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EXECUTIVE SUMMARY

Who Tries to Find Objective Information on Health Care? Findings From the 2010 Health Confidence Survey

USERS OF HEALTH INFORMATION: This analysis looks at who currently uses information on health cost, quality, and outcomes. Data comes from the EBRI/MGA 2010 Health Confidence Survey (HCS), a survey that examines a broad spectrum of health care issues, including Americans' satisfaction with health care today, their confidence in the future of the health care system and the Medicare program, and their attitudes toward health care reform.

TYPES OF INFORMATION SOUGHT VARIES: Overall, 45 percent of the population reported having tried to find information about the advantages and disadvantages of different treatments, while only 14 percent tried to find information about the number of disciplinary actions taken against a doctor or hospital. About one-quarter tried to find cost information (28 percent for the full costs of different treatments; 24 percent for the costs of different doctors and hospitals).

WHO SEARCHES FOR INFORMATION: Women, younger individuals, and individuals with higher levels of education were more likely than others to seek information on cost, quality, and access. Individuals who experience an increase in either premiums or cost sharing are more likely than those who do not to seek information.

Labor-Force Participation Rates of the Population Age 55 and Older: What Did the Recession Do to the Trends?

PARTICIPATION RATES UP FOR THOSE NEAR OR PAST RETIREMENT AGE: For those age 55 and older, the labor-force participation rate continued to increase even after the economic downturn of 2008–2009. For those ages 55–64, this is being driven almost exclusively by the increase in women in the work force; the male participation rate is flat to declining. But among those age 65 and older, labor-force participation increased for both males and females. Education is a big factor: Those with higher levels of education are more likely to stay at work.

NEED FOR HEALTH AND RETIREMENT BENEFITS A DRIVING FACTOR: The upward trend is not surprising and is likely to continue because of workers' need for access to employment-based health insurance and for more earning years to accumulate assets in 401(k)-type plans, particularly after the stock market and economy downturn in 2008.

Who Tries to Find Objective Information on Health Care? Findings From the 2010 Health Confidence Survey

by Paul Fronstin, Employee Benefit Research Institute

Introduction

For many years, employers have been interested in providing individuals with objective information on health care costs, quality, and outcomes in order to make informed decisions about use of health care services. For example, in 2001, employers formed a coalition to report health care provider quality measures, and today the group is composed not only of employers but also consumer groups and organized labor.¹ Other organizations, such as the National Quality Forum, also provide health care information. The Internet has fueled the growth of medical information with sites such as webmd.com, medscape.com, and Medline, the U.S. National Library of Medicine's database containing over 18 million references to journal articles with a concentration in health care services.

The availability of information on cost, quality, and outcomes is often contentious and has become politicized. In early 2009, the American Recovery and Reinvestment Act (ARRA) provided \$1.1 billion for comparative effectiveness research. In 2010, the Patient Protection and Affordable Care Act (PPACA) established the nonprofit Patient-Centered Outcomes Research Institute in order to identify research priorities and conduct research that compares the clinical effectiveness of medical treatments. Critics are concerned that the government will ultimately use the information to ration health care. Various medical groups are also concerned about how the data are used to rank doctors and hospitals. For example, the American Medical Association recently called into question the accuracy of insurance company rankings of individual doctors.²

This article discusses the question of who currently uses information on cost, quality, and outcomes. The data, from the EBRI/MGA 2010 Health Confidence Survey (HCS), examine a broad spectrum of health care issues, including Americans' satisfaction with health care today, their confidence in the future of the health care system and the Medicare program, and their attitudes toward health care reform.³

Searching for Information

The 2010 HCS asked a series of questions for the first time regarding whether an individual had ever tried to find objective information on various aspects of cost, quality, and outcomes. Survey participants were asked if in the past two years they had ever tried to find objective information about the following:

- The costs of different treatments.
- The advantages and disadvantages of different treatments.
- The costs of different doctors and hospitals.
- A doctor's training, certification, and experience.
- The number and success rate of procedures performed at a hospital.
- The number of disciplinary actions taken against a doctor or hospital.

Overall, 45 percent of the population reported having tried to find information about the advantages and disadvantages of different treatments, while only 14 percent tried to find information about the number of disciplinary actions taken against a doctor or hospital (Figure 1). About one-quarter tried to find cost information (28 percent for the full costs of different treatments; 24 percent for the costs of different doctors and hospitals).

Figure 1

Percentage Who Tried to Find Selected Types of Objective Information in the Past Two Years, by Demographics, 2010

	The Advantages and Disadvantages of Different Treatments	A Doctor's Training, Certification, and Experience	The Full Costs of Different Treatments	The Costs of Different Hospitals	The Number and Success Rate of Procedures Performed at a Hospital	The Number of Disciplinary Actions Taken Against a Doctor or Hospital
Total	45%	32%	28%	24%	22%	14%
Gender						
a Male	42	28	36	22	24	12
b Female	48	35	30	26	21	16
Age						
c <45	50 E	31	34 E	29 E	25	18 d E
d 45-64	44	34	27 E	22 e	19	12
e 65+	36	28	15	14	22	10
Marital Status						
f Married	47	33	24	22	23	12
g Single	44	30	31 f	26	21	17
Race						
h White	44	30	24	21	21	14
i Non-white	48	38	37 H	34 H	25	16
Education						
j High school or less	37	26	27	24	23	12
k Some college or trade school	51 J	33	31	27	22	15
l College graduate or post-graduate	52 J	39 J	26	21	22	17
Income						
m Less than \$35,000	43	30	34 N o	31 n O	23	15
n \$35,000-\$74,999	48	36	23	22	25	15
o \$75,000 or more	49	31	25	17	20	15
Employment Status						
p Working	46	31	28 p	23	19	15
q Retired	41	33	20	20	25	10
r Other	48	31	36 P	33 o p	28	16
Firm Size						
s Fewer than 50 employees	45	33	28	28	20	14
t 50 employees or more	47	31	29	21	20	16

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, 2010 Health Confidence Survey.

Notes:

Independent Z-Test for Percentages.

Upper case letters indicate significance at the 99% level.

Lower case letters indicate significance at the 95% level.

Demographics—The percentage of the population searching for information varies with selected demographics. There was no significant difference between men and women. However, young individuals were more likely than older ones to search for information. Persons under age 45 were more likely than those age 65 or older to try to find information about the advantages and disadvantages of different treatment options, the full costs of different treatments, the costs of different doctors and hospitals, and the number of disciplinary actions taken against a doctor or hospital.

There is some evidence that minorities and lower-income individuals are more likely to search for cost information than whites. It was also found that more educated individuals are more likely than less educated individuals to try to find information on the advantages and disadvantages of different treatments and information about a doctor's training, certification, and experience.

