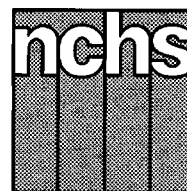


Advance Data



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Characteristics of Elderly Nursing Home Residents: Data From the 1995 National Nursing Home Survey

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Abstract

Objective—This report presents the sociodemographic characteristics, functional dependencies in the activities of daily living (ADL) and instrumental activities of daily living (IADL), dental status, primary admission diagnosis, types of services used, and source of payment of elderly nursing home residents.

Methods—The data used for this report are from the National Center for Health Statistics' 1995 National Nursing Home Survey's (NNHS) sample of current residents age 65 years and above. The 1995 NNHS is the fourth annual survey of nursing homes. The first survey was conducted from August 1973 through April 1974, the second was conducted from May through December 1977, and the third was conducted from August 1985 through January 1986. The 1995 NNHS was conducted from July 1995 through December 1995.

Results—The overall results of the survey indicate that elderly nursing home residents were predominantly women, 75 years old and over, white, non-Hispanic, and widowed. A large portion of residents needed assistance in their ADL's and IADL's. A shifting of the primary source of payment to Medicaid occurred among residents who used Medicare as their source of payment at the time of admission.

Keywords: elderly nursing home residents • demographic characteristics • functional status • dental condition • primary diagnosis at admission • source of payment

Introduction

Older persons, in general, prefer recovering from an illness in their own residence instead of in a nursing home (1). Despite their preferences, admission

to a nursing home becomes necessary when the older person's physical and mental capacities deteriorate to a point where adequate family or community resources are no longer available (2).

This results in a small percent of elderly people being admitted to nursing homes each year. For example, in 1995, of an estimated 33.5 million elderly people in the United States aged 65 years and over, 1.4 million (4 percent) were in nursing homes (3).

This report, based on 1995 National Nursing Home Survey (NNHS) data, presents the sociodemographic characteristics of elderly nursing home residents, the types of aids they are using, their dental condition, their impairment level in seeing and hearing, their functional dependencies in the activities of daily living (ADL) and instrumental activities of daily living (IADL), their continence status, their primary admission diagnosis, their use of services, their average length of stay, and their source of payment.

In this report, the ADL's, which reflect an individual's capacity for self-care, refer to five sociobiological functions: bathing or showering, dressing, eating, transferring in or out of

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beds or chairs, and using the toilet. The IADL's, which involve more complex tasks that enable an individual to live independently in the community, include care of personal possessions, managing money, securing personal items, and using the telephone. This report focuses on help provided by nursing home staff in relation to ADL's and IADL's.

Methods

The data used in this report are from the 1995 National Nursing Home Survey (NNHS). The 1995 NNHS, a segment of the Long-Term Care Component of the National Health Care Survey (4), is the fourth survey of nursing home facilities and their current residents. The first NNHS was conducted between August 1973 and April 1974; the second from May through December 1977; the third from August 1985 through January 1986; and the current survey from July through December 1995.

The sample for the 1995 NNHS was taken from a frame consisting of all nursing home facilities identified in the 1991 National Health Provider Inventory (NHPI) (5) and an updated list of facilities from the 1993 and 1994 Agency Reporting System (ARS) (6). The sample contained 1,500 nursing and related care homes in the United States. Of these, 1,409 homes (94 percent) participated in the survey. A description of the data set, with information on the sample frame, sample design, data collection procedures, and sampling errors has been published in a previous NCHS report (3).

Estimates in this report are based on a current resident sample. Current residents were those who were on the rolls of the agency as of midnight on the day immediately before the date of the survey. Data were collected by interviewing the nursing staff most familiar with the care provided to the resident. Although the survey included residents of all ages, data presented in this report are limited to current residents who were 65 years of age and over at the time of admission to the nursing home. This age group represents 90 percent of the nursing home residents. The estimates in this report

are based on responses for 7,165 current residents age 65 years and over.

