

Health Care Reform: What's at Stake for 50- to 64-Year-Olds?

More than one in four adults ages 50 to 64 spends at least 10 percent of their disposable income on health care. These include insured adults for whom premiums are a stretch as well as insured and uninsured adults for whom the overall cost of care is a burden.

What's at stake

Health care reform offers the opportunity to help reduce the financial and health risks currently faced by millions of adults ages 50 to 64.

In 2007, nearly 55 million adults were in their 50s and early 60s. The aging of the baby boomers will push the size of this age group to nearly 63 million, more than 19 percent of the population, by 2015.¹ The rising cost of health care has made access to adequate, affordable health care coverage problematic for many in this age group. Without sufficient coverage and treatment, they face the prospect of declining health and insufficient care. Those consequences will follow many of them into Medicare.

To address the needs of older adults, health care reforms must focus on challenges that have only been heightened by the current economic crisis.

- One in four older adults spent 10 percent or more of disposable family income on health care in 2005, compared with one in six adults ages 18 to 49.²
- Two-thirds of those buying coverage in the individual market spent at least

10 percent of their disposable family income on health. Their average spending on premiums was three times that of their peers with employer coverage.³

- Medicaid and Medicare provide important coverage to 13 percent of this age group,⁴ but 38 percent of those with public insurance still spent at least 10 percent of their income mainly for health care.⁵
- 7.1 million adults ages 50–64 were uninsured in 2007—1.9 million more than in 2000.

This paper explores health care cost and coverage issues for the 50-to-64 age group and policy implications for health care reform.

Risk of high health spending varies by insurance status

In 2005, nearly 30 percent of the 50- to 64-year-old population spent at least 10 percent of their after-tax disposable income on health care services and/or premiums, a high health cost burden. In comparison, 16 percent of the 18- to 49-year-old population had burdens at this level.⁶

The likelihood of high out-of-pocket health spending is greatest among insured older adults without access to employer coverage (table 1).

- One in four older adults with employer health coverage had a high out-of-pocket spending burden.
- Two-thirds of those buying coverage in the individual market spent at least 10 percent of their disposable family income on health.
- Average out-of-pocket spending on premiums in the individual market was three times that of those in employer coverage.
- Average total out-of-pocket spending in the individual market was more than twice that of those with employer coverage.

Despite the higher cost of coverage in the individual market, benefits tend to be somewhat less generous than those in the employer market.

Those with public coverage, such as Medicaid and Medicare, are also at higher risk of having high out-of-pocket health spending (table 1). In 2005,

- Nearly two in five older adults on public coverage (e.g., Medicare, Medicaid, Veterans Administration) spent at least 10 percent of their disposable income on health care—the vast majority of their out-of-pocket spending was for health services.

Given that disability is the major eligibility criteria for public coverage in this age group, this level of spending on services means that those in the poorest health are particularly vulnerable to high health spending, even with public coverage.

Type of Insurance Coverage	High Total Family Burden	Total Health Spending for Premiums and Services	Total Spending on Premiums
All	28%	\$3,829	\$2,039
Private Employer	25%	\$4,103	\$2,280
Other Private	67%	\$8,457	\$6,040
Public	38%	\$1,913	\$372
Uninsured	23%	\$1,733	\$206

Source: J. Banthin, and D. Bernard, Analysis of Medical Expenditure Panel Surveys, unpublished data, AHRQ.
 “High burden” is defined as spending 10 percent or more of disposable family income on health premiums and health care services.

The uninsured must pay the full cost of health services that they use out of pocket. For them:

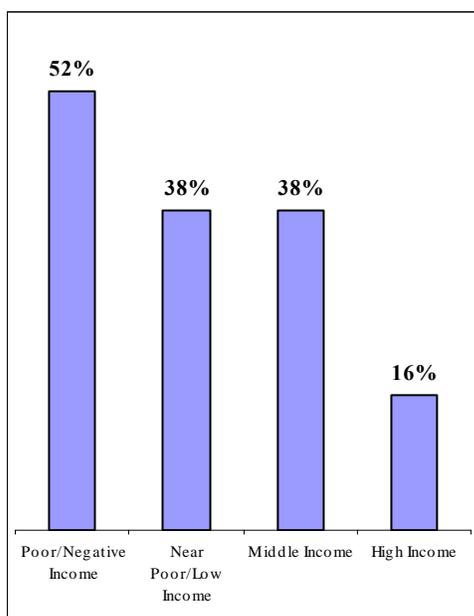
- Total health spending is less than half the average for the age group as a whole.
- Lower health spending indicates that, on average, the uninsured use less health care than their peers.

