

Health, United States, 2004

With Chartbook on Trends in the Health of Americans



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Copyright Information

Permission has been obtained from the copyright holders to reproduce certain quoted material in this report. Further reproduction of this material is prohibited without specific permission of the copyright holder. All other material contained in this report is in the public domain and may be used and reprinted without special permission; citation as to source, however, is appreciated.

Suggested Citation

National Center for Health Statistics.
Health, United States, 2004
With Chartbook on Trends in the Health of Americans.
Hyattsville, Maryland: 2004.

Library of Congress Catalog Number 76-641496
For sale by Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

Health, United States, 2004

With Chartbook on Trends in the Health of Americans

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

September 2004
DHHS Publication No. 2004-1232

U.S. Department of Health and Human Services

Tommy G. Thompson
Secretary

Centers for Disease Control and Prevention

Julie Louise Gerberding, M.D., M.P.H.
Director

National Center for Health Statistics

Edward J. Sondik, Ph.D.
Director

Preface

Health, United States, 2004 is the 28th report on the health status of the Nation and is submitted by the Secretary of the Department of Health and Human Services to the President and Congress of the United States in compliance with Section 308 of the Public Health Service Act. This report was compiled by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The National Committee on Vital and Health Statistics served in a review capacity.

The *Health, United States* series presents national trends in health statistics. Each report includes highlights, a chartbook, trend tables, extensive appendixes, and an index. An Executive Summary presents major findings.

Chartbook

The third *Chartbook on Trends in the Health of Americans* updates and expands information from last year's chartbook. In addition to assessing the Nation's health by presenting trends and current information on selected determinants and measures of health status, the 2004 chartbook includes a feature on drugs, which documents changes that have occurred in drug practice and utilization patterns. Among the drugs presented in the special feature are asthma drugs, antidepressant drugs, cholesterol-lowering drugs, and nonsteroidal anti-inflammatory drugs. Other changes include the addition of information on frequency of cigarette smoking by high school students, conditions causing activity limitation among children, and leading causes of death for the total population. Determinants of health considered in the chartbook include demographic factors, health insurance coverage, health behaviors and risk factors, and preventive health care. Measures of health status include mortality and limitations of activity resulting from chronic health conditions. Many measures are shown separately for persons of different ages because of the strong effect of age on health. Selected figures also highlight differences in determinants and measures of health status by such characteristics as sex, race, and Hispanic origin.

Trend Tables

The chartbook section is followed by 153 trend tables organized around four major subject areas: health status and

determinants, health care utilization, health care resources, and health care expenditures. A major criterion used in selecting the trend tables is availability of comparable national data over a period of several years. The tables present data for selected years to highlight major trends in health statistics. Earlier editions of *Health, United States* may present data for additional years that are not included in the current printed report. Where possible, these additional years of data are available in Excel spreadsheet files on the *Health, United States* Web site. Tables with additional data years are listed in [Appendix III](#).

Racial and Ethnic Data

Many tables in *Health, United States* present data according to race and Hispanic origin consistent with Department-wide emphasis on expanding racial and ethnic detail when presenting health data. Trend data on race and ethnicity are presented in the greatest detail possible after taking into account the quality of data, the amount of missing data, and the number of observations. New standards for Federal data on race and ethnicity are described in Appendix II under [Race](#).

Changes in This Edition

Each volume of *Health, United States* is prepared to maximize its usefulness as a standard reference source while maintaining its continuing relevance. Comparability is fostered by including similar trend tables in each volume. Timeliness is maintained by adding new tables each year to reflect emerging topics in public health and improving the content of ongoing tables. New to *Health, United States, 2004* is a table on prevalence of diabetes ([table 55](#)) based on the National Health and Nutrition Examination Survey (NHANES), a table on serious psychological distress ([table 58](#)) based on the National Health Interview Survey, two tables on drug use—one on use of prescription drugs in the past month ([table 86](#)) based on NHANES data and one on drugs recorded during visits to office-based physicians and hospital outpatient departments ([table 87](#)) based on the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey Hospital Outpatient Department component, and a table on the supply of Medicare-certified providers and suppliers ([table 114](#)) based on data from the Centers for Medicare & Medicaid Services.

[Table 97](#) was revised to better reflect recent changes in types of procedures performed on hospital inpatients, based on the National Hospital Discharge Survey.

In another change, unrounded resident population estimates for 10-year age groups by sex, race, and Hispanic origin are now available in the spreadsheet version of [table 1](#) and can be accessed through the *Health, United States* Web site described below under Electronic Access. Previously, population estimates were presented rounded in thousands.

Appendixes

[Appendix I](#) describes each data source used in the report and provides references for further information about the sources. [Appendix I](#) has been reformatted to present more standard information on each data source. Data sources are listed alphabetically within two broad categories: Government Sources and Private and Global Sources.

[Appendix II](#) is an alphabetical listing of terms used in the report. It also presents standard populations used for age adjustment ([tables I, II, and III](#)); ICD codes for causes of death shown in *Health, United States* from the Sixth through Tenth Revisions and the years when the Revisions were in effect ([tables IV and V](#)); comparability ratios between ICD-9 and ICD-10 for selected causes ([table VI](#)); ICD-9-CM codes for external cause-of-injury, diagnostic, and procedure categories ([tables VII, IX, and X](#)); industry codes from the Standard Industrial Classification Manual ([table VIII](#)); National Drug Code (NDC) Therapeutic Class recodes of generic analgesic drugs ([table XI](#)); and sample tabulations of NHIS data comparing the 1977 and 1997 Standards for Federal data on race and Hispanic origin ([tables XII and XIII](#)).

[Appendix III](#) lists tables for which additional years of trend data are available electronically in Excel spreadsheet files on the *Health, United States* Web site and CD-ROM, described below under Electronic Access.

Index

The Index to Trend Tables is a useful tool for locating data by topic. Tables are cross-referenced by such topics as Child and adolescent health; Women's health; Men's health; State data; American Indian, Asian, Black, and Hispanic origin populations; Education; Poverty status; Disability; and Metropolitan/nonmetropolitan data.

Electronic Access

Health, United States may be accessed on the World Wide Web at www.cdc.gov/nchs/hus.htm. From the *Health, United States* Web site, one may also register for the *Health, United States* electronic mailing list to receive announcements about release dates and notices of updates to tables.

Health, United States, 2004, the chartbook, and each of the 153 individual trend tables are available as separate Acrobat .pdf files on the Web. Individual tables are downloadable as Excel spreadsheet files. Both .pdf and spreadsheet files for selected tables will be updated on the Web if more current data become available near the time when the printed report is released. Readers who register for the electronic mailing list will be notified of these table updates. Previous editions of *Health, United States* and chartbooks, starting with the 1993 edition, also may be accessed from the *Health, United States* Web site.

Health, United States is also available on CD-ROM, where it can be viewed, searched, printed, and saved using Adobe Acrobat software on the CD-ROM.

Copies of the Report

Copies of *Health, United States, 2004* and the CD-ROM may be purchased from the Government Printing Office through links to GPO on the National Center for Health Statistics Web site, Printed Publications page.

Questions?

For answers to questions about this report, contact:

Information Dissemination Staff
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road, Fifth Floor
Hyattsville, Maryland 20782
Phone: 1-866-441-NCHS
E-mail: nchsquery@cdc.gov
Internet: www.cdc.gov/nchs

Acknowledgments

Overall responsibility for planning and coordinating the content of this volume rested with the Office of Analysis and Epidemiology, National Center for Health Statistics (NCHS), under the direction of Amy B. Bernstein and Diane M. Makuc.

Production of *Health, United States, 2004* highlights, trend tables, and appendixes was managed by Kate Prager. Trend tables were prepared by Amy B. Bernstein, Alan J. Cohen, Margaret A. Cooke, La-Tonya D. Curl, Catherine R. Duran, Sheila Franco, Virginia M. Freid, Ji-Eun Lee, Andrea P. MacKay, Mitchell B. Pierre, Jr., Rebecca A. Placek, Kate Prager, Laura A. Pratt, and Henry Xia, with assistance from Stephanie Gray. Appendix II tables and the index were assembled by Anita L. Powell. Production planning and coordination of trend tables were managed by Rebecca A. Placek. Administrative and word processing assistance were provided by Carole J. Hunt, Lillie C. Featherstone, and Brenda L. Wolfrey.

Production of the *Chartbook on Trends in the Health of Americans* was managed by Virginia M. Freid. Production of the Special Feature on Drugs was managed by Amy B. Bernstein. Data and analysis for specific charts were provided by Margaret A. Cooke, Sheila Franco, Qiuping Gu, Deborah D. Ingram, Ellen A. Kramarow, Andrea P. MacKay, Patricia N. Pastor, Ryne Paulose, and Kate Prager. Graphs were drafted by La-Tonya D. Curl and data tables were prepared by Rebecca A. Placek. Technical assistance and programming were provided by Lara Akinbami, Liming Cai, Alan J. Cohen, Catherine R. Duran, Ji-Eun Lee, Mitchell B. Pierre, Jr., and Henry Xia and by Gregory Spencer of the U.S. Census Bureau.

Technical assistance and review of the Special Feature on Drugs and National Drug Code Therapeutic Class recodes were provided by Michael C. Evans, Gianna C. Rigoni, Judy A. Staffa, and Anne E. Trontell of the Food and Drug Administration, Center for Drug Evaluation and Research.

Publications management and editorial review were provided by Thelma W. Sanders. Oversight review for publications and electronic products were provided by Linda L. Bean. The designer was Sarah Hinkle. Production was done by Jacqueline M. Davis and Zung T. Le. Printing was managed by Patricia L. Wilson and Joan D. Burton, Office of Information Services.

Electronic access through the NCHS Internet site and CD-ROM were provided by Christine J. Brown, Jacqueline M. Davis, Dorothy Day, Zung T. Le, Sharon L. Ramirez, Thelma W. Sanders, and Patricia L. Wilson.

Data and technical assistance were provided by staff of the following NCHS organizations: *Division of Health Care Statistics*: Irma E. Arispe, Catharine W. Burt, Donald K. Cherry, Marni J. Hall, Lola Jean Kozak, Karen L. Lipkind, Linda F. McCaig, Robert Pokras, Robin E. Remsburg, Susan M. Schappert, Judith Shinogle, and Genevieve W. Strahan; *Division of Health Examination Statistics*: Lisa Broitman, Vicki Burt, Margaret D. Carroll, Lester R. Curtin, Bruce Dye, Jeffrey Hughes, Clifford L. Johnson, Cynthia Ogden, and Ryne Paulose; *Division of Health Interview Statistics*: Patricia F. Adams, Veronica E. Benson, Barbara Bloom, Viona I. Brown, Margaret L. Cejku, Pei-Lu Chiu, Robin A. Cohen, Richard H. Coles, Marcie Cynamon, Cathy C. Hao, Kristina Kotulak-Hays, Susan S. Jack, Jane B. Page, John R. Pleis, Eve Powell-Griner, Charlotte A. Schoenborn, Mira L. Shanks, Anne K. Stratton, and Luong Tonthat; *Division of Vital Statistics*: Robert N. Anderson, Elizabeth Arias, Thomas D. Dunn, Brady E. Hamilton, Kenneth D. Kochanek, Marian F. MacDorman, Joyce A. Martin, T.J. Mathews, Arialdi M. Minino, William D. Mosher, Sherry L. Murphy, Gail A. Parr, Manju Sharma, Stephanie J. Ventura, and Jim Weed; Office of Analysis and Epidemiology: Mark L. Eberhardt, Lois A. Fingerhut, Deborah D. Ingram, Elizabeth W. Jackson, Richard J. Klein, Patricia A. Knapp, Suzanne Proctor, Erin Reidy, and Thomas C. Socey; and *Office of International Statistics*: Juan Rafael Albertorio-Diaz and Francis C. Notzon.

Additional data and technical assistance were also provided by the following organizations of the Centers for Disease Control and Prevention: *Epidemiology Program Office*: Samuel L. Groseclose and Patsy A. Hall; *National Center for Chronic Disease Prevention and Health Promotion*: Joy Herndon, Sherry Everett Jones, Laura K. Kann, Steve Kinchen, Shari L. Shanklin, and Lilo T. Strauss; *National Center for HIV, STD, and TB Prevention*: Melinda Flock, Allyn Nakashima, and Luetta Schneider; *National Immunization Program*: Lawrence Barker and Emmanuel Maurice; by the following organizations within the Department of Health and Human Services: *Agency for Health Care Research and Quality*: David Kashihara and Steven Machlin; *Centers for Medicare & Medicaid Services*: Cathy A. Cowan, Frank Eppig, Denise F. Franz, David A. Gibson, Deborah W. Kidd,

Helen C. Lazenby, Katharine R. Levit, Anna Long, Joanne S. Mack, Anne B. Martin, and Carter S. Warfield; *Health Resources and Services Administration*: Evelyn Christian; *National Institutes of Health*: James D. Colliver, Catherine C. Cowie, and Lynn A. G. Ries; *Office of the Secretary, DHHS*: Mitchell Goldstein; *Substance Abuse and Mental Health Services Administration*: Joanne Atay, Judy K. Ball, Joseph C. Gfroerer, Ronald Manderscheid, and Deborah Trunzo; and by the following governmental and nongovernmental organizations: *Bureau of the Census*: Joseph Dalaker and Bernadette D. Proctor; *Bureau of Labor Statistics*: Alan Blostin, Kay Ford, Daniel Ginsburg, Elizabeth Rogers, John Stinson, and Peggy Suarez; *Department of Veterans Affairs*: Michael F. Grindstaff; *Alan Guttmacher Institute*: Rebecca Wind; *American Association of Colleges of Podiatric Medicine*: Carol E. Gill; *Association of Schools of Public Health*: Mah-Sere K. Sow; *Cowles Research Group*: C. McKeen Cowles; *InterStudy*: Richard Hamer; and *National League for Nursing*: Linbania Jacobson and Kathy A. Kaufman.

