Health Care

Indicator 28: Use of Health Care Services *(updated)*
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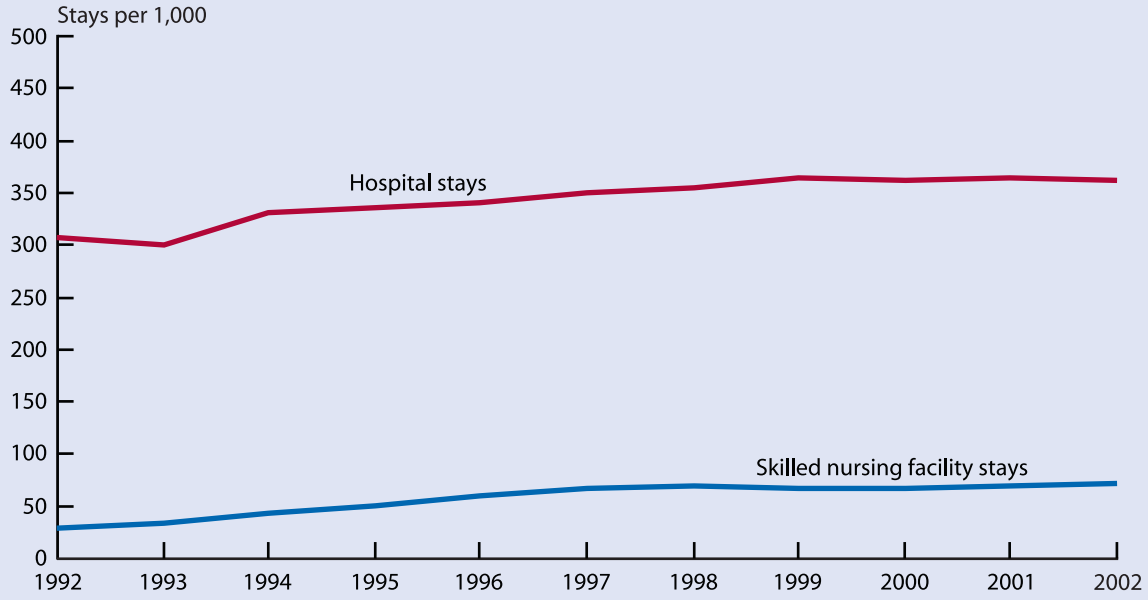
INDICATOR 28

Use of Health Care Services

Most older Americans have health insurance through Medicare. Medicare covers a variety of services, including inpatient hospital care, physician services, hospital outpatient care, home health care, skilled nursing facility care, hospice services, and (beginning in January 2006) prescription drugs. Utilization rates for many services change over time because of changes in physician practice patterns, medical technology, Medicare payment amounts, and patient demographics.

Medicare-covered hospital and skilled nursing facility stays per 1,000 Medicare enrollees age 65 and over in fee-for-service, 1992-2002

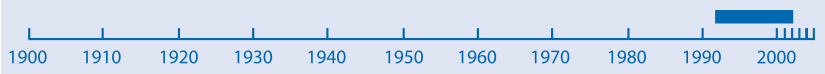


Note: Data are for Medicare enrollees in fee-for-service only. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised 7 percent or less of the Medicare population.
Reference population: These data refer to Medicare enrollees.
Source: Centers for Medicare & Medicaid Services, Medicare claims and enrollment data.

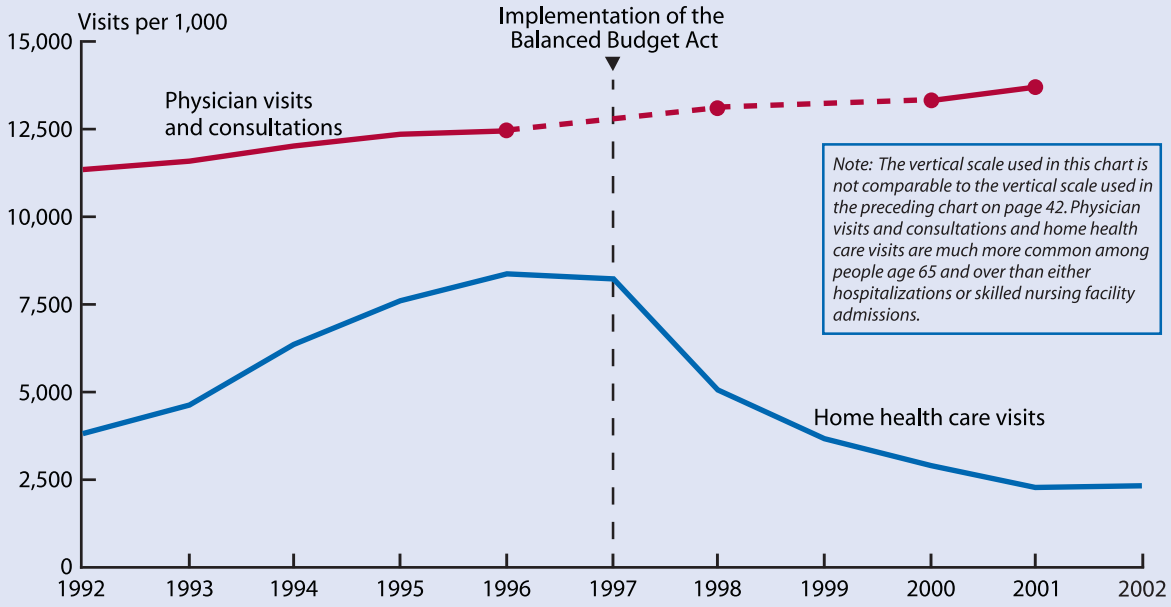
Additional information for this indicator can be found at www.agingstats.gov.

Use of Medicare-covered health care services by Medicare enrollees age 65 and over in Fee-For-Service, 1992-2002

Utilization measure	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	*2001*	***2002***
					Rate per thousand						
Hospital stays	306	300	331	336	341	351	354	365	361	364	**361**
Skilled nursing facility stays	28	33	43	50	59	67	69	67	67	69	**72**



Medicare-covered physician and home health care visits per 1,000 Medicare enrollees age 65 and over in fee-for-service, 1992-2002



Note: The vertical scale used in this chart is not comparable to the vertical scale used in the preceding chart on page 42. Physician visits and consultations and home health care visits are much more common among people age 65 and over than either hospitalizations or skilled nursing facility admissions.

Data on physician visits and consultations are not available for 1997, 1999, and 2002.

Note: Data are for Medicare enrollees in fee-for-service only. Physician visits and consultations include all settings, such as physician offices, hospitals, emergency rooms, and nursing homes. Beginning in 1994, managed care enrollees were excluded from the denominator of all utilization rates because utilization data are not available for them. Prior to 1994, managed care enrollees were included in the denominators; they comprised 7 percent or less of the Medicare population.

Reference population: These data refer to Medicare enrollees.

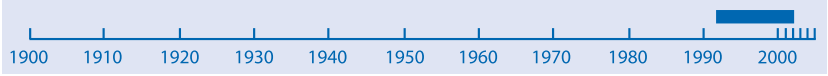
Source: Centers for Medicare & Medicaid Services, Medicare claims and enrollment data.

Additional information for this indicator can be found at www.agingstats.gov.

Use of Medicare-covered health care services by Medicare enrollees age 65 and over in Fee-For-Service, 1992-2002

Utilization measure	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	*2001*	***2002***
					Rate per thousand						
Physician visits	11,359	11,600	12,045	12,372	12,478	na	13,061	na	13,346	13,685	**na**
Home health care visits	3,822	4,648	6,352	7,608	8,376	8,227	5,058	3,708	2,913	2,295	**2,358**

na Data not available.