Studies have shown that uninsured older adults with health problems are likely to suffer worse health outcomes. The current low rates of spending for this group suggest that although some uninsured older adults are healthy and do not need care, others may be deferring care for health conditions, which may lead to serious health problems and higher spending in the future.

Risk of high health spending increases as income decreases

Even before the current economic downturn, health care costs were squeezing the family budgets of a growing number of poor and low- and middle-income older adults.

Figure 1. Risk of Spending 10 Percent or More of Disposable Income on Health Care Is Higher for Poor and Low- and Middle-Income Adults Ages 50 to 64, 2005



Source: J. Banthin, and D. Bernard, Analysis of 2005 Medical Expenditure Panel Survey (MEPS), unpublished data, AHRQ.

Poor is <100 percent FPL, Near Poor/Low is 100–199 percent FPL, Middle is 200–399 percent FPL, High is 400+ percent FPL.

In 2005, 4.5 million 50- to 64-year-olds were poor, 6.3 million were near poor/low income, 14.2 million were middle income, and 27.3 million were high income. AARP PPI analysis of 2005 MEPS.

- Fifty-two percent of poor older adults spent 10 percent or more of their disposable income on health care in 2005 (figure 1). (The federal poverty level [FPL] was \$13,690 for a family of two in 2007.)

- Thirty-eight percent of older adults who have low or middle family incomes (incomes of 100 to 199 percent of FPL and 200 to 399 percent of FPL, respectively) also have high health spending burdens.
- Between 2001 and 2005, high health spending increased by 25 percent among middle-income 50- to 64-year-olds.⁷
- While high income older adults had a lower risk of high health spending in 2005, the prevalence of high health costs in this income group jumped 74 percent from 2001.⁸

Risk of high health spending varies by health

Surveys show that chronic health conditions are associated with higher total health costs, and an increased number of chronic health conditions increases the total health costs.⁹

- Seven in ten 50- to 64-year-olds report having been diagnosed with one or more chronic health conditions, and nearly half have two or more chronic conditions.
- Average total health spending for older adults with two chronic conditions is one-and-a-half times that of older adults with only one chronic condition, and more than three-and-a-half times the average total health spending for an adult with no chronic health conditions.
- Twenty percent of 50- to 64-year-olds reported limitations in one or more activities of daily living, a factor that is associated with significantly higher health costs.

For older adults with serious health problems, the links between economic security and health may play out in different ways. Spillover effects are

evident in the relationship between health and income, labor force status, coverage status, and increased risk of high health spending.

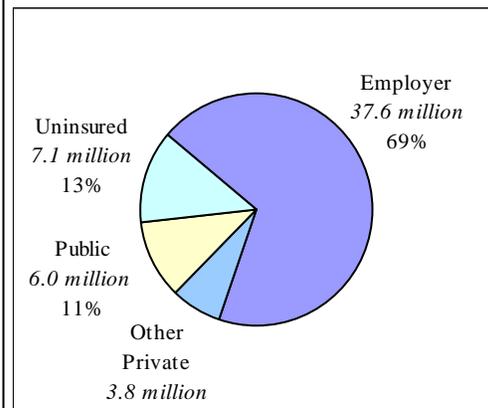
- Nearly half of poor older adults said that their health was fair or poor, compared with one in five non-poor older adults.
- Nine percent of uninsured adults ages 50 to 64 reported that they were not working because of illness or disability—three times the share of younger uninsured.
- As noted earlier, 38 percent of older adults with public coverage spend more than 10 percent of their disposable income on health services, indicating that disabled adults may qualify for public coverage but are still at risk for higher health spending.
- Individuals under age 65 in fair or poor health or with functional limitations are at higher risk of spending more than 20 percent of their disposable income on health services, regardless of their coverage status.¹⁰

Older adults depend heavily on employer coverage

Like younger adults, the vast majority of older adults relied on employer-sponsored health insurance.