Contents

Contents

Preface	iii
Acknowledgments	v
List of Chartbook Figures	x
List of Trend Tables	xii

Executive Summary and Highlights

Executive Summary	3
Highlights	7
Health Status and Determinants	7
Health Care Utilization and Health Care Resources	12
Health Care Expenditures	14
Special Feature: Drugs	17

Chartbook on Trends in the Health of Americans

Population	20
Age	21
Race and Ethnicity	22
Poverty	24
Health Insurance	26
Preventive Health Care	28
Prenatal Care	28
Vaccination: Adults 65 Years of Age and Over	30
Health Risk Factors	32
Smoking	33
Physical Activity	35
Overweight and Obesity	37
Limitation of Activity	38
Children	38
Working-Age Adults	40
Adults 65 Years of Age and Over	42
Mortality	44
Life Expectancy	44
Infant Mortality	46
Leading Causes of Death for All Ages	48

Special Feature: Drugs	50
Overall Drug Use	50
Asthma Drugs	54
Antidepressant Drugs: Adults	58
Stimulants and Antidepressant Drugs: School-Age Children	62
Cholesterol-Lowering Drugs	64
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	66
References	68
Technical Notes	72
Data Tables for Figures 1–36	74

Trend Tables

Health Status and Determinants	105
Population	105
Fertility and Natality	109
Mortality	131
Determinants and Measures of Health	206
Utilization of Health Resources	247
Ambulatory Care	247
Inpatient Care	289
Health Care Resources	307
Personnel	307
Facilities	317
Health Care Expenditures and Health Insurance	325
National Health Expenditures	325
Health Care Coverage and Major Federal Programs	345
State Health Expenditures and Health Insurance	369

Appendixes

Contents	389
I. Data Sources	393
II. Definitions and Methods	441
III. Additional Data Years Available	485
Index to Trend Tables and Chartbook Figures	489

List of Chartbook Figures

Population

1. Total population, population 65 years and over and 75 years and over: United States, 1950–2050	20
2. Percent of population in 4 age groups: United States, 1950, 2000, and 2050	21
3. Percent of population in selected race and Hispanic origin groups by age: United States, 1980–2000	23
4. Poverty rates by age: United States, 1966–2002	24
5. Low income population by age, race, and Hispanic origin: United States, 2002	25

Health Insurance

6. Health insurance coverage among persons under 65 years of age: United States, 1984–2002	26
7. No health insurance coverage among persons under 65 years of age by selected characteristics: United States, 2002	27

Preventive Health Care

8. Early prenatal care by race and Hispanic origin of mother: United States, 1980–2002	28
9. Early prenatal care by detailed race and Hispanic origin of mother: United States, 2002	29
10. Influenza and pneumococcal vaccination among adults 65 years of age and over: United States, 1989–2002	30
11. Influenza and pneumococcal vaccination among adults 65 years of age and over by race and Hispanic origin: United States, 2000–2002	31

Health Risk Factors

12. Cigarette smoking among men, women, high school students, and mothers during pregnancy: United States, 1965–2003	32
13. Current cigarette smoking among high school students by sex, frequency, and grade level: United States, 2003	33
14. High school students not engaging in recommended amounts of physical activity (neither moderate nor vigorous) by grade and sex: United States, 2003	34
15. Adults not engaging in leisure-time physical activity by age and sex: United States, 1998–2002	34
16. Overweight and obesity by age: United States, 1960–2002	36
17. Obesity among adults 20–74 years of age by sex, race, and Hispanic origin: United States, 1999–2002	37

Limitation of Activity

18. Selected chronic health conditions causing limitation of activity among children by age: United States, 2001–02	39
19. Limitation of activity caused by 1 or more chronic health conditions among working-age adults by selected characteristics: United States, 2000–2002	40
20. Selected chronic health conditions causing limitation of activity among working-age adults by age: United States, 2000–2002	41
21. Limitation of activities of daily living among Medicare beneficiaries 65 years of age and over: United States, 1992–2002	43

Mortality

22.	Life expectancy at birth and at 65 years of age by sex: United States, 1901–2001	45
23.	Infant, neonatal, and postneonatal mortality rates: United States, 1950–2002	46
24.	Infant mortality rates by detailed race and Hispanic origin of mother: United States, 1999–2001	47
25.	Death rates for leading causes of death for all ages: United States, 1950–2002	49

Special Feature: Drugs

26.	Percent of persons reporting prescription drug use in the past month by age: United States, 1988–94 and 1999–2000	51
27.	Percent of physician office and hospital outpatient department visits with 5 or more drugs prescribed, ordered, or provided by age: United States, 1995–2002	53
28.	Percent of asthma visits with quick-relief and long-term control drugs prescribed, ordered, or provided: United States, 1995–2002	55
29.	Percent of asthma visits with selected asthma drugs prescribed, ordered, or provided: United States, 1995–2002	57
30.	Percent of adults 18 years of age and over reporting antidepressant drug use in the past month by sex and age: United States, 1988–94 and 1999–2000.	58
31.	Percent of adults 18 years of age and over reporting antidepressant drug use in the past month by race and ethnicity: United States, 1988–94 and 1999–2000.	59
32.	Selective serotonin reuptake inhibitor (SSRI) antidepressant drug visits among adults 18 years of age and over by sex: United States, 1995–2002	61
33.	Stimulant drug visits among children 5–17 years of age by sex: United States, 1994–2002	63
34.	Antidepressant drug visits among children 5–17 years of age by sex: United States, 1994–2002.	63
35.	Cholesterol-lowering statin drug visits among adults 45 years of age and over by sex and age: United States, 1995–2002	65
36.	Percent of nonsteroidal anti-inflammatory drug (NSAID) visits with selective COX-2 NSAIDs prescribed, ordered, or provided among adults 18 years of age and over by age: United States, 1999–2002	67

Summary List of Trend Tables by Topic

All Topics (tables 1–153)

Population (tables 1–2)

Resident population
Persons in poverty
and more . . .

Fertility and Natality (tables 3–18)

Births
Low birthweight
Breastfeeding
and more . . .

Mortality (tables 19–49)

Infant mortality
Life expectancy
Death rates, by cause
and more . . .

Determinants and Measures of Health (tables 50–70)

Health status
Cigarette smoking
Alcohol consumption
High blood pressure
Overweight and obese
and more . . .

Ambulatory Care (tables 71–91)

Visits: health care, dentists, emergency departments,
and more . . .

Prevention: mammograms, pap smears, vaccinations

Inpatient Care (tables 92–100)

Hospital stays and procedures
Nursing homes and more . . .

Personnel (tables 101–108)

Physicians
Dentists
Nurses
Health professions school enrollment
and more . . .

Facilities (tables 109–114)

Hospitals
Nursing homes
Home Health Agencies
and more . . .

National Health Expenditures (tables 115–128)

Personal health expenditures
Out of pocket costs
Prescription drugs
Nursing home costs
and more . . .

Health Care Coverage and Major Federal Programs (tables 129–141)

Insurance coverage:
Medicare
Medicaid
Private coverage
Uninsured
HMOs
and more . . .

State Health Expenditures and Health Insurance (tables 142–153)

Per capita expenditures by state:
Hospital, physician, nursing home, drugs
and more . . .

Expenditures/enrollees by state:
and more . . .

List of Trend Tables

Health Status and Determinants

Population

Table 1. Resident population , according to age, sex, race, and Hispanic origin: United States, selected years 1950–2002. . . .	105
Table 2. Persons and families below poverty level, according to selected characteristics, race, and Hispanic origin: United States, selected years 1973–2002.	107

Fertility and Natality

Table 3. Crude birth rates, fertility rates, and birth rates by age of mother, according to race and Hispanic origin: United States, selected years 1950–2002.	109
Table 4. Live births , according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002.	111
Table 5. Women 15–44 years of age who have not had at least 1 live birth , by age: United States, selected years 1960–2002	112
Table 6. Prenatal care for live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002	113
Table 7. Early prenatal care according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002.	114
Table 8. Teenage childbearing , according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002	116
Table 9. Nonmarital childbearing according to detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2002.	117
Table 10. Maternal education for live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002.	118
Table 11. Mothers who smoked cigarettes during pregnancy, according to mother’s detailed race, Hispanic origin, age, and education: Selected States, 1989–2002	119
Table 12. Low-birthweight live births, according to mother’s detailed race, Hispanic origin, and smoking status: United States, selected years 1970–2002.	120
Table 13. Low-birthweight live births among mothers 20 years of age and over, by mother’s detailed race, Hispanic origin, and education: United States, selected years 1989–2002	121
Table 14. Low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002.	122
Table 15. Very low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002.	124
Table 16. Legal abortions and legal abortion ratios, according to selected patient characteristics: United States, selected years 1973–2001	126
Table 17. Contraceptive use among women 15–44 years of age, according to age, race, Hispanic origin, and method of contraception: United States, 1982, 1988, and 1995.	127
Table 18. Breastfeeding by mothers 15–44 years of age by year of baby’s birth, according to selected characteristics of mother: United States, average annual 1972–74 to 1993–94	130

Mortality

Table 19. Infant, neonatal, and postneonatal mortality rates , according to detailed race and Hispanic origin of mother: United States, selected years 1983–2002	131
Table 20. Infant mortality rates for mothers 20 years of age and over, according to mother’s education, detailed race, and Hispanic origin: United States, selected years 1983–2002	133
Table 21. Infant mortality rates according to birthweight: United States, selected years 1983–2002	134
Table 22. Infant mortality rates , fetal mortality rates, and perinatal mortality rates, according to race: United States, selected years 1950–2002	135
Table 23. Infant mortality rates , according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002	136
Table 24. Neonatal mortality rates , according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002	138
Table 25. Infant mortality rates and international rankings: Selected countries, selected years 1960–2000	140
Table 26. Life expectancy at birth and at 65 years of age, according to sex: Selected countries, selected years 1980–1999 . .	141
Table 27. Life expectancy at birth, at 65 years of age, and at 75 years of age, according to race and sex: United States, selected years 1900–2002	143
Table 28. Age-adjusted death rates , according to race, Hispanic origin, geographic division, and State : United States, average annual 1979–81, 1989–91, and 2000–2002	144
Table 29. Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002	146
Table 30. Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002	150
Table 31. Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002	154
Table 32. Leading causes of death and numbers of deaths, according to age: United States, 1980 and 2002	158
Table 33. Age-adjusted death rates, according to race, sex, region, and urbanization level: United States, average annual 1994–96, 1997–99, and 2000–2002	160
Table 34. Age-adjusted death rates for persons 25–64 years of age for selected causes of death, according to sex and educational attainment : Selected States, 1994–2002	163
Table 35. Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	165
Table 36. Death rates for diseases of heart , according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	169
Table 37. Death rates for cerebrovascular diseases , according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	172
Table 38. Death rates for malignant neoplasms , according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	175
Table 39. Death rates for malignant neoplasms of trachea, bronchus, and lung , according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	179
Table 40. Death rates for malignant neoplasm of breast for females, according to race, Hispanic origin, and age: United States, selected years 1950–2002	182

Table 41. Death rates for chronic lower respiratory diseases , according to sex, race, Hispanic origin, and age: United States, selected years 1980–2002	184
Table 42. Death rates for human immunodeficiency virus (HIV) disease , according to sex, race, Hispanic origin, and age: United States, selected years 1987–2002	187
Table 43. Maternal mortality for complications of pregnancy, childbirth, and the puerperium, according to race, Hispanic origin, and age: United States, selected years 1950–2002	189
Table 44. Death rates for motor vehicle-related injuries , according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	190
Table 45. Death rates for homicide , according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	194
Table 46. Death rates for suicide , according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002	197
Table 47. Death rates for firearm-related injuries , according to sex, race, Hispanic origin, and age: United States, selected years 1970–2002	200
Table 48. Deaths from selected occupational diseases for persons 15 years of age and over: United States, selected years 1980–2002	203
Table 49. Occupational injury deaths and rates by industry, sex, age, race, and Hispanic origin: United States, selected years 1992–2002	204

Determinants and Measures of Health

Table 50. Occupational injuries and illnesses with days away from work, job transfer, or restriction in the private sector, according to industry: United States, selected years 1980–2002	206
Table 51. Selected notifiable disease rates , according to disease: United States, selected years 1950–2002	207
Table 52. Acquired immunodeficiency syndrome (AIDS) cases, according to age at diagnosis, sex, detailed race, and Hispanic origin: United States, selected years 1985–2003	208
Table 53. Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–2001	209
Table 54. Five-year relative cancer survival rates for selected cancer sites, according to race and sex: Selected geographic areas, 1974–79, 1980–82, 1983–85, 1986–88, 1989–91, and 1992–2000	212
Table 55. Diabetes among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2000	213
Table 56. Limitation of activity caused by chronic conditions, according to selected characteristics: United States, selected years 1997–2002	214
Table 57. Respondent-assessed health status according to selected characteristics: United States, selected years 1991–2002	217
Table 58. Serious psychological distress among persons 18 years of age and over according to selected characteristics: United States, average annual 1997–98 through 2001–02	219
Table 59. Suicidal ideation, suicide attempts , and injurious suicide attempts among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2003	221
Table 60. Current cigarette smoking by persons 18 years of age and over according to sex, race, and age: United States, selected years 1965–2002	223

Table 61. Age-adjusted prevalence of current cigarette smoking by persons 25 years of age and over, according to sex, race, and education: United States, selected years 1974–2002	225
Table 62. Current cigarette smoking by adults according to sex, race, Hispanic origin, age, and education: United States, average annual 1990–92, 1995–1998, and 2000–2002	226
Table 63. Use of selected substances in the past month by persons 12 years of age and over, according to age, sex, race, and Hispanic origin: United States, 2002–2003.	228
Table 64. Use of selected substances by high school seniors, tenth-, and eighth-graders, according to sex and race: United States, selected years 1980–2003.	230
Table 65. Cocaine-related emergency department episodes , according to age, sex, race, and Hispanic origin: United States, selected years 1990–2002	233
Table 66. Alcohol consumption by persons 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002	235
Table 67. Hypertension among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2002.	238
Table 68. Serum cholesterol levels among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002.	239
Table 69. Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002	241
Table 70. Overweight children and adolescents 6–19 years of age, according to sex, age, race, and Hispanic origin: United States, selected years 1963–65 through 1999–2002	245

Utilization of Health Resources

Ambulatory Care

Table 71. Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, selected years 1997–2002	247
Table 72. Vaccinations of children 19–35 months of age for selected diseases, according to race, Hispanic origin, poverty status, and residence in metropolitan statistical area (MSA): United States, 1995–2003.	250
Table 73. Vaccination coverage among children 19–35 months of age according to geographic division, State, and selected urban areas: United States, 1995–2003	252
Table 74. No health care visits to an office or clinic within the past 12 months among children under 18 years of age, according to selected characteristics: United States, average annual 1997–98, 1999–2000, and 2001–02	254
Table 75. No usual source of health care among children under 18 years of age, according to selected characteristics: United States, average annual selected years 1993–94 through 2001–02	256
Table 76. Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, selected years 1997–2002	258
Table 77. No usual source of health care among adults 18–64 years of age, according to selected characteristics: United States, average annual 1993–94 through 2001–02	261
Table 78. Emergency department visits within the past 12 months among adults 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002	263
Table 79. Dental visits in the past year according to selected characteristics: United States, selected years 1997–2002	265

