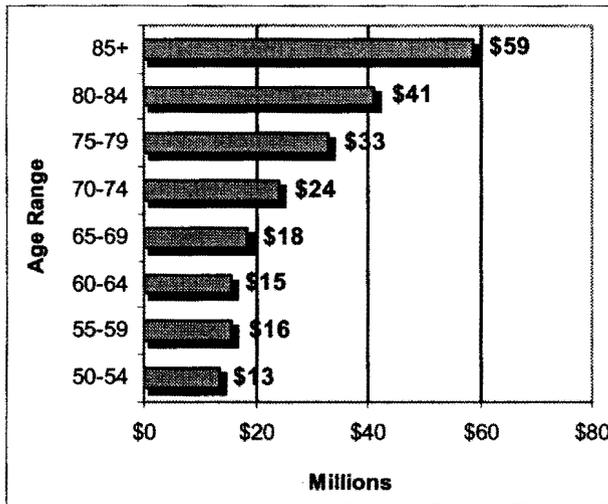
Source: South Carolina Budget and Control Board, Office of Research and Statistics. SC UB92 Inpatient and Outpatient Billing Data.

Seniors can help reduce their risk of falling by increasing their lower body strength and balance through regular physical activity, and by asking their doctors to review their medications to reduce side effects and interactions.

Environmental factors in the home such as tripping hazards, lack of stair railings, slippery surfaces and poor lighting can also cause falls. Since an estimated one-half to two-thirds of all falls occur at home, creating a safer living area can reduce the risk of suffering a fall.

In 2004, the total cost for emergency room visits and inpatient admissions due to falls for people 65 and older in South Carolina was \$174,969,254. The majority of these costs (96.3 percent) were paid by Medicare, with Medicaid paying for .4 percent and private insurance paying for 2.6 percent. The remaining .7 percent of costs were either paid out-of-pocket or were charged to indigent patients.

Total Charges for Adults Discharged from a S.C. Emergency Department or Admitted as an Inpatient Due to Fall, by Age: 2004



Source: South Carolina Budget and Control Board, Office of Research and Statistics. SC UB92 Inpatient and Outpatient Billing Data.

Geriatric Physicians

Experts say that seniors often benefit from seeing a doctor with training in geriatrics. Many older adults experience multiple chronic conditions and symptoms can often appear differently in older patients, increasing their need for specialized medical care. In 2002, only 9,000 of the nation’s 650,000 doctors were certified in geriatric medicine. According to the Alliance for Aging Research, the country needs at least 20,000 geriatricians to meet the needs of the 65-plus population.

Reasons for the Geriatrician Shortage

- The United States has fewer than 600 medical school faculty members that list geriatrics as their specialty.
- Geriatric medicine lacks the prestige and financial rewards of other medical fields.
- Older patients are considered more difficult to diagnose and treat.

- Only 450 of the 98,000 academic fellowships funded by Medicare are in geriatrics.
- An additional year of study is required to become a geriatrician, meaning that physicians must incur more educational loans.
- Older patients with multiple health problems require longer office visits than younger patients. Reimbursement does not reflect this additional time, reducing the incentive for physicians to seek geriatric certification.

Source: Alliance for Aging Research.

In 2005, there were only 30 geriatricians in South Carolina, while the latest estimates place the state’s population aged 65 and older at 520,000. The state currently has about 17,000 older patients per geriatrician; the ratio should be closer to 1,000 patients per doctor. In order to address this problem, the state passed the Geriatric Loan Forgiveness Program, forgiving up to \$35,000 each in educational loans for four physicians who complete accredited, graduate training fellowships in geriatrics. The physicians must also agree to practice in South Carolina for five years and to accept Medicare and Medicaid patients.

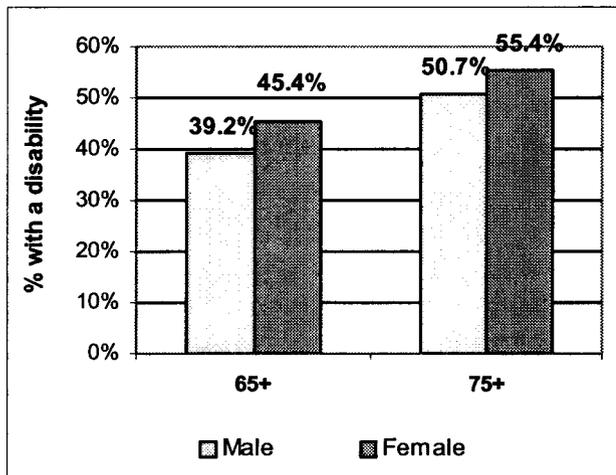
Disabilities

The ability of older Americans to remain living independently is a major challenge in our state and nation - one that is likely to increase as our population ages. Due to the number of debilitating chronic and long-term illnesses that tend to strike later in life, this growing population of older people will be at increased risk for disability, ultimately leading to loss of independence and the need for either at-home or nursing facility care.

Among South Carolina adults aged 65 and older in 2004, an estimated 42.8 percent had at least

one disability. For adults aged 75 and older, the percentage with a disability climbed to 53.6. Older women have a higher prevalence of disability than older men. In 2004, 45.4 percent of women aged 65 and older reported having a disability, compared with 39.2 percent of men in the same age range.

Population with a Disability by Age and Gender: 2004



Source: U.S. Census Bureau, 2004 American Community Survey, Table B18002.

There were an estimated 92,166 adults aged 65 and older in South Carolina in 2004 who had one type of disability. An additional 117,175 people aged 65 and older had more than one disability, and 279,879 had no disabilities at all.

According to the 2004 Behavioral Risk Factor Surveillance System, 28.8 percent of South Carolina respondents aged 65 and over reported that they were limited in some way because of physical, mental, or emotional problems. Nineteen percent said that they had a health problem requiring the use of special equipment such as a cane, wheelchair, special bed, or special telephone.

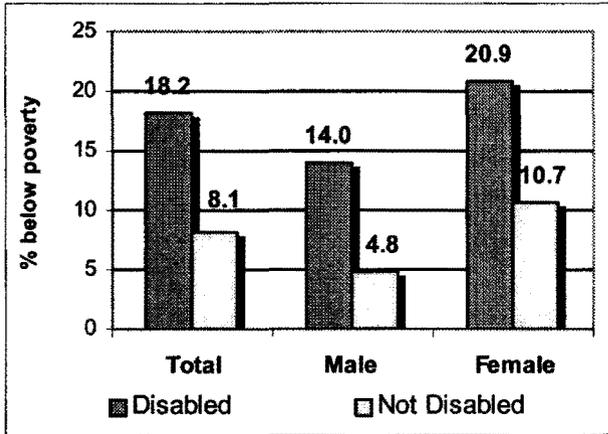
Despite its real and profound impact, loss of independence is an under-analyzed condition among mature adults. Loss of independence is

most commonly attributed to one or more categories of disability. The U.S. Census Bureau defines five different types of disabilities that can contribute to lost independence:

- **Sensory disabilities**, involving sight or hearing. In 2004, 17.9 percent of adults aged 65 and over in South Carolina had a sensory disability.
- **Physical disabilities**, which limit basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. In 2004, 32.6 percent of adults aged 65 and over in South Carolina had a physical disability.
- **Mental disabilities**, which cause difficulty in learning, remembering or concentrating. In 2004, 12.2 percent of adults aged 65 and over in South Carolina had a mental disability.
- **Self-care disabilities**, which cause difficulty in dressing, bathing, or getting around inside the home. In 2004, 10.5 percent of adults aged 65 and over in South Carolina had a self-care disability.
- **Go-outside-home disabilities**, which make it difficult to go outside the home to shop or visit a doctor. In 2004, 16.6 percent of adults aged 65 and over in South Carolina had a go-outside-home disability.

Older adults with a disability are more likely to live below poverty than those without a disability. In 2003, 18.2 percent of South Carolinians aged 65 and older with a disability had incomes below poverty in the past twelve months. Among people in the same age range without a disability, only 8.1 percent had incomes below poverty. Disabled women are more likely to live below poverty than disabled men. Twenty-one percent of disabled women aged 65 and over lived below poverty in 2003, compared with 14.0 percent of older disabled men.

Disabled and Non-Disabled Population Aged 65+ Below Poverty: 2003



Source: U.S. Census Bureau, 2003 American Community Survey, Table P060.

Mental Health

While most older adults are able to cope with the cognitive changes and emotional challenges of aging, about twenty percent of the population 55 and older experience mental disorders that are not associated with “normal” aging. These conditions can include depression, Alzheimer’s disease, alcohol and drug abuse, anxiety, and schizophrenia. Older adults may have difficulties in affording treatment for such late-life mental disorders, and they can also pose challenges for family members who may be acting as caregivers.

In the 2004 Behavioral Risk Factor Surveillance System, respondents in South Carolina were asked on how many of the last thirty days they would describe their mental health as “not good.” Mental health was defined as including stress, depression, and problems with emotions. Of the respondents aged 65 and over:

- 79.3 percent said they did not experience any days when their mental health was not good.
- 4.6 percent said their mental health was not good for one or two days.
- 6.2 percent said their mental health was not good for 3-7 days.

- 6.2 percent said their mental health was not good for 3-7 days.
- 6.0 percent said their mental health was not good for 8-29 days.
- 4.0 percent said their mental health was not good for all 30 days.

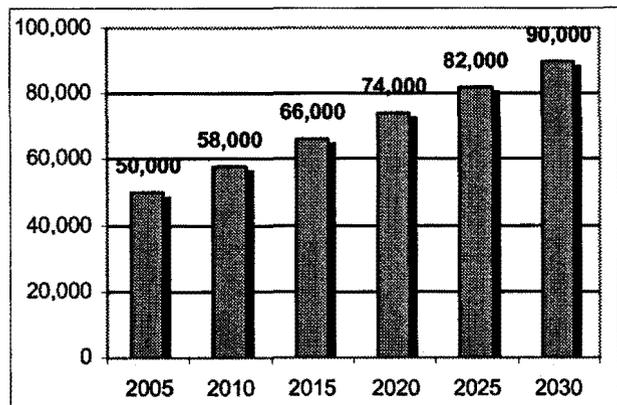
Source: South Carolina Department of Health and Environmental Control, 2004 BRFSS.

Alzheimer’s Disease

Alzheimer’s disease is a progressive gradual decline in the ability to think and remember, as well as to function physically. It is irreversible and there is no cure. According to the Arnold School of Public Health of the University of South Carolina, which compiles the state’s Alzheimer’s Disease Registry, there were 48,640 individuals in the registry who showed symptoms of Alzheimer’s disease or related disorders (ADRD) as of January 1, 2003. Related disorders include dementias associated with vascular disease and chronic conditions such as Parkinson’s disease. Eight percent of South Carolinians aged 65 and over and 27 percent of those aged 85 and older had ADRD in the same year.

By the year 2030, there will be an estimated 90,000 people with ADRD on South Carolina’s Alzheimer’s Disease Registry.

Projections of Alzheimer’s Disease in South Carolina: 2005 – 2030



According to the Alzheimer's Disease Registry, the number of people with ADRD in South Carolina is probably undercounted. Individuals with mild forms of the disease who have not yet been diagnosed do not appear in the registry. In fact, previous studies suggest that the number of individuals with ADRD may be 50 percent greater than the number diagnosed with ADRD. South Carolina's Alzheimer's Disease Registry, however, is widely recognized as the best population-based registry of ADRD in the country. The registry uses data from a wide variety of sources to capture as many diagnoses as possible.

