

THE NUMBER OF CENTENARIANS IN THE UNITED STATES ON JANUARY 1, 1990, 2000, AND 2010 BASED ON IMPROVED MEDICARE DATA*

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The title of the conference that this paper was written for was “Living to 100 and Beyond.” People who have achieved this feat are called centenarians, and a small literature has developed from population scientists interested in measuring the size of the centenarian population. Two assertions of a general nature that appear in this literature are examined in our paper.

The first is an assertion by the esteemed Finnish demographer, recently deceased, Väinö Kannisto, which he based on data from about 20 developed countries for years around 1985, that the centenarian population in a developed country at that time was about one-twentieth of 1%—somewhat more or somewhat less—of its population age 75 and over (Kannisto 1990). Kannisto then used this relationship—after noting that the latest official U.S. census count of centenarians was unsatisfactory—to estimate that the number of U.S. centenarians in 1985 was about 5,500. He also estimated that the number of centenarians in the entire world at that time was about 30,000.

The second is the assertion by the noted demographers James Vaupel of the Max Planck Institute on Demographic Research in Germany and Bernard Jeune of the University of South Denmark in a chapter in their monograph on extreme old age (Vaupel and Jeune 1995) that the number of persons in a country achieving the century mark in a given year has been about double the number achieving that milestone 10 years

earlier, and it would seem, by extension, that the number of centenarians in a country about doubled with each decade through 1990. This assertion was based on data from 10 European countries and Japan.

The estimates that we present in this paper for the sizes of the centenarian population in the United States on January 1, 1990, and January 1, 2000, and a rough projection for its size on January 1, 2010, are in disagreement with both of these assertions.

In addition we will present information on the demographic composition of the centenarian population on January 1, 2000, which is somewhat at odds with information published by the U.S. Bureau of the Census from the 1990 decennial census.

DATA AND METHODOLOGY

The U.S. decennial census of population yields counts of the centenarian population as of census day (April 1) in the first year of each decade, as well as information on the composition of this intriguing population. Unedited census counts can be, and have at times been, greatly overstated. For example, according to unedited counts from the census just three decades ago, there were 106,000 U.S. centenarians on April 1, 1970. Counts from more recent censuses have been more believable; in particular, the census count for census day 1990 was 37,000, and in the 2000 census the count was 50,000.

Furthermore, the Bureau of the Census has invested resources toward the study of centenarians. One effort, by Gregory Spencer, was a sample study of census schedules to identify and adjust for reporting errors in the 1980 census (Spencer 1986). The number of centenarians in 1990 that we quoted before was obtained from another effort—a substantial Bureau of the Census report authored by Constance Krach and Victoria Velkoff

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entitled, simply, *Centenarians in the United States* (Krach and Velkoff 1999). This report also contains (a) information on the number of centenarians in selected other countries, (b) projections of the size of the U.S. centenarian population through the year 2050, and (c) a demographic profile of U.S. centenarians in 1990.

The middle projection of the Census Bureau, appearing in the Krach-Velkoff publication, has the size of the centenarian population not doubling every 10 years, but increasing by about two-thirds each decade, on average. The high series, on the other hand, projects that this population will more than double, on average, over future 10-year periods. The demographic profile of centenarians in 1990 given in this publication is that about one-sixth is male, about one-sixth is black, about one-sixth is age 105 and over, and about one-sixth is foreign-born.

Now, because enrollment in the Medicare program is almost universal at advanced ages, estimates of the size and composition of the U.S. centenarian population can be made at any time by tabulating records of Medicare enrollees. Our most important discovery in our experience with Medicare enrollment records is that at very old ages only records of enrollment in Part B (medical insurance) of Medicare are trustworthy. Persons who appear to be enrolled at very old ages in Medicare Part A (hospital insurance) but not Part B are generally, in fact, deceased, but their fact of death was not received (or was received but not recorded.) Missing death information has a greater effect on the integrity of records of Part A, which is generally a free program, than on records of Part B, which requires payments of premiums by or on behalf of the enrollees, and the nonreceipt of premium payments causes the termination of enrollment.

