

Older Americans 2004

Key Indicators of Well-Being

The Federal Interagency Forum on Aging-Related Statistics (Forum) was founded in 1986 to foster collaboration among Federal agencies that produce or use statistical data on the older population. Members of the Forum as of September 2004 are listed below.

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Foreword

Americans age 65 and over are an important and growing segment of our population. Many Federal agencies provide data on various aspects of the challenges confronting older Americans. Because these data come from multiple agencies, it is sometimes difficult to understand how this group is faring overall. In light of the anticipated growth of this segment of our population, it is increasingly important for policymakers and the general public to have an accessible, easy to understand portrait that shows how older Americans are doing.

Older Americans 2004: Key Indicators of Well-Being (Older Americans) provides a unified picture of the health and well-being of our older population. This is the second chartbook prepared by the Interagency Forum on Aging-Related Statistics (Forum), which now has participants from a dozen Federal agencies. As with the previous volume issued in 2000, readers will find here an accessible compendium of indicators—drawn from the most reliable official statistics—illustrative of both the promises and the difficulties confronting older Americans.

This publication provides 37 key indicators about important aspects of older Americans' lives. The indicators in this volume are categorized into five broad groups: population, economics, health status, health risks and behaviors, and health care. This year's report includes a number of new measures, including older veterans and veterans' health care, sensory impairments, obesity, cigarette smoking, air quality, prescription drugs, health insurance, sources of payment for health care, and residential services. All of the indicators are easy to understand by broad audiences, objectively based on substantial research connecting them to reliable data on well-being, balanced so that no single area dominates the report, measured regularly so that they can be updated to show trends over time, and representative of large segments of the population rather than one particular group.

While Federal agencies currently collect and report substantial information on the population age 65 and over, there remain several important areas where there are gaps in our knowledge. In addition to the data needs listed in the previous volume, three new data needs have been added to this year's chartbook. The Forum continues to work together to find innovative ways to fill these data needs. By displaying what the government knows and what it does not know, this report challenges Federal statistical agencies to do even better.

The value of the *Older Americans* reports reflects the Forum's innovative, determined spirit to advance our understanding of where older Americans are today and what may be needed to bring them a better tomorrow. The agencies participating in the Forum should be congratulated on the effort that went into creating *Older Americans*. This volume reflects the dedication of the Forum agency staff members who conducted special analyses, evaluated strategies to make data presentations more consistent and clear, and coordinated the assessment of data needs. They joined together to give the American people a valuable tool for tracking the condition of those who are age 65 and over, and for making policy decisions that will affect them. Last, but not least, none of this work would be possible without the continued cooperation of millions of American citizens who willingly provide the data that are summarized and analyzed by staff in the Federal agencies.

The Forum anticipates publishing additional volumes of this chartbook on a periodic basis, every 3 to 5 years. We invite you to suggest ways we can enhance this portrait of our population age 65 and over. Please send comments to us at the Forum's Web site (<http://www.agingstats.gov>). I applaud the Forum's collaborative efforts in producing this report and hope that it will be a useful contribution to your work.

Katherine K. Wallman

Chief Statistician

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Acknowledgments

Older Americans 2004: Key Indicators of Well-Being is a report of the Federal Interagency Forum on Aging-Related Statistics (Forum). This report was prepared by the Forum's planning committee and reviewed by the Forum's principal members.

The Forum's planning committee members include Saadia Greenberg, Administration on Aging; D.E.B. Potter and Jan Valluzzi, Agency for Healthcare Research and Quality; Ryan Helwig, Bureau of Labor Statistics; Karen Humes, Annetta Clark Smith, and Victoria Velkoff, U.S. Census Bureau; Gerald Riley, Centers for Medicare & Medicaid Services; Kathy Sykes, Environmental Protection Agency; Ellen Kramarow and Julie Dawson Weeks, National Center for Health Statistics; Elayne Heisler and Laura Shrestha, National Institute on Aging; Hakan Aykan and William Marton, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services; Brian Harris-Kojetin, Office of Management and Budget; Howard Iams, Social Security Administration; Robert E. Klein and Donald Stockford, Department of Veterans Affairs; and the Forum's Staff Director, Kristen Robinson, National Center for Health Statistics.

The following staff members of the Forum agencies reviewed the chartbook and provided valuable guidance and assistance: Frank Burns, Administration on Aging; Jennifer Madans and James Lubitz, National Center for Health Statistics; Judy Salerno and Richard Suzman, National Institute on Aging; Ruth Katz, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services; and Mary E. (Beth) Martindale, Department of Veterans Affairs.