Among South Carolinians diagnosed with ADRD:

- 64% have Alzheimer's disease.
- 16% have dementia due to stroke.
- 20% have a dementia related to other chronic conditions.
- 38% live in nursing facilities, 57% reside in the community, and 5% live in unknown locations.
- 66% are women.
- 33% are African American.
- 38% are 85 years or older.

South Carolina's Alzheimer's Resource Coordination Center (ARCC) was created in 1994. The center is housed in the Lieutenant Governor's Office on Aging and was created to provide statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families and caregivers. The Center also awarded \$150,000 in state funds for projects to assist Alzheimer's caregivers. In fiscal year 2004, 1,523 Alzheimer's caregivers participated in educational sessions offered through the ARCC and funded grantees.

Based upon the above data, there are approximately 50,000 individuals in South Carolina with ADRD, and they are projected to

grow to 90,000 by 2030. The impact upon South Carolina's Medicaid program, families and businesses will be considerable. Looking at National Alzheimer's Association data, we can see the potential impact nationally:

- National direct and indirect annual costs of caring for individuals with Alzheimer's disease are at least \$100 billion, according to estimates used by the Alzheimer's Association and the National Institute on Aging.
- Alzheimer's disease costs American business \$61 billion a year, according to a report commissioned by the Alzheimer's Association. Of that figure, \$24.6 billion covers Alzheimer health care and \$36.5 billion covers costs related to caregivers of individuals with Alzheimer's, including lost productivity, absenteeism and worker replacement.
- More than 7 out of 10 people with Alzheimer's disease live at home, where almost 75 percent of their care is provided by family and friends. The remainder is "paid" care costing an average of \$19,000 per year. Families pay almost all of that out of pocket.
- The Medicare costs for beneficiaries with Alzheimer's are expected to increase 75 percent, from \$91 billion in 2005 to \$160 billion in 2010; Medicaid expenditures on residential dementia care will increase 14 percent, from \$21 billion in 2005 to \$24 billion in 2010, according to a report commissioned by the Alzheimer's Association.
- Average lifetime cost of care for an individual with Alzheimer's is \$174,000.

South Carolina Impact

Based upon this lifetime cost factor, the current cost to families, individuals, insurance

companies, businesses and Medicaid and Medicare, the lifetime cost in South Carolina for the current 50,000 individuals with ADRD would be \$8.7 billion. By 2030 the lifetime cost of 90,000 individuals with ADRD would be \$15.7 billion not considering the impact of inflation. If assuming the conservative inflation factor of 3% annually, the lifetime cost of the impact of ADRD would more than double to \$31.4 billion by 2030.

Long-Term Care

Long-term care can be broadly defined as personal care and assistance that an individual might receive on a long-term basis because of a disability or chronic illness that limits his or her ability to function. It includes not only nursing home care, but also the services received while living in many other settings, including private homes and assisted living facilities.

People's lives are changed in unpredictable ways when they or their family members need long-term assistance with everyday activities. Individuals with disabilities are often surprised to learn that they are largely on their own in finding, arranging, and paying for such services, which are rarely considered to be "medically necessary" by health insurers.

While long-term care has had a stereotypically negative image in the past, the reality is changing. New technologies, new living environments, and new ways of "staying in charge" are helping people with disabilities to maintain their independence. We as a society are recognizing that environmental factors play critical roles in either facilitating or undermining the ability to remain independent.

Nursing Facilities

While many people enter nursing facilities for brief stays, they are also important providers of long-term care for older adults with serious functional and cognitive disabilities, such as the inability to perform activities of daily living.

In 2003, there were 178 nursing facilities in South Carolina with 16,220 residents. The state's nursing facility occupancy rate was 88.6 percent. Just over three percent of the total population aged 65 and older in South Carolina were nursing facility residents, compared with four percent of the 65-plus population nationwide.

Medicaid was the primary payer for 71.5 percent of South Carolina nursing home residents in 2003. Total South Carolina DHHS Medicaid expenditures for nursing home services for recipients aged 65 and older were \$372,652,561 in the 2003-2004 fiscal year.

The state's average Medicaid reimbursement per day for nursing facility care was \$103 in 2002. To receive Medicaid payment for long-term care in a licensed nursing facility, an individual must be aged 65 or older, blind, or totally and permanently disabled. In addition, the person's gross monthly income must be below the Medicaid Cap of \$1,737 (as of January 1, 2005), and the value of resources owned by the individual cannot exceed \$2000 (after exclusions). If an individual's gross monthly income is greater than the Medicaid Cap but they meet other non-financial requirements, they may be able to establish an income trust to become eligible for Medicaid.

Medicare was the primary payer for 13.3 percent of South Carolina nursing home residents in 2003. However, Medicare does not pay for long-term nursing care, only for short-term skilled nursing care (up to 100 days) following a qualifying hospital stay. After 20 days of skilled nursing care, beneficiaries must pay a daily co-payment of \$109.50. The state's average Medicare reimbursement per day for nursing facility care was \$243 in 2002.

The remaining 15.1 percent of South Carolina nursing home residents in 2003 had other primary payers, including private insurance and out-of-pocket payers. The average private pay rate per day for urban nursing facilities in the state was \$125 in 2003.

Assisted Living

Assisted living facilities provide housing and services to people who need some degree of long-term care, but who do not require intensive medical services. Such facilities differ from typical nursing facilities in that they emphasize the independence of their residents. In South Carolina, the Department of Health and Environmental Control Division of Health Licensing licenses all assisted living/residential care facilities in the state. The services provided by assisted living facilities typically include meals, housekeeping, transportation to medical appointments, social and recreation activities, and access to health and medical services.

The average daily fee for assisted living facilities in the state is \$67. Long term care insurance may cover assisted living fees, but most residents must pay the fees themselves. There is no Medicaid coverage in South Carolina for assisted living or residential care. Those eligible for Medicaid, however, can receive Optional State Supplementation (OSS) – a monthly program for residential care, based on need. In fiscal year 2004, the OSS program served 5,494 unduplicated recipients with total expenditures of \$14,986,554.

Most descriptions of assisted living subscribe to a philosophy of assisted living. Facilities that are members of the South Carolina Association of Residential Care Homes subscribe to a ten-point philosophy of care:

1. Offering cost effective quality care that is personalized for individual needs;
2. Fostering independence for each resident;
3. Treating each resident with dignity and respect;
4. Promoting the individuality of each resident;
5. Allowing each resident choice of care and lifestyle;
6. Protecting each resident's right to privacy;
7. Nurturing the spirit of each resident;
8. Involving family and friends, as appropriate,

- in care planning and implementation;
9. Providing a safe, residential environment;
10. Making the Assisted Living residence a valuable community asset.

Source: South Carolina Association of Residential Care Homes.

Home and Community-Based Care

Older adults with physical disabilities, medical problems, and cognitive impairments may need help with activities of daily living, such as bathing, dressing, housework, and shopping. Home and community-based care can help people with such limitations remain in their homes instead of entering nursing facilities. While an estimated 78 percent of seniors receive assistance from relatives and friends, the remaining 22 percent get at least some long-term care help from paid sources.

In 2004, every state except for Arizona had one or more home and community based waiver programs. The South Carolina Department of Health and Human Services oversees the state's Community Long Term Care Program, which provides home and community-based services for those who qualify for nursing home care but would prefer to remain in their communities. The cost to Medicaid is much lower than that for a nursing home stay. To qualify for the elderly/disabled waiver, residents must be over 18, eligible for Medicaid, and meet the nursing facility level of care criteria. Services available to those who qualify include personal care, attendant care, adult day health care, home delivered meals, environmental modifications, companion services, and respite care.

In Federal Fiscal Year 2003-2004, there were 13,570 elderly/disabled waiver recipients statewide. The average full year (365 days) cost for a recipient in the Community Long Term Care program was \$13,949. This is composed of \$6,959 for home and community based care plus \$6,990 for other Medicaid services. The average length of stay for home and community based

recipients is 291 days. For the same time period, there were 17,366 persons in Medicaid funded nursing homes. The average full year (365 days) cost for a recipient in nursing homes was \$37,300. This is composed of \$33,577 for nursing home care plus \$3,723 for other Medicaid services. The average length of stay is 248 days. The comparable cost for the two services is \$102 per day for nursing home services versus \$38 for Community Long Term Care services.

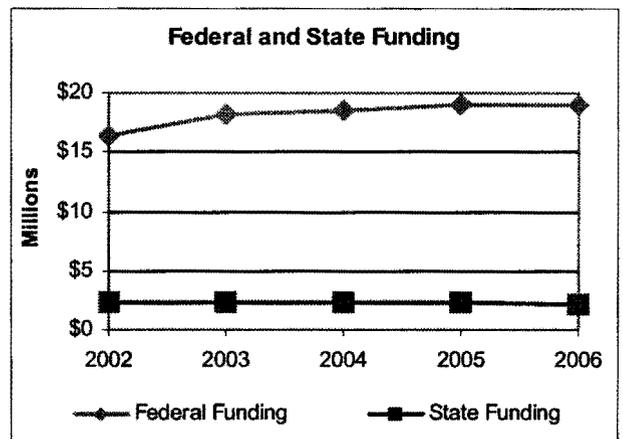
A variety of other programs can also help older adults to postpone or eliminate the need to enter a nursing facility:

- Medicaid offers a mandatory home health benefit which covers skilled nursing services and physical and other therapies.
- Medicare provides home health services to seniors who are homebound and require intermittent help.
- Programs funded by the Older Americans Act provide the following services to adults aged 60 and over with social and economic needs:
 - Home-delivered and congregate meals
 - Information, Referral and Assistance services
 - Home care services, including housekeeping, shopping, meal preparation, and personal care
 - Adult day services
 - Transportation services
 - Physical fitness
 - Legal services
 - Health and wellness, and medication management
 - Insurance Counseling And Referral for the Elderly (I-CARE) program services
 - Medicare Fraud Patrol services to help seniors be aware and report Medicare fraud by medical service providers

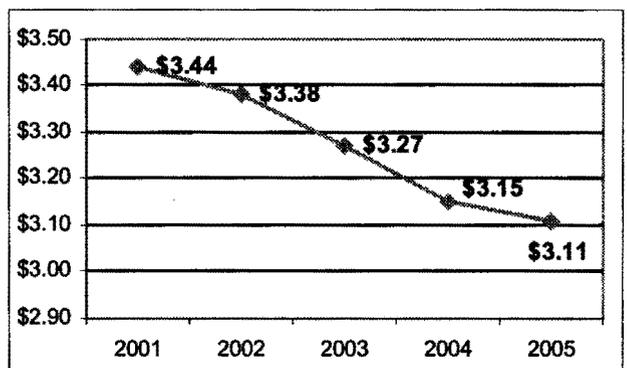
○ Senior Employment Services for the Elderly – Title V

These services, together with family caregiver support program services and ombudsman and elder abuse services, provide the core home and community based services which are instrumental in helping our state’s seniors remain independent and in their homes. These services and funding are authorized by Congress to provide seed money for state and local entities to develop statewide services on the state, regional and local levels to serve a state’s senior population. These monies in combination with other funding sources are particularly important in serving thousands of South Carolina’s seniors.

While federal funds for aging services have increased slightly over the last five years, state funding has remained flat.