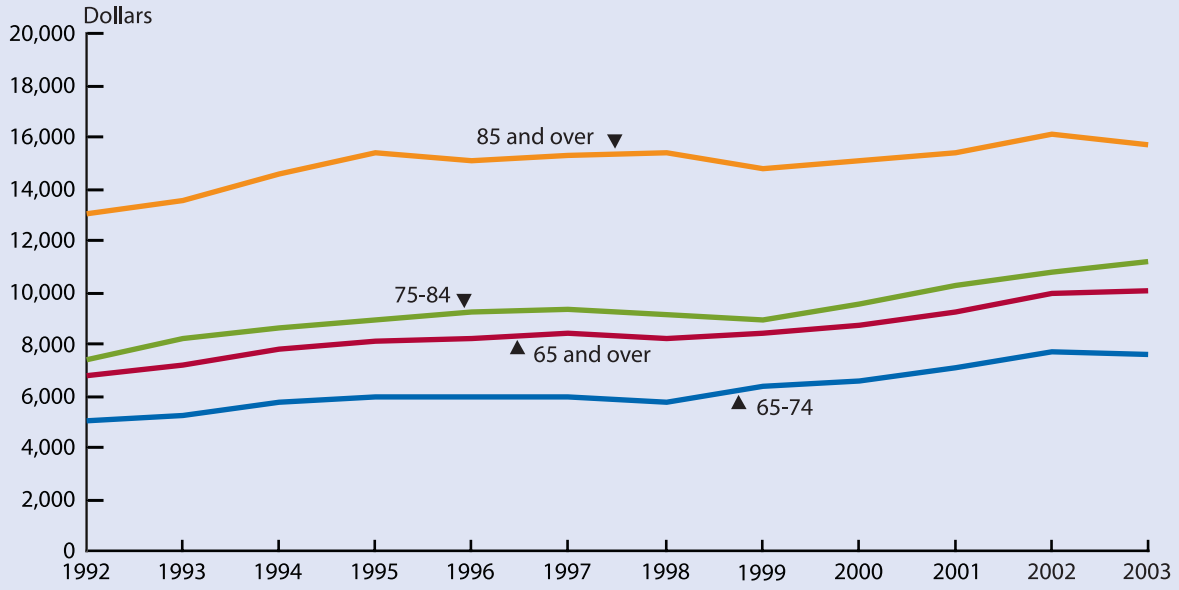


INDICATOR 29

Health Care Expenditures

Older Americans use more health care than any other age group. Health care costs are increasing rapidly at the same time the Baby Boom generation is approaching retirement age.

Average annual health care costs for Medicare enrollees age 65 and over, in 2003 dollars, by age group, 1992-2003



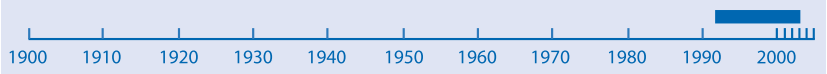
Note: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation-adjusted to 2003 using the Consumer Price Index (Series CPI-U-RS).
Reference population: These data refer to Medicare enrollees.
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Average annual health care costs for Medicare enrollees age 65 and over, in 2003 dollars, by age group, 1992-2003

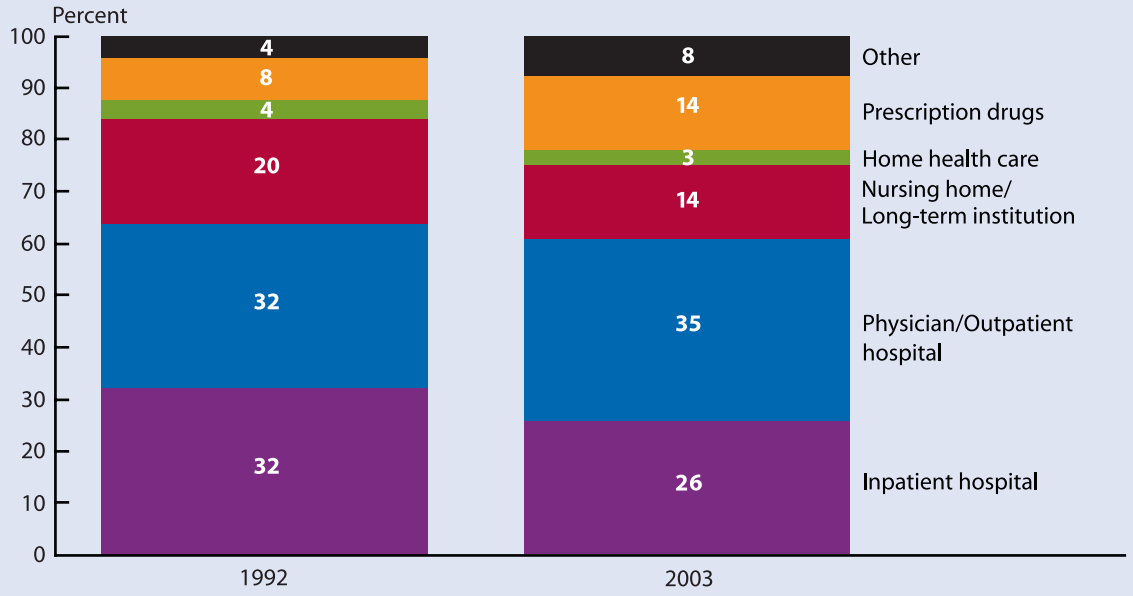
Age group	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	*2001*	***2002***	***2003***
						Dollars						
65 and over	$ 8,417	$ 9,020	$ 9,723	$10,171	$10,284	$10,514	$10,262	$10,547	$10,949	$11,555	**$12,402**	**$12,510**
65-74	6,264	6,543	7,184	7,401	7,444	7,428	7,179	8,007	8,153	8,785	**9,559**	**9,473**
75-84	9,211	10,310	10,769	11,130	11,576	11,679	11,416	11,184	11,935	12,848	**13,468**	**13,981**
85 and over	16,281	16,874	18,221	19,238	18,830	19,049	19,172	18,522	18,877	19,277	**20,104**	**19,658**

Note: Dollars are inflation-adjusted to 2003 using the Consumer Price Index (Series CPI-U-RS).



Health care costs can be broken down into different types of goods and services. The amount of money older Americans spend on health care and the type of health care that they receive provide an indication of the health status and needs of older Americans in different age and income groups.

Major components of health care costs among Medicare enrollees age 65 and over, 1992 and 2003



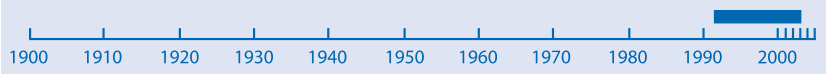
Note: Data include both out-of-pocket costs and costs covered by insurance. "Other" includes short-term institutions, hospice services, and dental care.
Reference population: These data refer to Medicare enrollees.
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Major components of health care costs among Medicare enrollees age 65 and over, 1992 and 2003

	1992		***2003***	
Cost component	*Average cost in dollars*	*Percent*	***Average cost in dollars***	***Percent***
Total	$6,551	100	**$12,510**	**100**
Inpatient hospital	2,107	32	**3,239**	**26**
Physician/Outpatient hospital	2,071	32	**4,368**	**35**
Nursing home/Long-term institution	1,325	20	**1,797**	**14**
Home health care	244	4	**340**	**3**
Prescription drugs	522	8	**1,807**	**14**
Other (Short-term institution/Hospice/Dental)	282	4	**959**	**8**

Note: Dollars are not inflation-adjusted.

