Section 3: Health Conditions and Health Care

HC 1.1 Health Insurance Coverage

Children who are covered by *health insurance* are considerably more likely to have a regular source of health care. Among children covered by private health insurance, 97 percent had a regular source of medical care in 1993, and of those covered by government health insurance, 94 percent had a regular source of medical care. In contrast, 79 percent of children with no health insurance had a regular source of medical care. Regular care increases the continuity of care, which is important to the maintenance of good health.

Since 1987, the percentage of children who are covered by health insurance has remained stable, ranging from 85 to 87 percent (see Table HC 1.1.A). Government health insurance coverage³ for children increased from 19 percent in 1987 to a high of 27 percent in 1993, before declining to 23 percent by 1999 (see Figure HC 1.1). Younger children are considerably more likely to be covered by government health insurance. In 1999, 27 percent of children under age 6 were covered, compared with 19 percent of children ages 12 through 17 (see Table HC 1.1.A).

Differences by Race and Hispanic Origin.² Hispanic children are less likely to be covered than either White or Black children. In 1999, 73 percent of Hispanic children were covered by health insurance, compared with 91 percent of White, non-Hispanics, and 82 percent of Black children (see Table HC 1.1.A).

A large proportion of Black and Hispanic children rely on government health insurance³ for their medical coverage. In 1999, 39 percent of Black and 33 percent of Hispanic children were covered by government health insurance, compared with 16 percent of White, non-Hispanic children. These percentages are down from highs of 50 and 41 percent, respectively, in 1993. The vast majority of children covered by government health insurance are covered by Medicaid (see Table HC 1.1.C).

Differences by Poverty Status. Poor children have lower rates of health insurance coverage at 77 percent compared to 86 percent for all children in 1999 (see Table HC 1.1.B). They are also much less likely to be covered by private health insurance at 23 percent compared to 69 percent for all children.

¹ Simpson G., Bloom B., Cohen R.A., and Parsons P.E. 1997. Access to Health Care. Part 1: Children. *Vital and Health Statistics*, 10(196). National Center for Health Statistics.

² Estimates for Whites, Blacks, and Asians and Pacific Islanders include Hispanics of those races. Persons of Hispanic origin may be of any race.

³ Government health insurance for children consists primarily of Medicaid but also includes Medicare and CHAMPUS.

Table HC 1.1.A

Percentage of children under age 18 in the United States who are covered by health insurance, by type of insurance, age, and race and Hispanic origin: Selected years, 1987-1999

	1987	1990	1995	1996	1997	1998	1999
All health insurance							
All children	87	87	86	85	85	85	86
Under age 6	88	89	87	86	86	84	86
Ages 6-11	87	87	87	85	86	85	87
Ages 12-17	86	85	86	84	83	84	86
Race and Hispanic origin ^a							
White	88	87	87	86	86	86	_
White, non-Hispanic	90		90	89	89	89	91
Black ^a	83	85	85	81	81	80	82
Hispanic	72	72	73	71	71	70	73
Asian/Pacific Islander	_	_	_	_	85	83	_
Private health insurance							
All children	74	71	66	66	67	68	69
Age							
Under age 6	72	68	60	62	63	64	65
Ages 6-11	74	73	67	67	68	68	69
Ages 12-17	75	73	71	70	70	70	72
Race and Hispanic origin ^a							
White	79	76	71	71	71	72	73
White, non-Hispanic	83		78	78	78	79	80
Black ^a	49	49	44	45	48	47	50
Hispanic	48	45	38	40	42	43	45
Asian/Pacific Islander	_		_	_	70	67	68
Government health insuranceb							
All children	19	22	26	25	23	23	23
Age							
Under age 6	22	28	33	31	29	27	27
Ages 6-11	19	20	26	25	23	23	23
Ages 12-17	16	18	21	19	19	19	19
Race and Hispanic origin ^a							
White	14	17	21	21	20	19	_
White, non-Hispanic	12	15	18	18	17	16	16
Black ^a	42	45	49	45	40	42	39
Hispanic	28	32	39	35	34	31	33

 $^{{\}tt a}$ Estimates for Blacks include Hispanics of that race. Persons of Hispanic origin may be of any race.