Table 80. Untreated dental caries according to age, sex, race and Hispanic origin, and poverty status: United States, 1971–74, 1988–94, and 1999–2000	267
Table 81. Use of mammography for women 40 years of age and over according to selected characteristics: United States, selected years 1987–2000	269
Table 82. Use of Pap smears for women 18 years of age and over according to selected characteristics: United States, selected years 1987–2000	271
Table 83. Visits to physician offices and hospital outpatient and emergency departments by selected characteristics: United States, selected years 1995–2002	273
Table 84. Injury-related visits to hospital emergency departments by sex, age, and intent and mechanism of injury: United States, average annual 1995–96, 1998–99, and 2001–2002	275
Table 85. Visits to primary care and specialist physicians , according to selected characteristics and type of physician: United States, 1980, 1990, 2000, and 2002	277
Table 86. Prescription drug use in the past month by sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2000	280
Table 87. Selected prescription and nonprescription drugs recorded during physician office visits and hospital outpatient department visits, by age and sex: United States, 1995–96 and 2001–02	282
Table 88. Substance abuse clients in specialty treatment units according to substance abused, geographic division, and State: United States, 2000–2003	285
Table 89. Additions to mental health organizations according to type of service and organization: United States, selected years 1986–2000	286
Table 90. Home health care patients , according to age, sex, and diagnosis: United States, selected years 1992–2000	287
Table 91. Hospice patients , according to age, sex, and diagnosis: United States, selected years 1992–2000	288

Inpatient Care

Table 92. Discharges , days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, selected years 1997–2002	289
Table 93. Discharges , days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, selected years 1980–2002	292
Table 94. Discharges , days of care, and average length of stay in non-Federal short-stay hospitals for discharges with the diagnosis of human immunodeficiency virus (HIV) and for all discharges: United States, selected years 1986–2002	294
Table 95. Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002	295
Table 96. Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002	298
Table 97. Selected inpatient procedures according to sex, age, and type of procedure: United States, 1991–92 and 2001–02	301
Table 98. Hospital admissions , average length of stay, and outpatient visits, according to type of ownership and size of hospital, and percent outpatient surgery: United States, selected years 1975–2002	304
Table 99. Nursing home residents 65 years of age and over, according to age, sex, and race: United States, 1973–74, 1985, 1995, and 1999	305
Table 100. Nursing home residents 65 years of age and over, according to selected functional status and age, sex, and race: United States, 1985, 1995, and 1999	306

Health Care Resources

Personnel

Table 101. Persons employed in health service sites, according to sex: United States, selected years 2000–03.	307
Table 102. Active non-Federal physicians and doctors of medicine in patient care, according to geographic division and State: United States, 1975, 1985, 1995, and 2002	308
Table 103. Doctors of medicine , according to activity and place of medical education: United States and outlying U.S. areas, selected years 1975–2002.	310
Table 104. Doctors of medicine in primary care, according to specialty: United States and outlying U.S. areas, selected years 1949–2002	311
Table 105. Active health personnel according to occupation: United States, selected years 1980–2001	312
Table 106. First-year enrollment and graduates of health professions schools and number of schools, according to profession: United States, selected years 1980–2002	313
Table 107. Total enrollment of minorities in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980–81, 1990–91, 2000–01, and 2001–02.	314
Table 108. First-year and total enrollment of women in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980–81, 1990–91, 2000–01, and 2001–02	316

Facilities

Table 109. Hospitals , beds, and occupancy rates, according to type of ownership and size of hospital: United States, selected years 1975–2002.	317
Table 110. Mental health organizations and beds for 24-hour hospital and residential treatment according to type of organization: United States, selected years 1986–2000.	318
Table 111. Community hospital beds and average annual percent change, according to geographic division and State: United States, selected years 1960–2002	319
Table 112. Occupancy rates in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1960–2002.	320
Table 113. Nursing homes , beds, occupancy, and residents, according to geographic division and State: United States, 1995–2002	321
Table 114. Medicare-certified providers and suppliers: United States, selected years 1980–2002	323

Health Care Expenditures

National Health Expenditures

Table 115. Total health expenditures as a percent of gross domestic product and per capita health expenditures in dollars: Selected countries and years 1960–2001	325
Table 116. Gross domestic product, Federal and State and local government expenditures, national health expenditures , and average annual percent change: United States, selected years 1960–2002	326
Table 117. Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2003.	327
Table 118. National health expenditures , average annual percent change, and percent distribution, according to type of expenditure: United States, selected years 1960–2002	328
Table 119. Personal health care expenditures , according to type of expenditure and source of funds: United States, selected years 1960–2002.	330
Table 120. Expenses for health care and prescribed medicine according to selected population characteristics: United States, selected years 1987–2000.	332
Table 121. Sources of payment for health care according to selected population characteristics: United States, selected years 1987–2000	334
Table 122. Out-of-pocket health care expenses for persons with medical expenses by age: United States, selected years 1987–2000	336
Table 123. Expenditures for health services and supplies and percent distribution, by type of payer: United States, selected calendar years 1987–2000.	337
Table 124. Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance , according to selected characteristics: United States, selected years 1991–2004	339
Table 125. Hospital expenses , according to type of ownership and size of hospital: United States, selected years 1980–2002	341
Table 126. Nursing home average monthly charges per resident and percent of residents, according to primary source of payments and selected facility characteristics: United States, 1985, 1995, and 1999	342
Table 127. Mental health expenditures , percent distribution, and per capita expenditures, according to type of mental health organization: United States, selected years 1975–2000.	343
Table 128. Federal spending for human immunodeficiency virus (HIV)-related activities, according to agency and type of activity: United States, selected fiscal years 1985–2003	344

Health Care Coverage and Major Federal Programs

Table 129. Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002.	345
Table 130. Medicaid coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002	348
Table 131. No health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002.	350
Table 132. Health insurance coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–2002	352

Table 133. Health maintenance organization (HMO) coverage among persons under 65 years of age by private insurance and Medicaid, according to selected characteristics: United States, 1998–2002	355
Table 134. Health maintenance organizations (HMOs) and enrollment, according to model type, geographic region, and Federal program: United States, selected years 1976–2003	357
Table 135. Medical care benefits for employees of private establishments by size of establishment and occupation: United States, selected years 1990–97	358
Table 136. Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–2002.	360
Table 137. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, according to sex and age: United States and other areas, 1994–2001.	362
Table 138. Medicare beneficiaries by race and ethnicity, according to selected characteristics: United States, 1992 and 2000	363
Table 139. Medicaid recipients and medical vendor payments, according to basis of eligibility, and race and ethnicity: United States, selected fiscal years 1972–2001	365
Table 140. Medicaid recipients and medical vendor payments, according to type of service: United States, selected fiscal years 1972–2001.	366
Table 141. Department of Veterans Affairs health care expenditures and use, and persons treated according to selected characteristics: United States, selected fiscal years 1970–2003.	368

State Health Expenditures and Health Insurance

Table 142. Personal health care per capita expenditures , by geographic region and State: United States, selected years 1991–98	369
Table 143. Hospital care per capita expenditures , by geographic region and State: United States, selected years 1991–98 . .	371
Table 144. Physician and other professional services per capita expenditures , by geographic region and State: United States, selected years 1991–98	373
Table 145. Nursing home care and home health care per capita expenditures , by geographic region and State: United States, selected years 1991–98	374
Table 146. Drugs and other nondurables per capita expenditures , by geographic region and State: United States, selected years 1991–98	375
Table 147. Medicare expenditures as a percent of total personal health care expenditures by geographic region and State: United States, 1991–98	376
Table 148. Medicaid expenditures as a percent of total personal health care expenditures by geographic region and State: United States, 1991–98	377
Table 149. State mental health agency per capita expenditures for mental health services and average annual percent change by geographic region and State: United States, selected fiscal years 1981–2001	378
Table 150. Medicare enrollees, enrollees in managed care, payments per enrollee, and short-stay hospital utilization by geographic region and State: United States, 1994 and 2001.	380
Table 151. Medicaid recipients, recipients in managed care, payments per recipient, and recipients per 100 persons below the poverty level by geographic region and State: United States, selected fiscal years 1989–2001	382
Table 152. Persons enrolled in health maintenance organizations (HMOs) by geographic region and State: United States, selected years 1980–2003	384
Table 153. Persons under 65 years of age without health insurance coverage by State: United States, selected years 1987–2002	385

Executive Summary and Highlights

Executive Summary

Health, United States, 2004, is the 28th annual report on the health status of the Nation and is submitted by the Secretary of the Department of Health and Human Services to the President and Congress. It assesses the Nation's health by presenting trends and current information on selected determinants and measures of health status in a chartbook followed by 153 trend tables organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures.

Monitoring the health of the Nation is essential for identifying and prioritizing health policy, program, and research initiatives. Current measures of the health status of the population, as well as its determinants, provide critical information for assessing how the Nation's resources should be directed to improve the health of its population. Examination of emerging trends also identifies diseases, conditions, and risk factors that warrant study and intervention. *Health, United States* provides an annual picture of health, and its determinants, for the entire Nation. It also identifies differences in health and health care among specific populations. Existing disparities, as well as whether any differences are narrowing or increasing, can be identified among people of differing races and ethnicities, genders, education and income levels, and geographic locations. Given the increasing diversity of the Nation and the numerous changes in the health care infrastructure over time this is a challenging task, but it is a critically important undertaking.

Overall Health of the Nation

The health of the Nation has continued to improve overall, in part because of the resources that have been devoted to health education, public health programs, health research, and health care. The United States spends more per capita than any other country on health, and the rate of increase in spending is going up. Much of this spending is on health care— notable examples are prescription drugs and cardiac operations—that control or reduce the impact of chronic diseases and conditions affecting an increasingly older population.

Over the past 50 years many diseases have been controlled or their morbidity and mortality substantially reduced. A decline in the death rate from heart disease is an example of

a major public health achievement and is in large part a result of public education campaigns emphasizing a healthy lifestyle and increased use of cholesterol-lowering medications (1). Public health and private efforts to improve motor vehicle transportation safety, as well as to increase safety in homes and workplaces, have contributed to lower death rates caused by unintentional injuries for children and adults. Finally, the decline in the death rate for HIV disease in the 1990s (table 42) demonstrates how new medical treatments can dramatically delay or decrease the number of deaths caused by a particular disease. Yet even as progress is made in improving both the quantity and quality of life, increases in longevity are associated with increased prevalence of chronic conditions. Equally important is the fact that these improvements have not been equally distributed by income, race, ethnicity, education, and geography.

Health Status and Its Determinants

Life expectancy in the United States has shown a long-term upward trend. Infant mortality and mortality from heart disease, stroke, and unintentional injuries are all substantially lower than in 1950, contributing to the upward trend in life expectancy (figure 25 and tables 22, 29, 36, and 37). However, men and women in many other countries have longer life expectancies than in the United States. For example, in 1999 life expectancy at birth in Japan was more than 3 years longer for men and more than 4 years longer for women than in the United States (table 26).

In addition, in 2002 the infant mortality rate in the United States increased for the first time since 1958. The rise in infant mortality is attributed to an increase in neonatal deaths (infants less than 28 days old), particularly infants who died within the first week of life. However, there was a continued decrease in late-term fetal deaths—defined as 28 or more weeks of gestation (2).

Decreased cigarette smoking among adults is a prime example of a trend in a risk factor for disease and death that has contributed to declines in mortality. Even with decreases in cigarette smoking since the Surgeon General's Report in 1964, about 25 percent of men and 20 percent of women were current smokers in 2002 (figure 12 and table 60). Overweight and obesity, and physical inactivity among both adults and children are significant risk factors for several chronic diseases, including diabetes, and these indicators have not shown improvement (table 69) (3). The rising

prevalence of overweight in children and adolescents, and the high percentage of both adults and adolescents not engaging in recommended amounts of physical activity raise additional concerns for future health outcomes.

Although rates of reportable childhood infectious diseases such as mumps and measles have all but disappeared (table 51), the prevalence of many chronic diseases is increasing with the aging of the population (figure 1, table 1). In 1999–2000, more than 8 percent of persons 20 years of age and over were estimated to have diabetes, including diabetes previously diagnosed by a physician and undiagnosed diabetes based on the results of a fasting blood sugar test (table 55). Incidence rates for all cancers combined declined in the 1990s for males, although there was no significant change in cancer incidence for females overall (table 53).

Self- or proxy-reported limitation in one's usual activities because of chronic health limitations and overall health status have not changed measurably since 1997 (tables 56 and 57). However, for persons aged 65 and over, the percentage with a limitation in one of six activities of daily living has declined since 1992 (figure 21).

Health Care Utilization and Resources

People use health care services for many reasons—to treat illnesses and health conditions, to mend breaks and tears, to prevent or delay future health care problems, and to reduce pain and increase quality of life, as well as to obtain information about their health status and prognosis. The study of trends in health care utilization provides important information on these phenomena and spotlights areas that may warrant future in-depth studies. Trends in utilization may also be used as the basis for projecting future health care needs, health care expenditures, or manpower training or supply needs.

Use of many types of preventive or early-detection health services has been increasing. The percentage of mothers receiving prenatal care in the first trimester of pregnancy has continued to edge upward (table 6). Since 1989 the percentage of older adults ever having received a pneumococcal vaccine increased sharply (figure 10). The percentage of children 19–35 months of age vaccinated for many childhood infectious diseases is at a high level, and the percentage of children receiving the new varicella (chickenpox) vaccine has increased since 1997 (table 72).

Use of Pap smears and mammograms by women in the recommended age and time intervals has also increased since 1987 (tables 81 and 82).

Admissions to hospitals and length of stay declined substantially over the 1980s and 1990s, but these declines appear to be leveling off (tables 92, 93, and 96). The diagnoses recorded on inpatient hospital stays are changing, as are the procedures being performed on inpatients (table 97). Hospitalizations for procedures that can be performed on an outpatient basis, such as lens extractions and knee arthroscopies, have all but disappeared from inpatient settings. Instead, inpatient care is becoming considerably more complex, with more procedures such as insertions of cardiac stents and hip replacements being performed, particularly on older persons (table 97). The visit rate to hospital outpatient departments is increasing for the population overall, and the number and types of services performed during visits to physicians' offices—particularly the number of drugs prescribed, continued, administered, or provided per visit—are increasing rapidly for persons in older age groups (table 87).

As the nature of health care changes, the supply of health providers and the sites where specific services are provided have been evolving. Services that historically were provided in inpatient settings are increasingly offered in outpatient settings, and the number of physical therapy providers, comprehensive outpatient rehabilitation facilities, and ambulatory surgical centers certified by the Centers for Medicare & Medicaid Services has increased since the 1980s (table 114). The supply of some other types of providers has been declining, such as the number of inpatient mental health beds (table 110).

Expenditures and Health Insurance

In 2002 national health care expenditures in the United States totaled \$1.6 trillion, a 9.3 percent increase from 2001 (table 116). Since 1995 the average annual rate of increase for prescription drug expenditures was higher than for any other type of health expenditure (table 118), indicating the importance of prescription drugs to the Nation.