In addition to the 12 agencies of the Forum, the Department of Agriculture (USDA) was invited to contribute to this report. The Forum greatly appreciates the efforts of WenYen Juan

and Mark Lino, Center for Nutrition Policy and Promotion, USDA, in providing valuable information from their agency.

Other staff members of Federal agencies who provided data and assistance include Liana Abrahamyan, Administration on Aging; Karen J. Migdail, Agency for Healthcare Research and Quality; Geoffrey Paulin, Bureau of Labor Statistics; Joseph Dalaker, Kimberly DeBarros, Jason Fields, Campbell Gibson, and Marjorie Hanson, U.S. Census Bureau; Nancy DeLew, Franklin Eppig, David Gibson, Jessica Herrera-Cancel, Deborah Kidd, Chris McCormick, Renee Mentnech, and John Poisal, Centers for Medicare & Medicaid Services; Margaret D. Carroll, Margaret L. Cejku, Alan Cohen, Robin A. Cohen, Virginia Freid, Margie Goulding, Adrienne Jones, Cynthia L. Ogden, Laurie Pratt, Robin E. Remsburg, Sandra S. Smith, Ronald B. Tiggler, and Henry Xia, National Center for Health Statistics; Vicky Cahan and Jeannine Mjoseh, National Institute on Aging; Ralph Eskenazi and Randall J. Remmel, Department of Veterans Affairs; and Melissa Koenig, Social Security Administration.

The Forum is also indebted to the many people outside the Federal government who contributed to this chartbook: Gwen Fisher, Elena Gouskova, Joe Lupton, Kate McGonagle, Mary Beth Ofstedal, Bob Schoeni, Frank Stafford, David Weir, and Robert J. Willis, University of Michigan; and Brenda Spillman, Urban Institute.

Member agencies of the Forum provided funds and valuable staff time to produce this report. The National Center for Health Statistics and its contractor, NOVA Research Company, facilitated the production, printing, and dissemination of this report. Linda Bean provided general production oversight. Odell D. Eldridge, NOVA, designed the layout and supervised the overall presentation of the report. Kyung Park, NOVA, designed and produced the data tables. Kathy J. Sedgwick, NOVA, provided editorial oversight and review. Patty Wilson managed the printing of the report.

About This Report

Older Americans 2004: Key Indicators of Well-Being (Older Americans 2004) is the second in a series of reports produced by the Federal Interagency Forum on Aging-Related Statistics (Forum) that describe the overall status of the U.S. population age 65 and over. This report provides Federal statistics from over a dozen national data sources to monitor several important areas in the lives of older Americans—population, economics, health status, health risks and behaviors, and health care.

The Forum has once again collaborated to update and expand the comprehensive set of indicators that first appeared in *Older Americans 2000: Key Indicators of Well-Being (Older Americans 2000)*. This series of reports provides the Nation with a broad summary of national indicators of well-being for the U.S. population age 65 and over and monitors changes in these indicators over time. By following these data trends, more accessible information will be available to target efforts that can improve the lives of older Americans.

Older Americans 2004 has added several new indicators to provide a more complete picture of the health and well-being of older Americans: sensory impairments and oral health; obesity; cigarette smoking; air quality; prescription drugs; sources of health insurance; sources of payment for health care services; and residential services. In addition to these new indicators, this report has been expanded to highlight an important and rapidly growing group of older Americans—older veterans.

The Forum hopes that this report will stimulate discussions by policymakers and the public, encourage exchanges between the data and policy communities, and foster improvements in Federal data collection on older Americans. By examining a broad range of indicators, researchers, policymakers, service providers, and the Federal Government can better understand the areas of well-being that are improving for older Americans and the areas

of well-being that require more attention and effort.

Structure of the Report

Older Americans 2004 is designed to present data in a nontechnical, user-friendly format; it complements other more technical and comprehensive reports produced by the individual Forum agencies. The report includes 37 indicators that are grouped into five sections: Population, Economics, Health Status, Health Risks and Behaviors, and Health Care. A list of the indicators included in this report is located in the Table of Contents on page IX.

Each indicator includes:

- ◆ An introductory paragraph that describes the relevance of the indicator to the well-being of the older population.
- ◆ One or more charts that graphically display analyses of the data.
- ◆ Bulleted highlights of salient findings from the data and other sources.