^b Government health insurance for children consists primarily of Medicaid but also includes Medicare and CHAMPUS. Sources: U.S. Census Bureau, as reported in *America's Children: Key National Indicators of Well-Being, 2001.* Federal Interagency Forum for Child and Family Statistics. Washington, DC, U.S. Government Printing Office (Table ECON5.A). Data for White and Asian/Pacific Islander from U.S. Census Bureau, *Current Population Reports,* Series P-60, No. 211, (Table 8), Washington, DC.

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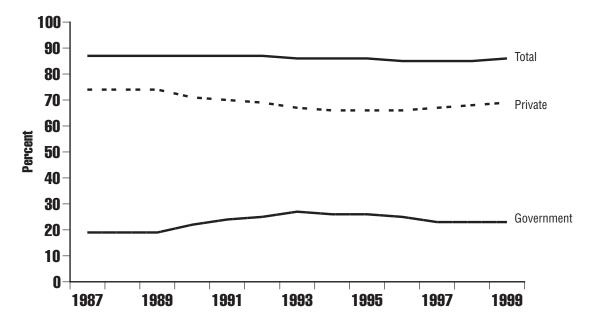
Table HC 1.1.BPercentage of poor children under age 18 in the United States who are covered by health insurance, by type of insurance, age, and race and Hispanic origin: a 1999

	All health insurance	Private health insurance	Government health insurance ^b
All poor children	77	23	60
Age			
Under age 6	76	20	64
Ages 6-11	77	23	60
Ages 12-17	70	27	52
Race and Hispanic origina			
White	72	25	55
White, non-Hispanic	_	32	_
Black	79	19	66
Hispanic	67	16	55
Asian/Pacific Islander	83	29	62

^a Estimates for Blacks include Hispanics of that race. Persons of Hispanic origin may be of any race.

Figure HC 1.1

Percentage of children under age 18 in the United States who are covered by health insurance, by type of insurance:a
1987-1999



^a Government health insurance for children consists primarily of Medicaid but also includes Medicare and CHAMPUS. Sources: U.S. Census Bureau data as published in *America's Children: Key National Indicators of Well-Being, 2001.* Federal Interagency Forum on Child and Family Statistics. Washington, DC. U.S. Government Printing Office. (Table ECON5.A).

^b Government health insurance for children consists primarily of Medicaid but also includes Medicare and CHAMPUS. Source: U.S. Census Bureau, *Current Population Report*, Series P-60, No. 211, (Detailed Tables 7 and 9), and unpublished tabulations.

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Table HC 1.1.CPercentage of children under age 18 in the United States who are covered by Medicaid, by age and by race and Hispanic origin: Selected years, 1987-1999

	1987	1988	1989	1990	1995	1996	1997	1998	1999
Total all children	15	16	16	19	23	22	21	20	20
Age									
Under age 6	18	19	20	24	30	28	26	24	24
Ages 6-11	15	15	15	17	23	22	20	20	20
Ages 12-17	12	12	11	14	17	16	16	16	16
Race and Hispanic origina									
White	11	11	11	14	18	18	17	16	17
White, non-Hispanic	_	_	_	_	_	_	_	_	13
Black	38	38	37	42	45	41	37	39	36
Hispanic	26	25	25	30	37	34	32	30	31
Asian/Pacific Islander	_	_	_	_	_	_	18	19	17
Poor children	56	57	57	62	65	63	61	58	59
Age									
Under age 6	61	63	63	71	73	71	67	63	65
Ages 6-11	56	57	56	59	65	63	62	59	59
Ages 12-17	48	48	47	52	53	51	52	51	52
Race and Hispanic origina									
White	49	49	49	56	59	59	57	54	55
White, non-Hispanic	_	_	_	_	_	_	_	_	56
Black	67	69	69	73	76	70	68	65	67
Hispanic	53	48	50	58	64	60	60	61	55
Asian/Pacific Islander	_		_				63	54	51

^a Estimates for Blacks include Hispanics of that race. Persons of Hispanic origin may be of any race. Source: U.S. Census Bureau, *Current Population Report,* Series P-60, No. 211, Detailed (Tables 10 and 11 and previous issues of same report).