Another discovery of ours, albeit less important than the first, concerns which Medicare data file is better suited to the task of identifying the centenarian population: the Enrollment Database of the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) or the Master Beneficiary Record (MBR) file of the Social Security Administration. We discovered that the latter, although not as easy to use as the former, has data of better quality.

At the first "Living to 100 and Beyond" symposium three years ago, we presented a paper,

subsequently published in the *North American Actuarial Journal*, on the mortality of the very old (Kestenbaum and Ferguson 2002). The paper, "Mortality of the Extreme Aged in the United States in the 1990s, Based on Improved Medicare Data," reports single-year probabilities of death for males and females from the tabulation of the Medicare Part B experience during the decade, as reflected in the Social Security Administration's MBR, and after certain improvements to the data were incorporated. Chief among those improvements was the examination of other administrative records for persons in the Medicare experience for fact of death, date of death, and date of birth. Other initiatives were taken (a) to eliminate duplicate records, (b) to evaluate and react to data anomalies, and (c) to obtain person-level records of *utilization* of Medicare services and infer death at extreme ages from protracted nonutilization.

The age-and-sex-specific mortality probabilities given in that paper were not smoothed. In Table 1 we present sex-and-age-specific probabilities that have been smoothed by fitting the edited probabilities to a logistic function, together with the unsmoothed values.

The methodology for the estimates we report on the size and composition of the centenarian population at both the beginning and the end of the 1990s incorporates several additional data-quality initiatives:

1. A reexamination of the MBR as it stood in June 2004 to inquire into whether any deaths occurring in the 1990s had been recorded since our earlier study, which was based on the May 2001 MBR.
2. A record linkage to the set of public-use state of California death certificate files to determine whether any persons who were centenarians on January 1, 2000, according to the MBR were, in fact, deceased. California public-use death records were used because they contain Social Security numbers (a practice that California has discontinued effective for 2001 certificates) and because California is a large state. The effect on the count of California centenarians on January 1, 2000, was extrapolated to the other states and to January 1, 1990.
3. For a 1-in-100 sample of both MBR centenarians as of January 1, 1990, and MBR cente-

Table 1
Deaths per Thousand among the Extreme Aged, 1990–1999, before and after Fitting to a Logistic Curve

Age	Males		Females	
	Before Fitting	After Fitting	Before Fitting	After Fitting
85	126	126	84	86
86	136	136	94	95
87	148	148	104	105
88	161	161	115	115
89	174	174	127	127
90	189	188	140	140
91	203	203	155	154
92	221	219	171	168
93	239	236	187	184
94	255	254	205	202
95	274	272	223	220
96	294	291	241	239
97	313	312	260	260
98	330	332	281	282
99	348	354	298	304
100	368	376	319	328
101	384	399	342	353
102	405	422	362	379
103	433	445	373	405
104	425	469	394	432
105	436	493	415	459
106	423	517	429	486
107	450	540	462	514
108	494	564	469	541
109	489	587	492	568
110+	281	610	376	595

narians as of January 1, 2000, an examination of the microfilm copy of the original application for a Social Security number, to determine whether the date of birth on that paper record is later than the date on the electronic administrative record.

- For the same 1-in-100 samples of MBR centenarians as of January 1, 1990, and January 1, 2000, an examination of decennial census records from (primarily) 90 years earlier: the January 1, 1990, sample was checked (primarily) against the 1900 census, and the January 1, 2000, sample was checked (primarily) against the 1910 census. If a purported centenarian was found in the earlier census and listed with an age of less than 10 (as of the beginning of the year), he or she would no longer be considered a centenarian.

The number of false centenarians identified in either of these last two steps was then multiplied by 100, the reciprocal of the sampling fraction.

RESULTS

These initiatives, and a few others, resulted in a 12% decrease in the size of the preliminary MBR January 1, 1990, centenarian population, to 21,830, and an 8% decrease in the size of the preliminary MBR January 1, 2000, centenarian population, to 32,920. Table 2, the first of several tabulations of the centenarian population as of January 1, 2000, that we will present, shows that about 92% enrolled in Medicare Part B when the program began in July 1966, when members of this population were at least age 65.5, and another 4% enrolled after that date but by the end of 1972, when all members were at least age 72 and could receive full Social Security benefits unencumbered by the retirement earnings test. Another 3% first enrolled between 1973 and 1989, and just 0.6% first enrolled in the 1990s, which all members began at age 90 and above.