- More than 47 million of the 55 million Americans ages 50 to 64 had health coverage in 2007 (figure 2).
- Almost one in five, or 9.7 million, older adults are covered as dependents on a family member's employer coverage.

Figure 2. Adults Ages 50 to 64 Depend Heavily on Employer Coverage, 2007



Source: AARP PPI analysis of March 2008 Current Population Survey.

As a result, the loss of employer-sponsored health coverage because of job loss or retirement is problematic for anyone age 50 to 64.

Even though employer-sponsored health coverage is the most common source of health insurance among 50- to 64-year-olds, access to such coverage is not automatic. Employer health coverage is subject to the following factors:

- Employers' decisions to offer coverage
- Employee eligibility for health benefits
- Ongoing employment
- Availability of coverage for dependents
- Affordability of coverage for the employee

Federal and state laws allow many to continue their employer's health coverage for certain periods of time after changes in their work or family situation. However, it is expensive to keep employer coverage, particularly if the loss of continued eligibility for

employer coverage is accompanied by a reduction in family income.

Without employer coverage, older adults face high cost and access barriers in the individual market

Generally, the individual market is the alternative source of coverage for those who do not have access to employer health coverage. For many, however, it is not a realistic option.

The cost of coverage in the individual market is borne entirely by the individual and his or her family. If an employer has been contributing a major share of an individual's premiums, the full premium cost can be shocking. For that matter, compared with employer group benefits, individual market health coverage tends to have both less generous benefits (requiring higher deductibles, cost sharing, and sometimes benefit limits) and higher premiums. Consumers shopping for coverage in this market may have to make tough choices between health spending and other items in the family budget.

Many individuals cannot buy coverage in the individual market because insurers turn down their application.

- Industry data show that between 17 and 28 percent of applications from individuals ages 50 to 64 were rejected for coverage.¹¹
- More people who fear that they may not qualify because of health problems may be discouraged from even applying.

In some states, coverage through a high-risk pool may be the only option available. However, risk pool premiums are commonly one-and-a-half to two times the rates in the standard market, and risk pools in some states are closed because of insufficient funding.

The cost issue is exacerbated for adults in their 50s and early 60s because, in most states, insurers can charge higher premiums based on an applicant's age and health.

- Industry data show that average individual market premiums for an individual in his or her early 60s are nearly twice the cost of the average premium for all nonelderly (table 2). In contrast, individuals with employer-sponsored coverage paid roughly \$694 and \$3,281 in premiums for individual and family coverage, respectively, in 2007.¹²
- At least one in six of those in poorer health were offered coverage at premiums higher than those in table 2, according to the same industry survey.
- A recent study found a 14- to 17-fold increase in premiums for the same product based on age and health.¹³

Table 2. Average Premiums for Private Health Insurance in the Individual Market, 2006–2007

Age	Avg. Premium Individual Coverage	Avg. Premium Family Coverage
50–54	\$3,628	\$6,751
55–59	\$4,317	\$7,881
60–64	\$5,090	\$9,201
<65	\$2,613	\$5,799

Source: AHIP, "Individual Health Insurance 2006–2007": A Comprehensive Survey of Premiums, Availability, and Benefits," December 2007.

Given the relatively low incomes of older adults buying coverage in this market (figure 3), it is not surprising that, as noted earlier, more than two-thirds of those who buy their own coverage in the individual market spent

more than 10 percent of their disposable income on health care.

- Average premiums (table 2) for an individual age 50 to 54 represent about 9 percent of income for individuals with an income of \$40,000, and 18 percent for those with an income of \$20,000.
- Average premiums for family coverage for someone age 50–54 represent roughly 17 percent of income for a family with an income of \$40,000 and 34 percent for those with an income of \$20,000.

The situation is worse for those who are older with similar incomes.

Because individuals who buy coverage in the individual market pay premiums from taxable income (unless they are self-employed), insurance is even more expensive for them than for those who have employer coverage, where the employee share is commonly paid with pre-tax dollars.