HC 1.2 Prenatal Care

Early Prenatal Care

Prenatal care in the first trimester of a pregnancy allows women and their health care providers to identify and treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the percentage of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.⁴ The percentage of women receiving prenatal care in the first trimester has increased from 68.0 percent in 1970 to 83.2 percent in 1999 (see Table HC 1.2.A).

Differences by Race and Hispanic Origin.⁵ The percentage of women receiving prenatal care during the first 3 months of pregnancy has increased over the past two decades for women of all races and ethnicities. American Indian/Alaska Native and Mexican women have consistently had the lowest percentage of women receiving early prenatal care, while White, non-Hispanic, Chinese, Japanese, and Cuban women are most likely to receive prenatal care in their first trimester (see Table HC 1.2.A). Among Hispanics there are important subgroup disparities. In 1999, 91.4 percent of Cuban women received early prenatal care, compared with 73.1 percent of Mexican American women.

Late or No Prenatal Care

Receiving prenatal care late in a pregnancy, or receiving no prenatal care at all, can lead to negative health outcomes for mother and child. Women who receive care late in their pregnancy, or who do not receive care at all, are at increased risk of bearing infants who are of *low birthweight*, who are stillborn, or who die within the first year of life.⁶ Between 1970 and 1999, the percentage of women receiving late or no prenatal care declined from 7.9 percent to 3.8 percent (see Table HC 1.2.B).

Differences by Race and Hispanic Origin. The percentage of women who receive late or no prenatal care has declined substantially for women in all racial and ethnic groups (see Table HC 1.2.B). Specifically, American Indian/Alaska Native women and Black women have seen the most dramatic improvements, with the percentages receiving late or no prenatal care dropping by more than two-thirds for American Indian women and by more than half for Black women since 1970 (see Table HC 1.2.B).

⁴ U.S. Public Health Service. 1989. *Caring for Our Future: The Content of Prenatal Care*. Washington, DC: U.S. Department of Health and Human Services.

⁵ Includes persons of Hispanic origin until 1990. After 1990 persons of Hispanic origin are not included. Persons of Hispanic origin may be of any race.

⁶ U.S. Public Health Service, 1989.

⁷ Includes persons of Hispanic origin until 1993. After 1993 persons of Hispanic origin are not included. Persons of Hispanic origin may be of any race.

Adequacy of Prenatal Care

Receiving early and consistent prenatal care increases the likelihood of a *healthy birth* outcome. Adequate prenatal care is determined by both the early receipt of prenatal care (within the first trimester) and the receipt of an appropriate number of prenatal care visits for each stage of a pregnancy. Women whose prenatal care fails to meet these standards are at a greater risk for pregnancy complications and negative birth outcomes.

According to the *Adequacy of Prenatal Care Utilization Index*, there has been a sharp decline in the percentage of women receiving inadequate prenatal care – from 18 percent in 1989 to 11.7 percent in 1999 (see Table HC 1.2.C). The proportion of women with intensive use of care (women for whom the number of visits exceeded the American College of Obstetricians and Gynecologists' recommendations by a ratio of observed to expected visits of at least 110 percent) rose from 24.1 to 31.6 percent during the same time period.