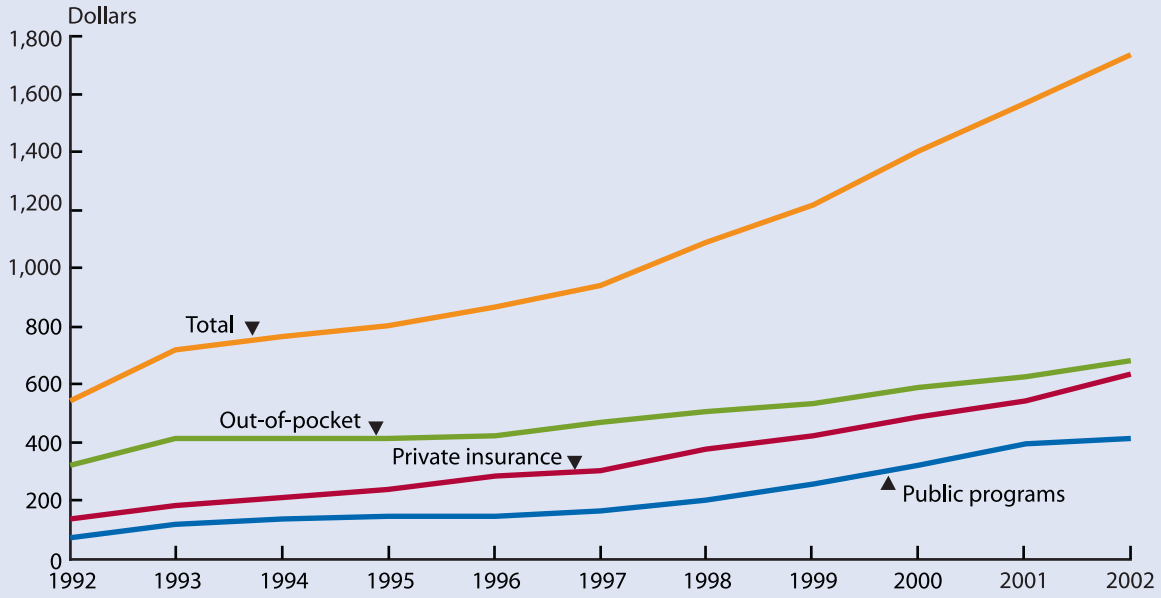


INDICATOR 30

Prescription Drugs

Prescription drug costs have increased rapidly in recent years, as more new drugs have become available. Lack of prescription drug coverage has created a financial hardship for many older Americans. Medicare coverage of prescription drugs began in January 2006, including a low income subsidy.

Average annual prescription drug costs and sources of payment among noninstitutionalized Medicare enrollees age 65 and over, in 2002 dollars, 1992-2002.



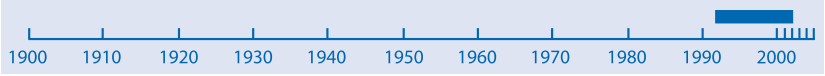
Note: Dollars have been inflation-adjusted to 2002 using the Consumer Price Index (Series CPI-U-RS). Public programs include Medicare, Medicaid, Department of Veterans Affairs, and other State and Federal programs.
Reference population: These data refer to Medicare enrollees.
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Average annual prescription drug costs and sources of payment among noninstitutionalized Medicare enrollees age 65 and over, in 2002 dollars, 1992-2002

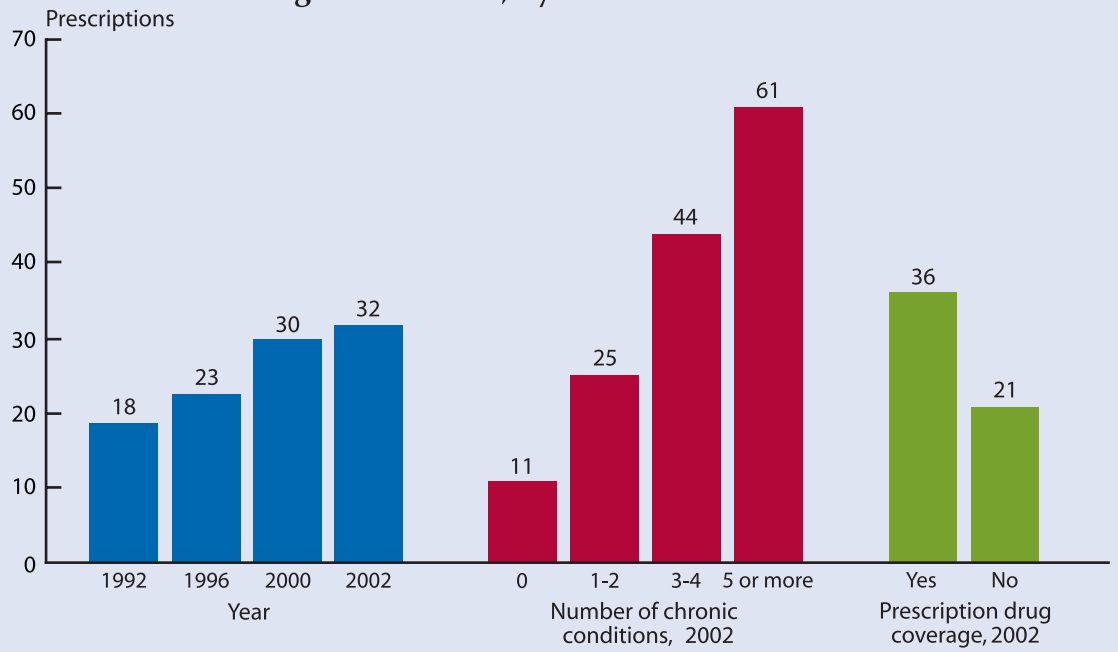
Payment source	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	***2001***	***2002***
	Average cost in dollars										
Total	$542	$719	$764	$801	$864	$944	$1,092	$1,222	$1,399	**$1,568**	**$1,740**
Out-of-pocket	326	418	415	420	429	467	505	537	587	**627**	**686**
Private insurance	138	181	210	236	287	308	382	427	487	**545**	**634**
Public programs	78	121	139	144	148	169	205	257	325	**396**	**419**

Note: Dollars have been inflation-adjusted to 2002 using the Consumer Price Index (Series CPI-U-RS).



Use of prescription drugs varies significantly by individual characteristics, including whether the person has prescription drug coverage. Those with multiple chronic conditions tend to be especially heavy users of prescription drugs.

Average annual number of filled prescriptions among noninstitutionalized Medicare enrollees age 65 and over, by selected characteristics



Note: Chronic conditions include cancer (other than skin cancer), stroke, diabetes, heart disease, hypertension, arthritis, and respiratory conditions (emphysema, asthma, chronic obstructive pulmonary disease). Prescription drug coverage includes people with partial year coverage. The number of filled pescriptions counts each refill separately.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Average annual number of filled prescriptions among noninstitutionalized Medicare enrollees age 65 and over, by selected characteristics