Health Status—There is limited variation in the percentage of individuals who tried to find information by health status. Individuals in (self-reported) fair or poor health were more likely to report that they tried to find information on the number and success rate of procedures performed at a hospital (Figure 2). Among those who reported that their health status had gotten worse during the past five years, about one-half (52 percent) reported that they tried to find information about the advantages and disadvantages of different treatments. This is in comparison to just over 40 percent of those whose health status improved or was unchanged.

Health Coverage—Interesting correlations were found between information seeking and various aspects of health coverage. The uninsured were more likely than those with coverage to search for information about both treatment costs and provider costs (Figure 3). Individuals not satisfied with their health plan were more likely than those who were extremely or very satisfied to try to find information about treatment costs and provider costs, and they were more likely to search for information about the advantages and disadvantages of different treatments. Individuals who reported that they had experienced an increase in either premiums or cost sharing were more likely than those not experiencing an increase to try to find information about the advantages and disadvantages of different treatments, doctors' training, and costs of treatments and providers.

Quality of Care and Opinions About the U.S. System—There is some evidence that individuals who are not satisfied with the quality of care received are more likely to look for information about costs. The difference by satisfaction is statistically significant with respect to the cost of treatments, but not for the cost of providers (Figure 4). There is also evidence that individuals who rate health care in America as fair or poor are also more likely than those rating it as excellent or very good (and in one case good) to report that they tried to find information about costs.

Empirical Analysis

In addition to the correlations presented above, regression equations were used to determine the characteristics associated with seeking information on cost, quality, and outcomes.⁴

Two regression equations were estimated. The first examined whether an individual had sought information on any of the six cost, quality, and outcome variables examined. The second examined the number of cost, quality, and outcome measures that an individual sought information for. The independent variables included demographics, job information, health status, variables related to health coverage, and opinions about the U.S. health care system. There were a number of similarities between the findings from the two equations but also some differences. There were also differences between the findings from the two equations and the correlations presented above.

In the findings presented in Figure 1 no statistically significant differences between men and women were found. However, in both regression equations it was found that women were more likely than men to seek any information, and, when they sought information, tried to find it for more cost, quality, and outcome variables. In both regression equations differences were found by age. Specifically, young individuals were found to be more likely than older ones to seek any information, and when they sought information tried to find it for more cost, quality, and outcome variables.

Figure 2
Percentage Who Tried to Find Selected Types of Objective Information in the Past Two Years, by Health Status, 2010

	The Advantages and Disadvantages of Different Treatments 45%	A Doctor's Training, Certification, and Experience 32%	The Full Costs of Different Treatments 28%	The Costs of Different Doctors and Hospitals 24%	The Number and Success Rate of Procedures Performed at a Hospital 22%	The Number of Disciplinary Actions Taken Against a Doctor or Hospital 14%
Total						
Self-Reported Health Status						
a Excellent/very good	41	31	26	22	20	13
b Good	52 a	32	33	25	21	17
c Fair/poor	48	34	27	29	30 a	15
Change in Health Status						
d Better	44	35	30	28	24	21
e Same	42	32	27	23	22	14
f Worse	52 e	31	28	25	23	11

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, 2010 Health Confidence Survey.

Notes:

Independent Z-Test for Percentages.

Upper case letters indicate significance at the 99% level.

Lower case letters indicate significance at the 95% level.

Figure 3
Percentage Who Tried to Find Selected Types of Objective Information
in the Past Two Years, by Aspects of Insurance Coverage, 2010

	The Advantages and Disadvantages of Different Treatments	A Doctor's Training, Certification, and Experience	The Full Costs of Different Treatments	The Costs of Different Doctors and Hospitals	The Number and Success Rate of Procedures Performed at a Hospital	The Number of Disciplinary Actions Taken Against a Doctor or Hospital
Total	45%	32%	28%	24%	22%	14%
Source of Insurance						
a Private only	47	33	27 b	20	18	13
b Medicare and private	42	31	19	16	27 a	9
c Government only	43	28	23	25	23	17
d No coverage	45	33	42 ABC	41 ABc	30 a	17
Continuous Coverage						
e Yes	44	32	24	19	20	13
f No	50	25	30	29	20	23
g No coverage	45	33	42 E	41 E	30 e	17
Satisfaction With Current Plan						
h Extremely or very satisfied	42	31	20	16	20	14
i Somewhat satisfied	47	33	31 H	26 H	21	14
j Not too or not at all satisfied	57 h	27	37 h	30 h	22	14
Increased Spending on Health Care						
k Yes	51 l	37 L	31 L	26 L	22	16
l No	41	25	18	15	19	11

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, 2010 Health Confidence Survey.

Notes:

Independent Z-Test for Percentages.

Upper case letters indicate significance at the 99% level.

Lower case letters indicate significance at the 95% level.

Figure 4
Percentage Who Tried to Find Selected Types of Objective Information in the Past Two Years,
by Satisfaction With Quality of Care Received and Rating of Health Care, 2010

	The Advantages and Disadvantages of Different Treatments	A Doctor's Training, Certification, and Experience	The Full Costs of Different Treatments	The Costs of Different Doctors and Hospitals	The Number and Success Rate of Procedures Performed at a Hospital	The Number of Disciplinary Actions Taken Against a Doctor or Hospital
Total	45%	32%	28%	24%	22%	14%
Satisfaction With Quality of Care						
a Extremely or very satisfied	45	32	22	17	22	14
b Somewhat satisfied	46	35	32 a	36 A	23	16
c Not too or not at all satisfied	49	27	41 A	28	23	15
Rating of Health Care in America						
d Excellent/very good	40	29	19	15	20	12
e Good	46	32	27	15	21	10
f Fair/poor	46	33	31 D	31 DE	24	17 e

Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, 2010 Health Confidence Survey.

Notes:

Independent Z-Test for Percentages.

Upper case letters indicate significance at the 99% level.

Lower case letters indicate significance at the 95% level.

Similar findings were found with respect to education in both equations, with education having a positive impact on information seeking.

With respect to race, nonwhite individuals were found to be more likely than whites to search for cost information (Figure 1). In the regression equation predicting the number of cost, quality, and outcome measures for which an individual sought information, similar findings were found for white and nonwhite individuals.

And while lower-income individuals were more likely to try to find information on costs of treatment and providers (Figure 1), statistically significant income effects were not found in the regression equations.

No consistent differences in information seeking were found by health status or by the change in health status (Figure 2). However, the regression equations indicated that people in fair or poor health sought more information than people in excellent or very good health.

The regression equation found that individuals whose premiums or cost sharing increased were both more likely than those whose costs did not increase to seek any information and more likely to seek information on more cost, quality, and outcome measures. Unlike the findings in Figure 3, the regression equations did not find that satisfaction with an individual's health plan had an impact on information seeking.