Access to health care is determined by many factors including the supply of providers and the ability to use and pay for available care. Health insurance is strongly associated with the ability to access health care services and providers. The percentage of the population under 65 years of age with

no health insurance coverage (either public or private) fluctuated around 16–17 percent between 1994 and 2002 (figure 7 and table 131). In 2002 the percentage with private health insurance decreased (figure 6 and table 132). This decrease was offset by an increase in the percentage with Medicaid, resulting in little change in the percentage uninsured.

Disparities in Risk Factors, Access, and Utilization

Throughout the 21st century, efforts to improve health will be shaped by important changes in the U.S. population. Efforts to improve health care will be in the context of a Nation that is growing older and becoming more racially and ethnically diverse. In 2001 more than one-quarter of adults and one-third of children were identified as black, Hispanic, Asian or Pacific Islander, or American Indian or Alaska Native. Thirteen percent of the U.S. population identified themselves as Hispanic, and 4 percent as Asian or Pacific Islander (table 1).

Health, United States, 2004, identifies major areas where disparities in health and health care exist by race, ethnicity, and socioeconomic status. Persons living in poverty are considerably more likely to be in poor health and less likely than nonpoor persons to have used many types of health care. In 2002 the percentage of persons reporting their health status as fair or poor was more than three times as high for persons living below the poverty level as for those with family income more than twice the poverty level (table 57). Poor persons were four times as likely as nonpoor persons to report serious psychological distress (table 58).

Large disparities in infant mortality rates remain among racial and ethnic groups (table 19), and the gap in life expectancy between the sexes and between the black and white populations has been narrowing, but persists (table 27). Disparities in access to health care, risk factors, and morbidity also persist among persons under 65 years of age of Hispanic origin, and American Indians who are more likely to be uninsured than are those in other racial and ethnic groups. Obesity, a major risk factor for many chronic diseases, also varies by race (figure 17 and tables 69 and 70). Diabetes, which is associated with obesity, rises sharply with age and is more common among non-Hispanic black and Mexican persons than non-Hispanic white persons (table 55).

While many aspects of the health of the Nation have improved as a whole, the health of some subpopulations has lagged behind. The large differences in health status by race and Hispanic origin documented in this report may be explained by several factors including socioeconomic status, health practices, psychosocial stress and resources, environmental exposures, discrimination, and access to health care (4). Socioeconomic and cultural differences among racial and ethnic groups in the United States will likely continue to influence patterns of disease, disability, and health care use in the future.

Special Feature: Drugs

Drugs are defined as articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease or nonfood articles intended to affect the structure or any function of the body of man or other animals (5). Drugs, both prescribed and nonprescription, are an increasingly important component of health care. They can cure some diseases (e.g., antibiotics); control symptoms (e.g., analgesics or pain relievers and asthma drugs); replace or supplement needed chemicals (e.g., insulin and vitamins); and control the body's self-regulating systems (e.g., high blood pressure and thyroid drugs). Drugs can serve as complements to medical procedures (e.g., anticoagulants during heart valve replacement surgery); deterrents to disease and disability (e.g., lipid-lowering drugs that lessen the risk of coronary artery disease); and new treatments where previously there were none (e.g., drugs for HIV). Factors affecting the recent increase in utilization of medications include the growth of third-party insurance coverage for drugs, the availability of successful new drugs, marketing to physicians and increasingly directly to consumers, and clinical guidelines recommending increased utilization of medications for conditions such as high cholesterol, acid-reflux disease, and asthma (6,7).

Between 1988–94 and 1999–2000 the percentage of noninstitutionalized Americans of all ages who reported using any prescription drug during the past month increased from 39 to 44 percent (age adjusted) (figure 26 and table 86). During the same period the percentage of persons who reported using three or more drugs in the past month increased from 12 percent to more than 17 percent (age adjusted) (figure 26 and table 86). Perhaps most striking is the increase in the percentage of older persons who reported

taking three or more prescription drugs during a 1-month period—almost one-half of those 65 and over in 1999–2000, compared with just over one-third in 1988–94. Use of drugs for some conditions is increasing (e.g., cholesterol-lowering statin drugs and antidepressant drugs) (figures 30–36). For other conditions, such as asthma, some classes of drugs appear to be replacing older drugs (figures 28 and 29).

Trends in drug use illustrate how practice patterns and health care are changing over time. Drugs can increase both length and quality of life, particularly for older persons, but they also incur costs and may have damaging side effects and interactions. As the use of multiple drugs increases and drug expenditures continue to rise, tradeoffs between drugs' costs and benefits are becoming major clinical and policy issues.

Continued collection and dissemination of reliable and accurate information about all components of health, its determinants, and resources expended will be critical for charting future trends, identifying how resources can be most effectively targeted, and prioritizing and evaluating programs and policies that will improve the health of all Americans. Following are highlights from *Health, United States, 2004 With Chartbook on Trends in the Health of Americans* that summarize major findings.

References

1. Achievements in Public Health, 1900–1999: Decline in deaths from heart disease and stroke—United States, 1900–1999. *MMWR* 48(30):649–56. 1999.
2. Kochanek KD, Martin JA. Supplemental analyses of recent trends in infant mortality. Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed on May 10, 2004, at www.cdc.gov/nchs/products/pubs/pubd/hestats/infantmort/infantmort.htm.
3. Flegal KM, Carroll MD, Ogden CL et al. Prevalence and trends in obesity among US adults, 1999–2000. *JAMA* 288:1723–7. 2002.
4. Williams DR, Rucker TD. Understanding and addressing racial disparities in health care. *Health Care Financ Rev* 21(4): 75–90. 2000.
5. The Food, Drug and Cosmetic (FD&C) Act, sec. 201(g)(1).
6. Berndt, ER. The U.S. pharmaceutical industry: Why major growth in times of cost containment? *Health Affairs* 20(2): 100–14. 2001
7. Chockley N. The emerging impact of direct-to consumer prescription drug advertising. Testimony before the Subcommittee on Consumer Affairs, Foreign Commerce and Tourism of the Senate Committee on Commerce, Science and Transportation. July 24, 2001.

Highlights

Health, United States, 2004 is the 28th report on the health status of the Nation. It assesses the Nation's health by presenting trends and current information on selected determinants and measures of health status in a chartbook followed by 153 trend tables. The 2004 Chartbook on Trends in the Health of Americans features a section on use of drugs, which are assuming an ever-increasing role in health care in preventing and curing diseases, reducing complications, controlling symptoms, and improving quality and length of life. The trend tables that follow the chartbook are organized around four major subject areas: health status and determinants, health care utilization, health care resources, and health care expenditures. Highlights of the featured topic, drugs, follow other major findings from the report.

Health Status and Determinants

Population characteristics

Important changes in the U.S. population will shape future efforts to improve health and health care. Two major changes in the demographic characteristics of the U.S. population are the increasing racial and ethnic diversity of the Nation and the growth of the older population.

The **racial and ethnic composition** of the Nation has changed over time. The Hispanic population and the Asian and Pacific Islander population have grown more rapidly than other racial and ethnic groups in recent decades. In 2002, 13 percent of the U.S. population identified themselves as Hispanic and 4 percent as Asian or Pacific Islander ([table 1](#)).

From 1950 to 2000 the proportion of the **population age 75 years and over** rose from 3 to 6 percent. By 2050 it is projected that 12 percent, or about one in eight Americans, will be 75 years of age or over ([figure 2](#)).

In 2002 the overall percent of Americans living in **poverty** was 12.1 percent, up from 11.7 percent in 2001 and 11.3 percent in 2000, the first increase in the poverty rate since 1993. In 2002 more than one-half of black and Hispanic children under 18 years and more than one-half of the black and Hispanic population age 65 years and over were either poor or near poor ([figures 4 and 5](#) and [table 2](#)).

Fertility

Birth rates for teens continued their steady decline while birth rates for women 35–44 years of age increased in 2002.

The **birth rate for teenagers** declined for the 11th consecutive year in 2002, to 43.0 births per 1,000 women aged 15–19 years, the lowest rate in more than six decades. The birth rate for 15–17 year olds in 2002 was 40 percent lower than in 1991, and the birth rate for older teens 18–19 years of age was 23 percent lower than the rate in 1991 ([table 3](#)).

In 2002 the **fertility rate** for Hispanic women (94.4 births per 1,000 Hispanic women 15–44 years) was 64 percent higher than for non-Hispanic white women (57.4 per 1,000) ([table 3](#)).

Between 1995 and 2002 the **birth rate for unmarried women** was relatively stable, about 43–44 births per 1,000 unmarried women ages 15–44 years. The birth rate for unmarried black women declined to 66.2 per 1,000 in 2002, an historic low, and the birth rate for unmarried Hispanic women increased for the fourth year in a row to 87.9 per 1,000 ([table 9](#)).

Health Behaviors and Risk Factors

Health behaviors and risk factors have a significant effect on health outcomes. Cigarette smoking increases the risk of lung cancer, heart disease, emphysema, and other respiratory diseases. Overweight and obesity increase the risk of death and disease as well as the severity of disease. Regular physical activity lessens the risk of disease and enhances physical functioning. Heavy and chronic use of alcohol and use of illicit drugs increase the risk of disease and injuries.

Since 1990 the percent of **adults who smoke cigarettes** has declined only slightly. In 2002, 25 percent of men and 20 percent of women were smokers. Cigarette smoking by adults is strongly associated with educational attainment. Adults with less than a high school education were three times as likely to smoke as were those with a bachelor's degree or more education in 2002 ([figure 12](#) and [tables 60 and 61](#)).

Between 1997 and 2003 the percent of **high school students who reported smoking cigarettes** in the past month declined from 36 percent to 22 percent, reversing an upward trend that began in the early 1990s. Despite the declines in cigarette smoking rates among high school students, 26 percent of high school students in grade 12 were current smokers in 2003, and 13 percent smoked cigarettes on 20 or more days in the past month (figures 12 and 13).

Cigarette smoking during pregnancy is a risk factor for poor birth outcomes such as low birthweight and infant death. In 2002 the proportion of mothers who smoked cigarettes during pregnancy declined to 11 percent, down from 20 percent in 1989. In 2002 the smoking rate during pregnancy for mothers ages 18–19 years (18 percent) remained higher than that for mothers of other ages (figure 12 and table 11).

Low birthweight is associated with elevated risk of death and disability in infants. In 2002 the rate of low birthweight (infants weighing less than 2,500 grams at birth) increased to 7.8 percent overall, up from 7.0 percent in 1990 (table 12).

In 2003, one-third of **high school students**, about the same as in 2001, did not engage in the recommended amounts of moderate or vigorous **physical activity**. The percent reporting an insufficient amount of physical activity was higher for female than for male high school students (figure 14).

In 2002 the percent of adults 18 years of age and over who were **inactive during their leisure time** was higher for women than men and increased sharply with age. Among adults 18–44 years of age, 30 percent of men and 35 percent of women were inactive during leisure time (figure 15).

The prevalence of **overweight and obesity among adults** 20–74 years of age increased from 47 percent in 1976–80 to 65 percent in 1999–2002. During this period the prevalence of obesity among adults 20–74 years of age increased from 15 to 31 percent (percents are age adjusted) (figure 16 and table 69).

The prevalence of **obesity** among adults varies by **race and ethnicity**. In 1999–2002, 50 percent of non-Hispanic black women 20–74 years of age were obese, compared with 39 percent of women of Mexican origin and 31 percent of non-Hispanic white women (percents are age adjusted). Obesity among black women increased 60 percent since 1976–80, from 31 percent to 50 percent (figure 17 and table 69).

Between 1976–80 and 1999–2002 the prevalence of **overweight among children** 6–11 years of age more than doubled from 7 to 16 percent and the prevalence of overweight among **adolescents** 12–19 years of age more than tripled from 5 to 16 percent (figure 16 and table 70).

In 2002 among current drinkers age 18 years and over, 41 percent of men and 20 percent of women reported drinking **five or more alcoholic drinks** on at least 1 day in the past year (age adjusted). This level of alcohol consumption was most common among young adults 18–24 years of age (table 66).

In 2002 the prevalence of **illicit drug use** within the past 30 days among youths 12–17 years of age was almost 12 percent. The percent of youths reporting illicit drug use increased with age, from 4 percent among 12–13 year olds to 11 percent among those age 14–15 years and 20 percent among those 16–17 years in 2002 (table 63).

Between 1991 and 2002 the number of **cocaine-related emergency department episodes** per 100,000 population tripled for persons 35 years and over, to 79 episodes per 100,000. Males, age 26–34 years, had the highest episode rate, 222 per 100,000 in 2002. The same patient may be involved in multiple drug-related episodes (table 65).

Morbidity

Limitation of activity due to chronic health conditions, limitations in activities of daily living, and self-assessed (or family member-assessed) health status are summary measures of morbidity presented in this report. Additional measures of morbidity include the incidence and prevalence of specific diseases, injury-related emergency department use, and suicide attempts.

Between 1997 and 2002 **limitation of activity** due to chronic health conditions was reported for 6–7 percent of children under the age of 18 years. Among preschool children (under 5 years) the chronic conditions most often mentioned were speech problems, asthma, and mental retardation or another developmental problem. Among school-age children (5–11 and 12–17 years), learning disabilities and Attention Deficit Hyperactivity Disorder (ADHD) were the conditions most often mentioned (table 56 and figure 18).

Limitations in handling personal care needs such as bathing (**activities of daily living or ADLs**) increase sharply with age among the noninstitutionalized population. In 2002, 14 percent

of all Medicare beneficiaries 65 years of age and over were limited in at least one of six ADLs. Among noninstitutionalized persons age 65 years and over, about 11 percent had difficulty and received help or supervision with at least one ADL ([figure 21](#)).

Mental illness is a significant **cause of activity limitation** among working-age adults living in the community. In 2000–2002 mental illness was the second most frequently mentioned causal condition for activity limitation among adults 18–44 years of age and the third most frequently mentioned among adults 45–54 years ([figure 20](#)).

In 2002 the percent of persons reporting their **health status as fair or poor** was more than three times as high for persons living below the poverty level as for those with family income more than twice the poverty level (20 percent and 6 percent, age adjusted). Levels of fair or poor health were higher in the South and outside of metropolitan areas ([table 57](#)).

New **pediatric AIDS cases** have been declining steadily since 1994 when U.S. Public Health Service guidelines recommended testing and treatment of pregnant women and neonates to reduce perinatal HIV transmission. The vast majority of pediatric AIDS cases occur through perinatal exposure. In 2003, about 150 new AIDS cases were reported among children under the age of 13 years, compared with more than 700 cases in 1990 ([table 52](#)).