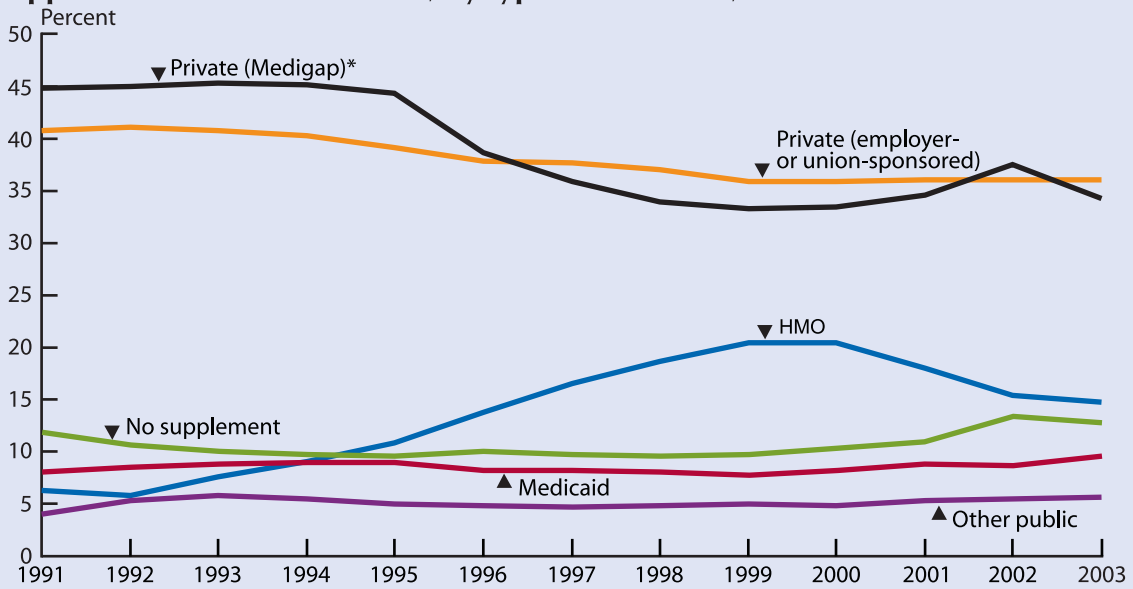
Selected characteristic	*Average number of filled prescriptions*
Year	
1992	18.4
1996	22.5
2000	29.7
2002	**32.1**
Number of chronic conditions (2002)	
0	**10.9**
1-2	**24.6**
3-4	**44.0**
5 or more	**60.6**
Prescription drug coverage (2002)	
Yes	**35.5**
No	**21.1**

INDICATOR 31

Sources of Health Insurance

Nearly all older Americans have Medicare as their primary source of health insurance coverage. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. Many beneficiaries have supplemental insurance to fill these gaps and to obtain services not covered by Medicare. Beginning in January 2006, beneficiaries have had the option of receiving prescription drug coverage through stand-alone prescription drug plans or through some Medicare Advantage health plans.

Percentage of noninstitutionalized Medicare enrollees age 65 and over with supplemental health insurance, by type of insurance, 1991–2003



* Includes people with private supplement of unknown sponsorship.

Note: Estimates are based on enrollees' insurance status in the fall of each year. Categories are not mutually exclusive (i.e., individuals may have more than one supplemental policy). Chart excludes enrollees whose primary insurance is not Medicare (approximately 1 percent of enrollees). Starting with 1999 data, the methods to measure Medicaid eligibility differ from what was used in *Older Americans 2004*. Buy-in data obtained from administrative data are no longer used to define Medicaid eligibility in order to obtain a consistent measure for the entire time series. This change also affects the measurement of "no supplement."

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

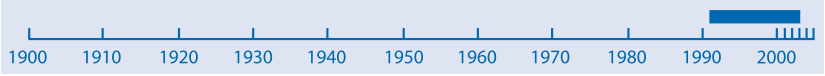
Additional information for this indicator can be found at www.agingstats.gov.

Percentage of noninstitutionalized Medicare enrollees age 65 and over with supplemental health insurance, by type of insurance, 1991–2003

Type of insurance	*1991*	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	*2001*	*2002*	***2003***
	Percent												
Private (employer- or union-sponsored)	40.7	41.0	40.8	40.3	39.1	37.8	37.6	37.0	35.8	35.9	36.0	36.1	**36.1**
Private (Medigap)*	44.8	45.0	45.3	45.2	44.3	38.6	35.8	33.9	33.2	33.5	34.5	37.5	**34.3**
HMO	6.3	5.9	7.7	9.1	10.9	13.8	16.6	18.6	20.5	20.4	18.0	15.5	**14.8**
Medicaid	8.0	8.5	8.8	8.9	9.0	8.2	8.2	8.0	**7.8**	**8.2**	**8.8**	**8.7**	**9.6**
Other public	4.0	5.3	5.8	5.5	5.0	4.8	4.7	4.8	5.1	4.9	5.4	5.5	**5.7**
No supplement	11.9	10.7	10.0	9.8	9.6	10.0	9.8	9.6	**9.8**	**10.4**	**10.9**	**13.3**	**12.7**

* Includes people with private supplement of unknown sponsorship.

Note: Estimates are based on enrollees' insurance status in the fall of each year. Categories are not mutually exclusive (i.e., individuals may have more than one supplemental policy). Table excludes enrollees whose primary insurance is not Medicare (approximately 1 percent of enrollees). Starting with 1999 data, the methods to measure Medicaid eligibility differ from what was used in *Older Americans 2004*. Buy-in data obtained from administrative data are no longer used to define Medicaid eligibility in order to obtain a consistent measure for the entire time series. This change also affects the measurement of "no supplement."

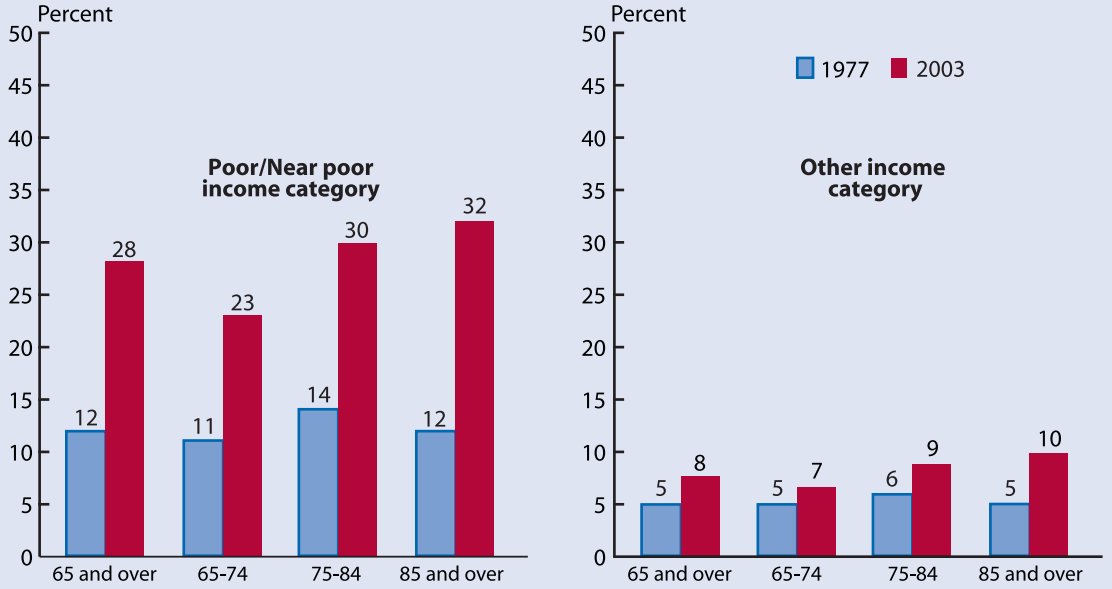


INDICATOR 32

Out-of-Pocket Health Care Expenditures

Large out-of-pocket expenditures for health care service use have been shown to encumber access to care, affect health status and quality of life, and leave insufficient resources for other necessities.[29,30] The percentage of household income that is allocated to health care expenditures is a measure of health care expense burden placed on older people.

Out-of-pocket health care expenditures as a percentage of household income, among people age 65 and over, by age and income category, 1977 and 2003



Note: Out-of-pocket health care expenditures exclude personal spending for health insurance premiums. Including expenditures for out-of-pocket premiums in the estimates of out-of-pocket spending would increase the percentage of household income spent on health care in all years. People are classified into the "poor/near poor" income category if their household income is below 125 percent of the poverty level; otherwise, people are classified into the "other" income category. The poverty level is calculated according to the U.S. Census Bureau guidelines for the corresponding year.