Conclusion

This article examined differences in information seeking by demographics, health status, health insurance coverage, and opinions about the U.S. health care system. It was found that women, younger individuals, and those with more education were more likely than others to seek information on cost, quality, and access. It was also found that individuals who experienced an increase in either premiums or cost sharing were more likely than those who did not experience such an increase to seek information. Plan sponsors can use this information to better engage workers and their families.

Endnotes

¹ See www.healthcaresdisclosure.org/

² See www.ama-assn.org/ama/pub/news/news/physician-cost-profiling.shtml

³ The HCS was conducted within the United States between May 12 and June 13, 2010, through 20-minute telephone interviews with 1,000 individuals ages 21 and older. Random digit dialing with a cell phone supplement was used to obtain a representative cross section of the U.S. population. Interview quotas were established by sex of respondent and employment status, and the data were weighted by gender, age, and education to reflect the actual proportions in the population. The HCS is co-sponsored by the Employee Benefit Research Institute (EBRI), a private, nonprofit, nonpartisan public policy research organization, and Mathew Greenwald & Associates, Inc., a Washington, DC-based market research firm. The 2010 HCS data collection was funded by grants from 14 private organizations. Staffing was donated by EBRI and Greenwald & Associates. HCS materials and a list of underwriters may be accessed at the EBRI website: www.ebri.org/hcs

⁴ A regression equation is a statistical model that allows researchers to determine the effect of an independent variable on a dependent variable while holding the effect of all other independent variables constant. The regression equation allows researchers to determine the strength of each factor independently. More information about the regression equation is available upon request from the author.

Labor-Force Participation Rates of the Population Age 55 and Older: What Did the Recession Do to the Trends?

by Craig Copeland, Employee Benefit Research Institute

Introduction

The American work force is aging, with a larger percentage of workers nearing the ages that are associated with retirement (55 and older).¹ However, workers are increasingly facing more responsibility in paying for their retirement expenses: Private-sector workers who have access to an employment-based retirement plan most commonly have a defined contribution plan (typically a 401(k) plan, financed at least partially with the workers' own contributions), and retiree health insurance is becoming increasingly scarce. Even for those who do have retiree health insurance, caps on what the employer will pay annually for the coverage are being reached and/or surpassed.

Consequently, workers today have greater incentives to stay in the work force, such as the desire (or in some cases the need) to continue to accumulate assets in defined contribution plans and to have access to employment-based health insurance coverage instead of tapping into their savings to pay for medical expenses.

Furthermore, the 2010 Retirement Confidence Survey (RCS) finds that a growing percentage of workers are expecting to retire at later ages.² While not all of those who expect to work until older ages will be able to for health reasons or a lack of job availability, many Americans age 55 and older will do so—and, in fact, since 1993, there has been a clear upward trend for many in this group to stay in the work force. In addition to the need for money (mentioned above), many of today's older Americans appear to be motivated by a desire to work longer, and they are likely to continue in the work force as relevant jobs remain available to them.

This article examines recent U.S. Census Bureau data on labor-force participation among Americans age 55 and older, including what happened to the trends after the economic recession that started in late 2007—early 2008. The first section uses annualized data on labor-force participation from the Current Population Survey (CPS), available from the Bureau of Labor Statistics website. However, these data provide only an overall picture, not specific demographic details. In order to examine demographic trends of the U.S. population, the second section uses data from the March Supplement to the CPS.

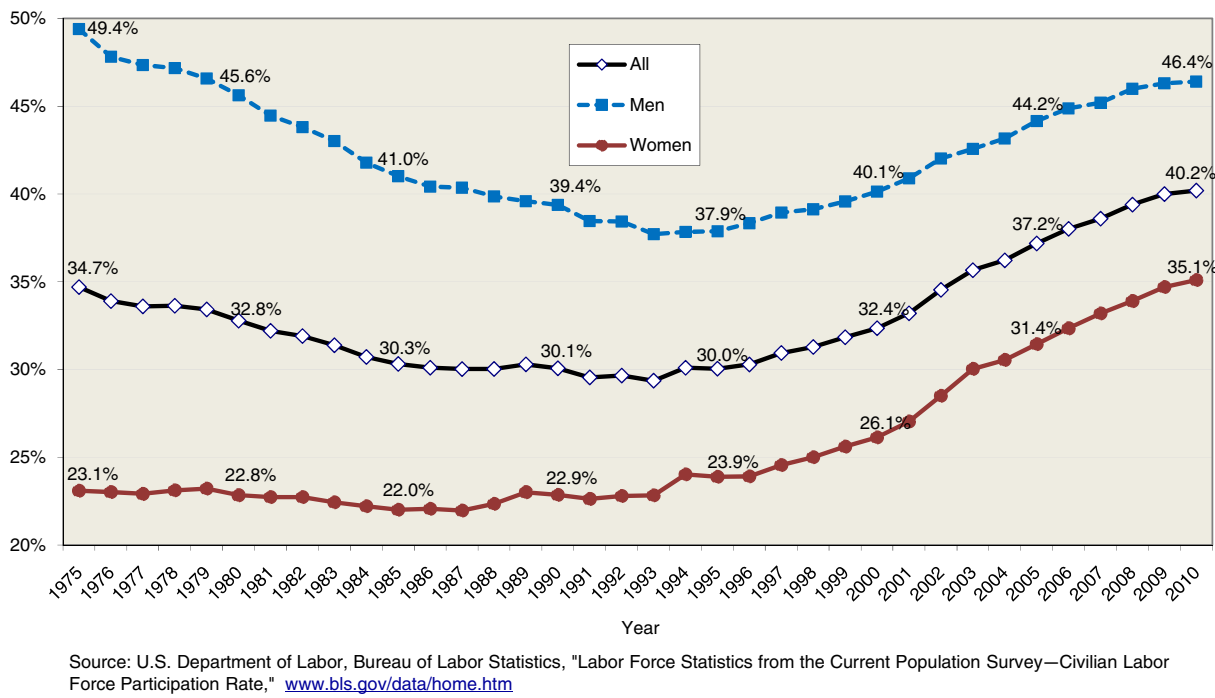
Overall Annual Labor-Force Participation Rates

The U.S. Bureau of Labor Statistics provides annualized numbers for the civilian noninstitutionalized population and labor force from the CPS, which is conducted by U.S. Census Bureau.^{3, 4} These numbers are used to calculate the percentage of this population that is in the labor force. The percentage of civilian noninstitutionalized Americans near or at retirement age (age 55 or older) who were in the labor force declined from 34.6 percent 1975 to 29.4 percent in 1993. However, since 1993, the overall labor-force participation rate steadily increased, reaching 40.2 percent in 2010—the highest level over the 1975–2010 period (Figure 1).