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Table HC 1.2.APercentage of women^a in the United States receiving prenatal care in the first trimester, by race and Hispanic origin of mother: Selected years, 1970-1999

	1970	1980	1985	1990 ^b	1995	1996	1997	1998	1999
Total	68.0	76.3	76.2	75.8	81.3	81.9	82.5	82.8	83.2
Race and Hispanic origin									
White ^b	72.3	79.2	79.3	83.3	87.1	87.4	87.9	87.9	88.4
Black ^b	44.2	62.4	61.5	60.7	70.4	71.5	72.3	73.3	74.1
American Indian/Alaska Native	38.2	55.8	57.5	57.9	66.7	67.7	68.1	68.8	69.5
Asian/Pacific Islander	67.3	73.7	74.1	75.1	79.9	81.2	82.1	83.1	83.7
Chinese	71.8	82.6	82.0	81.3	85.7	86.8	87.4	88.5	88.5
Japanese	78.1	86.1	84.7	87.0	89.7	89.3	89.3	90.2	90.7
Filipino	60.6	77.3	76.5	77.1	80.9	82.5	83.3	84.2	84.2
Hawaiian	_	68.8	67.7	65.8	75.9	78.5	78.0	78.8	79.6
Other Asian or Pacific Islander	54.9	67.6	69.7	71.9	77.0	78.4	79.7	80.9	81.8
Hispanic origin ^c	_	60.2	61.2	60.2	70.8	72.2	73.7	74.3	74.4
Mexican American	_	59.6	60.0	57.8	69.1	70.7	72.1	72.8	73.1
Puerto Rican	_	55.1	58.3	63.5	74.0	75.0	76.5	76.9	77.7
Cuban	_	82.7	82.5	84.8	89.2	89.2	90.4	91.8	91.4
Central and South American	_	58.8	60.6	61.5	73.2	75.0	76.9	78.0	77.6
Unknown Hispanic	_	66.4	65.8	66.4	74.3	74.6	76.0	74.8	74.8

^a The data refer to those women who had live births.

Sources: National Center for Health Statistics, 1998, (Table 6); Ventura et al., 2001, Births, (Tables 24, 25 and 33); Ventura et al., 2000, Births, (Tables 24, 25, and 33).

^b Includes persons of Hispanic origin until 1990. After 1990 persons of Hispanic origin are not included.

c Persons of Hispanic origin may be of any race. Figures for Hispanic women are based on data from 22 states that reported Hispanic origin on the birth certificate in 1980; 23 states and the District of Columbia in 1985, 48 states and the District of Columbia in 1990, 49 states and the District of Columbia in 1992, and 50 states and the District of Columbia since

Table HC 1.2.BPercentage of women^a in the United States receiving late or no prenatal care,^b by race and Hispanic origin of mother and by age: Selected years, 1970-1999

	1970	1980	1985	1990	1995	1996	1997	1998	1999
Total	7.9	5.1	5.7	6.1	4.2	4.0	3.9	3.9	3.8
Race and Hispanic origin									
White ^c	6.3	4.3	4.8	4.9	2.5	2.4	2.4	2.4	2.3
Black ^c	16.6	8.9	10.2	11.3	7.6	7.3	7.3	7.0	6.6
American Indian/Alaska Native	28.9	15.2	12.9	12.9	9.5	8.6	8.6	8.5	8.2
Asian/Pacific Islander	6.8	6.5	6.5	5.8	4.3	3.9	3.8	3.6	3.5
Chinese	6.5	3.7	4.4	3.4	3.0	2.5	2.4	2.2	2.0
Japanese	4.1	2.1	3.1	2.9	2.3	2.2	2.7	2.1	2.1
Filipino	7.2	4.0	4.8	4.5	4.1	3.3	3.3	3.1	2.8
Hawaiian	_	6.7	7.4	8.7	5.1	5.0	5.4	4.7	4.0
Other Asian or Pacific Islander	_	9.0	8.1	7.1	5.0	4.6	4.4	4.2	4.1
Hispanic origin ^{c, d}	_	12.0	12.4	12.0	7.4	6.7	6.2	6.3	6.3
Mexican American	_	11.8	12.9	13.2	8.1	7.2	6.7	6.8	6.7
Puerto Rican	_	16.2	15.5	10.6	5.5	5.7	5.4	5.1	5.0
Cuban	_	3.9	3.7	2.8	2.1	1.6	1.5	1.2	1.4
Central and South American	_	13.1	12.5	10.9	6.1	5.5	5.0	4.9	5.2
Unknown Hispanic	_	9.2	9.4	8.5	6.0	5.9	5.3	6.0	6.3

^a The data refer to those women who had live births.