The data used to develop the indicators and their accompanying bullets are presented in table format in Appendix A. Data source descriptions are provided in Appendix B. A glossary is supplied in Appendix C.

Selection Criteria for Indicators

Older Americans 2004 presents 37 key indicators that measure critical aspects of older people's lives. The Forum chose these indicators because they are:

- ◆ Easy to understand by a wide range of audiences.
- ◆ Based on reliable, nationwide data (sponsored, collected, or disseminated by the Federal Government).
- ◆ Objectively based on substantial research that connects them to the well-being of older Americans.
- ◆ Balanced so that no single area dominates the report.
- ◆ Measured periodically (not necessarily annually) so that they can be updated as appropriate and show trends over time.
- ◆ Representative of large segments of the aging population, rather than one particular group.

Considerations When Examining the Indicators

Older Americans 2004 generally addresses the U.S. population age 65 and over. Mutually exclusive age groups (e.g., age 65-74, 75-84, and 85 and over) are reported whenever possible.

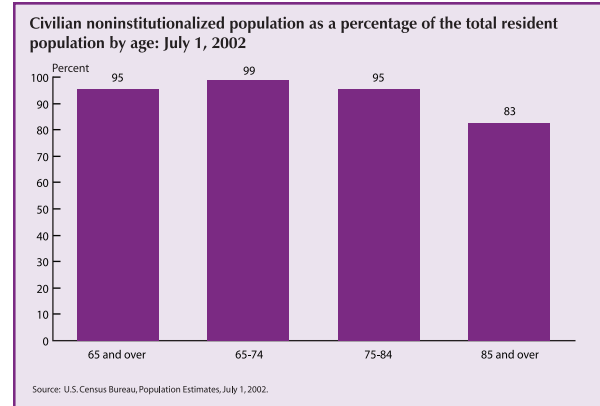
Data availability and analytical relevance may affect the specific age groups that are included for an indicator. For example, because of small sample sizes in some surveys, statistically reliable data for the population age 85 and over often are not available. Conversely, data from the population younger than age 65 sometimes are included if they are relevant to the interpretation of the indicator. For example, in “Indicator 11: Participation in the Labor Force,” a comparison with a younger population enhances the interpretation of the labor force trends among people age 65 and over.

Because the older population is becoming more diverse, analyses often are presented by sex, race and ethnic origin, income, and other characteristics.

Updated indicators in *Older Americans 2004* are not always comparable to the original indicators in *Older Americans 2000*. The replication of certain indicators with updated data is sometimes difficult because of changes in data sources, definitions, questionnaires, and/or reporting categories. A comparability table is available on the Forum’s Web site at <http://www.agingstats.gov> to help readers understand the changes that have taken place.

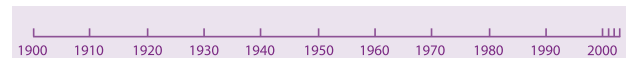
The reference population (the base population sampled at the time of data collection) for each indicator is clearly labeled under each chart and table and defined in the glossary. Whenever possible, the indicators include data on the U.S. resident population (i.e., people living in the community and people living in institutions). However, some indicators show data only for the civilian noninstitutionalized population. Because the older population residing in nursing homes (and other long-term care institutional settings) is excluded from samples based on the noninstitutionalized population, caution should be exercised when attempting to generalize the

findings from these data sources to the entire population age 65 and over. This is especially true for the older age groups. For example in 2002, only 83 percent of the population age 85 and over was included in the civilian noninstitutionalized population as defined by the U.S. Census Bureau.



Survey Years

In the charts, tick marks along the x-axis indicate years for which data are available. The range of years presented in each chart varies because data availability is not uniform across the data sources. To standardize the time frames across the indicators, a timeline has been placed at the bottom of each indicator that reports data for more than one year.



Accuracy of the Estimates

Most data in this report are based on a sample of the population and are, therefore, subject to sampling error. Standard tests of statistical significance have been used to determine whether the differences between populations exist at generally accepted levels of confidence or whether they occurred by chance. Unless otherwise noted, only statistically significant differences between estimates are discussed in the text. To indicate the reliability of the estimates, standard errors for selected estimates in the chartbook can be found on the Forum’s Web site at <http://www.agingstats.gov>.

Finally, the data in some indicators may not sum to totals because of rounding.