The labor-force participation rate for men age 55 and older followed the same pattern, falling from 49.3 percent in 1975 to 37.7 percent in 1993 before increasing to 46.4 percent in 2010. The 2010 level is still below the 1975 level, but is clearly higher than the low point in 1993. Women's labor-force participation rate for this age group was essentially flat from 1975 to 1993 (23.1 percent and 22.8 percent). But after 1993, the women's rate also increased, reaching its highest level in 2010 at 35.1 percent.

Within each age group among those age 55 and older, labor-force participation rates have been increasing and were at their highest levels in 2010 since at least 1975 (Figure 2). For those age 65 and older, the rate increased from 13.7 percent in 1975 to 17.4 percent in 2010. For those under 65, the rate reached 73.3 percent in 2010 for those ages 55–59 (up from 65.1 percent in 1975), while among those ages 60–64, the rate reached 55.2 percent in 2010 (compared with 48.2 percent in 1975).

Figure 1
Annual Civilian Labor-Force Participation Rate for
Americans Age 55 and Older, by Gender, 1975–2010



The overall gain in labor-force participation across each age group was primarily driven by the increases in female labor-force participation rates, as the male labor-force participation rates of those ages 55–59 and 60–64 were lower in 2010 than they were in 1975 (Figure 3). The male groups age 65 and over show trends that are flat to increasing (ages 65–69 having the only significant increase). With the exception of the labor-force participation rate of those ages 55–59, which is essentially flat, the trend among each male age group has been upward since 1993.

In contrast to males, female labor-force participation rates for those ages 55–59 and 60–64 increased sharply from 1975–2010 (Figure 4). The 1975 rate for females ages 55–59 was 47.9 percent, compared with 68.4 percent in 2010. The older female age groups also trended upward, but not as sharply as the group ages 55–64.

Labor-Force Participation Rates: March Supplement to the CPS

This section examines labor-force participation rates using the March Supplement to the CPS, in order to show greater detail about demographic trends. However, data from end of year 2009 are the latest available. The civilian noninstitutionalized population is analyzed, along with the portion of this population that is employed, looking for a job, or on a layoff (i.e., meaning the entire labor force). Since these rates are only for the month of March, they are different from the annual number presented in the previous section. However, the same trends found in the first section also are present in the March numbers (Figure 5). The overall participation rate reaches a low point in 1994, and then increases through 2009. The male rate follows the same U-shape trend except for a slight decline in 2009, while the female trend is upward across the entire time period.

Those individuals age 55 or older with pension income in their own name have a lower labor-force participation rate than those without this income. In 2009, 23.6 percent of those with pension income were in the labor force, compared with 50.3 percent of those without pension income (Figure 5).⁵ The rate for those with pension income held steady at around 23 percent from 1987 to 2005 with a slight uptick in 2007 and 2008 before falling back in 2009 to 23 percent, while the trend for those without pension income was upward since its low point in 1994.

Figure 2
Annual Civilian Labor-Force Participation Rate of Americans Age 55 and Older, by Age, 1975–2010