State Funds Per 60+ Person Eligible: Fiscal Years 2001-2005



Source: South Carolina Lieutenant Governor’s Office, Office on Aging.

recipients is 291 days. For the same time period, there were 17,366 persons in Medicaid funded nursing homes. The average full year (365 days) cost for a recipient in nursing homes was \$37,300. This is composed of \$33,577 for nursing home care plus \$3,723 for other Medicaid services. The average length of stay is 248 days. The comparable cost for the two services is \$102 per day for nursing home services versus \$38 for Community Long Term Care services.

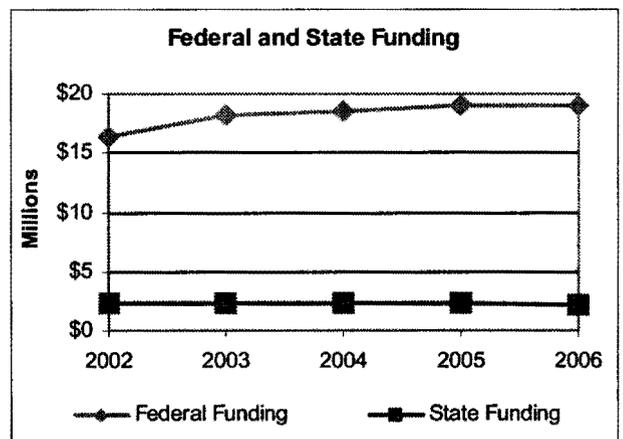
A variety of other programs can also help older adults to postpone or eliminate the need to enter a nursing facility:

- Medicaid offers a mandatory home health benefit which covers skilled nursing services and physical and other therapies.
- Medicare provides home health services to seniors who are homebound and require intermittent help.
- Programs funded by the Older Americans Act provide the following services to adults aged 60 and over with social and economic needs:
 - Home-delivered and congregate meals
 - Information, Referral and Assistance services
 - Home care services, including housekeeping, shopping, meal preparation, and personal care
 - Adult day services
 - Transportation services
 - Physical fitness
 - Legal services
 - Health and wellness, and medication management
 - Insurance Counseling And Referral for the Elderly (I-CARE) program services
 - Medicare Fraud Patrol services to help seniors be aware and report Medicare fraud by medical service providers

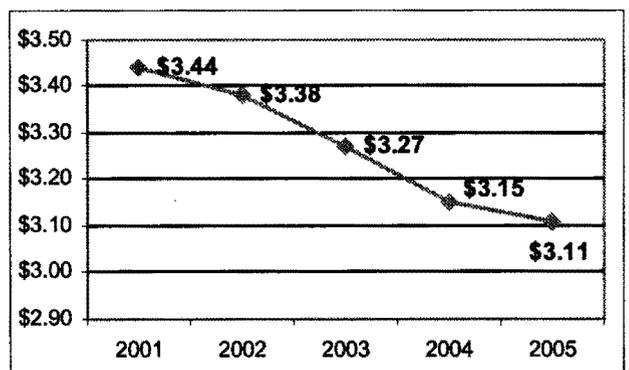
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State Funds Per 60+ Person Eligible: Fiscal Years 2001-2005



Source: South Carolina Lieutenant Governor’s Office, Office on Aging.

Caregiving

There are 400,000 family caregivers in South Carolina, providing 419 million hours of care per year at an estimated value of over \$3.7 billion. Nearly one out of every five adults in South Carolina provides regular care or assistance to a frail elderly or disabled friend or family member over 60 years of age. Family caregivers have always provided most of the long-term care in our country.

Larger social trends are affecting the composition of families and their roles as caregivers, including the growing number of women in the workforce who must juggle work and caregiving responsibilities. Among 50- to 64-year-old caregivers, 60 percent are working full- or part-time. In addition, significant economic sacrifices during peak earning years are common among caregivers 50 and older who have been in the workforce.

Parents caring for aging children with cognitive and developmental disabilities represent a growing group in the older caregiver population. This trend reflects the emergence of two-generation families in which parents among the older or oldest age groups are caring for children who are in their 50s and 60s.

The National Family Caregiver Support Program, administered by the Lieutenant Governor's Office on Aging, was created under the Older Americans Act to address the needs of family caregivers by encouraging states to increase the availability of caregiver support services. The program became effective on November 13, 2000. South Carolina received \$1.65 million (includes state and local match) in fiscal year 2002 to implement its program. Services provided by the program include:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, organization of

support groups, and training to caregivers to assist them in making decisions and solving problems related to their caregiving roles;

- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

In fiscal year 2005, South Carolina's Family Caregiver Support Program:

- Provided information to 5,676 family caregivers;
- Helped 6,223 caregivers access services;
- Provided support, counseling and/or training to 2,254 caregivers;
- Provided respite services to 1,841 caregivers;
- Provided 154,273 hours of respite care to 1,841 caregivers; and
- Provided supplemental services to 1,355 caregivers.

In 2002 the Administration on Aging funded a statewide survey of caregivers in South Carolina. The results of this survey showed that caregivers and the National Family Caregiver program can save significant state and federal funds by assisting caregivers continuing to provide care to their loved ones. The study of 1,500 caregivers showed that without their care, 50 percent of care recipients would go to nursing homes at a cost of \$7.4 million to the state to provide Medicaid nursing home care for one year.

Long-Term Care Insurance

As of 2004, more than 9 million Americans have purchased long-term care insurance policies, and coverage continues to expand each year. Nonetheless, the general lack of knowledge about long-term care (LTC) leaves many Americans confused and ultimately unprepared to plan for their long term care needs. Many individuals put off planning for LTC until care is

actually needed, at which point they often face severely constrained financing options.

According to the AHIP (America's Health Insurance Plans), a national trade association for insurers, virtually all long term care plans include coverage for nursing homes, assisted living facilities, home health care, hospice care, respice care and alternate care services. Other common benefits include case management services, homemaker or chore services, coverage of some medical equipment and caregiver training.

AHIP reports that the average age in the individual LTC insurance market has been falling steadily, decreasing from age 72 in 1990, to age 65 in 1999, to age 60 in 2002. The average age in the employer-purchaser LTC market has remained fairly constant since 1990 at age 45.

To help make it more affordable and desirable for people to purchase long term care insurance, a provision of HIPAA encourages states to offer tax breaks for the purchase of long term care insurance. At present, the primary payers of long-term care are Medicaid (40 percent), out-of-pocket spending (26 percent), Medicare payments for skilled nursing (20 percent), private insurance (8 percent), and other sources (6 percent). Most policymakers tend to agree that private long-term care insurance must play an important role in developing plans to meet the needs of the growing elderly population.

In 2002, less than 2 percent of long-term care insurance sales nationwide were made in South Carolina, ranking it 29th of the 50 states. Due to the strain on government resources caused by the aging of the population, individuals in the 45-to-50 age range should give greater consideration to the purchase of long term care insurance.

Abuse and Neglect

Elder abuse can be broadly defined as any knowing, intentional, or negligent act by a

caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Types of abuse include physical abuse, emotional abuse, sexual abuse, exploitation, neglect, and abandonment. Unfortunately, the problem of elder abuse remains largely hidden. While there are no official national statistics on the prevalence of elder abuse, the National Center on Elder Abuse estimates that as many as 84 percent of abusive situations may go unreported.

Adult Protective Services

Adult Protective Services, a division of the South Carolina Department of Social Services, protects the health and welfare of elderly and disabled adults. Services are provided to adults who are 18 years of age or older and are victims of actual or potential abuse, neglect, or exploitation. In fiscal year 2004-05, DSS investigated 3,521 reports of abuse, neglect, or exploitation in South Carolina, involving 3,599 adults. Some reports involved more than one adult. Of these reports, 2,011 (57 percent) were substantiated.

Sixty-eight percent of all adults reported were over the age of 65 and 14 percent were over the age of 85. Of the substantiated reports, 7 percent involved abuse, 12 percent involved exploitation, 24 percent involved neglect by another, 66 percent involved self neglect, and 1 percent involved psychological abuse.

Long-Term Care Ombudsman Program

Long-Term Care Ombudsmen are advocates for residents of nursing homes, board and care homes, assisted living facilities and other adult care facilities. They work to resolve problems of individual residents and to bring about changes at the local, state and national levels to improve care. Volunteer ombudsmen regularly visit long-term care facilities to monitor conditions and care.

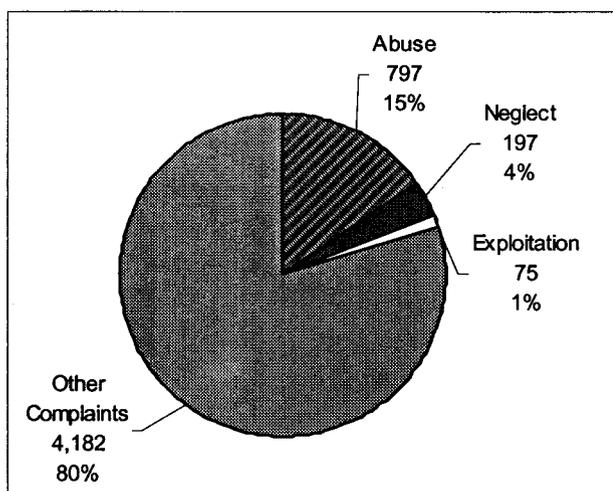
While most residents receive good care in long-term care facilities, abuse and neglect are

ongoing concerns and incidents of psychological, physical and other kinds of abuse do occur. This is why the Ombudsman Program, begun in 1972 as a demonstration program, is established in all states under the Older Americans Act, administered by the Administration on Aging (AoA).

In 2005, South Carolina expanded its Long-Term Care Ombudsman program by adding five professional, full-time ombudsmen, bringing the state to the national average of one ombudsman for every 2,000 long-term care beds. The state also created a supplementary volunteer ombudsman program, which will train volunteers to visit institutionalized seniors in their communities.

In fiscal year 2004, Ombudsmen in South Carolina investigated 5,251 complaints and resolved 4,075 complaints to the satisfaction of the complainant. Among the complaints against nursing facilities, 38.2 percent involved resident's rights, 28.4 percent involved resident care, 9.3 percent involved quality of life for residents, 7.2 percent were complaints against administration, 3.4 percent were not against the facility, and 13.4 percent were against facilities other than nursing and residential care facilities.

Complaints to the Long Term Care Ombudsman Program by Type: 2004



Source: South Carolina Lieutenant Governor's Office, Office on Aging.

Crime Victims

When elderly people are the victims of crime, they often suffer greater physical, mental, and financial injuries than other age groups. Elderly victims are twice as likely to suffer serious physical injury and to require hospitalization after a crime as any victims of any other age group. Furthermore, the aging process results in a decreasing ability to heal after injury - both physically and mentally. Also, because many elderly people live on a low or fixed income, they often cannot afford the professional care that could help in the aftermath of a crime.

Although mature adults are less likely to be the victims of violent crime, the effects tend to be much harder on them. Also, mature adults—especially those in advanced age—are vulnerable to other types of crime, sometimes at the hands of their caregivers.

In 2004, 1,836 South Carolinians aged 55 and over were victims of violent crimes. Of these, 25 were murder victims, 23 were forcible rape victims, 744 were robbery victims, and 1,044 were aggravated assault victims.