Results

In 1995, there were an estimated 1.4 million elderly residents age 65 years and over living in nursing homes. Sociodemographic characteristics of these elderly nursing home residents, as measured at the time of admission, are shown in [table 1](#) for all residents and separately by sex. These elderly nursing home residents were predominantly women (75 percent), 75 years old and over (82 percent), white (89 percent), non-Hispanic (92 percent), and widowed (66 percent). The average age of these elderly residents at the time of admission was 82 years, with women typically older (83 years) than men (80 years). Forty-one percent of all elderly residents came directly from hospitals and 37 percent lived in a private residence before entering the nursing home. The data also show that elderly women were more likely to be widowed (75 percent) than elderly men (37 percent).

[Table 2](#) presents the information on the type of aids used by the elderly residents. The most frequently used aids were a hospital bed (78 percent men and 79 percent women), a wheelchair (61 percent men and 66 percent women), and a walker (22 percent men and 26 percent women).

Information on the dental status at the time of interview was collected for the first time in the 1995 NNHS. [Table 3](#) presents dental condition according to sex. Forty-two percent of elderly residents were reported as having trouble in biting or chewing. Six percent of the residents had lost only upper natural teeth, 1 percent had lost only lower natural teeth, and 49 percent had lost both upper and lower natural teeth. Of those who had lost both upper and lower natural teeth, 79 percent of them had both upper and lower dentures or a plate. Thirty-one percent used dentures all the time and 42 percent usually wore them when eating. Dental conditions for nearly two-thirds (65 percent) of the elderly residents were reported as excellent, very good, or good. Dental

conditions for only 6 percent of the elderly residents were reported as poor.

[Table 4](#) presents data on the vision and hearing status of the residents. About two-thirds of the elderly residents did not have difficulty seeing (64 percent) or hearing (68 percent) (with the use of an aid if applicable). About one-fourth had some vision impairment (26 percent) or hearing impairment (22 percent).

A significantly large portion of the elderly needed help in their ADL's and IADL's. The ADL that residents required assistance with the most frequently was bathing or showering (96 percent), followed by dressing (87 percent), using the toilet room (58 percent), eating (45 percent), and transferring in or out of a bed or chair (24 percent) ([table 5](#)). Ninety-seven percent of elderly residents required assistance with at least one ADL.

The most common IADL activity for which help was required by elderly residents was taking care of personal possessions (78 percent). Securing personal items (77 percent), managing money (69 percent), and using the telephone (69 percent) were the next most common types of assistance required by elderly residents. Eighty-six percent of all elderly residents required assistance with at least one IADL.

Continence was also a problem for many residents. Forty-four percent of the residents had difficulty controlling both bowels and bladder. However, very few (1 percent) had difficulty only in controlling the bowels and 12 percent had difficulty only in controlling the bladder.

Primary admission diagnosis was collected from the residents' medical records and coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modifications*, (ICD-9-CM) (7). [Table 6](#) shows that for both elderly men and women, the most frequent primary admission diagnostic category was diseases of the circulatory system (27 percent). Mental disorders (17 percent), diseases of the nervous system and sense organs (11 percent), and injury and poisonings (9 percent) were the next most frequent admission diagnoses. It was also noted that the percent of women admitted to nursing

Table 1. Number and percent distribution of elderly nursing home residents 65 years and over by selected demographic characteristics, according to sex: United States, 1995

