The incidence of chronic diseases like cardiovascular disease, cancer, chronic respiratory disease and diabetes is rapidly increasing.

In fact, 25% of Americans are 8 years older than they think, with Vitality Age gaps averages varying based on gender, age, education and income:

**GENDER**

Males are on average one year older than females

- **MALES:** +5.4 YEARS
- **FEMALES:** +4.6 YEARS

**AGE**

The age gap goes up by 2 years after the age of 36, and this stays consistent through Americans up to age 65

- 20-35 YEAR-OLDS: +3.8 YEARS
- 36-50 YEAR-OLDS: +5.6 YEARS
- 51-65 YEAR-OLDS: +5.6 YEARS

**EDUCATION**

College graduates are 1.5-2.4 years younger than those with no college at all

- LESS THAN HIGH SCHOOL DIPLOMA/GED: +6.0 YEARS
- HIGH SCHOOL GRADUATED: +5.7 YEARS
- SOME COLLEGE OR AA DEGREE: +5.1 YEARS
- COLLEGE GRADUATE OR ABOVE: +3.6 YEARS

**INCOME**

Those making less than $55K per year are 1-1.5 years older than those making more than $55K per year

- LESS THAN $25,000/YEAR: +5.9 YEARS
- $25,000-$49,999/YEAR: +5.5 YEARS
- $50,000+/YEAR: +4.4 YEARS
- $0-24,999/YEAR: +4.4 YEARS
- $25,000-$49,999/YEAR: +5.5 YEARS
- $50,000+/YEAR: +4.4 YEARS
- LESS THAN HIGH SCHOOL DIPLOMA/GED: +5.9 YEARS
- HIGH SCHOOL GRAD/GED: +5.1 YEARS
- SOME COLLEGE OR AA DEGREE: +3.6 YEARS
- COLLEGE GRADUATE OR ABOVE: +1.5 YEARS

For more information about The Vitality Institute, visit www.thevitalityinstitute.org.

UNHEALTHY BEHAVIORS ARE CAUSING AMERICANS TO AGE FASTER

On average, Americans are 5 years older than they think, according to research from Discovery’s Vitality Institute*

*Vitality Age is an interactive risk score based entirely on modifiable risk factors for cardio-metabolic disease for which there is substantive evidence demonstrating a direct relationship between levels of risk and disease. The algorithm is comprised of 14 modifiable risk factors: BMI, smoking, physical activity, alcohol use, cholesterol and blood pressures, fasting glucose, blood pressure, psychological distress, and nutritional risk (based on dietary behavior and sugar, salt, and trans-fat intake). The greater the gap between actual age and Vitality Age, the greater the potential for, or failure to fully apply, effective preventive measures. Working with Westat and using the National Health and Nutrition Examination Survey (NHANES), a population representative Vitality Age was calculated for working aged adults. The work included an analysis of Vitality Age by demographic factors such as gender, age, education, occupation, marital status, and income across three survey rounds with a sample of 4,688 individuals. Due to incompatibility of survey methods and inconsistency across survey rounds, physical activity and dietary risk factors were excluded from the analysis.