According to data on the Bureau of the Census web site from Summary Tape File 1, the population of the United States age 75 and above on census day 1990 was about 13.1 million. Thus, the ratio of 21,800 centenarians to the population age 75+ in the United States in 1990, which equals one-sixth of a percentage point, is more than three times what Kannisto had estimated for 1985—just five years earlier.

More recent data from several countries continue to show that the proportion in the United States of the very old that is very, very old is above the same statistic in other countries—if we assume that data for these other counties are accurate. Table 3, obtained from the impressively done Kannisto-Thatcher database (Kannisto 1994), gives values, at around the beginning of the millennium, of the ratios of the number of

Table 2
Date of Enrollment in Medicare Part B Program, Persons Age 100+ on January 1, 2000

Date of Enrollment	Percentage
July 1966	91.7%
August 1966–December 1969	4.1
1970–72	0.4
1973–79	2.0
1980–89	1.2
1990–99	0.6
Total	100.0%

Table 3
**Number of Aged Persons, circa 2000,
 Selected Countries**

Country	Age 80 and Over	Age 100 and Over	Age 100 and Over, per 10,000 Persons Age 80 and Over
Austria	280,554	453	16
Belgium	356,498	893	25
Denmark	208,879	483	23
England & Wales	2,099,739	6,320	30
Finland	171,111	246	14
France	2,131,882	8,752	41
Germany, West	2,428,787	4,925	20
Iceland	7,465	25	33
Italy	2,263,467	5,438	24
Japan	4,755,732	11,546	24
Netherlands	505,315	1,323	26
Norway	190,012	423	22
Sweden	436,373	907	21
Switzerland	282,535	678	24
Total	16,118,349	42,412	25

Source: Kannisto-Thatcher database.

persons age 100+ to the number of persons age 80+ for several countries with good-quality data. Now, according to the 2000 Summary Tape File 1, the number of persons in the United States on census day 2000 age 80 and over was 9.2 million. Combining this with our estimated centenarian population of almost 33,000 at the beginning of 2000, we see that the proportion in question—36 per 10,000—is substantially higher in the United States than the pooled estimate for the countries in the Kannisto-Thatcher database and is second only to France.

The favorable position of the United States with respect to this statistic is certainly related to the lower extreme-age mortality in the United States, relative to other highly developed countries, at least until recently. In an important paper published in the *New England Journal of Medicine* in 1995, Kenneth Manton and James Vaupel speculated on possible explanations for the advantage of the United States and hypothesized that the availability and quality of health care under the Medicare program is the primary factor (Manton and Vaupel 1995).

According to our enhanced Medicare data, the centenarian population has grown in the 10-year period from January 1, 1990, to January 1, 2000, by 51%, or at an annual compound growth rate of 4.1%. This is far less than the doubling phe-

nomenon that has been observed in other developed countries for 10-year periods through the 1980–90 period as reported by Vaupel and Jeune (1995), and also significantly less than the two-thirds increase assumed in the Bureau of the Census middle projection.

How much has the centenarian population of other countries grown during the 1990s? The data we obtained for Denmark, Sweden, and France give a mixed picture. Although the expansions of the centenarian population in Denmark and Sweden for the most recent 10-year period are 50% and 60%, respectively, the centenarian population of France more than doubled. In this regard, we would like to thank Bernard Jeune of Odense University in Denmark, Hans Lundstrom of Central Statistics in Sweden, and Jean-Marie Robine of INSERM in France for providing us with data for their countries.

For the current decade, 2000–2009, we are projecting that the growth in the U.S. centenarian population will be more than the one-half increase of the prior decade, but less than two-thirds. The reasoning is as follows.