Sources of Data

The data used to create the charts are provided in tables in the back of the report (Appendix A). The tables also contain data that are described in the bullets below each chart. The source of the data for each indicator is noted below the chart.

Descriptions of the data sources can be found in Appendix B. Additional information about these data sources is available on the Forum's Web site at <http://www.agingstats.gov>.

Occasionally, data from another publication are included to give a more complete explanation of the indicator. The citations for these sources are included in the References section (page 62). For those who wish to access the survey data used in this chartbook, contact information is given for each of the data sources in Appendix B.

Data Needs

Because *Older Americans 2004* is a collaborative effort of many Federal agencies, a comprehensive array of data was available for inclusion in this report. However, even with all of the data available, there are still areas where scant data exist. Although the indicators that were chosen cover a broad range of components that affect well-being, there are other issues that the Forum would like to address in the future. These issues are identified in the Data Needs section (page 59). By identifying and highlighting these data needs, the Forum—as well as other policymakers, researchers, and service providers—will be better able to focus their future efforts.

Mission

The Forum's mission is to encourage cooperation and collaboration among Federal agencies to improve the quality and utility of data on the aging population. To accomplish this mission, the Forum provides agencies with a venue to discuss data issues and concerns that cut across agency boundaries, facilitates the development of new databases, improves mechanisms currently used to disseminate information on aging-related data, invites researchers to report on cutting-edge analyses of data, and encourages international collaboration.

The specific goals of the Forum are to improve both the quality and use of data on the aging population by:

- ◆ Widening access to information on the aging population through periodic publications and other means.
- ◆ Promoting communication among data producers, researchers, and public policy-makers.
- ◆ Coordinating the development and use of statistical databases among Federal agencies.
- ◆ Identifying information gaps and data inconsistencies.
- ◆ Investigating questions of data quality.
- ◆ Encouraging cross-national research and data collection on the aging population.
- ◆ Addressing concerns regarding collection, access, and dissemination of data.

Financial Support

The Forum members provide funds and valuable staff time to support the activities of the Forum.

More Information

If you would like more information about *Older Americans 2004* or other Forum activities, contact:

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Older Americans on the Internet

An expanded version of this report can be found at <http://www.agingstats.gov>. The Web site version of the report contains:

- ◆ Continuously updated data tables (as the data become available).
- ◆ PowerPoint slides of the charts.
- ◆ Excel spreadsheets of all the data tables (some with standard errors).
- ◆ A comparability table explaining the changes to the indicators that have taken place between *Older Americans 2000* and *Older Americans 2004*.

The Forum's Web site also provides:

- ◆ Ongoing Federal data resources relevant to the study of the aging.
- ◆ Past products of the Forum (including *Older Americans 2000*).
- ◆ Agency contacts.
- ◆ Subject area contact list for Federal statistics.
- ◆ Information about the Forum.

Additional Online Resources

Administration on Aging

A Profile of Older Americans

<http://www.aoa.gov/prof/Statistics/profile/profiles.asp>

Online Statistical Data on the Aging

http://www.aoa.gov/prof/Statistics/online_stat_data/online_stat_data.asp

Agency for Healthcare Research and Quality

AHRQ Data & Surveys

<http://www.ahrq.gov/data>

Bureau of Labor Statistics

Bureau of Labor Statistics Data

<http://stats.bls.gov/data>

U.S. Census Bureau

Statistical Abstract of the United States

<http://www.census.gov/statab/www/>

Age Data

<http://www.census.gov/population/www/socdemo/age.html>

Local Employment Dynamics—Aging and Pension Benefits

<http://lehd.dsd.census.gov/led/05/index.html>

Centers for Medicare & Medicaid Services
Statistics and Data

<http://www.cms.hhs.gov/researchers>

Department of Veterans Affairs

Veteran Data & Information

<http://www.va.gov/vetdata>

Environmental Protection Agency

Aging Initiative

<http://www.epa.gov/aging/index.htm>

National Center for Health Statistics

Data Warehouse on Trends in Health and Aging

<http://www.cdc.gov/nchs/agingact.htm>

Longitudinal Studies of Aging

<http://www.cdc.gov/nchs/lsoa.htm>

Health, United States

<http://www.cdc.gov/nchs/hus.htm>

National Institute on Aging

NIA Centers on the Demography of Aging

<http://agingmeta.psc.isr.umich.edu>

National Archive of Computerized Data on Aging

<http://www.icpsr.umich.edu/NACDA>

Office of the Assistant Secretary for Planning and Evaluation, HHS

Office of Disability, Aging, and Long-Term Care Policy

<http://aspe.hhs.gov/daltcp/home.shtml>

Office of Management and Budget

FedStats (Gateway to Federal Statistics)