South Carolina Violent Crime Victims Aged 55 and Older: 2002-2004

	2002	2003	2004
Total Violent Crime Victims Aged 55+	1,818	1,872	1,836
Murder	35	27	25
Forcible Rape	34	34	23
Robbery	762	729	744
Aggravated Assault	987	1,082	1,044

Source: South Carolina Law Enforcement Division, *Crime in South Carolina*.

Conclusion: Choices

The issues and impact of the aging of our population affect everyone in our state and nation. Aging is not just an issue for mature adults; it will affect all age groups as the demographic structure of our population changes. By 2030, there will be almost as many mature adults in this state as there are young adults. All areas of society will be affected by this dramatic shift.

Citizens may have an expectation that the state and federal government will be there to meet all their demands for services associated with the aging boom. Such an expectation is misguided. Government agencies acting alone will not have the resources to address and solve all of the challenges posed by a rapid increase in our aging population. Choice will be the key for government, private organizations and the individual. Government and private organizations will need to make choices about the critical issues noted in the Opportunities and Challenges section of this report, and individuals and families will be called upon to take a greater degree of personal responsibility for their health, well-being and future long-term-care needs. For example, individuals and families should be encouraged to take personal responsibility for planning and saving for their retirement and for purchasing long term care insurance. Government may be able to assist by providing incentives, but current state and federal budgets simply will not allow for large numbers of citizens to rely completely on government programs for their retirement and long term care needs.

Another choice that South Carolina and its many communities can make that will positively influence the trend of increased in-migration is to invest resources now in creating more livable, senior friendly communities. Communities that attract affluent retirees from other parts of the nation are economic growth engines for their native citizens. The demand for aging-related services created by these new in-migrants with the resources to pay for them will help build a service infrastructure that can benefit our state's less-affluent native aging population, some of whom will be reliant on government-subsidized programs and services. Growth in demand for private pay services can provide a positive revenue stream for organizations that have traditionally relied on funding from government or charitable organizations to deliver services.

South Carolina, its citizens and communities, by working together, can reap the rewards of an older, wiser population, while successfully addressing the associated challenges of an aging society. We know that an individual's retirement years need not be synonymous with illness, frailty, or disability. In fact, tremendous progress has been made in the fight against major diseases and conditions of aging. By focusing our efforts in areas like health care, public transportation, financial security, affordable housing, long term care, and economic development, the aging of our state can be an experience that enriches the lives of all South Carolinians. In order for that to happen, government agencies, non-profit service organizations, the private sector and all of South Carolina's citizens will need to work together to make the

necessary choices that maximize the opportunities and take on the challenges that the aging of our population present. Our state is in a strong position to prosper and provide a welcoming environment for our new aging population over the next two decades. Realizing this potential will depend upon cooperation and proper planning with a strong emphasis on evidence-based decision making.

**Appendix A: South Carolina Population 50 Years and Over by Age and Gender
(1990-2004)**

	1990	2000	2001	2002	2003	2004
Population 50+	849,224	1,120,787	1,155,598	1,188,250	1,219,958	1,255,360
Population 55+	689,717	858,244	879,755	913,022	941,568	970,961
Population 60+	540,955	651,482	666,583	681,756	700,640	718,375
Population 65+	396,935	485,333	494,963	502,623	511,505	520,392
Population 70+	256,480	339,734	345,753	352,419	358,889	363,277
Population 75+	150,630	215,285	221,216	226,139	230,820	234,692
Population 80+	75,716	113,840	119,965	125,302	128,904	133,537
Population 85+	30,749	50,269	53,520	55,951	57,377	59,451
Median Age	31.9	35.4	35.7	36.0	36.2	36.4
Males 50+	367,744	501,442	518,055	533,545	549,048	565,919
Males 55+	291,345	374,439	384,806	400,770	415,187	429,641
Males 65+	155,817	196,734	201,288	204,840	209,812	214,326
Males 75+	49,985	75,921	78,496	80,491	83,227	85,159
Males 85+	7,723	13,136	14,470	15,364	16,274	17,226
Females 50+	481,480	619,345	637,543	654,705	670,910	689,441
Females 55+	398,372	483,805	494,949	512,252	526,381	541,320
Females 65+	241,118	288,599	293,675	297,783	301,693	306,066
Females 75+	100,645	139,364	142,720	145,648	147,593	149,533
Females 85+	23,026	37,133	39,050	40,587	41,103	42,225

Source: U.S. Census Bureau, Census 1990 and Census 2000. 2001-2004 Estimates from U.S. Census Bureau, Population Division.

Appendix B: South Carolina Population 65 Years and Over by Race and Poverty Status (1990-2003)

	1990		2000		2003	
	#	%	#	%	#	%
Total 65+ Population	396,935	100.0	485,333	100.0	488,162	100.0
White	301,885	76.1	376,498	77.6	376,737	77.2
African American	93,860	23.6	104,217	21.5	104,857	21.5
Other Races	1,190	0.3	4,618	1.0	6,568	1.3
Hispanic	1,259	0.3	2,533	0.5	3,834	0.8
65+ Population for Whom Poverty Status is Determined						
65+ Population for Whom Poverty Status is Determined	380,099	100.0	465,847	100.0	488,162	100.0
Income Above Poverty	302,007	79.5	401,159	86.1	428,889	87.9
Income Below Poverty	78,092	20.5	64,688	13.9	59,273	12.1
White 65+ Population for Whom Poverty Status is Determined						
White 65+ Population for Whom Poverty Status is Determined	288,911	100.0	361,089	100.0	376,737	100.0
Income Above Poverty	248,711	86.1	327,960	90.8	351,850	93.4
Income Below Poverty	40,200	13.9	33,129	9.2	24,887	6.6
African American 65+ Population for Whom Poverty Status is Determined						
African American 65+ Population for Whom Poverty Status is Determined	90,062	100.0	99,685	100.0	104,857	100.0
Income Above Poverty	52,438	58.2	68,970	69.2	70,851	67.6
Income Below Poverty	37,624	41.8	30,715	30.8	34,006	32.4
Other Race 65+ Population for Whom Poverty Status is Determined						
Other Race 65+ Population for Whom Poverty Status is Determined	1,126	100.0	5,073	100.0	6,568	100.0
Income Above Poverty	858	76.2	4,229	83.4	6,188	94.2
Income Below Poverty	268	23.8	844	16.6	380	5.8

Source: U.S. Census Bureau, Census 1990, Census 2000, and 2003 American Community Survey.

Appendix C: Poverty Guidelines

The Department of Health and Human Services issues annual poverty guidelines for use in determining financial eligibility for certain programs. They are adjusted for families of different sizes.

2006 Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$9,800	\$12,250	\$11,270
2	13,200	16,500	15,180
3	16,600	20,750	19,090
4	20,000	25,000	23,000
5	23,400	29,250	26,910
6	26,800	33,500	30,820
7	30,200	37,750	34,730
8	33,600	42,000	38,640
For each additional person, add:	\$3,400	\$4,250	\$3,910

200% of Poverty

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$19,600	\$24,500	\$22,540
2	26,400	33,000	30,360
3	33,200	41,500	38,180
4	40,000	50,000	46,000
5	46,800	58,500	53,820
6	53,600	67,000	61,640
7	60,400	75,500	69,460
8	67,200	84,000	77,280
For each additional person, add:	\$6,800	\$8,500	\$7,820

300% of Poverty

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$29,400	\$36,750	\$33,810
2	39,600	49,500	45,540
3	49,800	62,250	57,270
4	60,000	75,000	69,000
5	70,200	87,750	80,730
6	80,400	100,500	92,460
7	90,600	113,250	104,190
8	100,800	126,000	115,920
For each additional person, add:	\$10,200	\$12,750	\$11,730

**Appendix D: First-Time Recipients of South Carolina Driver's Licenses (2002-2005)
Ages 50-59**

	2002	2003	2004	2005	Total 2002-2005
Abbeville	26	45	39	45	155
Aiken	407	482	574	547	2,010
Allendale	9	13	13	8	43
Anderson	218	326	447	424	1,415
Bamberg	14	24	26	19	83
Barnwell	17	38	35	40	130
Beaufort	959	1,176	1,313	1,092	4,540
Berkeley	230	394	434	399	1,457
Calhoun	22	43	23	25	113
Charleston	775	1,053	1,164	936	3,928
Cherokee	69	96	92	98	355
Chester	44	62	53	42	201
Chesterfield	61	67	101	83	312
Clarendon	71	99	106	96	372
Colleton	70	113	93	86	362
Darlington	72	109	130	105	416
Dillon	27	50	58	38	173
Dorchester	212	369	401	405	1,387
Edgefield	31	70	85	73	259
Fairfield	24	30	52	42	148
Florence	161	212	289	260	922
Georgetown	288	335	390	325	1,338
Greenville	701	921	1,118	1,008	3,748
Greenwood	80	98	126	141	445
Hampton	27	30	38	26	121
Horry	1,327	1,811	2,243	1,943	7,324
Jasper	41	59	56	43	199
Kershaw	70	124	173	146	513
Lancaster	97	167	215	165	644
Laurens	70	92	105	128	395
Lee	20	37	30	33	120
Lexington	350	499	540	455	1,844
McCormick	69	58	69	65	261
Marion	36	57	60	38	191
Marlboro	39	32	36	36	143
Newberry	51	75	67	55	248
Oconee	217	266	308	275	1,066
Orangeburg	119	179	147	150	595
Pickens	154	192	221	229	796
Richland	481	584	678	639	2,382
Saluda	18	30	33	26	107
Spartanburg	330	473	528	516	1,847
Sumter	125	171	195	168	659
Union	20	29	39	28	116
Williamsburg	35	56	53	51	195
York	513	666	809	844	2,832
Undetermined	78	95	83	57	313
State Total	8,875	12,007	13,888	12,396	47,166

Source: South Carolina Department of Motor Vehicles.

**Appendix D: First-Time Recipients of South Carolina Driver's Licenses (2002-2005)
Ages 60-64**

	2002	2003	2004	2005	Total 2002-2005
Abbeville	11	14	17	21	63
Aiken	155	215	245	256	871
Allendale	5	1	3	6	15
Anderson	95	107	160	156	518
Bamberg	5	9	7	14	35
Barnwell	1	5	11	15	32
Beaufort	478	634	810	679	2,601
Berkeley	60	116	121	140	437
Calhoun	4	16	12	8	40
Charleston	234	307	389	305	1,235
Cherokee	20	34	31	27	112
Chester	19	23	21	17	80
Chesterfield	24	26	27	23	100
Clarendon	42	44	52	41	179
Colleton	25	45	35	27	132
Darlington	22	28	46	38	134
Dillon	10	11	12	10	43
Dorchester	72	93	123	139	427
Edgefield	18	26	32	22	98
Fairfield	12	11	14	7	44
Florence	38	80	73	75	266
Georgetown	121	142	197	167	627
Greenville	210	258	314	355	1,137
Greenwood	30	36	52	51	169
Hampton	10	13	7	11	41
Horry	578	802	1,087	891	3,358
Jasper	8	6	17	17	48
Kershaw	34	37	61	64	196
Lancaster	32	43	55	54	184
Laurens	24	37	40	40	141
Lee	5	12	4	9	30
Lexington	119	134	170	142	565
McCormick	30	43	44	32	149
Marion	18	25	20	20	83
Marlboro	12	11	15	14	52
Newberry	19	20	20	14	73
Oconee	88	112	139	131	470
Orangeburg	56	69	76	58	259
Pickens	58	67	58	75	258
Richland	112	143	205	174	634
Saluda	4	11	13	6	34
Spartanburg	95	147	156	158	556
Sumter	41	67	71	63	242
Union	8	11	15	8	42
Williamsburg	12	21	27	14	74
York	132	175	236	269	812
Undetermined	28	26	31	27	112
State Total	3,234	4,313	5,371	4,890	17,808

Source: South Carolina Department of Motor Vehicles.