The ratio of a person's out-of-pocket expenditures to their household income was calculated based on the person's per capita household income. For people whose ratio of out-of-pocket expenditures to income exceeded 100 percent, the ratio was capped at 100 percent. For people with out-of-pocket expenditures and with zero income (or negative income) the ratio was set at 100 percent. For people with no out-of-pocket expenditures the ratio was set to zero. These methods differ from what was used in *Older Americans 2004*, which excluded persons with no out-of-pocket expenditures from the calculations (17 percent of the population age 65 and over in 1977, and 5 percent of the population age 65 and over in 2003).

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) and MEPS predecessor surveys.

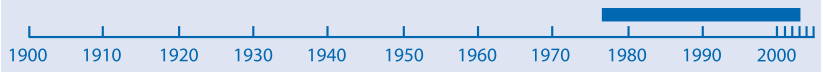
Additional information for this indicator can be found at www.agingstats.gov.

Out-of-pocket health care expenditures as a percentage of household income, among people age 65 and over, by age and income category, 1977, 1987, and 2003

Selected characteristic	*1977*	*1987*	*2003*
	Percent		
Income category			
Poor/Near poor			
65 and over	**12.3**	**15.8**	**27.8**
65–74	**11.0**	**13.7**	**23.4**
75–84	**14.4**	**19.0**	**30.2**
85 and over	**12.4**	**14.7**	**32.4**

Selected characteristic	*1977*	*1987*	*2003*
	Percent		
Income category			
Other			
65 and over	**5.4**	**7.0**	**8.0**
65–74	**5.0**	**5.9**	**6.9**
75–84	**6.2**	**8.4**	**9.1**
85 and over	**5.2**	**10.9**	**10.3**

Note: Data from the 1987 survey have been adjusted to permit comparability across years; for details see Zuvekas and Cohen.[31] For details on additional methods see note under chart.

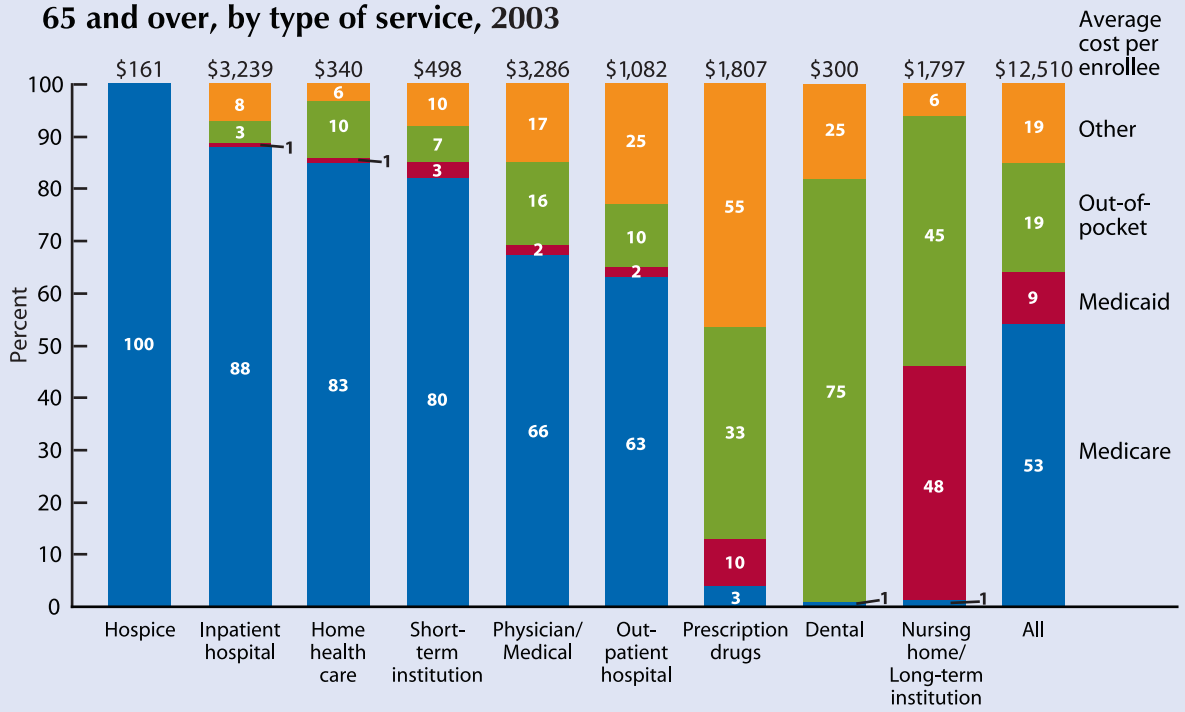


INDICATOR 33

Sources of Payment for Health Care Services

Medicare covers about half of the health care costs of older Americans. Medicare's payments are focused on acute care services such as hospitals and physicians. Nursing home care, prescription drugs, and dental care have been primarily financed by other payers. Medicare coverage of prescription drugs began in January 2006, including a low income subsidy.

Sources of payment for health care services for Medicare enrollees age 65 and over, by type of service, 2003



Note: "Other" refers to private insurance, Department of Veterans Affairs, and other public programs.
Reference population: These data refer to Medicare enrollees.
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Sources of payment for health care services for Medicare enrollees age 65 and over, by type of service, 2003

Service	*Average cost per enrollee*	*Total*	*Medicare*	*Medicaid*	*OOP*	*Other*
	Dollars			Percent		
Hospice	$ 161	100	100	0	0	0
Inpatient hospital	3,239	100	88	1	3	8
Home health care	340	100	83	1	10	6
Short-term institution	498	100	80	3	7	10
Physician/Medical	3,286	100	66	2	16	17
Outpatient hospital	1,082	100	63	2	10	25
Prescription drugs	1,807	100	3	10	33	55
Dental	300	100	1	0	75	25
Nursing home/Long-term institution	1,797	100	1	48	45	6
All	12,510	100	53	9	19	19

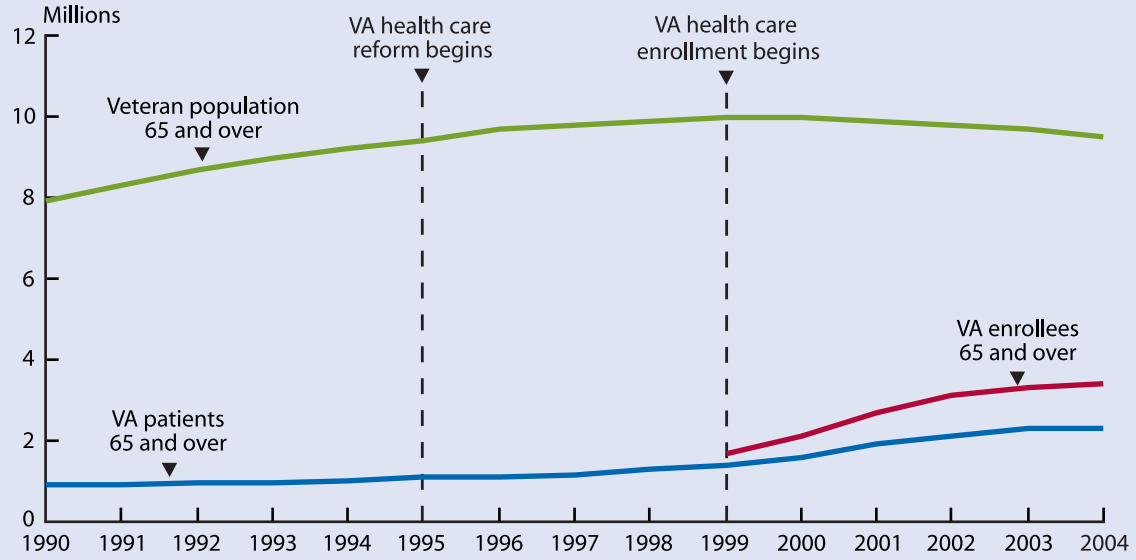
Note: OOP refers to out-of-pocket payments.