Selected demographic characteristics	Both sexes		Male		Female	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total	1,385,400	100.0	342,700	100.0	1,042,700	100.0
Age at admission						
65–74 years	242,000	17.5	93,500	27.3	148,600	14.2
75–84 years	586,300	42.3	143,400	41.8	442,900	42.5
85 years and over	557,100	40.2	105,900	30.9	451,200	43.3
Race						
White	1,240,000	89.5	294,500	85.9	945,500	90.7
Black	117,900	8.5	37,000	10.8	80,900	7.8
Black and other	137,600	9.9	44,500	13.0	93,200	8.9
Other and unknown	27,500	2.0	11,100	3.2	16,400	1.6
Hispanic origin						
Hispanic	32,300	2.3	13,000	3.8	19,300	1.8
Non-Hispanic	1,276,000	92.1	312,600	91.2	963,400	92.4
Unknown	77,100	5.6	17,100	5.0	60,100	5.8
Marital status						
Married	229,300	16.5	126,800	37.0	102,500	9.8
Widowed	914,800	66.0	127,900	37.3	786,900	75.5
Divorced and/or separated	75,800	5.5	31,600	9.2	44,200	4.2
Never married and/or single	154,300	11.1	53,000	15.5	101,300	9.7
Unknown	11,300	0.8	*	*	*7,900	*0.8
Living quarters						
Private residence	509,700	36.8	124,500	36.2	385,200	36.9
Retirement home	31,100	2.2	*6,600	*1.9	24,400	2.3
Board and care and/or residential facility	68,600	4.9	15,200	4.4	53,400	5.1
Nursing home	160,400	11.6	43,600	12.7	116,800	11.2
Hospital	562,300	40.6	138,500	40.4	423,800	40.6
Mental health facility	14,900	1.1	*	*	*9,700	*0.9
Other or unknown	38,500	2.8	*9,100	*2.7	29,400	2.8
Living arrangement						
Family members	280,500	20.2	84,400	24.6	196,100	18.8
Nonfamily members	28,400	2.0	*6,300	*1.8	22,100	2.1
Alone	215,900	15.6	39,000	11.4	177,000	17.0
Other or unknown	860,600	62.1	213,100	62.2	647,600	62.1

* Figure does not meet standard of reliability or precision.

NOTES: Numbers may not add to totals because of rounding. Percents are based on the unrounded figures.

homes with a primary diagnosis of diseases of the musculoskeletal system and connective tissue is about 2 times greater than that reported for men (7 percent vs. 3 percent). The same is true for the injury and poisonings category (10 percent for women vs. 5 percent for men).

In general, three levels of care (skilled care, intermediate care, and residential care) are provided in nursing homes and are distinguished by their available staff and services. Skilled care indicates the greatest degree of medical care. Every patient is under the

supervision of a physician, and the facility has a transfer agreement with a nearby hospital. Twenty-four hour nursing care is provided with a physician on call to furnish medical care in case of emergency. Intermediate care is provided to individuals who do not require the degree of care or treatment normally given by a hospital or skilled nursing facility, but who do require health-related institutionalized care above the level of room and board. Residential care usually means providing residents with room, board, laundry services, some forms of

personal care, and recreational activities and social services. Data from the survey indicate that 46 percent of the elderly residents received skilled care, 50 percent received intermediate care, and only 4 percent received residential care (figure 1).

During their stay in nursing homes, the services most frequently received by elderly residents were nursing services (96 percent), prescribed or nonprescribed medicine (93 percent), medical services (88 percent), nutritional services (69 percent), social services (64 percent), equipment or devices (49 percent), and physical therapy (25 percent) (table 7).

Table 2. Number and percent of elderly nursing home residents 65 years and over currently using selected types of aids by sex: United States, 1995

Type of aids used	Both sexes	Male	Female
		Number	
Total	1,385,400	342,700	1,042,700
		Percent	
Hearing aid	11.7	11.0	11.9
Transfer equipment	12.2	12.9	11.9
Wheelchair	64.5	60.9	65.7
Cane	7.0	9.6	6.2
Walker	24.9	22.1	25.8
Brace (any type)	3.3	4.0	3.1
Oxygen	5.2	6.5	5.0
Hospital bed	78.4	77.9	78.6
Commode	11.7	9.0	12.6
Other aids or devices	14.9	16.9	14.3

Table 3. Number and percent of elderly nursing home residents 65 years and over with selected dental conditions and percent distribution by condition of teeth and/or gums, according to sex: United States, 1995