**Appendix D: First-Time Recipients of South Carolina Driver's Licenses (2002-2005)
Ages 65 and Over**

	2002	2003	2004	2005	Total 2002-2005
Abbeville	15	17	22	15	69
Aiken	227	276	291	337	1,131
Allendale	2	6	5	6	19
Anderson	134	161	203	240	738
Bamberg	7	9	6	9	31
Barnwell	7	13	14	17	51
Beaufort	590	842	974	865	3,271
Berkeley	82	124	123	120	449
Calhoun	7	10	15	7	39
Charleston	289	355	379	325	1,348
Cherokee	22	21	36	26	105
Chester	11	16	19	25	71
Chesterfield	20	37	31	31	119
Clarendon	48	48	68	55	219
Colleton	28	40	36	41	145
Darlington	26	42	55	48	171
Dillon	4	12	12	12	40
Dorchester	99	131	163	174	567
Edgefield	21	18	16	26	81
Fairfield	10	16	24	16	66
Florence	66	71	107	109	353
Georgetown	121	178	203	189	691
Greenville	291	380	481	433	1,585
Greenwood	47	49	80	90	266
Hampton	5	12	7	15	39
Horry	643	856	1,131	1,038	3,668
Jasper	9	20	22	14	65
Kershaw	43	48	67	61	219
Lancaster	31	50	64	77	222
Laurens	25	26	42	47	140
Lee	7	11	14	9	41
Lexington	157	201	226	234	818
McCormick	30	36	43	36	145
Marion	10	14	28	17	69
Marlboro	17	15	10	22	64
Newberry	16	21	24	24	85
Oconee	105	114	169	164	552
Orangeburg	60	62	65	67	254
Pickens	83	78	103	104	368
Richland	122	202	257	223	804
Saluda	6	10	7	11	34
Spartanburg	130	170	209	245	754
Sumter	57	73	90	71	291
Union	12	12	9	9	42
Williamsburg	13	19	19	22	73
York	220	252	321	367	1,160
Undetermined	32	50	33	27	142
State Total	4,007	5,224	6,323	6,120	21,674

Source: South Carolina Department of Motor Vehicles.

**Appendix D: First-Time Recipients of South Carolina Driver's Licenses (2002-2005)
Ages 50 and Over**

	2002	2003	2004	2005	Total 2002-2005
Abbeville	52	76	78	81	287
Aiken	789	973	1,110	1,140	4,012
Allendale	16	20	21	20	77
Anderson	447	594	810	820	2,671
Bamberg	26	42	39	42	149
Barnwell	25	56	60	72	213
Beaufort	2,027	2,652	3,097	2,636	10,412
Berkeley	372	634	678	659	2,343
Calhoun	33	69	50	40	192
Charleston	1,298	1,715	1,932	1,566	6,511
Cherokee	111	151	159	151	572
Chester	74	101	93	84	352
Chesterfield	105	130	159	137	531
Clarendon	161	191	226	192	770
Colleton	123	198	164	154	639
Darlington	120	179	231	191	721
Dillon	41	73	82	60	256
Dorchester	383	593	687	718	2,381
Edgefield	70	114	133	121	438
Fairfield	46	57	90	65	258
Florence	265	363	469	444	1,541
Georgetown	530	655	790	681	2,656
Greenville	1,202	1,559	1,913	1,796	6,470
Greenwood	157	183	258	282	880
Hampton	42	55	52	52	201
Horry	2,548	3,469	4,461	3,872	14,350
Jasper	58	85	95	74	312
Kershaw	147	209	301	271	928
Lancaster	160	260	334	296	1,050
Laurens	119	155	187	215	676
Lee	32	60	48	51	191
Lexington	626	834	936	831	3,227
McCormick	129	137	156	133	555
Marion	64	96	108	75	343
Marlboro	68	58	61	72	259
Newberry	86	116	111	93	406
Oconee	410	492	616	570	2,088
Orangeburg	235	310	288	275	1,108
Pickens	295	337	382	408	1,422
Richland	715	929	1,140	1,036	3,820
Saluda	28	51	53	43	175
Spartanburg	555	790	893	919	3,157
Sumter	223	311	356	302	1,192
Union	40	52	63	45	200
Williamsburg	60	96	99	87	342
York	865	1,093	1,366	1,480	4,804
Undetermined	138	171	147	111	567
State Total	16,116	21,544	25,582	23,406	86,648

Source: South Carolina Department of Motor Vehicles.

Appendix E: Selected 2004 County Data

	Charleston	Greenville	Richland	Spartanburg
Total County Population	314,746	390,166	306,151	263,159
Total Persons 50+	90,205	114,664	82,017	74,270
Persons 50+ (% of Total Pop.)	28.7	29.4	26.8	28.2
Total Persons 60+	48,600	61,980	42,111	42,252
Persons 60+ (% of Total Pop.)	15.4	15.9	13.8	16.1
Total Persons 65+	35,638	45,064	29,915	31,739
Persons 65+ (% of Total Pop.)	11.3	11.5	9.8	12.1
Total Persons 75+	16,038	19,463	14,590	12,998
Persons 75+ (% of Total Pop.)	5.1	5.0	4.8	4.9
Total Persons 85+	4,000	4,558	2,227	2,195
Persons 85+ (% of Total Pop.)	1.3	1.2	0.7	0.8
Median Age (In Years)	35.5	36.8	35.6	35.5
	Charleston	Greenville	Richland	Spartanburg
Total 65+ Population	35,638	45,064	29,915	31,739
White 65+	25,336	38,830	19,658	25,461
White 65+ (% of Total 65+ Pop.)	71.1	86.2	65.7	80.2
African American 65+	9,795	5,806	9,536	5,011
African American 65+ (% of Total 65+ Pop.)	27.5	12.9	31.9	15.8
Other Races 65+	507	428	721	1,267
Other Races 65+ (% of Total 65+ Pop.)	1.4	0.9	2.4	4.0
	Charleston	Greenville	Richland	Spartanburg
Median Household Income by Age of Householder				
Householder 45 to 64 Years	\$61,340	\$55,525	\$65,419	\$46,886
Householder 65 Years and Over	\$26,628	\$26,477	\$29,524	\$25,808
	Charleston	Greenville	Richland	Spartanburg
Total 55+ Population for Whom Poverty Status is Determined	69,553	87,938	60,310	57,721
Below Poverty	9,231	9,316	5,294	6,590
% Below Poverty	13.3	10.6	8.8	11.4
Total 65+ Population for Whom Poverty Status is Determined	35,638	45,064	29,915	31,739
Below Poverty	4,999	5,233	3,056	4,747
% Below Poverty	14.0	11.6	10.2	15.0
Total 75+ Population for Whom Poverty Status is Determined	16,038	19,463	14,590	12,998
Below Poverty	2,714	2,438	2,153	1,773
% Below Poverty	16.9	12.5	14.8	13.6
	Charleston	Greenville	Richland	Spartanburg
Households Receiving Food Stamps in Last 12 Months, with at Least One Person in Household Aged 60+	2,121	3,070	892	916
	Charleston	Greenville	Richland	Spartanburg
Total 65+ Population	35,638	45,064	29,915	31,739
In Family Households	24,896	31,421	21,533	19,909
In Nonfamily Households	10,742	13,643	8,382	11,830
Living Alone	10,404	13,643	8,029	11,463
% of 65+ Population Living Alone	29.2	30.3	26.8	36.1

Appendix E: Selected 2004 County Data (Continued)

	Charleston	Greenville	Richland	Spartanburg
Occupied Housing Units with Householder 60+	29,311	42,632	26,455	27,387
Owner Occupied	23,038	32,987	21,557	19,697
% Owner Occupied	78.6	77.4	81.5	71.9
Renter Occupied	6,273	9,645	4,898	8,001
% Renter Occupied	21.4	22.6	18.5	29.2
	Charleston	Greenville	Richland	Spartanburg
Total 65+ Population	35,638	45,064	29,915	31,739
Educational Attainment Less Than High School Diploma	9,586	13,536	8,615	11,864
% Educational Attainment Less Than High School Diploma	26.9	30.0	28.8	37.4
Educational Attainment Bachelor's Degree or Higher	8,668	8,566	6,591	5,087
% Educational Attainment Bachelor's Degree or Higher	24.3	19.0	22.0	16.0
	Charleston	Greenville	Richland	Spartanburg
Grandparents Living with Own Grandchildren Under 18	8,566	7,771	4,128	8,751
Grandparents Responsible for Own Grandchildren Under 18	4,679	7,771	1,063	5,369
Grandparents Aged 60+ Responsible for Own Grandchildren	1,941	1,562	423	1,184
	Charleston	Greenville	Richland	Spartanburg
Total 60+ Population	48,600	61,980	42,111	42,252
Never Married	2,057	1,747	386	866
% Never Married	4.2	2.8	0.9	2.0
Now Married	31,961	37,009	24,585	25,009
% Now Married	65.8	59.7	58.4	59.2
Widowed	10,571	16,806	12,379	9,951
% Widowed	21.8	27.1	29.4	23.6
Divorced	4,011	6,418	4,761	6,426
% Divorced	8.3	10.4	11.3	15.2
	Charleston	Greenville	Richland	Spartanburg
Payment Source of 65+ Inpatient/Outpatient Hospital Care				
Commercial/HMO (%)	3.7%	4.0%	4.5%	3.8%
Medicaid (%)	0.6%	0.4%	0.5%	0.6%
Medicare (%)	94.9%	95.1%	94.6%	95.5%
Self Pay/Indigent (%)	0.8%	0.5%	0.5%	0.1%
	Charleston	Greenville	Richland	Spartanburg
Total 65+ Population	35,638	45,064	29,915	31,739
With a Disability	16,039	19,825	13,086	15,308
% With a Disability	45.0	44.0	43.7	48.2
Total 75+ Population	16,038	19,463	14,590	12,998
With a Disability	9,333	9,948	7,102	8,300
% With a Disability	58.2	51.1	48.7	63.9

Source: U.S. Census Bureau, 2004 American Community Survey. Data is only available for the four largest counties in the state.