INDICATOR 34

Veterans' Health Care

The number of veterans age 65 and over who receive health care from the Veterans Health Administration (VHA), within the Department of Veterans Affairs, has been steadily increasing. This increase may be because VHA fills important gaps in older veterans' health care needs not currently covered or fully covered by Medicare, such as prescription drug benefits, mental health services, long-term care (nursing home and community-based care), and specialized care for the disabled.

Total number of veterans age 65 and over who are enrolled in or receiving care from the Veterans Health Administration, 1990-2004



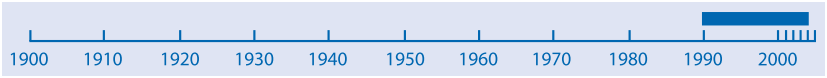
Note: Department of Veterans Affairs (VA) enrollees are veterans who have signed-up to receive health care from the Veterans Health Administration (VHA), and VA patients are enrollees who have received care in each year through VHA.
Reference population: These data refer to the total veteran population, VHA enrollment population, and VHA patient population.
Source: Department of Veterans Affairs, Office of the Actuary, Vet Pop 2001 adjusted by Census 2000 (February 2003) and Vet Pop 2004 (January 2005); and VHA Enrollment and Patient Files.

Additional information for this indicator can be found at www.agingstats.gov.

Total number of veterans age 65 and over who are enrolled in or receiving health care from the Veterans Health Administration, 1990-2004

Veteran population	*1990*	*1991*	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	*2001*	*2002*	*2003*	***2004***
	Number in millions														
Total	7.9	8.3	8.7	9.0	9.2	9.4	9.7	9.8	9.9	10.0	10.0	9.9	9.8	9.7	**9.5**
VA enrollees	na	na	na	na	na	na	na	na	na	1.7	2.1	2.7	3.1	3.3	**3.4**
VA patients	0.9	0.9	1.0	1.0	1.0	1.1	1.1	1.1	1.3	1.4	1.6	1.9	2.1	2.3	**2.3**

na Data not available.

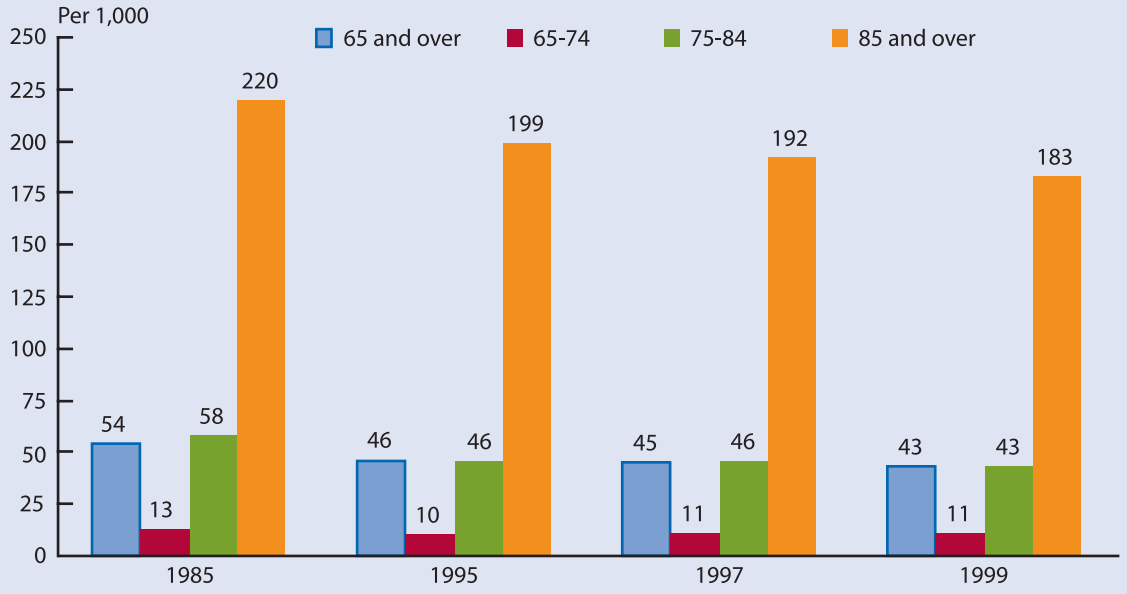


INDICATOR 35

Nursing Home Utilization

Residence in a nursing home is an alternative to long-term care provided in one's home or in other community settings. Recent declines in rates of nursing home residence may reflect broader changes in the health care system affecting older Americans. Other forms of residential care and services, such as assisted living and home health care, have become more prevalent as rates of nursing home admissions have declined.

Rate of nursing home residence among people age 65 and over, by age group, 1985, 1995, 1997, and 1999

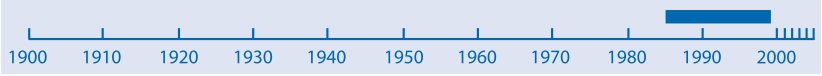


Note: Beginning in 1997, population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau. People residing in personal care or domiciliary care homes are excluded from the numerator.
Reference population: These data refer to the resident population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

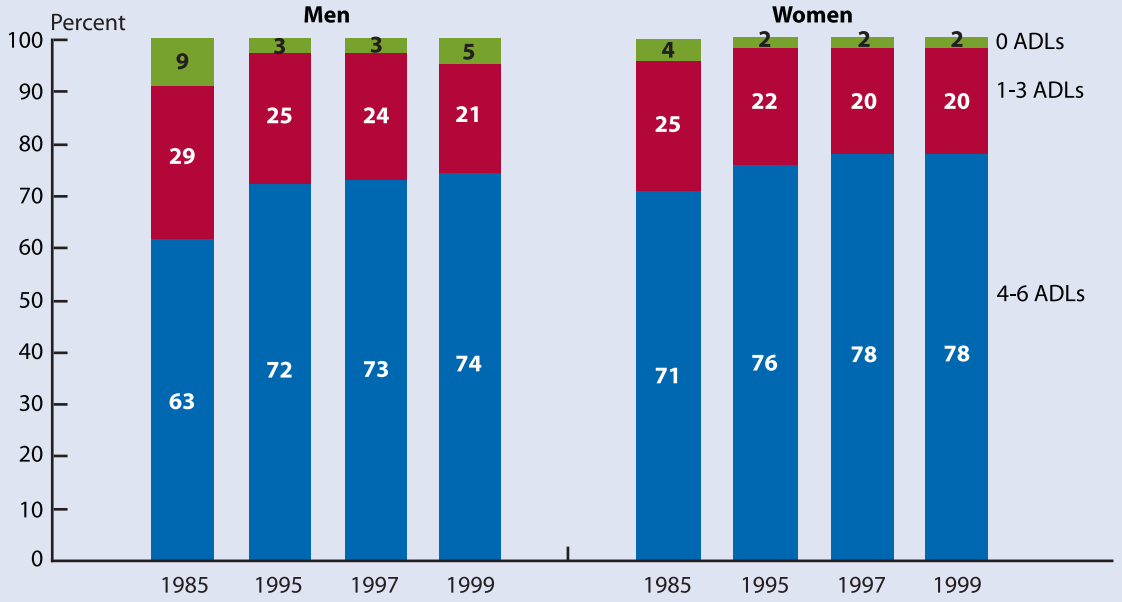
Additional information for this indicator can be found at www.agingstats.gov.