Sources: National Center for Health Statistics, 1998, (Table 6); Ventura et al., 2001, Births, (Tables 24, 25 and 33); Ventura et al., 2000, Births, (Tables 24, 25, and 33).

Table HC 1.2.CAdequacy of Prenatal Care Utilization Index^a United States: Selected years, 1989-1999

	1989	1990 ^a	1995a	1996	1997	1998	1999
Intensive use	24.1	24.6	28.8	29.3	30.7	31.0	31.6
Adequate	42.0	42.3	43.7	43.6	43.3	43.3	43.1
Intermediate	15.9	15.7	14.7	14.7	14.0	13.8	13.6
Inadequate	18.0	17.4	12.8	12.4	12.0	11.9	11.7

^a Kotelchuck, M. 1994. An evaluation of the Kessner adequacy of prenatal care index and a proposed adequacy of prenatal care utilization index. *Am J Public Health* 84(9):1414–20. 1994.

Sources: Ventura et al., 2001, Births, (Table F).

^b Late prenatal care is defined as seventh month or later.

^c Includes persons of Hispanic origin until 1993. After 1993, persons of Hispanic origin are not included. Persons of Hispanic origin may be of any race.

d Figures for Hispanic women are based on data from 22 states that reported Hispanic origin on the birth certificate in 1980; 23 states and the District of Columbia in 1985, 48 states and the District of Columbia in 1990, 49 states and the District of Columbia in 1992, and 50 states and the District of Columbia since 1993.

HC 1.3 Immunization

Vaccines are one of the most successful disease prevention strategies in the history of public health. Childhood vaccinations can prevent diseases that killed or permanently impaired many children in past decades. Vaccination coverage is particularly important before children enter preschool to prevent the spread of disease. The Centers for Disease Control and Prevention recommends that 80 percent of all routine childhood vaccinations be administered within the first 2 years of life. Today, at least 95 percent of children are adequately vaccinated by the time they enter kindergarten. In 1998, the National Center for Health Statistics implemented the response propensity scoring method to determine the percentages of children ages 19 to 35 months who received routinely recommended vaccinations.

Even with the increases of recent years, more than 1 million preschool children remain unvaccinated for serious preventable diseases. Unnecessary morbidity and mortality due to vaccine-preventable diseases such as hepatitis B, measles and varicella continue to occur in the U.S. (data not shown). However, there were substantial increases in the proportion of children vaccinated between 1991 and 1994 for each of the recommended vaccines (data not shown). Coverage continued to increase during the period from 1995 to 1998. However, in both 1999 and 2000, there was a small decline in the number of children who received the combined series 4:3:1:3, 4:3:1, DTP, Measles, and HiB vaccinations (see Table HC 1.3).

Differences by Race and Hispanic Origin. Non-Hispanic White infants ages 19 months to 35 months have higher percentages of vaccination receipt than do non-Hispanic Black children or children of *Hispanic origin* (see Table HC 1.3). This disparity in vaccination levels has narrowed somewhat as the vaccination levels of non-Hispanic Black and Hispanic children have improved. By preschool, the vaccination levels of children across racial and ethnic groups are nearly the same, narrowing a gap that once was as wide as 26 percentage points for specific vaccinations. Differences in vaccination rates among racial and ethnic groups are partly accounted for by poverty level.

Differences by Poverty Status. Eighty-eight percent of Hispanic children in 2000 at or below the poverty level received the Hepatitis B shot compared with 70 percent in 1995. Although vaccination levels have increased substantially between 1995 and 2000 among children in *households* at or above the poverty level, poor children are still less likely to have received recommended vaccinations¹² (see Table HC 1.3).

⁸ Office of Communication, Division of Media Relations, Centers for Disease Control and Prevention. 1997. Facts about the Childhood Immunization Initiative.