Dental condition	Both sexes	Male	Female
		Number	
Total	1,385,400	342,700	1,042,700
		Percent	
Have trouble biting or chewing	41.7	40.3	42.1
Status of teeth			
Lost only upper permanent natural teeth	6.4	6.0	6.5
Lost only lower permanent natural teeth	1.3	*	*1.0
Lost both upper and lower permanent teeth	48.7	45.5	49.8
Status of dentures			
Have only an upper denture or plate	1.1	*	1.3
Have only lower denture or plate	*	*	*
Have both upper and lower dental or plate	38.7	34.9	40.0
All the time wear dentures	30.9	28.0	31.9
Usually wear dentures	9.0	7.6	9.4
Usually wear dentures when eating	42.1	37.8	43.5
Percent distribution			
Condition of teeth and/or gums			
Excellent, very good, good	64.6	60.5	65.9
Fair	20.6	22.8	20.0
Poor	6.0	7.0	5.6
Unknown	8.8	9.7	8.5

* Figure does not meet standard of reliability or precision.

The average length of stay of current residents was calculated from their day of admission to the day of the interview. Thus, it provides a measure of how long residents have been receiving nursing home care but does not cover the complete episode of care. [Table 8](#) indicates that the average length of stay in nursing homes by elderly residents was 838 days and, on average, longer for women (887 days) than for men

(689 days). Moreover, married men were more likely to have the shortest length of stay (518 days) and never married and/or single women were more likely to have the longest length of stay (1,121 days). It was also noted that the younger (65–75 years) elderly residents had longer periods of residency than the oldest (85 years and over) elderly residents. The higher mortality rates of this oldest group may be the reason for

their shorter length of stay in nursing homes.

Information on primary source of payment was collected at the time of admission and also in the month before interview. At the time of admission, most nursing home residents relied primarily on Medicaid (38 percent). The second most common primary source of payment at admission was private insurance, own income, or family support (32 percent), followed by Medicare (25 percent), and all other sources (4 percent) ([table 9](#)).

By the month before the interview, Medicaid was also the most frequent primary source of payment (56 percent). Twenty-nine percent relied on their private insurance, own income, or family support, 13 percent relied on Medicare, and 3 percent relied on all other sources ([table 10](#)).

A significant shifting of the primary source of payment to Medicaid occurred among residents who used Medicare as their primary source of payment at the time of admission. Of the elderly residents who primarily relied on Medicare at the time of admission, 40 percent of them had shifted to Medicaid by the month before interview. A similar shifting of primary source of payment to Medicaid also occurred among residents who used private insurance, their own income, or family support at the time of their admission (about 22 percent) ([table 11](#)). Because the episode of care is not completed, current resident data on sources of payment can only show what changes occur up to the date of the survey.

As a secondary source of payment in the month before interview, most residents (22 percent) relied on their own income or family support to pay for care. Fifteen percent of the residents relied on Medicare; 11 percent on private insurance; 8 percent on Medicaid; and only 3 percent on government assistance, charity, and other source of payment ([table 12](#)).

Discussion

Consistent with the previous nursing home surveys, the results of this survey indicate that elderly nursing home residents were predominantly women,

Table 4. Number and percent distribution of elderly nursing home residents 65 years and over with impairment in vision or hearing by sex: United States, 1995

Impairment in vision and hearing	Both sexes	Male	Female
Number			
Total	1,385,400	342,700	1,042,700
Percent distribution			
Vision			
Not impaired	64.4	65.0	64.2
Impaired	26.4	25.1	26.8
Unknown ¹	9.2	9.9	8.9
Hearing			
Not impaired	67.9	67.3	68.0
Impaired	22.4	22.6	22.3
Unknown ¹	9.7	10.1	9.6

¹Includes those for whom status could not be determined (e.g., comatose patients).

Table 5. Number and percent of elderly nursing home residents 65 years and over receiving assistance with activities of daily living and instrumental activities of daily living, percent distribution of functional activities for which assistance was received, and percent with continence problem, according to sex: United States, 1995