In 2002 **tuberculosis** incidence declined for the 10th consecutive year to 5.4 cases per 100,000 population, down from 10.5 in 1992 and 12.3 in 1980 ([table 51](#)).

Untreated **chlamydial infections** can lead to pelvic inflammatory disease (PID) with potentially serious complications including infertility, chronic pelvic pain, and life-threatening tubal pregnancy. In 2002 the reported rate for chlamydial infection was 297 cases per 100,000 persons. Rates of reported chlamydial infection have been increasing annually since the late 1980s when public programs for screening and treatment of women were first established to avert pelvic inflammatory disease and related complications ([table 51](#)).

In 1999–2000 more than 8 percent of persons 20 years of age and over were estimated to have **diabetes**, including diabetes previously diagnosed by a physician and undiagnosed diabetes based on the results of a fasting blood sugar examination. Diabetes rises sharply with age and is

more common among non-Hispanic black and Mexican adults than non-Hispanic white adults (based on age-adjusted rates) ([table 55](#)).

Incidence rates for **all cancers combined** declined in the 1990s for males. Between 1990 and 2000 age-adjusted cancer incidence rates declined on average 1 percent or more per year for black males, non-Hispanic white males, and American Indian or Alaska Native males. Although there was no significant change in cancer incidence for females overall, among non-Hispanic white females and Asian or Pacific Islander females, cancer incidence increased on average 0.4 percent per year between 1990 and 2000, a significant increase ([table 53](#)).

The most frequently diagnosed **cancer sites in males** are prostate, followed by lung and bronchus, and colon and rectum. Cancer incidence at these sites is higher for black males than for males of other racial and ethnic groups. In 2000 age-adjusted cancer incidence rates for black males exceeded those for white males by 66 percent for prostate, 46 percent for lung and bronchus, and 17 percent for colon and rectum ([table 53](#)).

Breast cancer is the most frequently diagnosed cancer among females. Breast cancer incidence is higher for non-Hispanic white females than for females in other racial and ethnic groups. In 2000 age-adjusted breast cancer incidence rates for non-Hispanic white females exceeded those for black females by 22 percent, for Asian or Pacific Islander females by 54 percent, and for Hispanic females by 59 percent ([table 53](#)).

Injuries accounted for 36 percent of all visits to emergency departments (ED) in 2001–2002. The proportion of ED visits that were injury-related declined with age from 39 percent for children and adults under 45 years of age to 33 percent for persons 45–64 years and 27 percent for those 65 years and over. Males had a higher injury-related visit rate than females overall and for all age groups under 65 years ([tables 83 and 84](#)).

Between 1993 and 2003 the percent of high school students who reported attempting suicide (8–9 percent) and whose **suicide attempts** required medical attention (just under 3 percent) remained fairly constant. Girls were more likely than boys to consider or attempt suicide. However in 2002 adolescent boys (15–19 years of age) were five times as likely to die from suicide as were adolescent girls, in part

reflecting their choice of more lethal methods, such as firearms (tables 46 and 59).

The prevalence of **serious psychological distress** was 3 percent of civilian noninstitutionalized adults 18 years of age and over in 2001–02. Four percent of persons age 45–54 years had serious psychological distress, more than younger and older age groups. Persons living below the poverty line were four times as likely as those above 200 percent of poverty to have serious psychological distress (8 percent compared with 2 percent) (table 58).

Mortality Trends

Life expectancy and infant mortality are measures often used to gauge the overall health of a population. Life expectancy shows a long-term upward trend. Infant mortality increased in 2002, the first year since 1958 that the rate has not declined or remained unchanged.

In 2002 **life expectancy** at birth for the total population reached a record high of 77.4 years, up from 75.4 years in 1990 (table 27).

In 2002 the **infant mortality** rate was 7.0 infant deaths per 1,000 live births, up from 6.8 in 2001. Between 1958 and 2001, the infant mortality rate either decreased or remained level. The rise in infant mortality in 2002 is attributed to an increase in neonatal deaths (within 28 days of birth), particularly deaths of infants within the first week of life (figure 23 and table 22).

Between 1950 and 2002 the age-adjusted **death rate for the total population** declined 42 percent to 845 deaths per 100,000 population. This reduction was driven largely by declines in mortality from heart disease, stroke, and unintentional injury (figure 25 and table 29).

Mortality from **heart disease**, the leading cause of death, declined almost 3 percent in 2002, continuing a long-term downward trend. The 2002 age-adjusted death rate for heart disease was 59 percent lower than the rate in 1950 (figure 25 and tables 29 and 31).

Mortality from **cancer**, the second leading cause of death, decreased more than 1 percent in 2002, continuing the decline that began in 1990. Overall cancer age-adjusted death rates rose from 1960 to 1990 and then reversed direction (figure 25 and tables 29 and 31).

Mortality from **stroke**, the third leading cause of death, declined almost 3 percent in 2002. Between 1950 and 2002, the age-adjusted death rate for stroke declined 69 percent (figure 25 and tables 29 and 31).

The age-adjusted death rate for **chronic lower respiratory diseases** (CLRD), the fourth leading cause of death, was 54 percent higher in 2002 than in 1980. The upward trajectory for CLRD death rates is a result of steadily increasing death rates for females, most noticeably for females age 55 years and over (figure 25 and tables 29, 31, and 41).

Mortality from **unintentional injuries**, the fifth leading cause of death, increased more than 3 percent in 2002. Age-adjusted death rates for unintentional injuries generally declined from 1950 until 1992 and then increased slightly (figure 25 and tables 29 and 31).

Disparities in Mortality

Despite overall declines in mortality, racial and ethnic disparities in mortality, as well as disparities among persons of different education levels, persist. The gap in life expectancy between the sexes and between the black and white populations has been narrowing.

Large disparities in **infant mortality** rates among **racial and ethnic groups** continue. In 2001 infant mortality rates were highest for infants of non-Hispanic black mothers (13.5 deaths per 1,000 live births), American Indian mothers (9.7 per 1,000), and Puerto Rican mothers (8.5 per 1,000); and lowest for infants of mothers of Chinese origin (3.2 per 1,000 live births) and Cuban mothers (4.2 per 1,000) (table 19).

Infant mortality increases as **mother's level of education** decreases. In 2001 the mortality rate for infants of mothers with less than 12 years of education was 49 percent higher than for infants of mothers with 13 or more years of education. This disparity was more marked among non-Hispanic white infants, for whom mortality among infants of mothers with less than a high school education was more than twice that for infants of mothers with more than a high school education (table 20).

Between 1990 and 2002 **life expectancy at birth** increased 2.9 years for **males** and 1.1 year for **females**. The difference in life expectancy between males and females narrowed from 7.0 years in 1990 to 5.2 years in 2002 (figure 22 and table 27).

Between 1990 and 2002 **mortality from lung cancer** declined for **men** and increased for **women**. Although these trends reduced the sex differential for this cause of death, the age-adjusted death rate for lung cancer was still 76 percent higher for men than for women in 2002 (table 39).

Since 1990 mortality from **chronic lower respiratory diseases** remained relatively stable for **men** while it increased for **women**. These trends reduced the gap between the sexes for this cause of death. In 1990 the age-adjusted death rate for males was more than 100 percent higher than for females. In 2002 the difference between the rates had been reduced to 43 percent (table 41).

Between 1990 and 2002 **life expectancy at birth** increased more for the **black** than for the **white population**, thereby narrowing the gap in life expectancy between these two racial groups. In 1990 life expectancy at birth was 7.0 years longer for the white than for the black population. By 2002 the difference had narrowed to 5.5 years (table 27).

Overall mortality was 31 percent higher for **black Americans** than for white Americans in 2002 compared with 37 percent higher in 1990. In 2002 age-adjusted death rates for the black population exceeded those for the white population by 41 percent for **stroke**, 30 percent for **heart disease**, 25 percent for **cancer**, and more than 750 percent for **HIV disease** (table 29).

The **5-year survival rate** for black females diagnosed in 1992–99 with breast cancer was 14 percentage points lower than the 5-year survival rate for white females (table 54).

In 2002 **breast cancer mortality** for black females was 36 percent higher than for white females, compared with less than 15 percent higher in 1990 (based on age-adjusted death rates) (table 40).

Homicide rates among young black males 15–24 years of age and **young Hispanic males** were about 50 percent lower in 2002 than in 1992 and 1993 when homicide rates peaked for these groups. Despite these downward trends, homicide was still the leading cause of death for young black males and the second leading cause for young Hispanic males in 2002, and homicide rates for young black and Hispanic males remained substantially higher than for young non-Hispanic white males (table 45).

HIV disease mortality peaked in 1995 and then fell sharply with the advent of new drug therapies. However the decline in HIV disease mortality has slowed in recent years. Between

1999 and 2002, age-adjusted death rates for HIV disease declined about 3 percent per year on average for males and were unchanged for females (table 42).

In 2002 the death rate for **motor vehicle-related injury for young American Indian males** 15–24 years of age was almost 40 percent higher and the suicide rate was almost 60 percent higher than the rates for those causes for young white males. Death rates for the American Indian population are known to be underestimated (tables 44 and 46).

In 2002 age-adjusted death rates for **stroke for Asian males** ages 45–54 and 55–64 years were about 15 percent higher than for white males of those ages. Since 1990, stroke mortality for Asian males and females ages 45–74 years has generally exceeded that for white males and females of those ages. Death rates for the Asian population are known to be underestimated (table 37).

Death rates vary by educational attainment. In 2002 the age-adjusted death rate for persons 25–64 years of age with fewer than 12 years of education was 2.7 times the rate for persons with 13 or more years of education (table 34).

Occupational Health

Improvements in workplace safety constitute a major public health achievement in the twentieth century. Despite important accomplishments, preventable injuries and deaths continue to occur.

In 2002 approximately 2.5 million **workplace injury and illness** cases in the private sector involved days away from work, job transfer, or restriction. The manufacturing and service industries each reported more than 600,000 such cases with incidence rates of 4.1 and 2.2 cases per 100 full-time employees respectively (table 50).

Between 1992 and 2002 the **occupational injury death rate** decreased 23 percent to 4 deaths per 100,000 employed workers. Mining (including oil and gas extraction), the industry with the highest death rate in 2002 (24 per 100,000), accounted for 2 percent of all occupational injury deaths. The industry accounting for the largest percentage of occupational injury deaths, construction (20 percent), had a death rate of 12 per 100,000 (table 49).

A total of 2,715 **pneumoconiosis deaths**, for which pneumoconiosis was either the underlying or nonunderlying cause of death, occurred in 2002, compared with 4,151

deaths in 1980. Pneumoconiosis deaths are primarily associated with occupational exposures and can be prevented through effective control of worker exposure to occupational dusts ([table 48](#)).

Health Care Utilization and Health Care Resources

Major changes continue to occur in the delivery of health care in the United States, driven in part by changes in payment policies intended to rein in rising costs and by advances in technology that have allowed more complex treatments to be performed on an outpatient basis. Use of hospital inpatient services overall has decreased, yet inpatient care is becoming more complex with more cardiac procedures performed, especially on older persons. New types of health care providers including ambulatory surgery centers and end-stage renal disease facilities have emerged that provide services previously provided only in hospital settings.

Between 1995 and 2002 the rate of visits to **office-based physicians** increased from 271 per 100 population to 316 per 100 population (age adjusted). The increase was smaller for persons age 18–44 years than for other age groups ([table 83](#)).

In 2002 the **hospital emergency department** visit rate for black persons was twice the rate for white persons (71 visits compared with 36 visits per 100 persons, age adjusted). Adults 75 years and over had a higher rate of visits to the hospital emergency department than any other age group (61 visits per 100 persons) ([table 83](#)).

In 2002, 63 percent of all **surgical operations** in community hospitals were performed on outpatients, up from 51 percent in 1990 and 16 percent in 1980 ([table 98](#)).

In 2002 the **hospital discharge rate** was 117 discharges per 1,000 population, 23 percent lower than the rate in 1985. Most of the decline in the discharge rate had occurred by 1996. Between 2000 and 2002, the discharge rate increased slightly while **average length of stay** remained at 4.9 days, 1.7 days shorter than it was in 1985 (data are age adjusted) ([table 93](#)).

Between 1991–92 and 2001–02 **hospital stays with at least one operation on vessels of the heart** performed on persons 75 years of age and over increased from 73 to 124

hospital stays per 10,000 persons (rates are age adjusted) ([table 97](#)).

Between 1991–92 and 2001–02 **hospital stays with at least one diagnostic ultrasound** performed on persons 18 years of age and over decreased substantially from 71 to 32 hospital stays per 10,000 persons (rates are age adjusted) ([table 97](#)).

The percent of persons with **untreated dental caries** has declined for every age group except children 2–5 years of age. In 1999–2000, 26 percent of adults 18–64 years of age had untreated dental caries, following a decline from 48 to 28 percent between 1971–74 and 1988–94 ([table 80](#)).

Between 1995 and 2002 **allopathic medicine graduates** remained stable at nearly 16,000 per year, and osteopathic medicine graduates increased from 1,800 to 2,500 per year ([table 106](#)).

Between 1990 and 2002 the number of **community hospital beds** declined from about 927,000 to 821,000. Community hospital occupancy, estimated at 66 percent in 2002, increased from 62 percent in 1996, after declining from 67 percent in 1990 ([table 109](#)).

Between 1990 and 2000 the number of inpatient **mental health beds** per 100,000 civilian population in the United States declined 31 percent to 77 beds per 100,000 population. The largest decreases were in State and county mental hospitals and private psychiatric hospitals, which each had a decrease of almost 50 percent to 21 beds and 10 beds per 100,000 population, respectively ([table 110](#)).

In 2002 there were 6,800 Medicare-certified **home health agencies**, down from 10,800 in 1997. During this same period, the number of Medicare-certified **hospices** remained stable at about 2,300 ([table 114](#)).

In 2002 there were nearly 1.8 million **nursing home beds** in facilities certified for use by Medicare and Medicaid beneficiaries. Between 1995 and 2002 nursing home bed occupancy in those facilities was relatively stable, estimated at 82 percent in 2002 ([table 113](#)).

Preventive Health Care

Use of preventive health services helps reduce morbidity and mortality from disease. Use of several different types of preventive services has been increasing. However disparities

in use of preventive health care by race and ethnicity, and family income, remain.

The percent of mothers receiving **prenatal care** in the first trimester of pregnancy has continued to edge upward from 76 percent in 1990 to 84 percent in 2002. Although increases occurred for all racial and ethnic groups, in 2002 the percent of mothers with early prenatal care still varied substantially, from 70 percent for American Indian mothers to 91–92 percent for mothers of Japanese and Cuban origin (figures 8 and 9 and table 6).