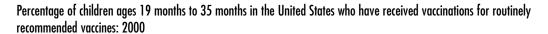
⁹ Ibid

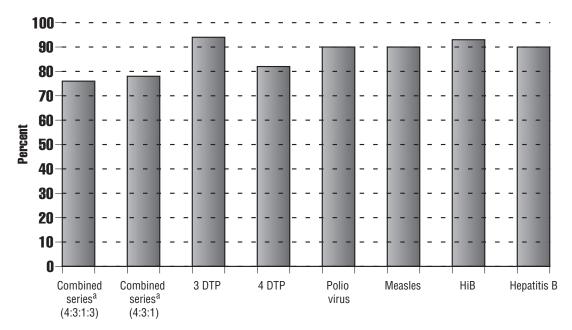
¹⁰ Persons of Hispanic origin may be of any race.

¹¹ Vaccination Levels for Minority Children in the U.S. at All-Time High. U.S. Department of Health and Human Services Press Release. October 16, 1997.

¹² Centers for Disease Control and Prevention. November 13, 1998. Vaccination Coverage by Race/Ethnicity and Poverty Level among Children Aged 19-35 Months—United States, 1997. Morbidity and Mortality Weekly Report, 47(44).

Figure HC 1.3





^a The combined series 4:3:1:3 consists of four doses of diphtheria-tetanus-pertussis (DTP) vaccine, three doses of polio vaccine, one dose of a measles-containing vaccine, and three doses of *Haemophilus influenzae* type b (HiB) vaccine. The combined series 4:3:1 consists of four doses of DTP vaccine, three doses of polio vaccine, and one dose of a measles-containing vaccine.

Source: Centers for Disease Control and Prevention. National Center for Health Statistics and National Immunization Program, 2000, (Table 73); U.S. National Immunization Survey. 1999.

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Table HC 1.3Percentage of children ages 19 months to 35 months in the United States who have received routinely recommended vaccinations, by poverty status^a and race and Hispanic origin^b: 1995-2000

		All Races	3	Whit	e, non-Hi	spanic	Black	k, non-Hi	spanic		Hispanio	=======================================
			At or			At or			At or			At or
Vaccination		Below	above		Below	above		Below	above		Below	above
type	Total	poverty	poverty	Total	poverty	poverty	Total	poverty	poverty	Total	poverty	poverty
Combined												
series												
(4:3:1:3) ^c												
1995	74	67	77	76	69	78	70	70	73	68	63	72
1996	76	69	79	78	68	80	74	69	79	71	68	73
1997	76	71	79	79	72	80	73	71	77	73	70	77
1998	79	74	82	82	77	83	73	72	74	75	73	79
1999	78	73	81	81	76	82	74	72	77	75	73	78
2000	76	70	78	79	73	80	71	68	68	73	70	74
Combined series (4:3:1) ^d												
	7.0		70	70		0.0	70	70		70		
1995	76 70	69	78	78	71	80	72	72	75 01	72	65	75 75
1996	78	72	81	80	70	82	77	72	81	74	71	75 77
1997 1998	78 81	72 76	80	80	73 79	82 84	74	72 74	78 76	74 77	71 75	77 80
	80		83	83	79		74 75		76 78	77		
1999 2000	78	75 72	82 79	82 80	74	83 81	75 72	74 70	78 73	75	76 73	80 <i>7</i> 5
DTP (3 doses	/0	12	/9	00	/4	01	14	/0	/3	/3	/5	/3
or more) ^e												
1995	95	91	96	95	94	96	92	94	91	93	88	97
1996	95	91	96	96	92	96	93	90	95	94	92	94
1997	95	93	96	96	93	97	94	95	96	93	92	95
1998	96	94	96	97	94	97	92	93	92	94	95	95
1999	96	94	97	97	95	97	94	94	96	95	94	97
2000	94	95	92	95	93	95	92	91	93	93	92	94
DTP (4 doses or more) ^e												
1995	78	71	81	80	73	82	74	74	77	75	67	77
1996	81	73	84	83	72	85	79	74	83	77	74	78
1997	81	76	84	84	76	85	77	76	80	78	75	81
1998	84	79	86	87	81	88	77	77	79	80	79	83
1999	83	79	85	85	81	86	79	78	82	80	78	82
2000	82	76	84	84	78	85	76	75	78	79	76	80
Polio (3 doses												
or more)												
1995	88	84	89	89	86	89	84	82	83	87	85	89
1996	91	88	92	92	88	93	90	87	93	89	88	90
1997	91	89	91	92	90	92	89	89	90	90	88	90
1998	91	90	92	92	91	93	88	88	87	89	90	90
1999	90	87	90	90	88	91	87	86	88	89	89	90
2000	90	87	90	91	88	91	87	85	87	88	88	87