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States

AGE								
Population by Age, 2000	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
65+	485,333	12.1	969,048	12.0	785,275	9.6	2,807,597	17.6
75+	215,285	5.4	435,271	5.4	349,580	4.3	1,355,421	8.5
85+	50,269	1.3	105,461	1.3	87,857	1.1	331,287	2.1
Population by Age, 2004 Estimates	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
65+	489,220	12.1	965,612	11.7	790,857	9.2	2,810,756	16.5
85+	41,579	1.0	91,699	1.1	74,821	0.9	300,503	1.8
RACE								
65+ Population by Race, 2000	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
White	376,391	77.6	798,973	82.4	617,407	78.6	2,573,732	91.7
Non-White	108,942	22.4	170,075	17.6	167,868	21.4	233,865	8.3
75+ Population by Race, 2000	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
White	166,824	77.5	360,599	82.8	277,258	79.3	1,263,401	93.2
Non-White	48,461	22.5	74,672	17.2	72,322	20.7	92,020	6.8
85+ Population by Race, 2000	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
White	37,725	75.0	86,272	81.8	67,838	77.2	308,330	93.1
Non-White	12,544	25.0	19,189	18.2	20,019	22.8	22,957	6.9
65+ Population by Race, 2004	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
White	382,838	78.3	796,109	82.446055	616,229	77.9	2,552,961	90.8
Non-White	106,382	21.7	169,503	17.553945	174,628	22.1	257,795	9.2
75+ Population by Race, 2004	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
White	164,436	78.8	351,700	82.4	258,246	80.4	1,258,834	93
Non-White	44,273	21.2	73,120	17.2	62,934	19.6	95,045	7
85+ Population by Race, 2004	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
White	33,381	80.3	73,894	80.6	61,229	81.8	280,692	93.4
Non-White	8,198	19.7	17,805	19.4	13,592	18.2	19,811	6.6
EDUCATIONAL ATTAINMENT								
65+ Educational Attainment, 2000	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Less than a high school diploma	205,667	42.3	402,982	41.6	335,112	42.5	809,324	28.8
High school diploma or higher	280,178	57.7	566,840	58.4	452,794	57.5	1,996,813	71.2
Bachelor's degree or higher	75,399	15.5	142,688	14.7	111,364	14.1	494,202	17.6
Graduate or professional degree	26,472	5.4	53,741	5.5	44,132	5.6	205,289	7.3
65+ Educational Attainment, 2004	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Less than a high school diploma	160,257	32.8	340,715	35.3	288,169	36.4	668,635	23.8
High school diploma or higher	328,963	67.2	624,897	64.7	502,688	63.6	2,142,121	76.2
Bachelor's degree or higher	95,991	19.6	158,212	16.4	130,572	16.5	573,399	20.4
Graduate or professional degree	32,464	6.6	61,408	6.4	45,865	5.8	236,432	8.4

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

AGE										
Population by Age, 2000	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
65+	703,311	12.4	504,793	12.5	579,798	13.0	343,523	12.1	34,991,753	12.4
75+	320,459	5.6	230,850	5.7	263,050	5.9	157,813	5.5	16,600,767	5.9
85+	81,465	1.4	58,261	1.4	67,301	1.5	42,891	1.5	4,239,587	1.5
Population by Age, 2004 Estimates	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
65+	698,297	12.1	489,682	12.1	562,189	12.7	329,504	11.7	34,205,301	12.0
85+	59,415	1.0	42,226	1.0	49,473	1.1	31,517	1.1	3,625,860	1.3
RACE										
65+ Population by Race, 2000	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
White	620,880	88.3	473,621	93.8	464,153	80.1	254,384	74.1	30,405,538	86.9
Non-White	82,431	11.7	31,172	6.2	115,645	19.9	89,139	25.9	4,586,215	13.1
75+ Population by Race, 2000	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
White	283,958	88.6	216,992	94.0	210,129	79.9	115,755	73.3	14,717,120	88.7
Non-White	36,501	11.4	13,858	6.0	52,921	20.1	42,058	26.7	1,883,647	11.3
85+ Population by Race, 2000	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
White	71,250	87.5	54,459	93.5	51,890	77.1	29,846	69.6	3,778,504	89.1
Non-White	10,215	12.5	3,802	6.5	15,411	22.9	13,045	30.4	461,083	10.9
65+ Population by Race, 2004	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
White	617,147	88.4	459,644	93.9	454,315	80.8	245,600	74.5	29,389,897	85.9
Non-White	81,150	11.6	30,038	6.1	107,874	19.2	83,904	25.5	4,815,404	14.1
75+ Population by Race, 2004	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
White	264,602	88.7	198,466	94.2	197,554	80.7	104,665	73.4	14,099,847	87.9
Non-White	33,549	11.3	12,270	5.8	47,147	19.3	37,835	26.6	1,941,704	12.1
85+ Population by Race, 2004	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
White	53,136	89.4	39,582	93.7	35,411	71.6	22,967	72.9	3,208,177	88.5
Non-White	6,279	10.6	2,644	6.3	14,062	28.4	8,550	27.1	417,683	11.5
EDUCATIONAL ATTAINMENT										
65+ Educational Attainment, 2000	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Less than a high school diploma	327,250	46.6	249,847	49.6	263,336	45.4	159,948	46.5	12,071,825	34.5
High school diploma or higher	375,589	53.4	253,821	50.4	316,692	54.6	184,340	53.5	22,907,147	65.5
Bachelor's degree or higher	82,844	11.8	51,375	10.2	69,874	12.0	40,510	11.8	5,384,007	15.4
Graduate or professional degree	34,394	4.9	22,191	4.4	28,047	4.8	16,400	4.8	2,253,540	6.4
65+ Educational Attainment, 2004	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Less than a high school diploma	265,530	38.0	213,066	43.5	214,442	38.1	126,435	38.4	9,724,492	28.4
High school diploma or higher	432,767	62.0	276,616	56.5	347,747	61.9	203,069	61.6	24,480,809	71.6
Bachelor's degree or higher	96,077	13.8	59,287	12.1	79,768	14.2	42,135	12.8	6,118,647	17.9
Graduate or professional degree	35,675	5.1	25,737	6.9	32,955	5.9	17,122	5.2	2,586,435	7.6

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

LIVING ALONE								
	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
65+ Population Living Alone, 2000	135,118	27.8	274,469	28.3	214,578	27.2	721,745	25.7
65+ Population Living Alone, 2004	137,909	28.2	290,503	30.1	227,980	28.8	762,134	27.1
GRANDPARENTS RESPONSIBLE FOR GRANDCHILDREN								
	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Grandparents Living with Own Grandchildren, 2000								
Grandparents 30+ living with grandchildren	99,558	4.4	160,576	3.5	193,825	4.4	345,949	3.5
Who were responsible for grandchildren	51,755	52.0	79,810	49.7	92,265	47.6	147,893	42.7
Percent who were aged 60 and over	N/A	27.7	N/A	28.2	N/A	25.9	N/A	31.4
Grandparents Living with Own Grandchildren, 2004								
Grandparents 30+ living with grandchildren	97,004	4	164,136	3.4	183,441	3.8	330,268	3.1
Who were responsible for grandchildren	53,881	55.5	91,837	56.0	99,149	54.0	125,456	38.0
Percent who were aged 60 and over	16,435	30.5	31,590	34.4	32,251	32.5	43,044	34.3
POVERTY								
	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Population 65+ With Income in 1999 Below Poverty	64,688	13.9	122,248	13.2	102,228	13.5	246,641	9.1
Population 65+ With Income in 2004 Below Poverty	64,934	13.3	111,569	11.6	104,558	13.2	271,267	9.7
MEDIAN HOUSEHOLD INCOME								
Median Household Income, 1999	South Carolina		North Carolina		Georgia		Florida	
Householder 55-64 years	\$40,275		\$42,250		\$46,056		\$42,971	
Householder 65-74 years	\$28,293		\$28,521		\$29,366		\$32,398	
Householder 75 and older	\$19,525		\$19,307		\$19,760		\$25,085	
Median Household Income, 2004	South Carolina		North Carolina		Georgia		Florida	
Householder 65 and older	\$26,572		\$24,964		\$24,772		\$29,115	
TAX BURDEN								
2005 Tax Burden	South Carolina		North Carolina		Georgia		Florida	
	Rank	%	Rank	%	Rank	%	Rank	%
State-Local Tax Burden (taxes as % of income)	33	9.7	28	10.0	31	9.8	44	9.2
Federal Tax Burden	38	17.3	28	17.9	25	18.4	13	19.4
Total Tax Burden	39	27.0	31	27.8	26	28.2	19	28.6

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

LIVING ALONE										
	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
65+ Population Living Alone, 2000	203,887	29.0	156,544	31.1	171,625	29.6	101,530	29.5	9,849,325	28.2
65+ Population Living Alone, 2004	206,926	29.6	153,396	31.3	164,938	29.3	97,961	29.7	10,186,159	29.8
GRANDPARENTS RESPONSIBLE FOR GRANDCHILDREN										
	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Grandparents Living with Own Grandchildren, 2000										
Grandparents 30+ living with grandchildren	119,968	3.7	69,504	3.3	100,765	4.4	84,157	5.5	5,771,671	3.6
Who were responsible for grandchildren	61,252	51.1	35,818	51.5	56,369	55.9	48,061	57.1	2,426,730	42.0
Percent who were aged 60 and over	N/A	26	N/A	25.9	N/A	29.5	N/A	25.5	N/A	29.1
Grandparents Living with Own Grandchildren, 2004										
Grandparents 30+ living with grandchildren	134,157	3.9	75,722	3.1	100,866	3.9	82,748	5.2	5,675,375	3.4
Who were responsible for grandchildren	66,178	49.3	37,732	49.8	58,215	57.7	49,977	60.4	2,374,694	41.8
Percent who were aged 60 and over	17,619	26.6	13,820	36.6	16,062	27.6	13,653	27.3	757,820	31.9
POVERTY										
	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Population 65+ With Income in 1999 Below Poverty	89,985	13.5	67,477	14.2	86,276	15.5	61,239	18.8	3,287,774	9.9
Population 65+ With Income in 2004 Below Poverty	83,463	12.0	61,567	12.6	66,680	11.9	50,116	15.2	3,212,848	9.4
MEDIAN HOUSEHOLD INCOME										
Median Household Income, 1999	Tennessee		Kentucky		Alabama		Mississippi		United States	
Householder 55-64 years	\$39,587		\$35,120		\$37,934		\$34,225		\$47,447	
Householder 65-74 years	\$26,939		\$24,531		\$25,676		\$24,061		\$31,368	
Householder 75 and older	\$18,598		\$17,780		\$17,729		\$15,994		\$22,259	
Median Household Income, 2004	Tennessee		Kentucky		Alabama		Mississippi		United States	
Householder 65 and older	\$24,129		\$22,438		\$24,788		\$21,256		\$27,773	
TAX BURDEN										
2005 Tax Burden	Tennessee		Kentucky		Alabama		Mississippi		United States	
	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
State-Local Tax Burden (taxes as % of income)	47	8.3	19	10.3	46	8.7	26	10.0	N/A	10.1
Federal Tax Burden	31	17.8	41	17.2	45	17.0	50	16.4	N/A	19.0
Total Tax Burden	48	26.1	35	27.5	49	25.7	46	26.4	N/A	29.1