In 2002, 78 percent of children 19–35 months of age received the combined **vaccination** series of four doses of DTaP (diphtheria-tetanus-acellular pertussis) vaccine, three doses of polio vaccine, one dose of MMR (measles-mumps-rubella vaccine), and three doses of Hib (Haemophilus influenzae type b) vaccine. Children living below the poverty threshold were less likely to have received the combined vaccination series than were children living at or above poverty (72 percent compared with 79 percent) (table 72).

In 2002, 66 percent of noninstitutionalized adults 65 years of age and over reported an **influenza vaccination** within the past year, the same percent as in 1999 and more than double the percent in 1989. Between 1989 and 2002 the percent of older adults ever having received a **pneumococcal vaccine** increased sharply from 14 percent to 56 percent (figure 10).

Between 1987 and 2000 the percent of women 18 years and over who reported a **Pap smear** in the past 3 years increased from 74 percent to 81 percent. Among women 25 years and over, in 2000, Pap smear use was lowest among women with less than a high school education and highest among women with at least some college education (70 percent and 88 percent) (table 82).

Access to Care

Access to care is important for preventive care and prompt treatment of illness and injuries. A major determinant of access to care is health insurance coverage and the generosity of coverage. Indicators of access to health services also include having a usual source of health care and having a recent health care contact.

The percent of the **population under 65 years of age with no health insurance coverage** (either public or private) fluctuated around 16–17 percent between 1994 and 2002.

Among the under 65 population, poor and near poor persons whose family incomes were less than 200 percent of poverty were much more likely than others to be uninsured (figures 6 and 7 and table 131).

The likelihood of being uninsured varies substantially among the **States**. In 2002 the percent of the population under 65 years of age with **no health insurance coverage** varied from less than 9 percent in Minnesota to more than 22 percent in Nevada, New Mexico, and Texas (table 153).

In 2002, 11 percent of **children** under 18 years of age had **no health insurance coverage**. Between 2000 and 2002 among children with family income just above the poverty level (1–1.5 times poverty), the percent uninsured dropped from 25 to 19 percent. However children with low family income remain substantially more likely than higher-income children to lack coverage (table 131).

Persons of **Hispanic origin and American Indians** who are under 65 years of age are more likely to have **no health insurance coverage** than are those in other racial and ethnic groups. In 2002 among the Hispanic-origin population, persons of Mexican origin were the most likely to lack health insurance coverage (37 percent). Non-Hispanic white persons were the least likely to lack coverage (13 percent) (figure 7 and table 131).

In 2002 **Hispanic persons** were more likely than non-Hispanic white and non-Hispanic black persons to have had **no health care visits** within the past 12 months (26 percent compared with 14–15 percent, percents are age adjusted) (table 71).

Twelve percent of **children** under 18 years of age had **no health care visit** to a doctor or clinic within the past 12 months in 2001–02. Hispanic and non-Hispanic black children were more likely to be without a recent visit than non-Hispanic white children (19 percent and 14 percent compared with 10 percent) (table 74).

Six percent of **children** under 18 years of age had **no usual source of health care** in 2001–02. Hispanic children were more likely than other children to be without a usual source of care (9 percent of Hispanic children under 6 years of age and 16 percent of Hispanic children 6–17 years of age were without a usual source of care) (table 75).

Poor children are more likely to have **untreated dental caries** than children in families with incomes above the poverty level. In 1999–2000, 34 percent of poor children 6–17

years of age had untreated dental caries compared with 13 percent of children in families with incomes 200 percent of the poverty level or greater (table 80).

Twenty-eight percent of young **children** under 6 years of age had an **emergency department (ED) visit** within the past 12 months in 2002. Young children with Medicaid coverage were more likely than those with private coverage or the uninsured to have had an ED visit within the past 12 months (38 percent compared with 22–25 percent) (table 76).

Working-age males 18–64 years of age were nearly twice as likely as working-age females to have **no usual source of health care** in 2001–02 (21 percent of males and 11 percent of females, percents are age adjusted) (table 77).

In 2002, 63 percent of **working-age adults** 18–64 years of age had a **dental visit** in the past year. Less than one-half of poor and near poor working-age adults (persons with family incomes of less than twice the poverty level) had a dental visit in the past year compared with 69 percent of nonpoor working-age adults (with family incomes of at least twice the poverty level) (table 79).

Use of hospital inpatient care is greater among the poor than among the nonpoor whose family income is at least twice the poverty level. In 2002 among persons under 65 years of age, the hospital discharge rate for the poor was nearly twice the rate for nonpoor (158 and 83 per 1,000 population). Among those under 65 years of age, average length of stay was 1.3 days longer for poor than for nonpoor persons (4.7 and 3.4 days, data are age adjusted) (table 92).

Health Care Expenditures

After 25 years of double-digit annual growth in national health expenditures, the rate of growth slowed during the 1990s. At the end of the decade the rate of growth started edging up again. Since the millennium, the rate has accelerated with no indication of a slowdown. The United States continues to spend more on health than any other industrialized country.

In 2002 **national health care expenditures** in the United States totaled more than \$1.5 trillion, a 9.3 percent increase, compared with 8.5 percent in 2001 and 7.1 percent in 2000. In the mid-1990s annual growth had slowed somewhat, following an average annual growth rate of 11 percent during the 1980s (table 116).

The United States spends a larger **share of the gross domestic product (GDP) on health** than does any other major industrialized country. In 2001 the United States devoted 14 percent of the GDP to health compared with 11 percent each in Germany and Switzerland and nearly 10 percent in Canada and France, countries with the next highest shares (table 115).

In 2002 national health expenditures grew 9.3 percent, compared with 3.6 percent growth in the gross domestic product (GDP). **Health expenditures as a percent of the GDP** increased to 14.9 percent in 2002, up from 14.1 percent in 2001, and 13.2–13.4 percent between 1995 and 2000 (table 116).

In 2003 the rate of increase in the medical care component of the **Consumer Price Index (CPI)** was 4.0 percent, continuing to outpace overall inflation (2.3 percent). The CPI for hospital services showed the greatest price increase (7.4 percent) compared with other components of medical care (table 117).

Expenditures by Type of Care and Source of Funds

During the last few years expenditures for prescription drugs have grown at a faster rate than any other type of health expenditure. Hospital care, however, continues to account for the largest share of health care spending.

Expenditures for hospital care accounted for 31 percent of all national health expenditures in 2002. Physician services accounted for 22 percent of the total in 2002, prescription drugs for 11 percent, and nursing home care for 7 percent (table 118).

Between 2000 and 2002 **community hospital expenses** increased at an average annual rate of 8 percent compared with a 5-percent increase between 1995–2000 (table 125).

Between 1995 and 2002 the average annual rate of increase for **prescription drug expenditures** was 15 percent, higher than for any other type of health expenditure (table 118).

In 2001 and 2002 **prescription drug expenditures** increased 15–16 percent. Prescription drugs posted a 5-percent rate of price increase in the Consumer Price Index in 2001 and 2002 and a 3-percent increase in 2003 (tables 117 and 118).

In 2002, 48 percent of **prescription drug expenditures** were paid by private health insurance (up from 24 percent in

1990), 30 percent by out-of-pocket payments (down from 59 percent in 1990), and 18 percent by Medicaid. Although Medicare is the federal program that funds health care for persons age 65 years and over, and older Americans are the highest per capita consumers of prescription drugs, Medicare paid less than 2 percent of prescription drug expenses in 2002 (table 119).

In 2000, 88 percent of persons age 65 years and over in the civilian noninstitutionalized population had a **prescribed medicine expense** compared with 59 percent of younger people. Women 65 years of age and over averaged \$731 out-of-pocket for prescribed medicine compared with \$467 for men in 2000. Among those under 65 years of age, out-of-pocket expenses averaged \$218 for women and \$175 for men in 2000 (table 120).

In 2000, 96 percent of **persons age 65 years and over** in the civilian noninstitutionalized population reported **medical expenses** averaging about \$6,100 per person with expense. Eighteen percent of expenses were paid out-of-pocket, 15 percent by private insurance, and 65 percent by public programs (mainly Medicare and Medicaid) (tables 120 and 121).

The burden of **out-of-pocket expenses** for health care varies considerably by age. In 2000 about one-third of persons 65 years of age and over with health care expenses paid \$1,000 or more out-of-pocket and approximately an additional one-fifth incurred expenses of \$500 to \$1,000. One-fifth of adults 18–44 years of age with health care expenses paid at least \$500 out-of-pocket in 2000 (table 122).

In 2002, 34 percent of **personal health care expenditures** were paid by the Federal Government and 11 percent by State and local government; private health insurance paid 36 percent and consumers paid 16 percent out-of-pocket (table 119).

In 2002 the major **sources of funds for hospital care** were Medicare (31 percent) and private health insurance (34 percent). **Physician services** were also primarily funded by private health insurance (49 percent) and Medicare (20 percent). In contrast, **nursing home care** was financed primarily by Medicaid (49 percent) and out-of-pocket payments (25 percent). The Medicare share of nursing home expenditures has risen from 3 percent in 1990 to 13 percent in 2002 (table 119).

In 2003 **Federal expenditures for HIV-related activities** grew to \$16.7 billion, an 11-percent increase compared with a 6-percent increase in 2002. Of the total Federal HIV-related spending in 2003, 61 percent was for medical care, 17 percent for research, 12 percent for education and prevention, and 10 percent for cash assistance (table 128).

Publicly Funded Health Programs

The two major publicly funded health programs are Medicare and Medicaid. Medicare is funded through the Federal Government and covers the health care of persons 65 years of age and over and disabled persons. Medicaid is jointly funded by the Federal and State Governments to provide health care for certain groups of low-income persons and, in recent years, has expanded to cover a greater proportion of the low-income population—particularly low-income children. Medicaid benefits and eligibility vary by State.

In 2002 the **Medicare** program had 41 million enrollees and expenditures of \$266 billion (table 136).

In 2002 **hospital insurance (HI)** accounted for 57 percent of **Medicare** expenditures. Expenditures for home health agency care continued to hover around 3 percent of HI expenditures, down from 14 percent in 1995 (table 136).

In 2002 **supplementary medical insurance (SMI)** accounted for 43 percent of **Medicare** expenditures. Sixteen percent of SMI expenditures in 2002 were payments to managed care organizations, down from 20–22 percent in 1998–2000. Nearly one-half of the \$96 billion SMI paid for fee-for-service utilization in 2002 went to physicians under the physician fee schedule (table 136).

Of the 33.9 million **Medicare enrollees in the fee-for-service program** in 2001, 11 percent were 85 years of age and over and 15 percent were under 65 years of age. Among fee-for-service Medicare enrollees age 65 years and over, payments in 2001 increased with age of enrollee from an average of \$4,400 per year per enrollee for those age 65–74 years to \$8,500 for those 85 years and over (table 137).

In 2000, 80 percent of Medicare beneficiaries were non-Hispanic white, 9 percent were non-Hispanic black, and 7 percent were Hispanic. Some 22–23 percent of Hispanic and non-Hispanic black beneficiaries were persons under 65 years of age entitled to **Medicare through disability**, compared with 12 percent of non-Hispanic white beneficiaries (table 138).

In 2001 **Medicare payments per fee-for-service enrollee** varied by State, ranging from less than \$4,400 in Hawaii, South Dakota, and New Mexico to more than \$6,800 in New Jersey, the District of Columbia, New York, Maryland, and Louisiana (table 150).

In 2001 **Medicaid** vendor payments totaled \$186 billion for 46 million recipients (table 139).

In 2002 **Medicaid enrollment** increased to 11.8 percent of the noninstitutionalized population under 65 years of age, up from 10.3 percent in 2001. In 2002 among children less than 18 years of age, 24.5 percent were covered by Medicaid, a 3.3 percentage point increase over the previous year (table 130).

In 2001 children under the age of 21 years accounted for 46 percent of **Medicaid recipients** but only 16 percent of expenditures. Aged, blind, and disabled persons accounted for nearly one-quarter of recipients and nearly 70 percent of expenditures (table 139).

In 2001, 20 percent of **Medicaid payments** went to nursing facilities, 14 percent to inpatient general hospitals, 16 percent to capitated payment services, and 13 percent to prescribed drugs (table 140).

In 2001 **Medicaid payments per recipient varied by State** from less than \$3,000 in California, Tennessee, Georgia, and Washington to more than \$7,000 in New York and New Hampshire. On average payments per recipient were lower in the Southeast, Southwest, and Far West States than in the New England and Mideast States (table 151).

In 2003 spending on health care by the **Department of Veterans Affairs** was \$26 billion, an increase of 11 percent over the previous year. Forty-one percent of inpatients and 33 percent of outpatients were low-income veterans without a service-connected disability (table 141).

Health Insurance

Seventy percent of the population under 65 years of age has private health insurance, most of which is obtained through the workplace. In private industry, about 6 percent of employees' total compensation is devoted to health insurance. Most health insurance is now provided through some form of managed care organization, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service plans (POSS). One-quarter of all

persons in the United States were enrolled in HMOs in 2002. HMO enrollment peaked in 1999 and has declined slowly since then.

In 2002 the age-adjusted proportion of the population under 65 years of age with **private health insurance** declined to 70 percent from 72 percent in 2001. Between 1995 and 2001 the proportion had fluctuated between 71 and 73 percent after declining from 77 percent in 1984. Ninety-four percent of private coverage was obtained through the workplace (a current or former employer or union) in 2002 (figure 6 and table 129).

In 2003 **private employers' health insurance costs** per employee-hour worked were \$1.41, up from \$1.28–1.29 in 2001–02. Among private employers the share of total compensation devoted to health insurance was 5.9–6.3 percent in 2001–03 (table 124).

Enrollment in HMOs totaled 72 million persons or one-quarter of the U.S. population in 2003. HMO enrollment varied from 17–20 percent in the South and Midwest to 32–36 percent in the Northeast and West. HMO enrollment increased steadily through 1999 but declined more than 9 million by 2003. Between 1999 and 2003 the number of HMO plans decreased from 643 to 454 plans (table 134).

In 2002, 25–27 percent of children under 18 years of age and adults age 18–44 and 45–64 years had health insurance coverage through a **private HMO**. Eleven percent of children had coverage through a **Medicaid HMO** while 2–3 percent of adults under 65 years of age had this coverage (table 133).

State Health Expenditures

Total personal health care per capita expenditures and its components vary substantially among the States. State expenditures are affected by factors such as population age structure and health, payment rates, and supply of services.

Personal health care per capita expenditures averaged \$3,800 in 1998, but varied among the States from \$2,700 in Utah to \$4,800 in Massachusetts. Higher expenditures were clustered in the New England and Mideast States, with lower per capita expenditures in the Rocky Mountain, Southwest, and Far West States (table 142).