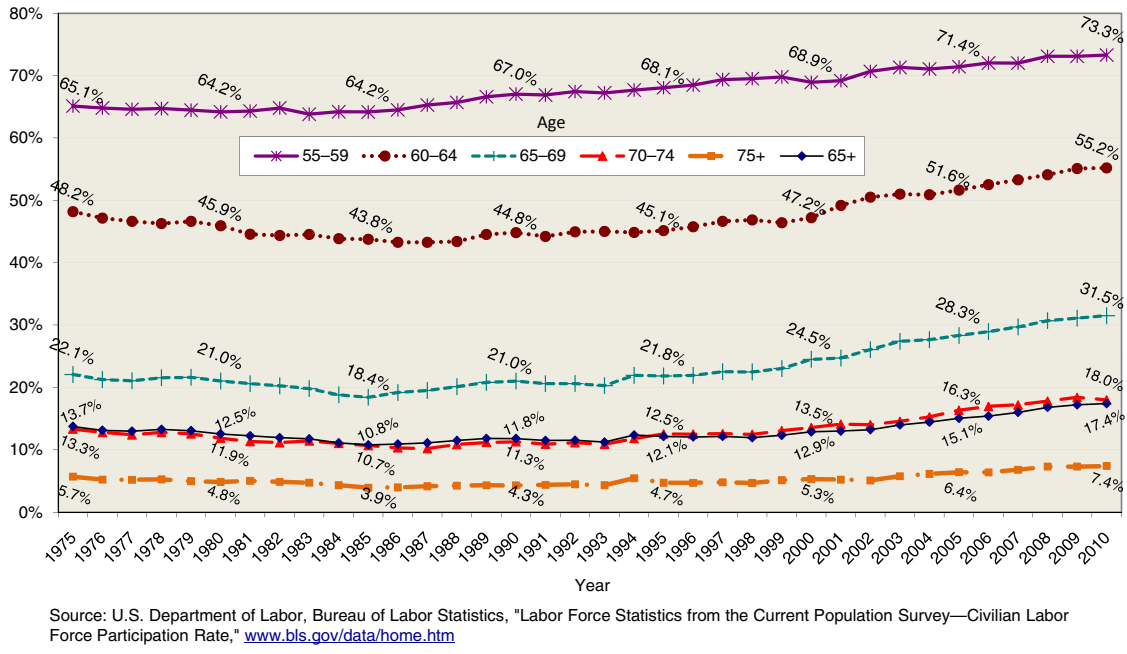
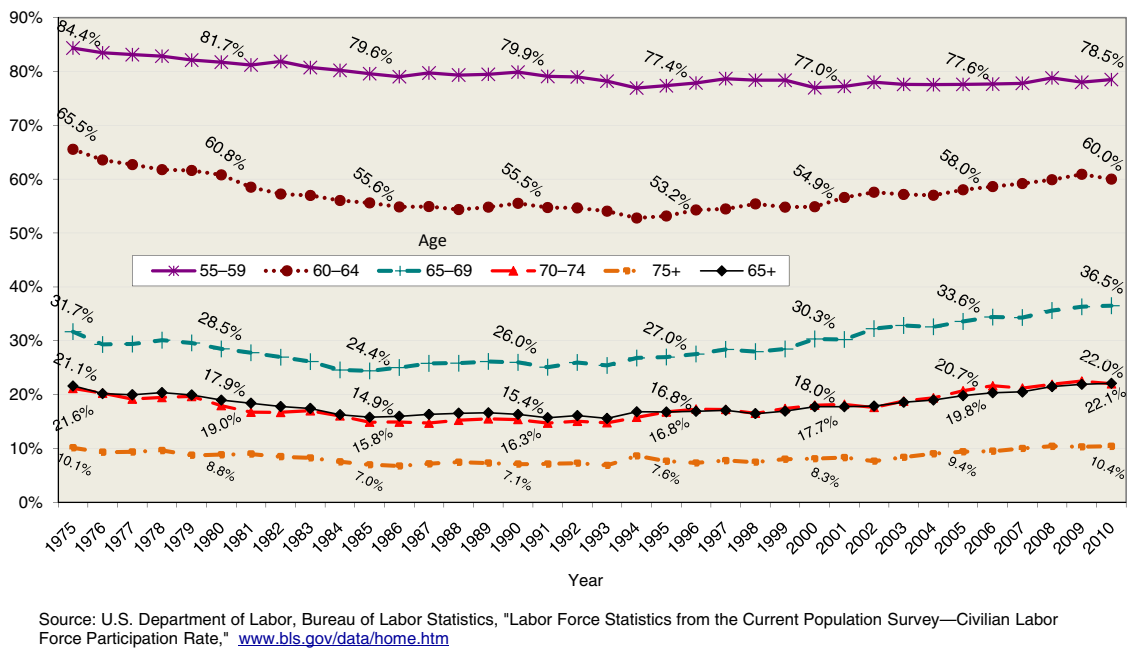
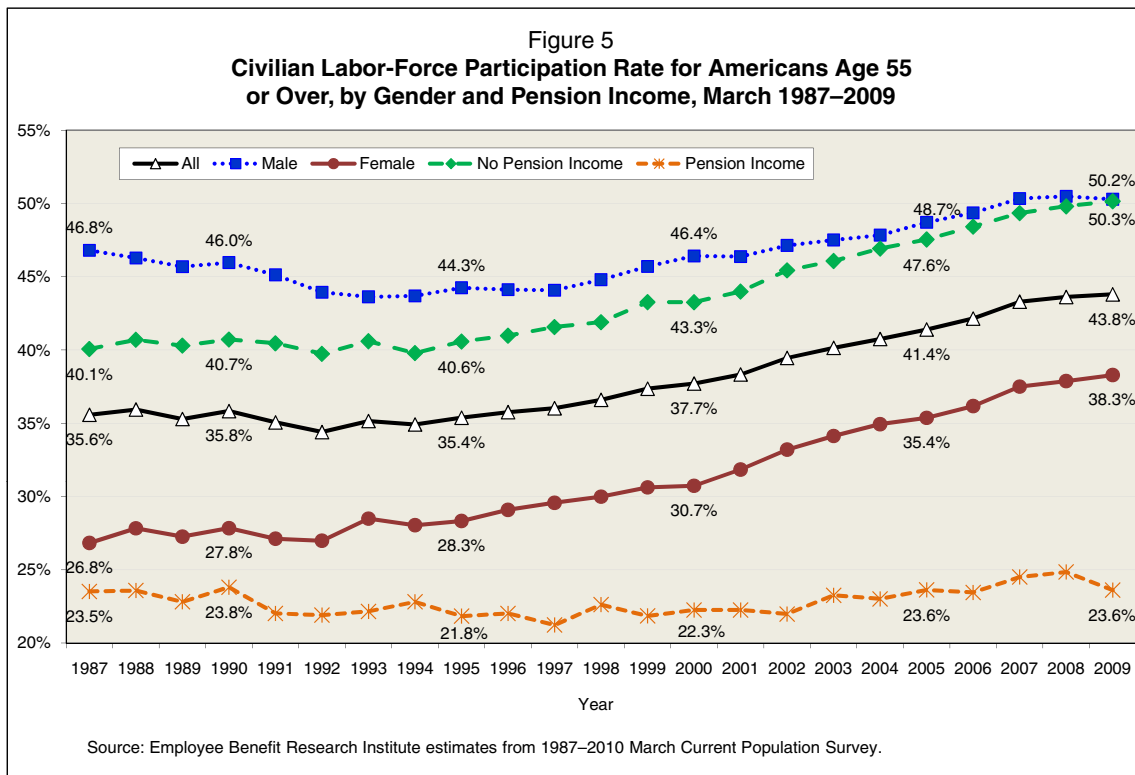
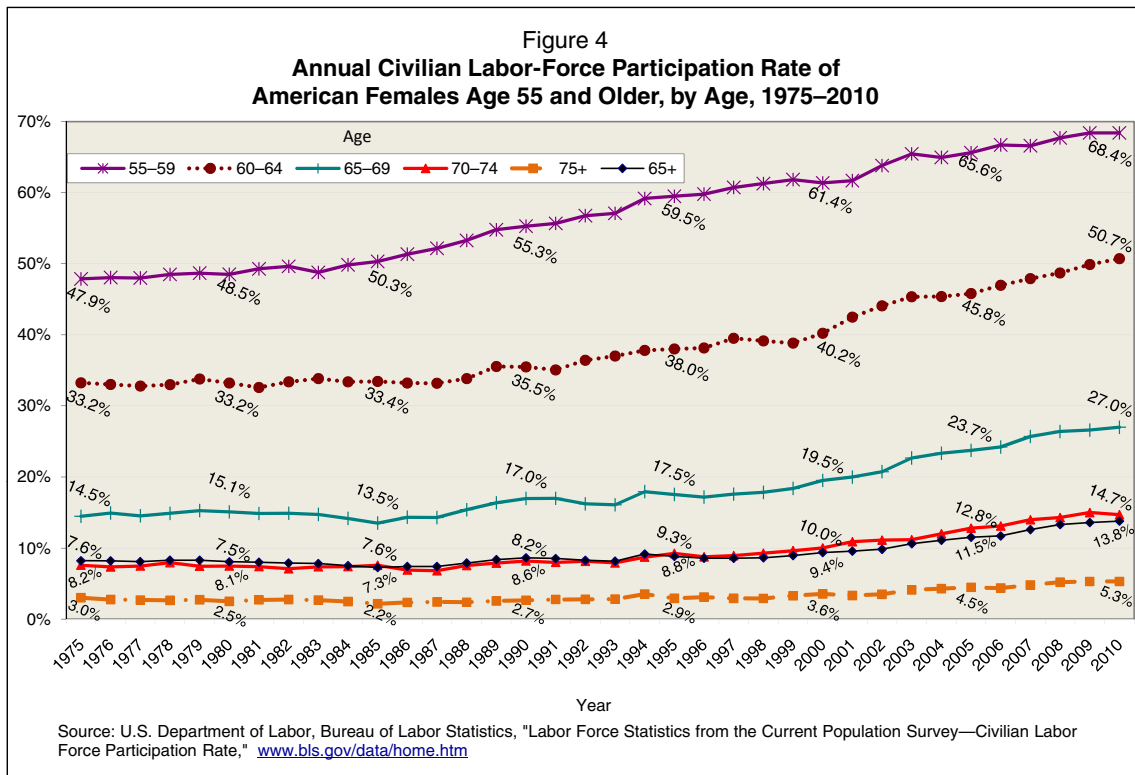


Figure 3
Annual Civilian Labor-Force Participation Rate of American Males Age 55 and Older, by Age, 1975–2010





Race/Ethnicity—Participation has increased across each race/ethnicity group examined since the middle 1990s (Figure 6). White Americans and those falling in the “other” category had higher rates of labor-force participation in the most recent years. Black Americans’ rate was just below that of white Americans, with Hispanic Americans having the lowest labor-force participation rate. In 2009, the participation rates continued to increase for white Americans and those in the “other” category, while declining for both black and Hispanic Americans.