<http://www.fedstats.gov>

Social Security Administration

Social Security Administration Statistical Information

<http://www.ssa.gov/policy>

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Highlights

Today's older Americans are living longer, healthier lives and enjoying greater prosperity than any previous generation. The indicators of well-being included in this chartbook reflect this progress and, at the same time, point out the inequalities that continue to exist between the sexes, income levels, and racial and ethnic groups. As the Baby Boomers continue to age and America's older population grows larger and more diverse, community leaders, policymakers, and researchers will have an even greater need to monitor the health and economic well-being of older Americans.

Population

- ◆ In 2003, nearly 36 million people age 65 and over lived in the United States, accounting for just over 12 percent of the total population. During the 20th century, the older population grew from 3 million to 35 million and is projected to grow to almost 87 million by 2050. (See Indicator 1.)
- ◆ Women make up 58 percent of the population age 65 and over and 69 percent of the population age 85 and over. Older women are less likely than older men to be currently married and are twice as likely to live alone. (See Indicators 1, 3, and 5.)
- ◆ A majority of older men are veterans. Between 1990 and 2000, the proportion of men age 65 and over who were veterans increased from 54 percent to 65 percent. Although the number of older veterans is projected to decline slightly from 2000 to 2010, the number of veterans age 65 and over is projected to increase again after 2010 as the large Vietnam era cohort ages. (See Indicator 6.)

Economics

- ◆ The trend in median household income of the older population has been positive. Between 1974 and 2002, the median household income for people age 65 and over increased (in 2002 dollars) from \$16,882 to \$23,152. Correspondingly, fewer older people are living below the poverty threshold. The

percentage of older people living in poverty declined from 35 percent in 1959 to 10 percent in 2002. (See Indicators 7 and 8.)

- ◆ In 2002, aggregate income for the population age 65 and over came largely from four sources: Social Security (39 percent), earnings (25 percent), pensions (19 percent), and asset income (14 percent). Among older Americans in the lowest fifth of the income distribution, Social Security accounts for 83 percent of aggregate income. For those whose income is in the highest income category, Social Security accounts for approximately 20 percent of total income. (See Indicator 9.)
- ◆ Between 1984 and 2001, the median net worth of households headed by people age 65 and over increased by 82 percent (after accounting for inflation). Although the rate of growth of wealth between 1984 and 2001 has been substantial for both older black and older white households, large differences continue to exist—the median net worth of older white households (\$205,000) is five times larger than that of older black households (\$41,000). (See Indicator 10.)
- ◆ The proportion of housing costs relative to all expenditures declines as income increases. In 2002, households headed by people age 65 and over in the lowest fifth of the income distribution allocated an average of 40 percent of all expenditures to basic housing, while households in the highest income category spent an average of 28 percent. (See Indicator 12.)

Health Status

- ◆ Americans are living longer than ever before. In 1900, life expectancy at age 65 was almost 12 years, and at age 85 it was 4 years. By 2001, life expectancy at age 65 had increased to more than 19 years for women and about 16 years for men, and at age 85 it was 7 years for women and 6 years for men. Life expectancy varies by race, but the difference decreases with age. At age 65, white people can expect to live an average of nearly 2 years longer than black people, but at age 85, black people have a slightly higher life expectancy. (See Indicator 13.)

- ◆ In 2002, close to one-half of older men and nearly one-third of older women reported trouble hearing without a hearing aid. Vision trouble (even with glasses or contact lenses) affects 18 percent of the older population, 16 percent of men and 19 percent of women. In 2002, the proportion of people with moderate or severe memory impairment ranged from approximately 5 percent among people age 65-69 to 32 percent among people age 85 and over. The proportion of older people with clinically relevant depressive symptoms was 11 percent for older men and 18 percent for older women. (See Indicators 16, 17, and 18.)
- ◆ The age-adjusted proportion of older Americans with a chronic disability declined from 25 percent in 1984 to 20 percent in 1999. This proportion declined for both older men (19 percent to 15 percent) and older women (28 percent to 23 percent). Despite the decline in rates, the number of older Americans with chronic disabilities increased from about 6.2 million in 1984 to 6.8 million in 1999 as the size of the older population grew at a rapid enough pace to outweigh the decline in the disability rates. (See Indicator 19.)
- ◆ During the period 2000 to 2002, 73 percent of people age 65 and over rated their health as good or better. This pattern was true for the decade preceding 2002 as well; the majority of older people reported their health to be good to excellent. (See Indicator 20.)