From tabulations of the mortality of the aged for many years, the Social Security Administration's Office of the Chief Actuary has concluded that while mortality continues to improve for the elderly at most ages, at the very oldest ages the mortality rates recently are increasing slightly (Bell and Miller 2005). The Office of the Chief Actuary expects that during the current decade these rates will turn around and begin decreasing. As a result, it seems that applying the single-age-and-sex-specific mortality experience of the 1990s, given in Table 1, to a starting population age 90 and above as of January 1, 2000, arrayed by single year of age and sex, will produce, in our opinion, a reasonable approximation of the centenarian population 10 years later, on January 1, 2010. As for net migration, the data presented in Table 2 suggest that there are relatively few entrants to the Medicare B rolls after age 90; and there are likely to be relatively few exits, as well, because Part B is a bargain for the money, especially at advanced ages when the need for health care is high, and because generally the states pay the premiums for their impoverished residents.

The resulting estimate for the size of the centenarian population on January 1, 2010, is 52,800. The growth over the decade is about 60%.

Table 4
Characteristics of Persons Age 100+ on January 1, 2000

Age	Number	Percentage	Sex:	Number	Percentage
100	11,824	35.9%	Male	4,646	14.1%
101	8,217	25.0	Female	28,274	85.9
102	5,303	16.1	Total, both sexes	32,920	100.0
103	3,118	9.5			
104	1,946	5.9	Race:		
105	1,167	3.5	White	28,883	87.7%
106	640	1.9	Black	2,969	9.0
107	319	1.0	Other	722	2.2
108	168	0.5	Unknown	346	1.1
109	113	0.3	Total, all races	32,920	100.0
110+	105	0.3			
Total, all ages	32,920	100.0			

This estimate uses the unsmoothed probabilities in Table 1; the estimates would be slightly lower were we to use the probabilities fitted to a logistic function.

Earlier we presented the Bureau of the Census results for the composition of the centenarian population on census day 1990: one-sixth is male, one-sixth is black, one-sixth is age 105+, and one-sixth is foreign-born. Since sex, race, and age information are items on each Medicare record, we can easily tabulate the information shown in Table 4. In fact, according to Medicare records, the proportion male is slightly less than one-seventh, and the proportion black is about one-eleventh. And, as one would expect, given mortality probabilities in the range of 0.32–0.49 among centenarians, the proportion age 105 and over is less than half of the Census Bureau estimate—about 1 in 13.

Place-of-birth information is not part of the Medicare record, but it was collected years earlier

on the application for a Social Security card. Unfortunately, until the middle of the 1970s when the Social Security Administration converted its paper records to an electronic medium, the practice was that in adjudicating a claim for entitlement to Social Security benefits or Medicare protection, the paper application form was removed from the file of applications and made part of the adjudication folder, with its place in the applications file taken by a skeleton record lacking the place-of-birth item. Hence, most centenarians do not have an electronic initial application record. However, as mentioned before in the description of our data-editing efforts, we have obtained microprints of the application for a 1-in-100 sample of centenarians; in this sample we do, in fact, find that one-sixth of centenarians are foreign-born. In truth, this fraction would be lower had we had early census records to do age validation for the foreign-born, as we had for those born in the United States.

Because efforts to study U.S. centenarians in greater depth are done on a regional or state basis, such as the New England Centenarian Study and the Georgia Centenarian Study, we include a table that provides information on the distribution of centenarians by state. The states are listed in descending order according to the size of their centenarian population.

Table 5
Number of Persons Age 100+ on January 1, 2000, by State (in Size Order)

Number	State or District of Columbia
More than 1,500	CA, NY, FL, TX
1,000–1,499	PA, IL, OH, MA, MI
750–999	NJ, WI, MN, MO, IN, IA
500–749	VA, NC, WA, TN, CT
250–499	GA, KY, MD, KS, AZ, OR, LA, CO, SC, MS, NE, OK, AR, AL
Less than 250	WV, ME, SD, RI, NM, NH, ID, ND, MT, DC, NV, VT, DE, HI, WY, AK, UT

CONCLUSION

We believe that records of enrollment in Medicare Part B, particularly when enhanced with edits, provide a solid basis for studying the size, growth, and character of the centenarian population. We

have shown that the fraction of the U.S. population age 75 and above that was age 100 and above is much higher in 1990—and almost certainly in 1985 as well—than Kannisto postulated. We find that the growth in the centenarian population of the United States during the final decade of the millennium was about 4% per annum, and we project that the growth will be only slightly more over the current decade. Also, we provided a more accurate demographic profile of the centenarian population than is forthcoming from the decennial census.

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