The components of personal health care expenditures vary significantly by State. **Hospital care** per capita expenditures in 1998 ranged from \$1,016 in Utah to \$1,807 in

Massachusetts. **Physician** and other professional services per capita expenditures varied from \$763 in Utah to \$1,347 in Minnesota. Per capita expenditures for **nursing home care** ranged from \$90 in Alaska to \$860 in Connecticut (tables 143–145).

Twenty-one percent of all personal health care expenditures were paid by **Medicare** in 1998, up from 17 percent in 1991. The Medicare share of State health expenditures in 1998 varied from 9 percent in Alaska to 25–26 percent in Pennsylvania, Mississippi, and Louisiana, and 28 percent in Florida (table 147).

The share of personal health care expenditures paid by **Medicaid** increased from 13 percent in 1991 to 16 percent in 1995 through 1998. The Medicaid share of personal health care expenditures in 1998 ranged from less than 10 percent in Nevada and Virginia, to 21–22 percent in the District of Columbia, Maine, and Rhode Island, and 32 percent in New York (table 148).

Special Feature: Drugs

Drugs, both prescribed and over-the-counter, are an increasingly important component of health care. New drugs, and new uses for older drugs, are improving health outcomes and quality of life, curing some conditions, preventing or delaying disease, and hastening recovery. Trends in the percent of persons who reported taking a drug during a 1-month period, as well as trends in specific types of drugs prescribed, ordered, or provided during visits to office-based physicians and hospital outpatient departments, show the extent to which large changes in practice patterns and utilization can occur during a relatively short time period.

Between 1988–94 and 1999–2000 the percent of Americans of all ages who reported using **at least one prescription drug during the past month** increased from 39 to 44 percent. During the same period the percent of persons who reported using three or more drugs in the past month increased from 12 to 17 percent (percents are age adjusted) (figure 26 and table 86).

In 1999–2000 more than 60 percent of adults age 45–64 years and more than 80 percent of adults age 65 years and over reported taking **at least one prescription drug during the past month** (figure 26 and table 86).

In 1999–2000 **Mexican adults** age 65 years and over were less likely to report taking a **prescription drug in the past month** than non-Hispanic white or non-Hispanic black adults (69 percent compared with 85–87 percent) (table 86).

Between 1995–96 and 2001–02 visits to physician offices and hospital outpatient departments in which **five or more drugs** were prescribed, ordered, or provided increased from 4 to 7 percent of all visits (age adjusted). This increase was largest for persons age 75 years and over, for whom the percent of visits with five or more drugs increased from 13 percent in 1995–96 to 20 percent in 2001–02 (figure 27).

The percent of civilian noninstitutionalized persons age 65 years and over with an annual **out-of-pocket expense for prescribed medicine** increased from 82 percent in 1987 to 88 percent in 2000. For persons age 65 years and over with prescribed medicine expenses, the average amount paid out-of-pocket increased from \$321 in 1987 to \$623 in 2000 (expenses in 2000 dollars) (table 120).

Between 1995–96 and 2000–01 there was a substantial increase in the rate that **antidepressant drugs, blood glucose/sugar regulators, and cholesterol-lowering drugs** were prescribed, ordered, or provided during visits to physician offices and hospital outpatient departments (table 87).

Among physician office visits and hospital outpatient department visits with an **asthma** diagnosis, the percent of visits in which a long-term control asthma drug was prescribed, ordered, or provided surpassed the percent with a quick-relief (rescue) drug between 1995–96 and 1997–98. By 2001–02, 55 percent of asthma visits had a long-term asthma control drug prescribed, ordered, or provided compared with 39 percent in 1995–96 (figure 28).

The percent of **adults using antidepressants** almost tripled between 1988–94 and 1999–2000. Use is higher among women than men. In 1999–2000, 10 percent of women 18 years and over reported taking an antidepressant in the past month, compared with 4 percent of men (figure 30).

In 1999–2000 the percent of **non-Hispanic white adults using antidepressants** was 3 times the percent among non-Hispanic black and Mexican adults. In 1988–94, use among non-Hispanic white adults was 1.4 times that among non-Hispanic black and Mexican adults (figure 31).

The rate of visits to office-based physicians and hospital outpatient departments in which a **selective serotonin**

reuptake inhibitor (SSRI), a newer type of antidepressant, was prescribed, ordered, or provided nearly doubled between 1995–96 and 2001–02. In 2001–02 the SSRI visit rate among women was 25 visits per 100 women—more than twice the rate observed among men ([figure 32](#)).

In 2000–2002 the rate of **visits with a stimulant drug** prescribed, ordered or provided among **boys** was more than two times the visit rate among girls, reflecting the higher prevalence of identified Attention Deficit Hyperactivity Disease (ADHD) in boys compared with girls ([figure 33](#)).

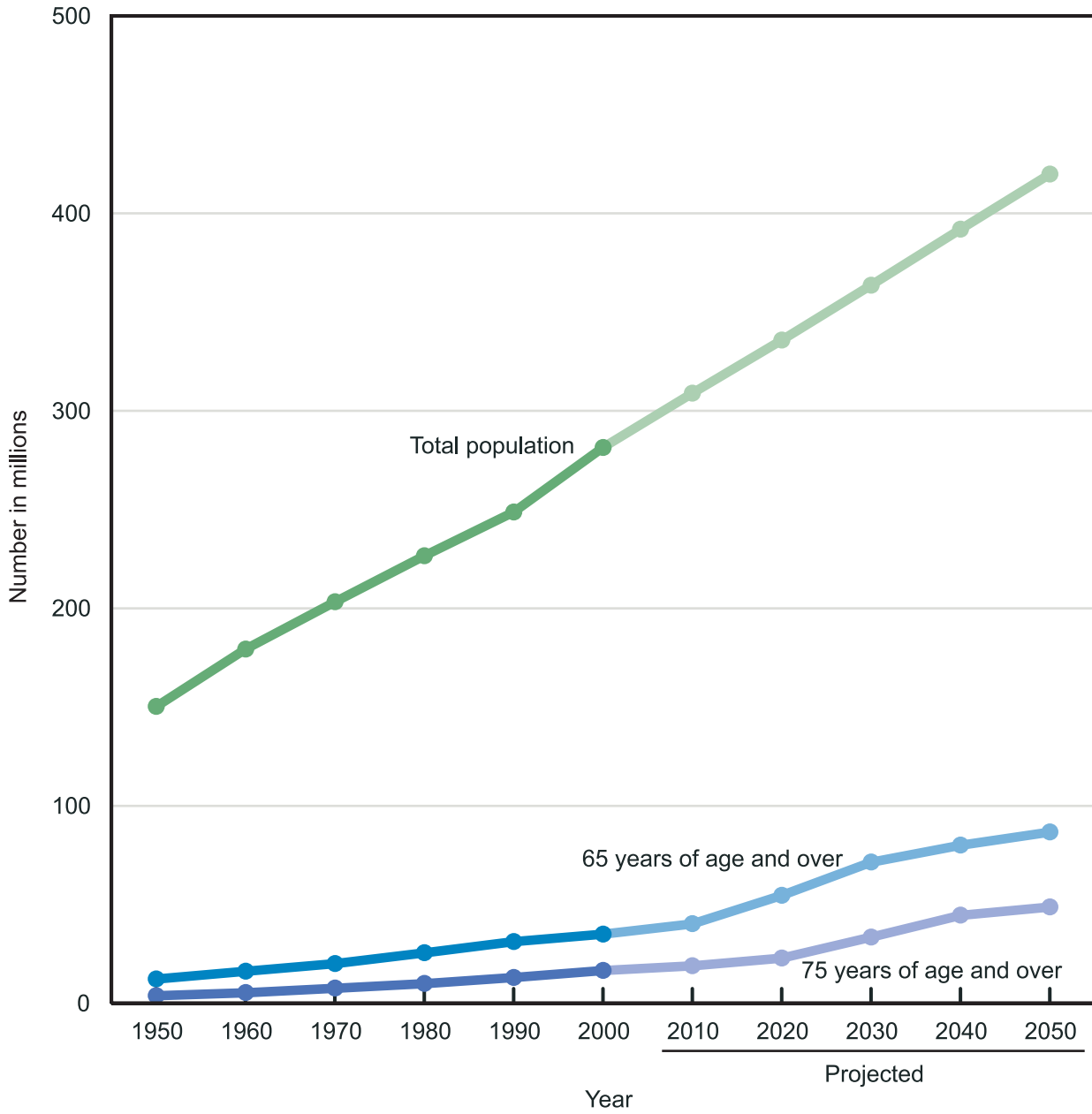
The rate of **visits with an antidepressant drug** prescribed, ordered, or provided was similar for boys and girls in 2000–02. The antidepressant visit rate was more than twice as high among **adolescents** as younger school-age children (3.4 per 100 children 5–11 years of age and 8.8 per 100 adolescents 12–17 years of age) ([figure 34](#)).

For men and women age 45–64 years, the rate of drug visits to office-based physicians and hospital outpatient departments with a **cholesterol-lowering statin** prescribed, ordered, or provided increased by more than 200 percent between 1995–96 and 2001–02 ([figure 35](#)).

Since the introduction of **selective COX-2 nonsteroidal anti-inflammatory drugs (NSAIDs)**, their use has become widespread. In 2001–02, selective COX-2 inhibitors accounted for 51 percent of NSAID visits among adults age 18 years and over, surpassing traditional NSAIDs. This dramatic growth in COX-2 NSAID visits is evident in all adult age groups ([figure 36](#)).

Chartbook on Trends in the Health of Americans

Figure 1. Total population, population 65 years and over and 75 years and over: United States, 1950-2050



NOTE: See Data Table for data points graphed and additional notes.

SOURCES: U.S. Census Bureau, 1950-2000 decennial censuses and 2010-50 interim population projections.

Age

From 1950 to 2000 the total resident population of the United States increased from 150 million to 281 million, representing an average annual growth rate of 1 percent (figure 1). During the same period, the population 65 years of age and over grew almost twice as rapidly and increased from 12 to 35 million persons. The population 75 years of age and over grew almost three times as quickly as the total population, increasing from 4 to 17 million persons. Projections indicate that the rate of population growth during the next 50 years will be somewhat slower for all age groups and older age groups will continue to grow more than twice as rapidly as the total population.

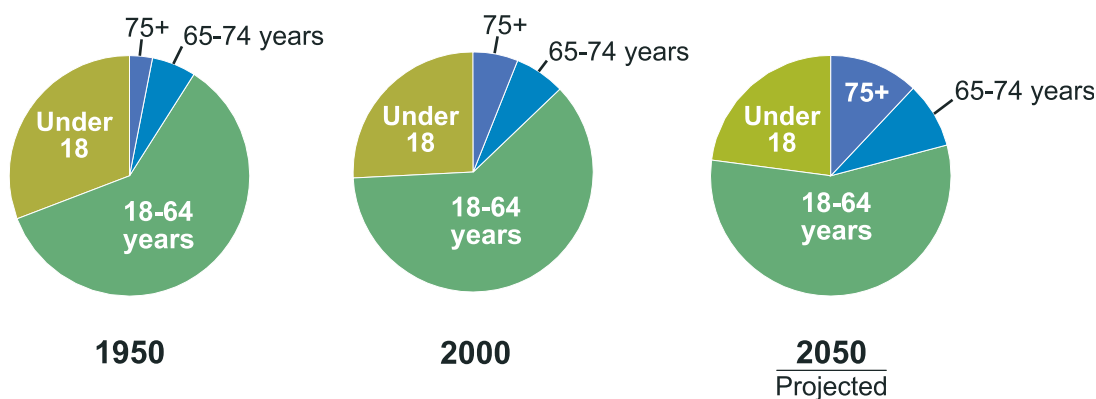
During 1950 to 2000, the U.S. population grew older (figure 2). From 1950 to 2000 the percent of the population under 18 years of age fell from 31 percent to 26 percent while the percent 65–74 years increased from 6 to 7 percent and the percent 75 years and over increased from 3 to 6 percent.

From 2000 to 2050 it is anticipated that the percent of the population 65 years and over will increase substantially. Between 2000 and 2050 the percent of the population 65–74 years of age will increase from 7 to 9 percent and the

population 75 years and over will increase from 6 to 12 percent. By 2040 the population 75 years and over will exceed the population 65–74 years of age.

The aging of the population has important consequences for the health care system (1,2). As the older fraction of the population increases, more services will be required for the treatment and management of chronic and acute health conditions. Providing health care services needed by Americans of all ages will be a major challenge in the 21st century.

Figure 2. Percent of population in 4 age groups: United States, 1950, 2000, and 2050



NOTE: See Data Table for data points graphed and additional notes.

SOURCES: U.S. Census Bureau, 1950 and 2000 decennial censuses and 2050 interim population projections.