Educational Level—The labor-force participation rates of those age 55 and older showed relatively small changes from 1987–2009 across each educational attainment group (Figure 7). However, individuals with a higher level of education had a slight upward trend, with a flattening out of rates in the most recent years, while those with lower levels of education had a flat-to-slight downward trend. Overall, the higher the educational attainment, the higher the labor-force participation rate. For example, in 2009, 63.1 percent of individuals with a graduate or professional degree were in the labor force, compared with 22.4 percent of those without a high school diploma.

Race/Ethnicity and Age—Labor-force participation increased for almost all age/race/ethnicity groups examined from 1987–2009, with white and other Americans having the higher rates (Figure 8). While the labor-force participation rates of black and Hispanic Americans age 55 and older lagged below those of white and other Americans, their rates still increased from 1987–2009. In 2009, only those in the “other” American category had rate increases across all age groups, with white, black, and Hispanic Americans having increases and decreases across the age groups but not in a consistent pattern.

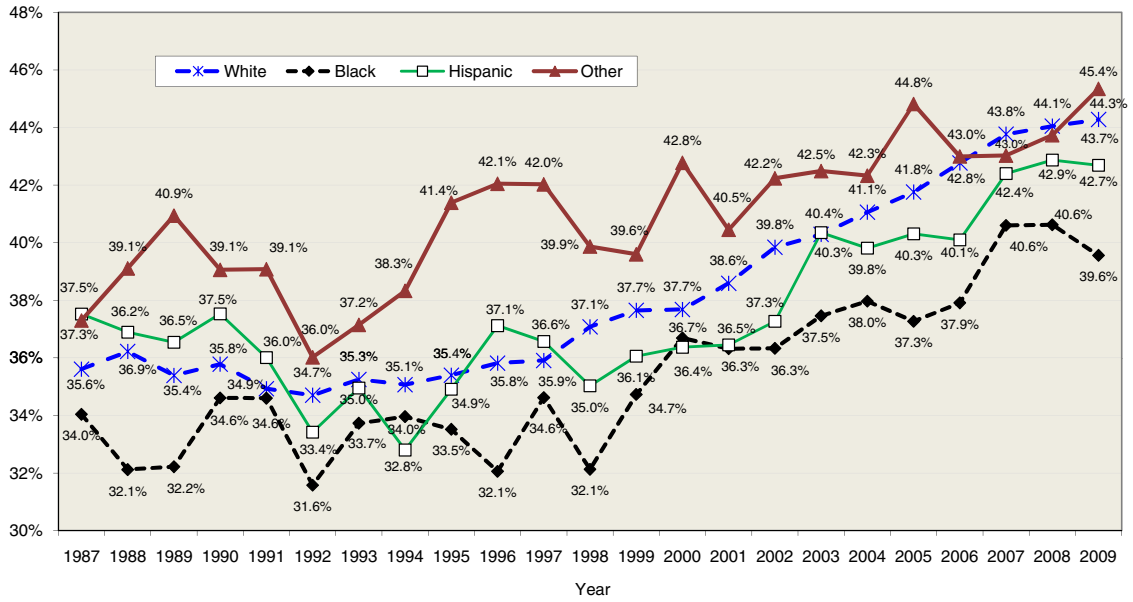
Educational Level and Age—Within each age group, the labor-force participation rate increases as the level of educational attainment increases (Figure 9). In most cases, the trend within each age and educational group was relatively flat to increasing from 1987–2009, with various age and educational combinations having small decreases. For example, among those ages 55–64 without a high school diploma, the labor-force participation rate trended downward from 1987–2009. In contrast, among those ages 55–69 with some college or a bachelor’s degree, the participation rate trended upward. Only those ages 65–74 had a consistent pattern of increases in the labor-force participation rate across each educational group. Otherwise, within an age group, educational attainment did not have a consistent trend in the labor-force participation rate from 1987–2009.

Conclusion

The labor-force participation rate continued to increase for those age 55 and older, even after the recent economic downturn. For those ages 55–64, this is being driven almost exclusively by the increase of women in the work force; the male participation rate is flat to declining. However, among those age 65 and older, labor-force participation increased for both males and females. Education is a strong factor in an individual’s participation in the labor force at older ages: Individuals with higher levels of education are significantly more likely to be in the labor force than those with the lower levels of education. This disparity increased from 1987–2009 for those without a high school diploma, as their rate declined while those with higher levels of education had a participation rate that stayed the same or increased.

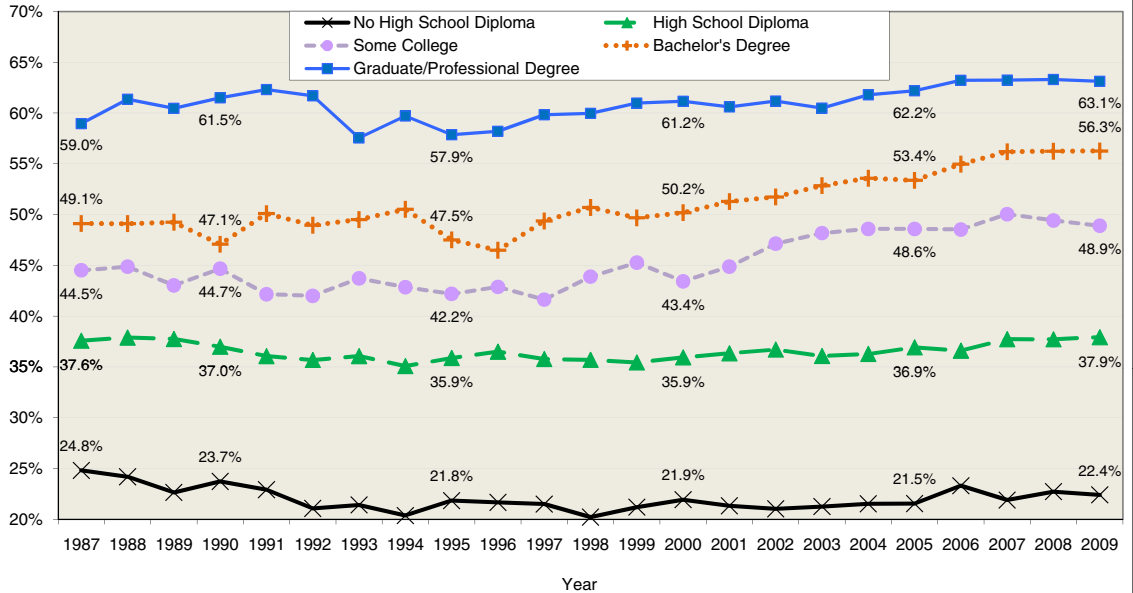
This upward trend is not surprising and is likely to continue because of workers’ need for access to employment-based health insurance⁶ and for more earning years to accumulate assets in defined contribution (401(k)-type) plans, particularly after the stock market and economy downturn in 2007–2008. Older Americans, particularly those who worked in the private sector, increasingly have considerably less access to guaranteed levels of income (such as pensions) or health insurance benefits when they retire; consequently, they have a greater need to work to help make their assets last longer or to continue to build up (or to rebuild) assets that they did not (or were not able to) accumulate when they were younger or may have lost during the recent downturn in the stock and bond markets. However, financial concerns are not the only incentives involved here—there also is an increased desire among many Americans to work longer, particularly among those with more education, for whom more meaningful jobs that can be done well into older ages are often available. The recent economic downturn did not *alter* the trend of older workers increasingly being in the labor force; rather, it appears that this *remains* the trend, as more opportunities for older workers exist and there is a greater necessity for them to remain in the labor force to accumulate sufficient or adequate resources for retirement. As many workers have found, the road to retirement is not always smooth.