Functional status	Both sexes	Male	Female
Number			
Total	1,385,400	342,700	1,042,700
Percent			
Received assistance with the following ADL's			
Bathing or showering	96.3	95.2	96.7
Dressing	86.6	84.7	87.3
Eating	45.1	42.8	45.9
Transferring in or out of beds or chair	23.8	22.8	24.2
Using toilet room	57.8	52.7	59.5
Percent distribution			
Received assistance with number of ADL's			
0	3.1	4.2	2.8
1	8.5	9.1	8.3
2	13.8	17.3	12.7
3	33.1	31.6	33.6
4	32.9	30.0	34.2
5	8.6	8.7	8.5
Percent			
Received assistance with the following IADL's			
Care of personal possessions	77.6	76.4	78.0
Managing money	69.2	67.7	69.6
Securing personal items	76.8	76.1	77.0
Using telephone	69.2	67.7	69.6
Percent distribution			
Received assistance with number of IADL's			
0	13.7	14.5	13.4
1	7.1	7.9	6.8
2	13.0	12.5	13.1
3	5.4	5.4	5.4
4	60.9	59.7	61.3
Percent			
Continence status			
Difficulty only in controlling bowels	1.4	*2.2	*1.1
Difficulty only in controlling bladder	12.3	11.8	12.4
Difficulty controlling both bowels and bladder	43.6	42.2	44.1
Have an ostomy or an indwelling catheter	9.3	11.7	8.4
Received help in caring for this device	9.0	11.4	8.3

* Figure does not meet standard of reliability or precision.

NOTE: ADL is activities of daily living and IADL is instrumental activities of daily living.

75 years old and older, white, of non-Hispanic origin, and widowed. A greater percent of elderly women than elderly men were widowed. This is also true in the general population (8). Data also indicate that the average length of stay in nursing homes was shorter for older men than for older women. This shorter length of stay for older men may be due to their marital status.

A significantly large portion of residents 65 years and over needed assistance in their ADL's and IADL's. However, almost two-thirds of the elderly residents reported their dental condition as excellent, very good, or good. Probably because of the limitations of benefits and stringent requirements for coverage under the Medicare skilled nursing care program (maximum of 100 days of skilled nursing care during each benefit period), a shifting of the primary source of payment to Medicaid was found among residents who used Medicare as their source of payment at the time of admission.

The results of the 1995 survey also indicate that older people are not staying in nursing homes as long as they did in previous years. The average length of stay in nursing homes declined from 1,026 days in 1985 to 838 days in 1995. This decline in nursing home use may be the consequence of a rapid increase in availability of home care services. Earlier studies have shown that formal community care, such as home care, substantially reduces nursing home use (9,10). Perhaps because of the availability of quality home care services, older Americans are able to recover from illness and cope with functional limitation brought on by old age at home instead of in a nursing home. Moreover, elderly people may use home care services as an interim stage in the continuum of long-term care, that is, from primarily informal care to formal community care to institutional care (10).

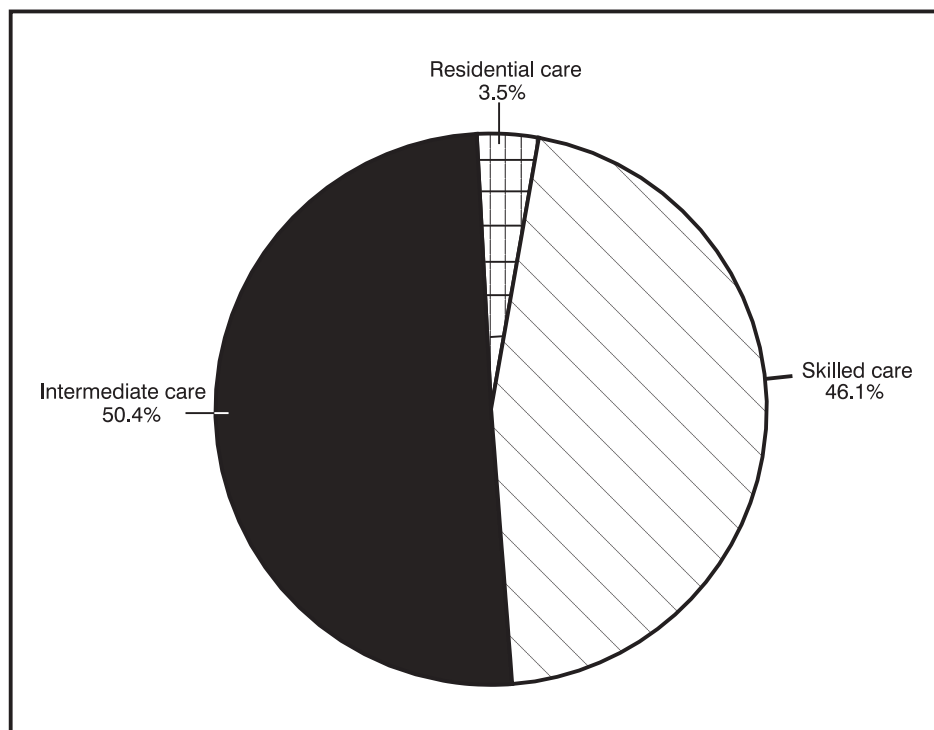
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Table 6. Number and percent distribution of elderly nursing home residents 65 years and over by primary diagnosis at admission, according to sex: United States, 1995