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Table HC 1.3Percentage of children ages 19 months to 35 months in the United States who have received routinely recommended vaccinations, by poverty status^a and race and Hispanic origin^b: 1995-2000

		All Race	S	Whit	e, non-Hi	spanic	Black	k, non-His	spanic	Hispanic		
			At or			At or			At or			At or
Vaccination		Below	above		Below	above		Below	above		Below	above
type	Total	poverty	poverty	Total	poverty	poverty	Total	poverty	poverty	Total	poverty	poverty
Measles- containing ^f												
1995	90	86	91	91	86	92	87	85	86	88	84	91
1996	91	87	92	91	85	93	90	88	91	88	88	89
1997	91	86	92	92	85	93	90	88	92	87	85	90
1998	92	90	93	93	91	94	89	89	90	91	90	93
1999	92	90	93	93	90	93	90	90	91	91	91	91
2000	90	91	90	92	88	92	88	88	87	90	90	90
HiB (3 doses or more) ^g												
1995	91	88	93	93	89	93	88	88	90	89	85	93
1996	91	87	93	93	87	94	89	86	93	89	87	90
1997	92	90	94	94	90	95	91	91	94	90	89	92
1998	93	91	95	95	92	96	90	90	90	92	92	93
1999	94	91	95	95	92	95	92	91	94	92	91	95
2000	93	90	95	95	92	95	93	92	93	91	95	93
Hepatitis B												
(3 doses												
or more)	60		60			60	6 5		60	70	60	60
1995	68	65	69	68	59	68	65	66	69	70	69	68
1996	82	78	83	82	76	83	82	78	85	81	80	81
1997	84	81	85	85	80	85	82	82	84	82	79	84
1998	87	85	88	88	87	88	84	86	83	86	83	88
1999	88	87	89	89	88	89	87	86	90	87	87	89
2000	90	87	91	91	88	92	89	90	89	88	87	90

^a Poverty status is based on family income and family size using U.S. Census Bureau poverty thresholds.

Note: In 1998, the National Center for Health Statistics began using the response propensity score method. All data presented in this table reflect this change and are therefore not comparable to previous issues of this report.

Sources: Unpublished data from the National Immunization Survey, National Center for Health Statistics and National Immunization Program, Centers for Disease Control and Prevention; Centers for Disease Control and Prevention. 1998; (Table 1); Centers for Disease Control and Prevention, 1998, (Table 1) and text; National Center for Health Statistics, 1997, (Table 55); Centers for Disease Control and Prevention, 1997, (Tables 1 and 2); National Center for Health Statistics, 1998. (Table 52); U.S. National Immunization Survey, 1999. (Table 32).

 $^{{\}sf b}\$ Persons of Hispanic origin may be of any race.

^c The combined series 4:3:1:3 consists of four doses of diphtheria-tetanus-pertussis (DTP) vaccine, three doses of polio vaccine, one dose of a measles-containing vaccine, and three doses of *Haemophilus influenzae* type b (HiB) vaccine.

d The combined series 4:3:1 consists of four doses of DTP vaccine, three doses of polio vaccine, and one dose of a measles-containing vaccine.

e Diphtheria-tetanus-pertussis vaccine.

f Any vaccination containing measles vaccine.