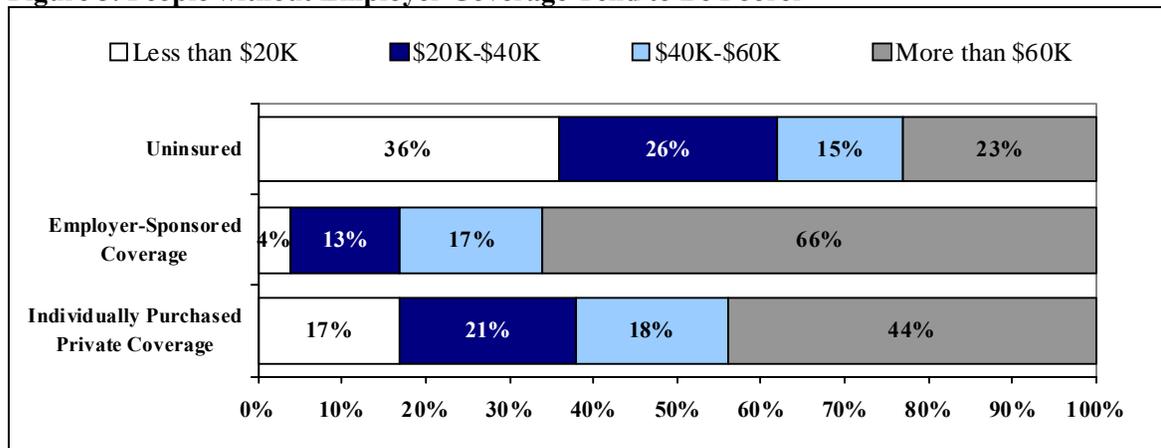
Access to public coverage is generally not an option

Older adults who do not have access to or cannot afford coverage in the private market cannot rely on our major public programs as a backstop.¹⁴

- Medicaid, which serves the poor, only serves those who are poor *and* are also the parent of a minor child, pregnant, disabled, aged, or (in some states) medically needy. Poor older adults who do not fit into one of these other groups do not qualify for Medicaid.
- Medicare is open only to adults under age 65 if they are receiving Social Security disability income benefits.

Unless an older adult is disabled, he or she generally will not have access to coverage through a public program, even if he or she has no access to private insurance and limited income.

Figure 3. People without Employer Coverage Tend to Be Poorer



Note: Totals may not add up to 100 percent due to rounding. Data are for 2007.
Source: AARP PPI analysis of March 2008 Current Population Survey.

Growing numbers of older adults are without coverage

Although most 50- to 64-year-olds have health coverage, a growing number in this age group is uninsured.

- Thirteen percent of the population, or 7.1 million adults ages 50 to 64, were uninsured in 2007 (state-by-state numbers are shown in Appendix A).
- The number of uninsured older adults has increased 1.9 million since 2000, owing to growth in the 50- to 64-year-old population.
- The number of uninsured older adults will rise to 8.2 million by 2015 with the continued growth of the age group, assuming that the share of uninsured remains stable.

Older adults who lacked coverage in 2007 had characteristics that suggest why accessing or affording coverage may be challenging for them.

The income levels of most of the uninsured older adults mean that the cost of coverage and care is likely to be a hurdle.

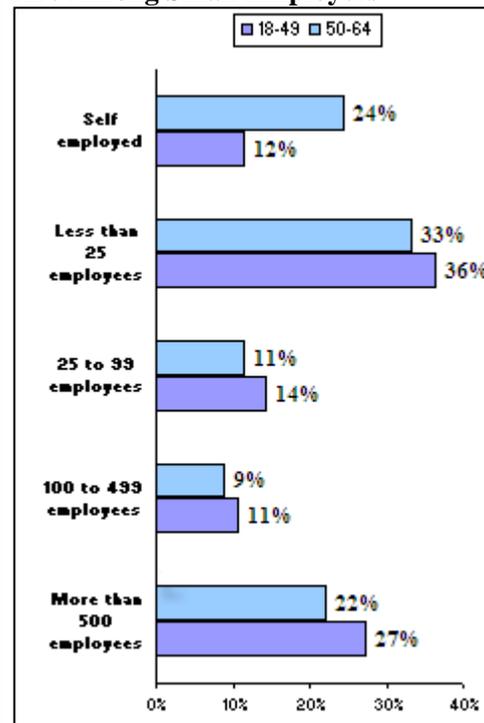
- More than a third of the 7.1 million 50- to 64-year-olds who were uninsured in 2007 had family incomes below \$20,000—a much larger share than in those with employer-sponsored or individually purchased private insurance (figure 3).
- Nearly every other uninsured 50- to 64-year-old (49 percent) had a family income below 200 percent of poverty—this was true of only one in five people in the age group as a whole.
- More than two-thirds (68 percent) of uninsured 50- to 64-year-olds had

incomes below 300 percent of poverty in 2007.