Health Risks and Behaviors

- ◆ In 2001-2002, 21 percent of people age 65 and over reported engaging in regular leisure time physical activity. The percentage of older people engaging in regular physical activity was lower at older ages, ranging from 26 percent among people age 65-74 to 9 percent among people age 85 and over. (See Indicator 24.)
- ◆ The increase in the prevalence of overweight and obesity among older adults has been dramatic. In 1999-2002, 69 percent of Americans age 65 and over were overweight, and 30 percent were obese. In the last 2 decades, the increases among

those age 65-74 have been especially striking. Between 1976-1980 and 1999-2002, the percentage of people age 65-74 who were overweight rose from 57 percent to 73 percent; the percentage who were obese rose from 18 percent to 36 percent. (See Indicator 25.)

- ◆ The percentage of older men who are current cigarette smokers declined from 29 percent in 1965 to 10 percent in 2002. The corresponding percentage for women has remained relatively constant, declining slightly from 10 percent in 1965 to 9 percent in 2002. (See Indicator 26.)
- ◆ The air pollutants that have the greatest potential to affect the health of older adults are ozone and fine particulate matter (PM 2.5). In 2002, 46 percent of people age 65 and over lived in a county where ozone concentrations reached levels that were above the EPA standards compared with 26 percent in 2000. About 19 percent of people age 65 and over lived in a county where PM 2.5 concentrations reached levels that were at times above EPA standards, compared with 27 percent in 2000. (See Indicator 27.)

Health Care

- ◆ Health care costs increased significantly between 1992 and 2001 among older Americans enrolled in Medicare (after adjusting for inflation). Average costs were substantially higher for people with lower incomes, for people at older ages, and for people with multiple chronic conditions. The mix of health care services (and their associated costs) varied with age. For example, average costs for nursing home and long-term institutional services were much higher among people age 85 and over than among those age 65-74. (See Indicator 29.)
- ◆ Most older people enrolled in Medicare are generally satisfied with their health care and report few difficulties in obtaining health care services. The percentage who reported they delayed getting care because of cost declined from 10 percent in 1992 to 5 percent in 1997 and remained relatively constant thereafter. (See Indicator 29.)

- ◆ Average prescription drug costs for older Americans increased rapidly throughout the 1990s, especially after 1997. Average costs per noninstitutionalized Medicare enrollee age 65 and over were \$1,340 in 2000. The average number of filled prescriptions for this population also rose substantially over time, averaging 18 prescriptions in 1992 and 30 in 2000. (See Indicator 30.)
- ◆ Medicare pays for slightly more than one-half (54 percent) of the overall health care costs for its enrollees age 65 and over. This population pays 21 percent of their health care costs out of pocket. Medicaid covers 10 percent of their health care costs (including 46 percent of nursing home costs), and other payers (primarily private insurers) cover another 15 percent. Lower-income individuals pay a lower percentage of health care costs out of pocket but use more services than individuals with higher incomes. (See Indicator 33.) The percentage of noninstitutionalized people age 65 and over with out-of-pocket spending for health care services increased between 1977 and 2001—from 83 percent to 95 percent (See Indicator 32.)
- ◆ An increasing number of older veterans are turning to the Veterans Health Administration (VHA) for their health care needs despite their potential eligibility for other sources of health care. In 2003, approximately 2.3 million veterans age 65 and over received health care from VHA, and an additional 1 million older veterans were enrolled to receive health care from VHA but did not use its services that year. (See Indicator 34.)
- ◆ The age-adjusted rate of nursing home residence among the older population declined from 54 per 1,000 in 1985 to 43 per 1,000 in 1999. Despite this decline, the number of current nursing home residents has increased—from 1.3 million in 1985 to 1.5 million in 1999—because of the growth of the older population. (See Indicator 35.)
- ◆ In 2002, 2 percent of the Medicare population age 65 and over resided in community housing with at least one service available, such as meal preparation, housekeeping services, laundry services, and help with medications. Approximately 5 percent resided in long-term care facilities. Residents of community housing with services had more limitations in activities of daily living than those in traditional community housing but fewer than residents of long-term care facilities. (See Indicator 36.)