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

EMPLOYMENT								
	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Population 55-64 in civilian labor force, 2000	202,135	54.4	407,780	56.6	373,551	56.8	833,684	53.6
Employed	195,860	96.9	396,365	97.2	364,079	97.5	802,509	96.3
Unemployed	6,275	3.1	11,415	2.8	9,472	2.5	31,175	3.7
Population 65+ in civilian labor force, 2000	65,360	13.5	139,867	14.4	112,561	14.3	337,255	12.0
Employed	60,570	92.7	128,190	91.7	104,337	92.7	315,385	93.5
Unemployed	4,790	7.3	11,677	8.3	8,224	7.3	21,870	6.5
Population 75+ in civilian labor force, 2000	14,367	6.8	31,210	7.2	24,180	7.0	75,558	5.6
Employed	11,493	80.0	23,823	76.3	19,092	79.0	65,967	87.3
Unemployed	2,874	20.0	7,387	23.7	5,088	21.0	9,591	12.7
Population 55-64 in civilian labor force, 2004	255,603	59.6	500,297	59.1	479,375	59.8	1,070,726	57.8
Employed	240,626	94.1	475,428	95.0	458,023	95.5	1,017,410	95.0
Unemployed	14,977	5.9	24,869	5.0	21,352	4.5	53,316	5.0
Population 65+ in civilian labor force, 2004	108,513	18.2	229,803	19.5	195,639	19.9	575,053	17.4
Employed	102,398	94.4	220,660	96.0	188,024	96.1	539,357	93.8
Unemployed	6,115	5.6	9,143	4.0	7,615	3.9	35,696	6.2
Population 75+ in civilian labor force, 2004	11,162	5.3	22,993	5.4	15,495	4.8	72,748	5.4
Employed	10,962	98.2	21,265	92.5	15,305	98.8	67,953	93.4
Unemployed	200	1.8	1,728	7.5	190	1.2	4,795	6.6
NON-DRIVERS								
Non-Drivers 65+, 2001	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
	102,730	21%	195,786	20%	210,088	27%	539,310	19%
HOUSEHOLDS WITH NO VEHICLE								
Occupied Housing Units with No Vehicle Available, 2000	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Householder 55+	65,909	12.1	118,195	11.1	105,649	11.6	294,743	11.0
Householder 65+	48,784	15.2	92,355	14.5	78,046	15.2	240,481	13.4
Householder 75+	30,559	21.6	60,907	21.3	49,595	21.8	168,402	18.9
Occupied Housing Units with No Vehicle Available, 2004	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Householder 65+	36,863	11.6	79,434	12.3	58,736	11.7	198,645	11.1

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

EMPLOYMENT										
	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Population 55-64 in civilian labor force, 2000	290,543	54.6	181,829	48.8	213,303	51.4	126,016	51.5	13,997,324	57.9
Employed	281,566	96.9	176,516	97.1	206,694	96.9	122,376	97.1	13,512,693	96.5
Unemployed	8,977	3.1	5,313	2.9	6,609	3.1	3,640	2.9	484,631	3.5
Population 65+ in civilian labor force, 2000	93,049	13.2	59,836	11.9	68,311	11.8	42,156	12.2	4,638,745	13.3
Employed	87,794	94.4	57,976	96.9	64,680	94.7	40,289	95.6	4,368,898	94.2
Unemployed	5,255	5.6	1,860	3.1	3,631	5.3	1,867	4.4	269,847	5.8
Population 75+ in civilian labor force, 2000	19,171	6.0	12,077	5.3	14,045	5.4	8,728	5.6	1,004,646	6.1
Employed	16,587	86.5	11,590	96.0	12,369	88.1	7,837	89.8	881,069	87.7
Unemployed	2,584	13.5	487	4.0	1,676	11.9	891	10.2	123,577	12.3
Population 55-64 in civilian labor force, 2004	355,018	57.2	220,981	50.5	259,573	53.9	153,238	54.6	17,613,233	61.1
Employed	339,766	95.7	211,750	95.8	250,568	96.5	147,708	96.4	16,769,235	95.2
Unemployed	15,252	4.3	9,231	4.2	9,005	3.5	5,530	3.6	843,998	4.8
Population 65+ in civilian labor force, 2004	167,881	19.6	95,176	15.8	120,034	17.6	76,495	19.1	7,994,335	19.4
Employed	160,137	95.4	91,003	95.6	114,877	95.7	73,671	96.3	7,631,628	95.5
Unemployed	7,744	4.6	4,173	4.4	5,157	4.3	2,824	3.7	362,707	4.5
Population 75+ in civilian labor force, 2004	17,814	6.0	10,838	5.1	10,130	4.1	8,993	6.3	922,183	5.7
Employed	17,286	97.0	10,193	94.0	9,528	94.1	8,851	98.4	884,132	95.9
Unemployed	528	3.0	645	6.0	602	5.9	142	1.6	38,051	4.1
NON-DRIVERS										
Non-Drivers 65+, 2001	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
	139,337	20%	114,981	23%	104,207	18%	55,674	16%	N/A	N/A
HOUSEHOLDS WITH NO VEHICLE										
Occupied Housing Units with No Vehicle Available, 2000	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Householder 55+	93,165	11.8	81,805	14.5	77,420	12.0	48,997	12.9	5,138,065	13.9
Householder 65+	73,665	15.8	63,625	18.8	60,667	15.4	37,195	16.2	3,959,761	17.5
Householder 75+	49,522	23.2	42,104	26.7	40,032	22.1	23,747	22.4	2,626,319	24.1
Occupied Housing Units with No Vehicle Available, 2004	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Householder 65+	54,830	11.9	47,813	14.3	39,130	10.4	27,328	12.1	3,328,286	15.0

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

HOUSING UNITS								
	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Occupied housing units with a householder 60+, 2000	422,662		830,984		688,351		2,214,395	
Owner-occupied	355,666	84.1	680,721	81.9	554,843	80.6	1,857,033	83.9
Renter-occupied	66,996	15.9	150,263	18.1	133,508	19.4	357,362	16.1
With a householder 65+, 2000	320,075		635,846		513,098		1,789,594	
Owner-occupied	268,256	83.8	517,529	81.4	410,579	80.0	1,503,216	84.0
Renter-occupied	51,819	16.2	118,317	18.6	102,519	20.0	286,378	16.0
With a householder 75+, 2000	141,441		286,109		227,224		891,257	
Owner-occupied	114,645	81.1	222,918	77.9	173,936	76.5	728,720	81.8
Renter-occupied	26,796	18.9	63,191	22.1	53,288	23.5	162,537	18.2
With a householder 85+, 2000	28,425		58,922		49,332		201,154	
Owner-occupied	20,929	73.6	42,042	71.4	34,114	69.2	147,809	73.5
Renter-occupied	7,496	26.4	16,880	28.6	15,218	30.8	53,345	26.5
HOUSING UNITS								
	South Carolina		North Carolina		Georgia		Florida	
	#	%	#	%	#	%	#	%
Occupied housing units with a householder 60+, 2004	432,614		875,107		711,804		2,282,211	
Owner-occupied	359,749	83.2	730,339	83.5	590,998	83.0	1,920,521	84.2
Renter-occupied	72,865	16.8	144,768	16.5	120,806	17.0	361,690	15.8
With a householder 65+, 2004	318,436		647,898		502,527		1,782,462	
Owner-occupied	265,587	83.4	542,441	83.7	415,051	82.6	1,511,605	84.8
Renter-occupied	52,849	16.6	105,457	16.3	87,476	17.4	270,857	15.2
With a householder 75+, 2004	142,797		301,473		212,733		892,823	
Owner-occupied	116,608	81.7	242,793	80.5	171,090	80.4	740,812	83.0
Renter-occupied	26,189	18.3	58,680	19.5	41,643	19.6	152,011	17.0
With a householder 85+, 2004	27,043		65,000		48,516		206,730	
Owner-occupied	19,541	72.3	50,846	78.2	33,439	68.9	154,415	74.7
Renter-occupied	7,502	27.7	14,154	21.8	15,077	31.1	52,315	25.3
COST-BURDENED HOUSEHOLDS								
Cost-Burdened Households, 2000	South Carolina		North Carolina		Georgia		Florida	
Owner-occupied elderly households with cost burden > 30%	22.1%		22.5%		23.4%		23.8%	
Owner-occupied elderly households with cost burden > 50%	10.2%		10.1%		11.1%		10.7%	
Renter-occupied elderly households with cost burden > 30%	41.3%		39.8%		42.6%		50.0%	
Renter-occupied elderly households with cost burden > 50%	21.6%		20.6%		22.1%		27.8%	

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

HOUSING UNITS										
	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Occupied housing units with a householder 60+, 2000	614,400		442,571		511,542		301,112		29,102,339	
Owner-occupied	503,796	82.0	360,784	81.5	420,739	82.2	253,262	84.1	22,737,914	78.1
Renter-occupied	110,604	18.0	81,787	18.5	90,803	17.8	47,850	15.9	6,364,425	21.9
With a householder 65+, 2000	467,100		339,303		394,617		229,696		22,634,690	
Owner-occupied	380,612	81.5	275,665	81.2	322,289	81.7	192,943	84.0	17,553,827	77.6
Renter-occupied	86,488	18.5	63,638	18.8	72,328	18.3	36,753	16.0	5,080,863	22.4
With a householder 75+, 2000	213,605		157,683		181,302		105,818		10,906,988	
Owner-occupied	167,536	78.4	123,905	78.6	142,156	78.4	86,967	82.2	8,071,660	74.0
Renter-occupied	46,069	21.6	33,778	21.4	39,146	21.6	18,851	17.8	2,835,328	26.0
With a householder 85+, 2000	47,287		34,984		41,045		25,140		2,482,052	
Owner-occupied	33,524	70.9	25,603	73.2	29,646	72.2	19,403	77.2	1,620,713	65.3
Renter-occupied	13,763	29.1	9,381	26.8	11,399	27.8	5,737	22.8	861,339	34.7
HOUSING UNITS										
	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
Occupied housing units with a householder 60+, 2004	622,573		456,136		503,333		299,767		29,597,274	
Owner-occupied	520,530	83.6	380,627	83.4	428,727	85.2	256,641	85.6	23,536,088	79.5
Renter-occupied	102,043	16.4	75,509	16.6	74,606	14.8	43,126	14.4	6,061,186	20.5
With a householder 65+, 2004	459,664		335,102		375,924		225,769		22,207,496	
Owner-occupied	386,790	84.1	281,141	83.9	321,264	85.5	195,036	86.4	17,597,489	79.2
Renter-occupied	72,874	15.9	53,961	16.1	54,660	14.5	30,733	13.6	4,610,007	20.8
With a householder 75+, 2004	207,649		153,076		172,988		102,916		10,939,146	
Owner-occupied	172,469	83.1	126,146	82.4	145,720	84.2	85,298	82.9	8,332,668	76.2
Renter-occupied	35,180	16.9	26,930	17.6	27,268	15.8	17,618	17.1	2,606,478	23.8
With a householder 85+, 2004	41,096		31,753		35,209		22,665		2,543,871	
Owner-occupied	30,545	74.3	25,200	79.4	28,729	81.6	15,304	67.5	1,731,382	68.1
Renter-occupied	10,551	25.7	6,553	20.6	6,480	18.4	7,361	32.5	812,489	31.9
COST-BURDENED HOUSEHOLDS										
Cost-Burdened Households, 2000	Tennessee	Kentucky	Alabama	Mississippi	United States					
Owner-occupied elderly households with cost burden > 30%	20.8%	18.9%	20.9%	23.7%	N/A					
Owner-occupied elderly households with cost burden > 50%	9.5%	8.3%	9.8%	11.4%	N/A					
Renter-occupied elderly households with cost burden > 30%	39.4%	36.8%	34.9%	36.8%	N/A					
Renter-occupied elderly households with cost burden > 50%	19.7%	16.9%	16.7%	18.5%	N/A					