ICD-9-CM procedure category and code	Both sexes	Number	
		Male	Female
Total	1,385,400	342,700	1,042,700
		Percent distribution	
Total	100	100	100
Infectious and parasitic diseases001-139	*0.6	*	*0.7
Neoplasms140-239	2.1	3.6	1.6
Malignant neoplasms140-208, 230-234	1.8	3.2	1.4
Endocrine, nutritional, and metabolic diseases and immunity disorders240-279	6.0	6.2	6.0
Diabetes mellitus250	4.1	4.4	4.0
Diseases of the blood and blood-forming organs280-289	*0.8	*	*0.9
Mental disorders290-319	17.1	16.2	17.4
Diseases of the nervous system and sense organs320-389	10.9	12.7	10.3
Diseases of the circulatory system390-459	27.1	28.5	26.6
Essential hypertension401	3.6	*2.6	3.9
Heart disease391-392.0, 393-398, 402, 404, 410-416, 420-429	10.9	10.4	11.1
Cerebrovascular diseases430-438	2.4	*2.6	2.3
Diseases of the respiratory system460-519	5.9	7.3	5.4
Chronic obstructive pulmonary disease494-496	1.7	*2.6	1.4
Diseases of the digestive system520-579	3.2	*2.9	3.4
Diseases of the genitourinary system580-629	2.7	*3.3	2.5
Diseases of the skin and subcutaneous tissue680-709	1.3	*1.5	1.2
Diseases of the musculoskeletal system and connective tissue710-739	5.7	*3.3	6.5
Congenital anomalies740-759	*	*	*
Symptoms, signs, and ill-defined conditions780-799	3.8	4.0	3.7
Injury and poisonings800-999	8.6	4.8	9.8
Supplementary classification and unknownV01-V82, 00	4.1	4.6	4.0

* Figure does not meet standard of reliability or precision.

**Figure 1. Percent of elderly residents by type of care received: United States, 1995**

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Table 7. Number and percent of elderly men and women nursing home residents 65 years and over receiving selected services by sex: United States, 1995

Service received	Both sexes	Male		Female	
		Number	Percent	Number	Percent
Total	1,385,400	342,700		1,042,700	
Dental care	16.9	17.6		16.7	
Equipment or devices	48.9	49.2		48.8	
Medical services	88.4	88.1		88.4	
Mental health services	14.1	14.9		13.9	
Nursing services	96.2	95.8		96.4	
Nutritional services	69.0	69.8		68.8	
Occupational therapy	14.4	17.6		13.3	
Physical therapy	24.8	28.4		23.6	
Prescribed or nonprescribed medicines	93.2	93.1		93.3	
Social services	63.7	64.0		63.6	
Speech or hearing therapy	7.3	9.1		6.7	
Transportation	22.4	25.0		21.5	
Other services	7.7	7.8		7.6	

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Table 8. Average length of stay of elderly nursing home residents 65 years and over by age, marital status, sex, and standard error: United States, 1995