Figure 6
Civilian Labor-Force Participation Rate for Americans
Age 55 or Over, by Race/Ethnicity, March 1987–2009



Source: Employee Benefit Research Institute estimates from 1987–2010 March Current Population Survey.

Figure 7
Civilian Labor-Force Participation Rate for Americans
Age 55 or Over, by Educational Level, March 1987–2009



Source: Employee Benefit Research Institute estimates from 1987–2010 March Current Population Survey.

**Figure 8
Civilian Labor-Force Participation Rate for
Americans Age 55 or Over, by Age and
Race/Ethnicity, March 1987–2009**

<u>Ages 55–59</u>				
Year	White	Black	Hispanic	Other
1987	71.9%	61.4%	63.4%	64.1%
1990	73.2	60.3	66.6	70.6
1997	76.2	68.2	66.8	71.8
2000	75.1	66.2	66.2	68.8
2002	77.3	68.0	67.7	75.0
2006	77.2	67.7	66.6	74.4
2008	77.8	65.7	71.0	74.6
2009	78.0	67.6	69.0	75.0
<u>Ages 60–64</u>				
Year	White	Black	Hispanic	Other
1987	52.7%	47.3%	46.4%	47.3%
1990	54.6	51.8	46.9	52.0
1997	55.8	48.8	47.5	54.9
2000	56.9	51.2	50.7	61.2
2002	59.3	50.5	49.4	54.7
2006	61.0	47.1	51.9	58.0
2008	62.8	52.9	57.0	55.5
2009	63.2	49.6	56.8	60.7
<u>Ages 65–69</u>				
Year	White	Black	Hispanic	Other
1987	27.0%	23.5%	24.6%	28.2%
1990	29.3	27.7	23.7	20.9
1997	30.0	21.5	22.9	31.7
2000	31.8	28.8	26.5	30.3
2002	35.3	23.7	27.4	34.3
2006	35.7	25.5	29.7	30.2
2008	37.0	30.6	29.1	32.5
2009	37.9	29.8	33.4	33.0
<u>Ages 70–74</u>				
Year	White	Black	Hispanic	Other
1987	15.2%	15.8%	8.3%	17.6%
1990	15.5	15.3	12.5	16.1
1997	16.0	13.1	14.4	12.8
2000	19.8	15.8	13.2	18.3
2002	18.0	16.0	13.4	15.8
2006	22.4	13.9	19.4	14.2
2008	23.9	17.8	15.7	20.3
2009	22.4	17.9	18.0	22.2
<u>Age 75 or Older</u>				
Year	White	Black	Hispanic	Other
1987	6.9%	7.9%	5.3%	8.0%
1990	6.9	6.4	4.9	10.4
1997	6.8	8.7	6.6	9.1
2000	7.7	7.4	3.6	5.8
2002	7.1	6.1	3.8	6.1
2006	8.6	8.9	7.8	8.4
2008	9.2	11.3	10.8	6.2
2009	9.4	7.1	8.1	7.5

Source: Employee Benefit Research Institute estimates from the 1987–2010 March Current Population Survey.

**Figure 9
Civilian Labor-Force Participation Rate for
Americans Age 55 or Over, by Age and
Educational Level, March 1987–2010**

<u>Ages 55–59</u>					
Year	No High School Diploma	High School Diploma	Some College	Bachelor's Degree	Graduate Professional Degree
1987	58.8%	70.3%	75.5%	80.2%	89.4%
1990	57.0	70.7	78.2	82.3	89.5
1997	57.9	73.6	77.3	82.9	89.9
2000	54.4	70.4	76.5	84.1	87.0
2002	54.2	72.6	78.8	83.5	88.5
2006	54.7	70.3	77.3	82.8	89.8
2008	53.2	71.9	77.4	83.9	89.1
2009	52.9	72.4	77.9	83.0	89.5
<u>Ages 60–64</u>					
Year	No High School Diploma	High School Diploma	Some College	Bachelor's Degree	Graduate Professional Degree
1987	44.3%	49.1%	59.5%	66.0%	72.1%
1990	43.9	52.6	60.6	64.8	73.0
1997	39.9	53.4	61.3	61.5	75.8
2000	43.3	52.5	62.2	61.2	76.0
2002	43.0	53.9	61.1	65.5	75.0
2006	42.0	53.5	61.9	66.4	76.6
2008	41.1	55.1	61.5	70.4	76.8
2009	41.7	55.1	61.6	70.5	75.7
<u>Ages 65–69</u>					
Year	No High School Diploma	High School Diploma	Some College	Bachelor's Degree	Graduate Professional Degree
1987	20.8%	25.2%	32.6%	36.8%	47.9%
1990	22.6	26.1	33.8	37.9	54.6
1997	20.3	25.3	31.9	41.5	50.8
2000	23.5	28.9	32.7	39.8	48.4
2002	21.7	32.4	39.3	39.2	52.0
2006	22.4	31.0	37.2	41.2	50.1
2008	21.3	31.8	37.3	43.3	54.1
2009	21.5	31.9	37.0	47.5	55.6
<u>Ages 70–74</u>					
Year	No High School Diploma	High School Diploma	Some College	Bachelor's Degree	Graduate Professional Degree
1987	10.7%	15.0%	20.3%	26.2%	29.5%
1990	11.0	14.3	19.3	20.7	37.5
1997	11.8	13.4	17.9	24.0	29.8
2000	12.4	17.8	19.8	28.3	36.2
2002	10.3	17.7	19.5	22.4	29.9
2006	13.7	21.2	21.0	24.9	36.6
2008	14.5	18.5	26.6	31.0	34.7
2009	14.0	17.7	22.1	30.2	37.8
<u>Age 75 or Older</u>					
Year	No High School Diploma	High School Diploma	Some College	Bachelor's Degree	Graduate Professional Degree
1987	5.0%	8.2%	7.7%	10.3%	16.7%
1990	4.9	6.7	8.7	8.4	21.8
1997	4.0	7.7	8.1	11.4	15.2
2000	4.2	7.2	9.1	13.0	16.5
2002	4.2	6.0	7.6	12.2	14.6
2006	5.7	7.6	9.9	10.6	19.4
2008	5.7	8.0	11.3	13.0	19.3
2009	4.6	7.5	11.7	12.9	19.1

Source: Employee Benefit Research Institute estimates from the 1987–2010 March Current Population Survey.