Similarly, although more than half of uninsured 50- to 64-year-olds are employed, their employment situations suggest that many work for employers that do not offer coverage, or that as employees they may not be eligible for benefits (figure 4).

- More than a third work for small employers with fewer than 25 employees.
- Nearly one in four are self-employed.
- Twenty-six percent work part-time or part of the year.

Figure 4. Highest Shares of Uninsured Are Among Small Employers



Note: Totals may not add up to 100 percent due to rounding. Data as of 2007.

Source: AARP PPI analysis of March 2008 Current Population Survey.

Small employers are much less likely to offer health benefits, particularly if their

employees are low-wage workers. As noted above, uninsured older adults are concentrated at the lower end of the income scale. Those who work part-time or part of the year may not work enough to be eligible for benefits, or may not earn enough to afford the coverage on their wages.

Unmarried older adults—single, widowed, divorced, or separated—were also at greater risk of being uninsured.

- One in five unmarried older adults lacked coverage, while fewer than one in ten married older adults did.

Unless they can access and afford coverage on their own, unmarried adults do not have access to employer or other coverage as a dependent of a family member.

For older adults, being uninsured is often a long-term problem

Being uninsured is not a matter of having a brief gap in coverage for most uninsured adults in this age group. Analysis of the National Health Interview Survey¹⁵ reveals that

- One in ten 50- to 64-year-olds are

uninsured for less than six months.

- Four in ten were uninsured for more than three years.
- Two in ten had never had health insurance.

Being uninsured for such extended periods puts these older adults’ health and financial security in jeopardy.

Many experience shifts in coverage with retirement

As adults reach their late 50s and their early 60s, the share retiring from the workforce grows. For some, retirement may be planned and voluntary. For others, retirement may be an involuntary result of layoffs or changes to their employer or industry.

- In 2007, 13 percent (6.9 million) of 50- to 64-year-olds were retired.
- At age 64, 40 percent of adults reported being out of the workforce and retired.

Research shows that access to coverage can be a factor in the decision to retire.¹⁶ Many older workers cite the need to maintain health insurance as a key factor

**Table 3
Retirement Brings Drops in Employer Coverage, 2007**

Source of Insurance*	Retired	Not Retired	All	Spouse on Medicare
Employer Coverage:	58%	71%	69%	60%
In Own Name	36%	53%	51%	41%
As a Dependent	22%	17%	18%	19%
Other Private	12%	6%	7%	12%
Public**	17%	10%	11%	16%
Uninsured	13%	13%	13%	12%

Note: Columns may not total 100 percent due to rounding.

* This is the primary source of insurance. Some people may have coverage from multiple sources.

** Includes Medicare, Medicaid, and Veterans Administration or TriCare coverage.

Source: AARP PPI analysis of March 2008 Current Population Survey.

in their decision to continue working.¹⁷ Nonetheless, other issues affect employer coverage of older workers.

- Retired adults ages 50 to 64 are significantly less likely to have employer-sponsored coverage than those who are not retired (58 percent v. 71 percent).
- More retirees with employer coverage are covered as a dependent—either on a working spouse’s benefits or on a spouse’s retiree coverage—than as an individual (22 percent v. 17 percent).

For those who lose employer coverage upon retirement, a key concern is getting access to another source of coverage. Analysis shows the following to be true:

- Along with the growth of the age group overall, the number of uninsured early retirees grew from 874,000 to 913,000, a 4 percent increase between 2000 and 2007.
- The risk of being uninsured does not appear to be greater for early retirees than for their peers who were not retired.
- Increases in public programs and individually purchased private coverage offset loss of employer-sponsored coverage among retirees. Even so, individually purchased coverage generally costs more and covers less.

Moving onto Medicare, either at age 65 or earlier because of disability, may also trigger changes in coverage for a dependent spouse.

- In 2007, 4.4 million people ages 50 to 64 (11 percent of the total age group) were married to someone covered by Medicare.