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

MEDICARE				
Medicare Enrollment Age 60+, 2003	South Carolina	North Carolina	Georgia	Florida
Part A and/or Part B	513,324	1,031,171	826,818	2,640,907
Part A	509,929	1,029,472	818,946	2,628,027
Part B	497,982	1,002,621	796,323	2,559,075
Part A and Part B	494,587	1,000,922	788,451	2,546,195
% of Medicare Enrollees Who Are Aged 65+, 2003-2004	86%	85%	86%	91%
ABUSE				
Adult Protective Services - Investigated and Substantiated Reports of Abuse and Neglect, 2000	South Carolina	North Carolina	Georgia	Florida
Reports Received	3,771	8,754	12,000	29,408
Reports Investigated	3,771	8,754	N/A	29,408
Reports Substantiated	N/A	2,101	N/A	649
Substantiated Rate (%)	N/A	24.0%	N/A	2.2%
DIABETES				
Prevalence of Diagnosed Diabetes per 100 Adult Population, 2002	South Carolina	North Carolina	Georgia	Florida
Ages 65-74	18.3	19.0	20.0	15.3
Ages 75+	15.1	15.0	11.9	13.9
% with Diabetes 2001-2003	South Carolina	North Carolina	Georgia	Florida
Ages 65+	17.5	17.8	17.0	14.5
Ages 75+	16.5	16.9	13.3	14.0
HYPERTENSION				
% with Hypertension 2001-2003	South Carolina	North Carolina	Georgia	Florida
Ages 65+	58.4	56.2	57.3	52.1
Ages 75+	60.1	58.7	56.6	51.6
OBESITY				
% Obese, 2001-2003	South Carolina	North Carolina	Georgia	Florida
Ages 65+	19.5	20.1	19.6	18.1
Ages 75+	15.2	15.6	14.0	13.7
SMOKING				
% Current Smokers, 2001-2003	South Carolina	North Carolina	Georgia	Florida
Ages 65+	8.5	12.4	10.2	9.0
Ages 75+	4.3	9.9	7.5	5.9
VACCINES				
Adults Aged 65+ Who Have Ever Received a Pneumococcal Vaccine, 2002	South Carolina	North Carolina	Georgia	Florida
	63.3%	65.6%	60.2%	60.2%
Adults Aged 65+ Who Have Received an Influenza Vaccine in the Last 12 Months, 2001-2003	South Carolina	North Carolina	Georgia	Florida
	69.2%	68.0%	64.1%	59.5%

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

MEDICARE					
Medicare Enrollment Age 60+, 2003	Tennessee	Kentucky	Alabama	Mississippi	United States
Part A and/or Part B	740,608	532,006	600,652	357,102	N/A
Part A	738,082	526,634	596,294	356,476	N/A
Part B	713,995	514,849	578,381	345,181	N/A
Part A and Part B	711,469	509,477	574,023	344,555	N/A
% of Medicare Enrollees Who Are Aged 65+, 2003-2004	84%	86%	80%	85%	90%
ABUSE					
Adult Protective Services - Investigated and Substantiated Reports of Abuse and Neglect, 2000	Tennessee	Kentucky	Alabama	Mississippi	United States
Reports Received	5,844	28,507	5368	1,536	472,813
Reports Investigated	5,844	28,507	5368	1,536	396,398
Reports Substantiated	3,565	17,210	N/A	256	166,019
Substantiated Rate (%)	61.0%	60.4%	N/A	16.7%	48.5%
DIABETES					
Prevalence of Diagnosed Diabetes per 100 Adult Population, 2002	Tennessee	Kentucky	Alabama	Mississippi	United States
Ages 65-74	15.6	13.8	19.2	19.6	16.9
Ages 75+	18.1	12.9	22.0	17.4	14.2
% with Diabetes 2001-2003	Tennessee	Kentucky	Alabama	Mississippi	United States
Ages 65+	16.7	14.7	19.3	19.9	N/A
Ages 75+	17.4	13.8	19.8	19.0	N/A
HYPERTENSION					
% with Hypertension 2001-2003	Tennessee	Kentucky	Alabama	Mississippi	United States
Ages 65+	57.2	59.0	58.3	62.3	N/A
Ages 75+	59.0	61.8	58.8	64.9	N/A
OBESITY					
% Obese, 2001-2003	Tennessee	Kentucky	Alabama	Mississippi	United States
Ages 65+	18.5	19.8	19.5	22.2	N/A
Ages 75+	16.0	15.8	15.2	16.6	N/A
SMOKING					
% Current Smokers, 2001-2003	Tennessee	Kentucky	Alabama	Mississippi	United States
Ages 65+	10.2	14.2	10.2	11.4	N/A
Ages 75+	5.1	7.7	5.8	6.5	N/A
VACCINES					
Adults Aged 65+ Who Have Ever Received a Pneumococcal Vaccine, 2002	Tennessee	Kentucky	Alabama	Mississippi	United States
	60.4%	58.5%	60.8%	59.4%	N/A
Adults Aged 65+ Who Have Received an Influenza Vaccine in the Last 12 Months, 2001-2003	Tennessee	Kentucky	Alabama	Mississippi	United States
	69.7%	66.4%	67.5%	65.3%	N/A

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

NURSING FACILITY RESIDENTS									
	South Carolina		North Carolina		Georgia		Florida		
Certified Nursing Facility Residents as a % of the State 65+ Population, 2003		3.0%		3.5%		4.1%		2.4%	
% of Nursing Facility Residents by Primary Payer Source, 2003									
	South Carolina		North Carolina		Georgia		Florida		
Medicaid		70%		70%		77%		61%	
Medicare		14%		14%		10%		17%	
Private/Other		16%		16%		13%		21%	
CAUSE OF DEATH									
Cause of Death for Population Aged 65+, 2002 (Rate per 100,000 population)	South Carolina		North Carolina		Georgia		Florida		
	#	Rate	#	Rate	#	Rate	#	Rate	
All Causes	26,060	5,380.6	51,723	5,308.7	43,778	5,530.4	128,200	4,410.2	
Malignant Neoplasm	5,560	1,123.3	10,931	1,107.1	8,831	1,100.5	28,716	995.6	
Diabetes Mellitus	752	153.0	1,565	159.6	1,050	132.1	3,444	119.1	
Alzheimer's Disease	960	205.4	1,942	203.1	1,504	193.1	4,013	136.7	
Major Cardiovascular Diseases	10,351	2,149.6	20,803	2,143.9	17,954	2,275.7	55,020	1,887.2	
Influenza and Pneumonia	312	188.4	658	204.5	637	245.8	1,365	118.5	
Nephritis, Nephrotic Syndrome, and Nephrosis	1,163	127.4	619	119.6	1,037	131.3	1,851	63.6	
Chronic Lower Respiratory Diseases	798	435.4	1,592	437.0	1,270	435.9	3,760	313.8	
Accidents	506	104.2	1,169	120.1	893	112.7	2,254	77.6	
DISABILITIES									
Disability Status of Population 65+, 2000	South Carolina		North Carolina		Georgia		Florida		
	#	%	#	%	#	%	#	%	
With one type of disability:	95,969	20.6	190,635	20.6	156,836	20.8	552,977	20.3	
Sensory disability	17,088	17.8	33,820	17.7	25,903	16.5	109,140	19.7	
Physical disability	47,240	49.2	96,728	50.7	79,762	50.9	264,277	47.8	
Mental disability	5,684	5.9	10,502	5.5	9,512	6.1	29,481	5.3	
Self-care disability	762	0.8	1,598	0.8	1,121	0.7	3,515	0.6	
Go-outside-home disability	25,195	26.3	47,987	25.2	40,538	25.8	146,564	26.5	
With two or more types of disability	117,479	25.2	232,153	25.1	201,709	26.7	522,568	19.2	
No disability	252,399	54.2	501,340	54.3	396,109	52.5	1,644,582	60.5	
Disability Status of Population 65+, 2004	South Carolina		North Carolina		Georgia		Florida		
	#	%	#	%	#	%	#	%	
With one type of disability:	92,166	18.8	188,035	19.5	156,678	19.8	485,911	17.3	
With two or more types of disability	117,175	24.0	237,409	24.6	199,160	25.2	536,794	19.1	
No disability	279,879	57.2	540,168	55.9	435,019	55.0	1,788,051	63.6	

Appendix F: Indicator Data on the Aging Population for South Carolina and the Southeastern States (Continued)

NURSING FACILITY RESIDENTS										
	Tennessee		Kentucky		Alabama		Mississippi		United States	
Certified Nursing Facility Residents as a % of the State 65+ Population, 2003	4.2%		4.2%		3.7%		3.8%		3.8%	
% of Nursing Facility Residents by Primary Payer Source, 2003	Tennessee		Kentucky		Alabama		Mississippi		United States	
Medicaid	71%		71%		72%		80%		66%	
Medicare	13%		13%		12%		10%		12%	
Private/Other	16%		16%		16%		11%		22%	
CAUSE OF DEATH										
Cause of Death for Population Aged 65+, 2002 (Rate per 100,000 population)	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
All Causes	39,997	5,634.5	29,473	5,855.4	32,964	5,684.4	19,935	5,760.8	1,811,720	5,000.5
Malignant Neoplasm	8,365	1,171.2	6,310	1,245.9	6,626	1,136.4	4,030	1,170.4	391,001	1,090.9
Diabetes Mellitus	1,253	176.0	934	185.2	1,076	185.2	462	134.0	54,715	152.0
Alzheimer's Disease	1,286	182.5	1,004	201.1	1,170	203.1	568	164.3	58,289	158.7
Major Cardiovascular Diseases	17,287	2,439.5	12,192	2,426.8	13,766	2,377.0	9,103	2,624.5	770,895	2,119.4
Influenza and Pneumonia	616	256.0	473	275.0	437	226.0	259	219.3	24,944	192.2
Nephritis, Nephrotic Syndrome, and Nephrosis	478	67.4	698	138.9	862	148.7	437	126.6	34,316	94.6
Chronic Lower Respiratory Diseases	1,245	470.9	1,013	534.0	1,056	490.5	587	462.6	52,207	376.9
Accidents	810	114.3	591	117.4	669	115.2	440	126.9	33,641	92.9
DISABILITIES										
Disability Status of Population 65+, 2000	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
With one type of disability:	138,662	20.8	102,369	21.5	118,603	21.4	69,752	21.4	6,704,088	20.1
Sensory disability	25,170	18.2	19,212	18.8	20,732	17.5	11,539	16.5	1,327,266	19.8
Physical disability	70,144	50.6	53,361	52.1	59,711	50.3	36,854	52.8	3,246,580	48.4
Mental disability	7,711	5.6	5,688	5.6	6,651	5.6	4,143	5.9	364,937	5.4
Self-care disability	1,166	0.8	822	0.8	1,162	1.0	978	1.4	50,436	0.8
Go-outside-home disability	34,471	24.9	23,286	22.7	30,347	25.6	16,238	23.3	1,714,869	25.6
With two or more types of disability	181,001	27.1	132,680	27.8	156,441	28.2	98,658	30.3	7,274,030	21.8
No disability	348,408	52.2	241,491	50.7	280,361	50.5	157,391	48.3	19,368,508	58.1
Disability Status of Population 65+, 2004	Tennessee		Kentucky		Alabama		Mississippi		United States	
	#	%	#	%	#	%	#	%	#	%
With one type of disability:	126,018	18	92,782	18.9	118,510	21.1	66,868	20.3	6,121,384	17.9
With two or more types of disability	181,935	26.1	139,940	28.6	139,866	24.9	104,757	31.8	7,417,578	21.7
No disability	390,344	55.9	256,960	52.5	303,813	54.0	157,879	47.9	20,666,339	60.4