Rate of nursing home residence among people age 65 and over, by age group, 1985, 1995, 1997, and 1999 (Last updated in *Older Americans 2004*)

Sex and age group	*1985*	*1995*	*1997*	*1999*
		Rate per thousand		
Both sexes				
65 and over	54.0	45.9	45.3	43.3
65-74	12.5	10.1	10.8	10.8
75-84	57.7	45.9	45.5	43.0
85 and over	220.3	198.6	192.0	182.5



Percentage of nursing home residents age 65 and over receiving assistance with activities of daily living, by sex, 1985, 1995, 1997, and 1999



Note: The six activities of daily living (ADLs) included are bathing, dressing, eating, walking, toileting, and transferring in and out of bed or chairs. The resident's receipt of assistance with these activities refers to personal help received from facility staff at the time of the survey (for current residents) or the last time care was provided (for discharges). Help that a resident may receive from people who are not staff of the facility (e.g., family members, friends, or individuals employed directly by the patient and not by the facility) is not included.

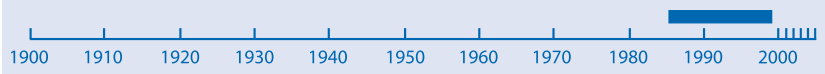
Reference population: These data refer to the population residing in nursing homes. People residing in personal care or domiciliary care homes are excluded.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of nursing home residents age 65 and over receiving assistance with activities of daily living, by sex, 1985, 1995, 1997, and 1999 (Last updated in *Older Americans 2004*)

Selected characteristic	*1985*	*1995*	*1997*	*1999*
		Percent		
Total receiving assistance with 0 ADLs	5.0	2.2	2.2	3.0
Men	8.8	3.2	3.4	5.0
Women	3.8	1.9	1.8	2.4
Total receiving assistance with 1-3 ADLs	26.2	22.5	21.3	19.8
Men	28.8	25.0	23.8	20.7
Women	25.3	21.7	20.4	19.6
Total receiving assistance with 4-6 ADLs	68.8	75.3	76.6	77.2
Men	62.5	71.8	72.8	74.4
Women	70.9	76.4	77.8	78.1

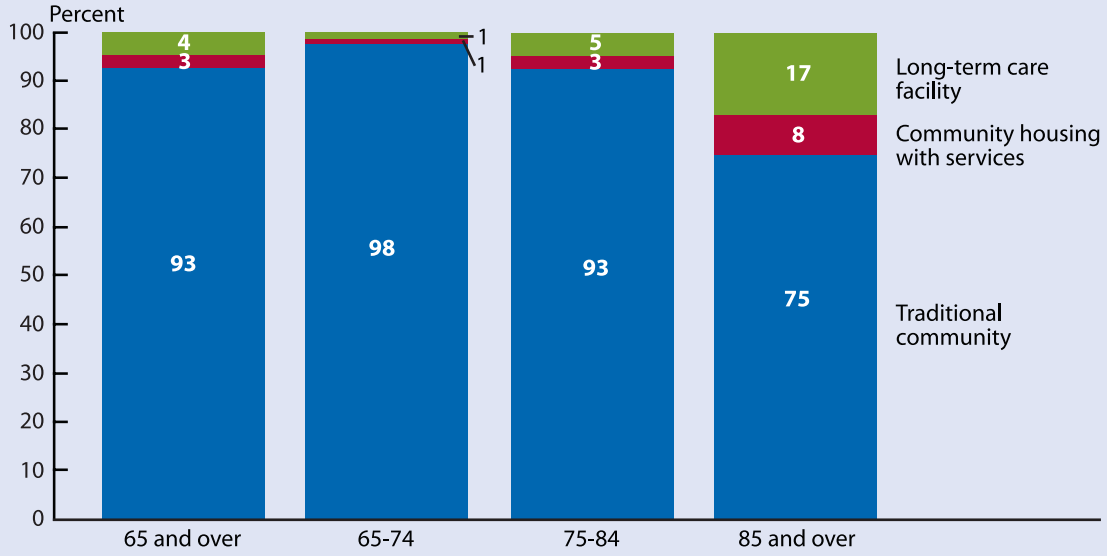


INDICATOR 36

Residential Services

Some older Americans living in the community have access to various services through their place of residence. Such services may include meal preparation, laundry and cleaning services, and help with medications. Availability of such services through the place of residence may help older Americans maintain their independence and avoid institutionalization.

Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2003



Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and other similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver.

Reference population: These data refer to Medicare enrollees.

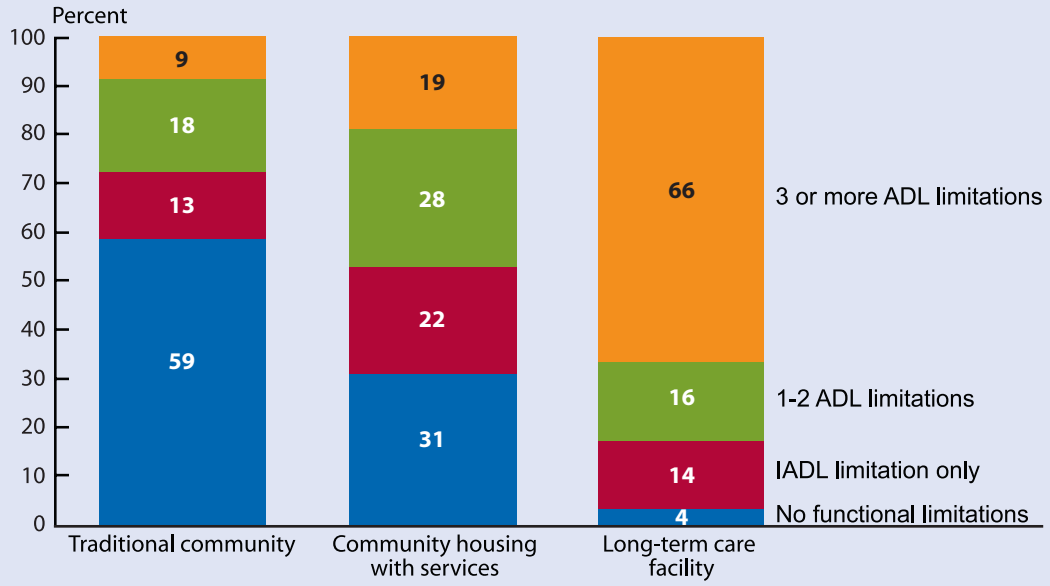
Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2003

Residential setting	*65 and over*	*65-74*	*75-84*	*85 and over*
		Percent		
Total	100.0	100.0	100.0	100.0
Traditional community	93.1	98.1	92.9	75.0
Community housing with services	2.5	0.9	2.6	8.0
Long-term care facilities	4.4	1.0	4.5	17.0

Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2003



Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and other similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver. IADL limitations refer to difficulty performing (or inability to perform, for a health reason) one or more of the following tasks: using the telephone, light housework, heavy housework, meal preparation, shopping, managing money. ADL limitations refer to difficulty performing (or inability to perform, for a health reason) the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, using the toilet. Long-term care facility residents with no limitations may include individuals with limitations in certain IADLs: doing light or heavy housework or meal preparation. These questions were not asked of facility residents.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Percentage of Medicare enrollees age 65 and over with functional limitations, by residential setting, 2003