- Three in five were married to someone age 65 and older.
- Two in five were married to someone on Medicare due to disability.
- More than 400,000 50- to 64-year-olds were in a marriage where Medicare covered both partners.

Analysis of the coverage status of the non-Medicare spouse indicates that, like retirees, they are at no greater risk of being uninsured than the age group as a whole.

- The majority of 50- to 64-year-olds with a spouse on Medicare had coverage in their own name, generally attributed to the fact that 73 percent were working (most full time).
- Spouses of Medicare beneficiaries not covered by employers relied more on other private and public coverage.
- In 2007, 3 percent (246,000) of all uninsured 50- to 64-year-olds were married to a Medicare beneficiary.

The idea of allowing spouses of Medicare beneficiaries to buy into Medicare has been suggested. However, roughly half of the families in which only one spouse was eligible for Medicare had incomes below 200 percent of poverty. Unless subsidies were available to these lower income older adults, it is unlikely the ranks of uninsured Medicare spouses would decrease. For them, unsubsidized Medicare premiums (estimated by the Congressional Budget Office at about \$633 per month in its 2008¹⁸) would amount to a significant share of their income.

Discussion

As debate about health care reform proceeds, it is important to bear in mind that older adults share many of the same challenges as younger adults when it comes to accessing coverage and care. For older adults, however, the challenges to financial and health security can be greater and longer lasting.

As described above, those without access to employer coverage can face real problems getting coverage from another source. Those with insurance are likely to spend a significantly higher share of household income on health than younger adults, particularly if they obtain health coverage in the private individual market. Those who cannot access or afford private coverage generally lack eligibility for coverage through public programs.

Older adults are particularly vulnerable to deterioration in function and health status if they do not have health coverage,¹⁹ inevitably increasing their need for and use of health care. Research shows that uninsured adults in their 50s and early 60s, particularly those with cardiovascular disease and diabetes, experience worse health outcomes and use more services when they enter the Medicare program compared to those who were insured.²⁰ So, policies that help the 50- to 64-year-old population maintain health can offset later public costs.

To successfully respond to the cost and coverage problems faced by adults in their 50s and early 60s, reforms will need to:

- Address the cost burden so that health spending is manageable and does not threaten older adults' current and future financial security

- Find workable solutions so that everyone, regardless of age and health status, has access to affordable and comprehensive coverage

More specifically, reforms need to address the following concerns:

- Access to coverage for those not covered through an employer
- Cost and access barriers that adults in their 50s and early 60s face in the private individual market
- Absence of a backstop for many who cannot obtain or afford private coverage

Reforms that rely on the private market need to ensure that

- Markets make good, comprehensive coverage available at premiums affordable to everyone, regardless of age or health status
- Subsidies intended for use in the private market reflect the realities of market pricing and the higher costs faced by adults who are older and adults who have health problems.

Likewise, reforms that look to public programs to improve access to coverage need to take the financial situation of the target populations into account in their design, so that

- Any premium and cost-sharing obligations are not barriers to participation and wise use of care.

Policies that fail to take current realities into account will continue to impose a larger cost burden on those older adults with modest incomes and those who need regular health care.

The population ages 50 to 64 has a real stake in policy solutions that meet their needs and improve their health and financial security, as well as that of their

children and grandchildren. As debates about how to improve our health care system proceed, it will be important to look at how well they serve people who are most at risk in our current system, including adults ages 50 to 64.

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¹ U.S. Department of Commerce, Bureau of the Census, *Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to July 1, 2050*. Washington, DC, August 14, 2008, www.census.gov.

² Banthin, J. and Bernard, D., Division of Modeling and Simulation, Center for Financing, Access and Costs Trends, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, unpublished analysis for AARP of Medical Expenditure Panel Survey.

³ Ibid.

⁴ U.S. Department of Commerce, Census Bureau, Current Population Survey (CPS) data as published in August 2008. Unless otherwise noted, data in this report come from PPI analysis of 2008 CPS data.

⁵ Banthin, J. and Bernard, D., op cit.

⁶ Ibid.

⁷ Banthin, J. and Bernard, D., op cit.

⁸ Ibid.

⁹ Johns Hopkins University analysis of 2005 Medical Expenditure Panel Survey data for AARP Public Policy Institute.

¹⁰ Banthin, J., and Bernard, D. "Changes in Financial Burdens for Health Care: National Estimates for the Population Younger Than 65 Years, 1996 to 2003," *Journal of the American Medical Association*, December 13, 2006.