Endnotes

¹ For the trend in the percentage of workers by age group from 1987–2004, see Jack VanDerhei, Craig Copeland, and Dallas Salisbury, *Retirement Security in the United States* (Washington, DC: Employee Benefit Research Institute, 2006). In 1987, 28.5 percent of workers were age 45 or older, compared with 39.8 percent in 2004. In 2009, this number had grown to 42.3 percent.

² See Ruth Helman, Craig Copeland, and Jack VanDerhei, “The 2010 Retirement Confidence Survey: Confidence Stabilizing, But Preparations Continue to Erode,” *EBRI Issue Brief*, no. 340 (Employee Benefit Research Institute, March 2010).

³ See U.S. Department of Labor, Bureau of Labor Statistics, “Labor Force Statistics from the Current Population Survey—Civilian Labor Force Participation Rates,” available at www.bls.gov/data/home.htm See also Craig Copeland, “Labor Force Participation Rates: The Population Age 55 and Older, 2008,” *EBRI Notes*, no. 2 (Employee Benefit Research Institute, February 2010): 10–17 for an earlier analysis of these data.

⁴ The U.S. Census Bureau conducts the Current Population Survey (CPS) for the Bureau of Labor Statistics by interviewing about 57,000 households and asking numerous questions about individuals’ work status, employers, income, and basic demographic characteristics. Therefore, the CPS provides detailed information about workers from a broad sample of Americans, making it possible to establish a consistent annual and timely trend across numerous worker characteristics and the characteristics of their employers.

⁵ Pension income refers to annuity payments from defined benefit plans. This does not include any lump-sum payments or periodic withdrawals from defined benefit or defined contribution plans.

⁶ Any changes that result from the health care legislation passed in March 2010 could change this dynamic, such as the availability of more affordable health insurance options for people this age.

New Publications and Internet Sites

[Note: To order U.S. Government Accountability Office (GAO) publications, call (202) 512-6000.]

Employee Benefits

DeScherer, Dorinda D., and Terence M. Myers. *Employee Benefits Answer Book*. Tenth Edition (supplemented annually). \$309. Aspen Publishers, P.O. Box 990, Frederick, MD 21705-0990, (800) 638-8437, www.aspenpublishers.com

International Foundation of Employee Benefit Plans. *Employee Benefits Survey: U.S. and Canada, 2011*. IFEBP members, \$60; nonmembers, \$89. International Foundation of Employee Benefit Plans, Publications Department, P.O. Box 68-9953, Milwaukee, WI 53268-9953, (888) 334-3327, option 4; fax: (262) 364-1818, e-mail: bookstore@ifebp.org, www.ifebp.org/bookstore

Health Care

Clark, Robert L., and Melinda Sandler Morrill. *Retiree Health Plans In the Public Sector: Is There a Funding Crisis?* \$99.95 (on-line discount \$89.96). Edward Elgar Publishing Inc., P.O. Box 574, Williston, VT 05495-0575, (800) 390-3149, fax: (802) 864-7626, e-mail: eep.orders@aidcvt.com, www.e-elgar.com

International Employee Benefits

International Group Program. *2009–2010 IGP Country Profiles* [available on CD only]. No charge for clients. For further information, contact Elaine Paradiso, John Hancock Financial Services, P.O. Box 111, Boston, MA 02117, (617) 572-8637, e-mail: eparadiso@jhancock.com

Pension Plans/Retirement

Cerulli Associates. *Cerulli Quantitative Update: Retirement Markets 2010*. \$14,000. Cerulli Associates, Inc., One Exeter Plaza, 699 Boylston St., Boston, MA 02116, (617) 437-0084, e-mail: camarketing@cerulli.com, www.cerulli.com

Pension Data Source, Inc. *401k Averages Book*. 11th Edition. \$95 + S&H. Pension Data Source, Inc., 305 West Chesapeake Ave., Suite 205, Baltimore, MD 21204, (888) 401-3089 or (410) 296-1081, e-mail: info@401ksource.com, www.401ksource.com

Profit Sharing/401k Council of America. *2010 403(b) Plan Survey: Reflecting 2009 Plan Experience*. PSCA members, \$145; nonmembers, \$375. Profit Sharing/401k Council of America, 20 North Wacker Dr., Suite 3700, Chicago, IL 60606, (312) 419-1863, fax: (312) 419-1864, e-mail: psca@psca.org, www.pasca.org

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Insured Retirement Institute. *2010 Annuity Fact Book: A Guide to Information, Trends and Data in the Annuity Industry*. IRI members, free; nonmembers, \$100. Insured Retirement Institute, 1101 New York Ave., Ste. 825, Washington, DC 20005, (202) 469-3000, fax: (202) 469-3030, www.irionline.org

Social Security Reform

U.S. Government Accountability Office. *Social Security Reform: Raising the Retirement Ages Would Have Implications for Older Workers and SSA Disability Rolls*. Order from GAO.

Stock Plans

Rosen, Corey. *Issue Brief: The State of Broad-Based Equity Plans* [42 photocopied pages, not a bound book]. NCEO members, \$15; nonmembers, \$25 + S&H (a digital edition is available with no shipping charges). National Center for

Employee Ownership, 1736 Franklin St., 8th Floor, Oakland, CA 94612, (510) 208-1300, fax: (510) 272-9510, e-mail: customerservice@nceo.org, www.nceo.org

Financial Planning Sites

AICPA: 360 Degrees of Financial Literacy, www.360financialliteracy.org/

Federal Deposit Insurance Corporation: Savings-Related Resources, www.fdic.gov/deposit/deposits/savings.html

Financial Planning Association: Choosing a Financial Planner, www.fpanet.org/ToolsResources/AudioVideoWebinars/Video/ChoosingaFinancialPlanner/

InCharge[®] Education Foundation: Money Management, www.incharge.org/money-management/Default.aspx

Investment Company Institute Investor Education: *Ten Steps to a More Secure Financial Future*, www.fundingyourfuture.org/investor/index.html

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