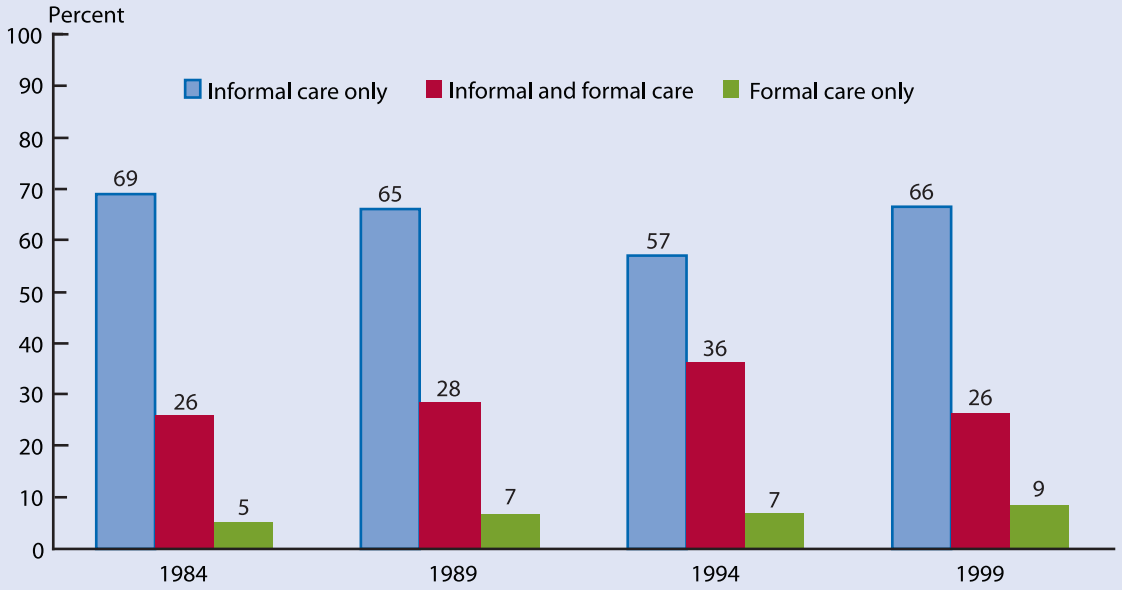
Functional status	*Traditional community*	*Community housing with services*	*Long-term care facility*
		Percent	
Total	100.0	100.0	100.0
No functional limitations	59.3	31.0	3.8
IADL limitation only	13.4	21.9	13.8
1-2 ADL limitations	18.4	28.4	16.3
3 or more ADL limitations	8.9	18.7	66.1

INDICATOR 37

Caregiving and Assistive Device Use

Although most long-term care spending in the United States is for nursing home and other institutionalized care, the majority of older people with disabilities live in the community and receive assistance from spouses, adult children, and other family members. Most of this care is unpaid, although an increasing number of older Americans with disabilities rely on a combination of unpaid and paid long-term care.

Distribution of Medicare enrollees age 65 and over receiving personal care for a chronic disability, by type of care, 1984, 1989, 1994, and 1999

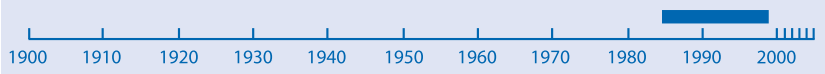


Note: Informal care refers to unpaid assistance provided to a person with a chronic disability living in the community. Formal care refers to paid assistance.
Reference population: These data refer to Medicare enrollees living in the community who report receiving personal care from a paid or unpaid helper for a chronic disability.
Source: National Long Term Care Survey.

Additional information for this indicator can be found at www.agingstats.gov.

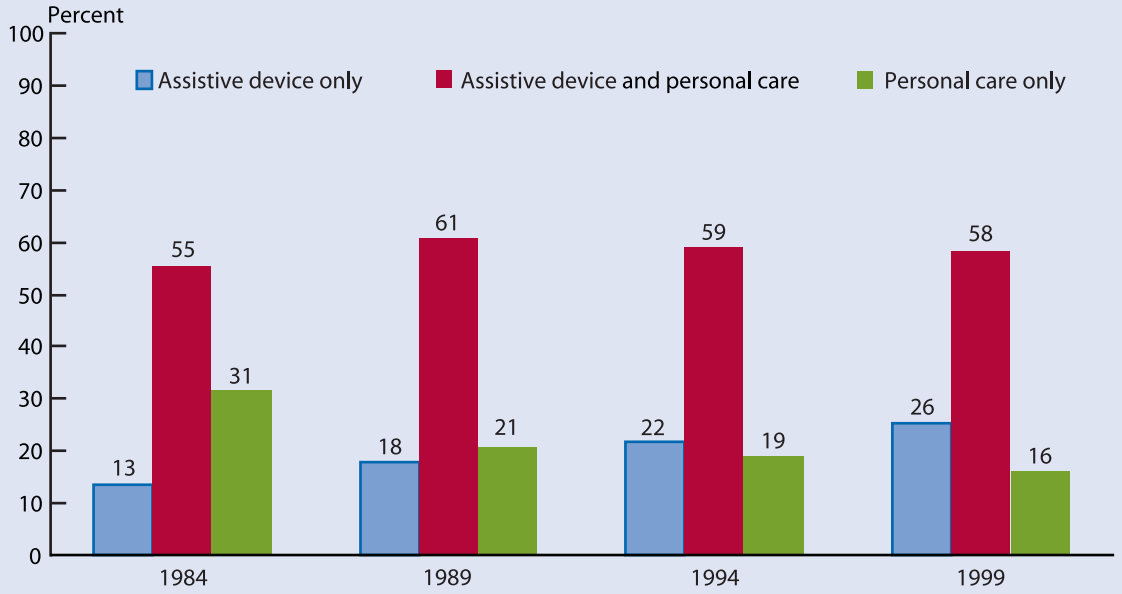
Distribution of Medicare enrollees age 65 and over receiving personal care for a chronic disability, by type of care, 1984, 1989, 1994, and 1999 (Last updated in *Older Americans 2004*)

Type of care	*1984*	*1989*	*1994*	*1999*
		Number		
Total Medicare enrollees	27,967,944	30,871,346	33,125,154	34,459,236
Total Medicare enrollees receiving personal care	4,094,565	3,946,598	3,844,871	3,700,889
		Percent		
Total percentage of Medicare enrollees receiving personal care	14.6	12.8	11.6	10.7
Distribution of type of personal care	100.0	100.0	100.0	100.0
Informal only	68.9	64.5	57.1	65.5
Informal and formal	26.0	28.4	36.1	25.9
Formal only	5.1	7.1	6.8	8.5



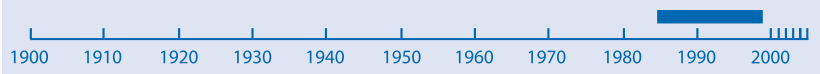
Possible reasons for the decline in the use of long-term care in the community include improvements in the health and disability of the older population, changes in household living arrangements (e.g., the move toward assisted living and other residential care alternatives), and greater use of special equipment and assistive devices that help older disabled people living in the community maintain their independence.

Distribution of Medicare enrollees age 65 and over using assistive devices and/or receiving personal care for a chronic disability, 1984, 1989, 1994, and 1999



Note: Personal care refers to paid or unpaid assistance provided to a person with a chronic disability living in the community.
Reference population: These data refer to Medicare enrollees living in the community who report receiving personal care from a paid or unpaid helper, or using assistive devices, or both, for a chronic disability.
Source: National Long Term Care Survey.

Additional information for this indicator can be found at www.agingstats.gov.

Distribution of Medicare enrollees age 65 and over using assistive devices and/or receiving personal care for a chronic disability, by type of care, 1984, 1989,1994, and 1999 (Last updated in *Older Americans 2004*)

Type of care	*1984*	*1989*	*1994*	*1999*
		Number		
Total Medicare enrollees	27,967,944	30,871,346	33,125,154	34,459,236
Total Medicare enrollees receiving personal care or using assistive devices	4,730,434	4,820,323	4,911,958	4,990,968
		Percent		
Total percentage of Medicare enrollees receiving personal care or using assistive devices	16.9	15.6	14.8	14.5
Distribution of type of care	100.0	100.0	100.0	100.0
Assistive device only	13.4	18.1	21.7	25.8
Assistive device and personal care	55.4	60.8	59.0	58.4
Personal care only	31.1	21.1	19.3	15.8