¹¹ AHIP, "Individual Health Insurance 2006-2007: A Comprehensive Survey of Premiums, Availability, and Benefits," December 2007, http://www.ahipresearch.org/pdfs/Individual_Market_Survey_December_2007.pdf.

¹² Kaiser Family Foundation and Health Research & Educational Trust, "Employer Health Benefits: 2008 Annual Survey," September 2008.

¹³ A recent study found that a healthy 25-year-old male could buy a \$2,500-deductible policy covering prescription drugs and mental health care for \$624 per year. For an unhealthy 63-year-old eligible for coverage in the high-risk pool, the cheapest premium for similar benefits (with an \$1,800 deductible) was \$10,800 per year. Source: Turnbull, N.C. and Kane, N.M., "Insuring the Healthy or Insuring the Sick? The Dilemma of Regulating the Individual Health Insurance Market: Findings from a Study of Seven States," The Commonwealth Fund, February 2005.

¹⁴ Dorn, S. "Low-income Americans Can't Get Medicaid: What Can Be Done?" AARP Public Policy Institute, September 2008.

¹⁵ Centers for Disease Control and Prevention, National Health Interview Survey, June 2008.

¹⁶ Weller, C., Wenger, J., and Gould, E., "Health Insurance Coverage in Retirement: The Erosion of Retiree Income Security," Economic Policy Institute, 2004.

¹⁷ AARP, "Staying Ahead of the Curve 2007: The AARP Work and Career Study," October 2008.

¹⁸ Congressional Budget Office, "Budget Options Volume 1 – Health Care," December 2008.

¹⁹ Institute of Medicine, Committee on the Consequences of Uninsurance, *Care Without Coverage: Too Little, Too Late* (Washington, DC: National Academies Press, 2002), p. 82.

²⁰ McWilliams, J.M., Meara, E., Zaslavsky A., and Ayanian, J., "Health of Previously Uninsured Adults After Acquiring Medicare Coverage," *Journal of the American Medical Association*, December 26, 2007.

Appendix A: Uninsured Population Ages 50 to 64, 2007

State	Number	Percent of Ages 50–64 Population
Alabama	71,555	8.2%
Alaska	22,723	17.0%
Arizona	159,240	13.8%
Arkansas	69,393	13.1%
California	1,100,298	18.7%
Colorado	89,235	9.7%
Connecticut	70,405	10.4%
Delaware	17,440	10.6%
District of Columbia	7,284	7.4%
Florida	612,779	17.7%
Georgia	270,639	16.7%
Hawaii	26,751	10.8%
Idaho	29,009	11.8%
Illinois	267,521	11.8%
Indiana	157,816	12.6%
Iowa	63,036	11.0%
Kansas	70,947	14.0%
Kentucky	70,753	9.0%
Louisiana	128,371	18.1%
Maine	19,703	7.2%
Maryland	100,177	9.5%
Massachusetts	63,832	5.5%
Michigan	154,842	8.3%
Minnesota	57,956	5.8%
Mississippi	94,914	17.2%
Missouri	97,628	8.8%
Montana	25,413	12.2%
Nebraska	31,534	9.8%
Nevada	69,065	15.8%
New Hampshire	30,220	11.2%
New Jersey	176,219	10.8%
New Mexico	83,191	23.6%
New York	426,488	12.2%
North Carolina	245,031	14.5%
North Dakota	12,409	9.5%
Ohio	196,063	8.8%
Oklahoma	94,551	14.9%
Oregon	102,065	13.5%
Pennsylvania	229,237	9.5%
Rhode Island	13,429	6.3%
South Carolina	116,925	14.8%
South Dakota	11,834	8.4%
Tennessee	168,379	14.2%
Texas	780,479	20.5%
Utah	21,914	5.8%
Vermont	9,947	7.4%

Appendix A: Uninsured Population Ages 50 to 64, 2007, cont.

State	Number	Percent of Ages 50–64 Population
Virginia	155,133	10.9%
Washington	120,107	9.5%
West Virginia	50,480	12.4%
Wisconsin	66,329	6.4%
Wyoming	8,909	8.5%

Source: AARP PPI analysis of March 2008 Current Population Survey.