Selected demographic characteristics	Both sexes (S.E.)	Male (S.E.)		Female (S.E.)	
		Number in days	Standard error	Number in days	Standard error
Total	1,385,400	342,700		1,042,700	
Average length of stay in days	838(13.6)	689(23.5)		887(15.8)	
Age					
65-74 years	1,064(38.9)	893(58.7)		1,172(50.8)	
75-84 years	864(19.0)	677(30.8)		925(22.3)	
85 years and over	713(15.6)	526(28.7)		756(17.4)	
Marital status					
Married	562(25.2)	518(36.1)		616(31.3)	
Widowed	877(16.4)	736(34.6)		900(17.8)	
Divorced and/or separated	802(49.9)	839(90.3)		775(55.5)	
Never married and/or single	1,050(44.3)	916(71.0)		1,121(54.7)	

NOTE: S.E. is standard error.

Table 9. Number and percent distribution of elderly nursing home residents 65 years and over by their primary source of payment at the time of admission, according to sex: United States, 1995

Source of payment	Both sexes	Male		Female	
		Number	Percent	Number	Percent
Total	1,385,400	342,700		1,042,700	
Private insurance, own income, family support ¹	32.4	31.3		32.7	
Medicare	25.4	25.9		25.3	
Medicaid	38.0	35.7		38.8	
Government assistance, charity, and other ²	4.2	7.1		3.3	

¹Includes social security benefits and retirement funds.

²Includes supplemental security income, welfare, religious organizations, foundations, agencies, Veterans Administration contract, pensions, or other compensation, payment source not yet determined, and other and unknown sources.

Table 10. Number and percent distribution of elderly nursing home residents 65 years and over by primary source of payment in month before interview, according to sex: United States, 1995

Source of payment	Both sexes	Male		Female	
		Number	Percent	Number	Percent
Total	1,385,400	342,700		1,042,700	
Percent distribution					
Private insurance, own income, family support ¹	28.9	30.2		28.5	
Medicare	12.7	14.5		12.1	
Medicaid	55.7	50.6		57.4	
Government assistance, charity, and other ²	2.7	4.7		1.9	

¹Includes social security benefits, retirement funds.

²Includes supplemental security income, welfare, religious organizations, foundations, agencies, Veterans Administration contract, pensions, or other compensation, payment source not yet determined, and other and unknown sources.

Table 11. Number and percent distribution of elderly nursing home residents 65 years and over by primary source of payment in month before interview, according to primary source of payment at admission: United States, 1995

Primary source of payment at admission	Primary source of payment in month before interview									
	All sources	Private sources ¹	Medicare	Medicaid	Other sources ²	All sources	Private source ¹	Medicare	Medicaid	Other sources ²
	Number					Percent distribution				
All sources	1,385,400	401,300	176,000	772,300	35,800	100	29.0	12.7	55.7	2.6
Private insurance, own income, family support ¹	448,400	334,700	*9,700	100,100	*	100	74.6	*2.1	22.3	*
Medicare	352,500	58,200	149,700	141,100	*	100	16.5	42.5	40.0	*
Medicaid	526,500	*	13,500	506,700	*	100	*	2.6	96.2	*
All other ²	58,100	*	*	24,300	26,000	100	*	*	41.9	44.7

* Figure does not meet standard of reliability or precision.

¹Includes private insurance, own income, family support, social security benefits, and retirement funds.

²Includes supplemental security income, welfare, religious organizations, foundations, agencies, Veterans Administration contract, pensions, or other compensation, payment source not yet determined, and other and unknown sources.

Table 12. Number and percent of elderly nursing home residents 65 years and over by their secondary source of payment at the time of interview, according to sex: United States, 1995

Source of payment	Both sexes	Male		Female	
		Number	Percent	Number	Percent
Total	1,385,400	342,700		1,042,700	
Percent					
Private source ¹	32.5	30.7		33.1	
Medicare	14.8	15.0		14.7	
Medicaid	8.4	9.1		8.1	
Government assistance, charity, and other ²	3.4	4.5		3.0	

¹Includes private insurance, own income, family support, social security benefits, and retirement funds.

²Includes supplemental security income, welfare, religious organizations, foundations, agencies, Veterans Administration contract, pensions, or other compensation, payment source not yet determined, and other unknown sources.

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