Race and Ethnicity

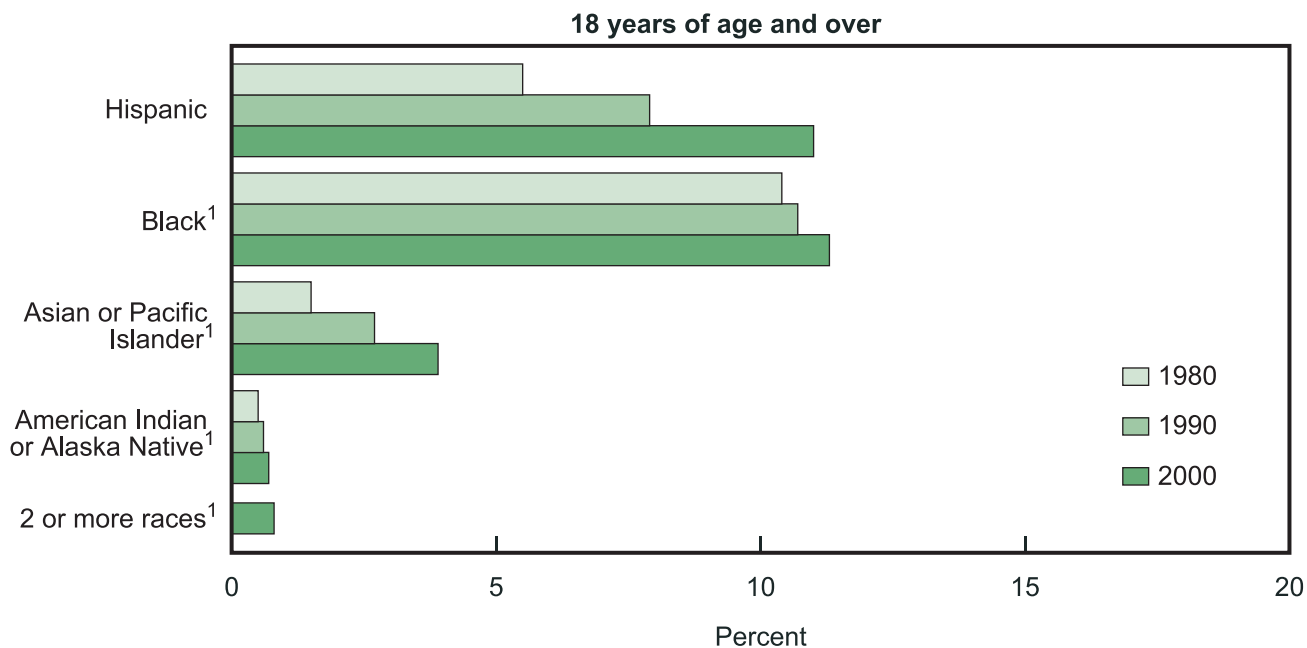
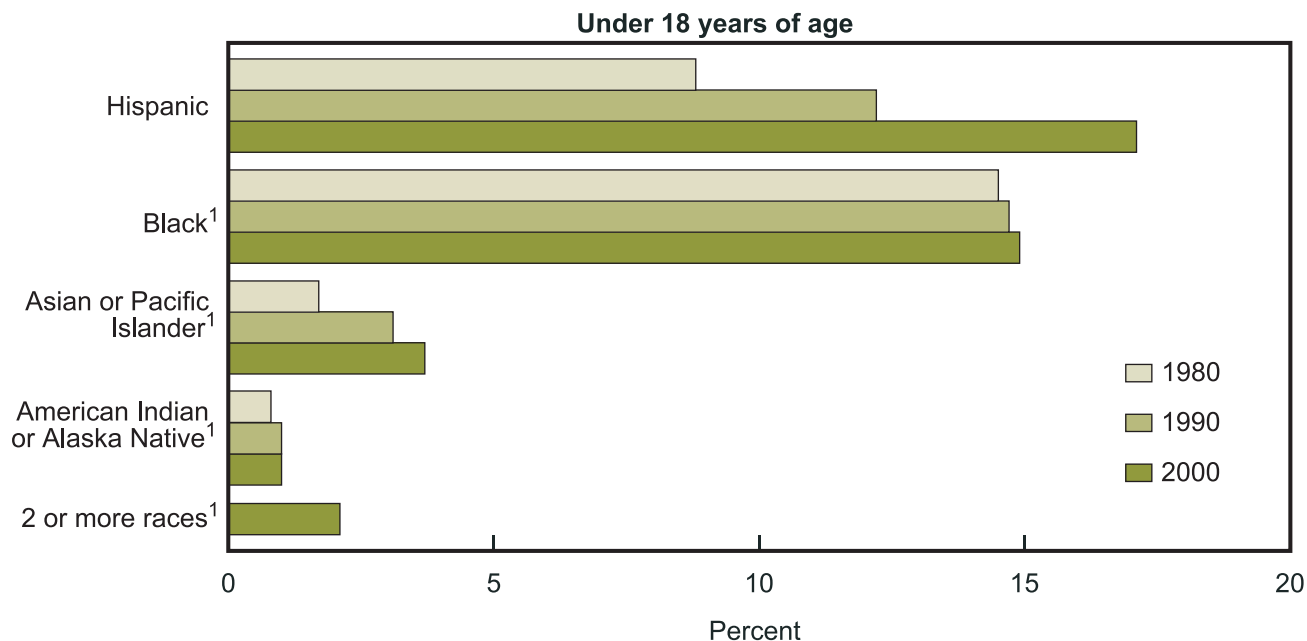
Changes in the racial and ethnic composition of the population have important consequences for the Nation's health because many measures of disease and disability differ significantly by race and ethnicity (*Health, United States, 2004*, trend tables). One of the overarching goals of U.S. public health policy is elimination of racial and ethnic disparities in health.

Diversity has long been a characteristic of the U.S. population, but the racial and ethnic composition of the Nation has changed over time. In recent decades the percent of the population of Hispanic origin and Asian or Pacific Islander race has risen (figure 3). In 2000 over one-quarter of adults and more than one-third of children identified themselves as Hispanic, as black, as Asian or Pacific Islander, or as American Indian or Alaska Native.

In the 1980 and 1990 decennial censuses, Americans could choose only one racial category to describe their race (1). In the 2000 census the question on race was modified to allow the choice of more than one racial category. Although overall a small percent of persons of non-Hispanic origin selected two or more races in 2000, a higher percent of children than adults were described as being of more than one race. The number of American adults identifying themselves or their children as multiracial is expected to increase in the future (2).

In 2000 the percent of persons reporting two or more races also varied considerably among racial groups. For example, the percent of all persons reporting a specified race who mentioned that race in combination with one or more additional racial groups was 1.4 percent for white persons and 37 percent for American Indians or Alaska Natives (3).

Figure 3. Percent of population in selected race and Hispanic origin groups by age: United States, 1980-2000



¹ Not Hispanic

NOTES: Persons of Hispanic origin may be of any race. Race data for 2000 are not directly comparable with data from 1980 and 1990. Individuals could report only one race in 1980 and 1990, and more than one race in 2000. Persons who selected only one race in 2000 are shown in single-race categories; persons who selected more than one race in 2000

are shown as having 2 or more races and are not included in single-race categories. In 2000 the category "Asian or Pacific Islander" includes Asian and Native Hawaiian or Other Pacific Islander. See Data Table for data points graphed.

SOURCE: U.S. Census Bureau, 1980-2000 decennial censuses.

Poverty

Children and adults in families with incomes below or near the Federal poverty level have worse health than those with higher incomes (see [Appendix II, Poverty level](#) for a definition of the Federal poverty level). Although, in some cases, illness can lead to poverty, more often poverty causes poor health by its connection with inadequate nutrition, substandard housing, exposure to environmental hazards, unhealthy lifestyles, and decreased access to and use of health care services (1).

In 2002 the overall percent of Americans living in poverty increased to 12.1 percent, up from 11.7 percent in 2001 and 11.3 percent in 2000, reflecting the recession that started in the spring of 2000 and the economic fallout from the September 11, 2001, attacks. These were the first increases in the poverty rate since 1993. Most of the increase in the poverty rate from 2000 to 2001 was accounted for by working-age adults who are less likely to receive income from government programs than are children and persons 65 years of age and over. However in 2002 the poverty rate increased for all ages (2).

Starting in 1974 children were more likely than either working-age adults or older Americans to be living in poverty ([figure 4](#)). In 1974 poverty among children started increasing and remained at 20 percent or above from 1981 to 1997. Since then, the children's poverty rate gradually declined to 16 percent but increased to 17 percent in 2002.

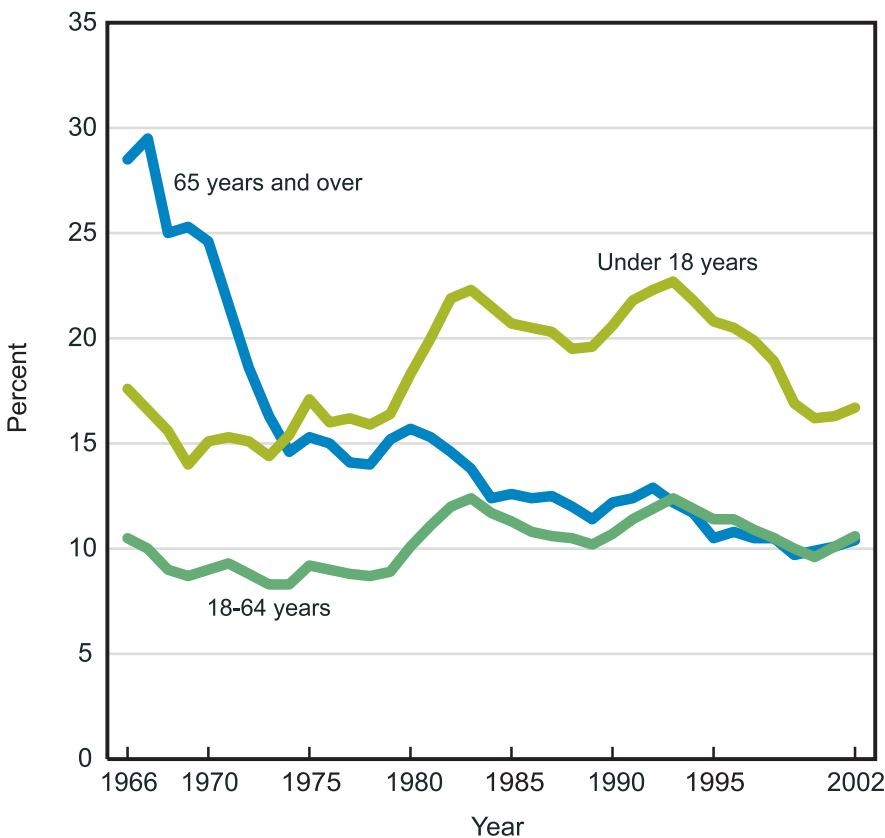
Before 1974 persons 65 years of age and over were more likely to live in poverty than people of other ages. With the availability of inflation-adjusted government social insurance programs

such as Social Security and Supplemental Security Income, the poverty rate of older Americans declined rapidly until 1974 and continued to decline gradually until the end of the 1990s (3). From 2000 to 2002 the poverty rate among persons 65 years of age and over increased.

In 2002 the percent of persons living in poverty continued to differ significantly by age, race, and ethnicity ([figure 5](#)). At all ages, a higher percent of Hispanic and black persons than non-Hispanic white persons were poor. In 2002, 29–32 percent of Hispanic and black children

were poor compared with 10–12 percent of Asian and white non-Hispanic children. Similarly, among persons 65 years of age or over more than one-fifth of Hispanic and nearly one-quarter of black persons were poor, compared with 8 percent of Asians and white non-Hispanic persons. In 2000–2002 more than 1 in 5 American Indians and Alaska Natives lived in poverty. Poverty estimates for American Indians and Alaska Natives combine data for all age groups and several years in order to produce an estimate (4).

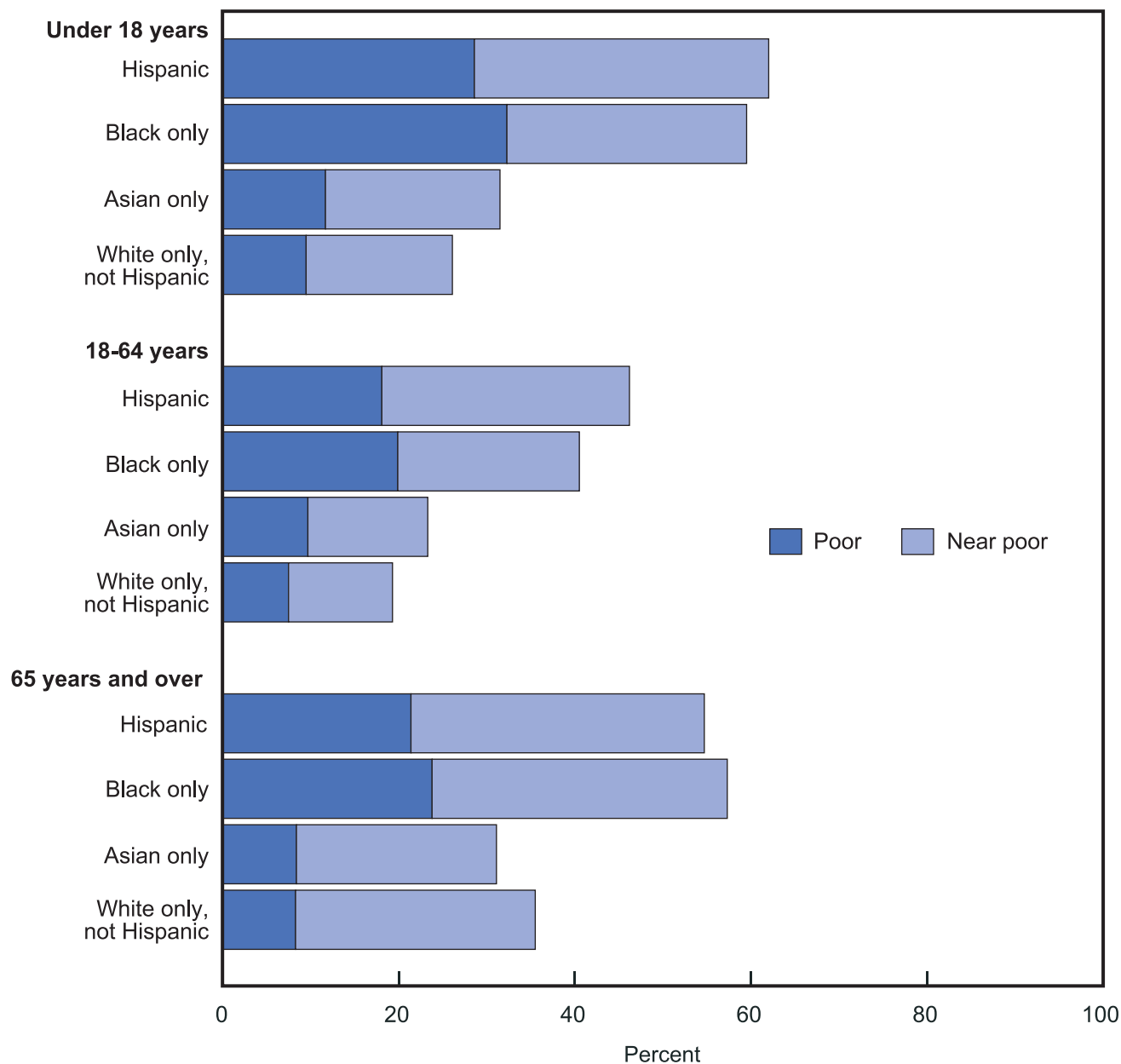
Figure 4. Poverty rates by age: United States, 1966-2002



NOTES: Data shown are the percent of persons with family income below the poverty level. See Data Table for data points graphed and additional notes.

SOURCE: U.S. Census Bureau, Current Population Survey.

Figure 5. Low income population by age, race, and Hispanic origin: United States, 2002



NOTES: Poor is defined as family income less than 100 percent of the poverty level and near poor as 100-199 percent of the poverty level. Persons of Hispanic origin may be of any race. Black and Asian races include persons of Hispanic and non-Hispanic

origin. See Data Table for data points graphed and additional notes.

SOURCE: U.S. Census Bureau, Current Population Survey.

Health Insurance

Health insurance coverage is an important determinant of access to health care (1). Uninsured children and adults under 65 years of age are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts (*Health, United States, 2004*, tables 71, 74, 75, and 77). Uninsured persons are more likely to forgo needed health care due to cost concerns (1,2). The major source of coverage for persons under 65 years of age is private employer-sponsored group health insurance. Private health insurance may also be purchased on an individual basis, but it generally costs more and provides less adequate coverage than group insurance. Public programs such as Medicaid and the State Children's Health Insurance Program provide coverage for many low-income children and adults.

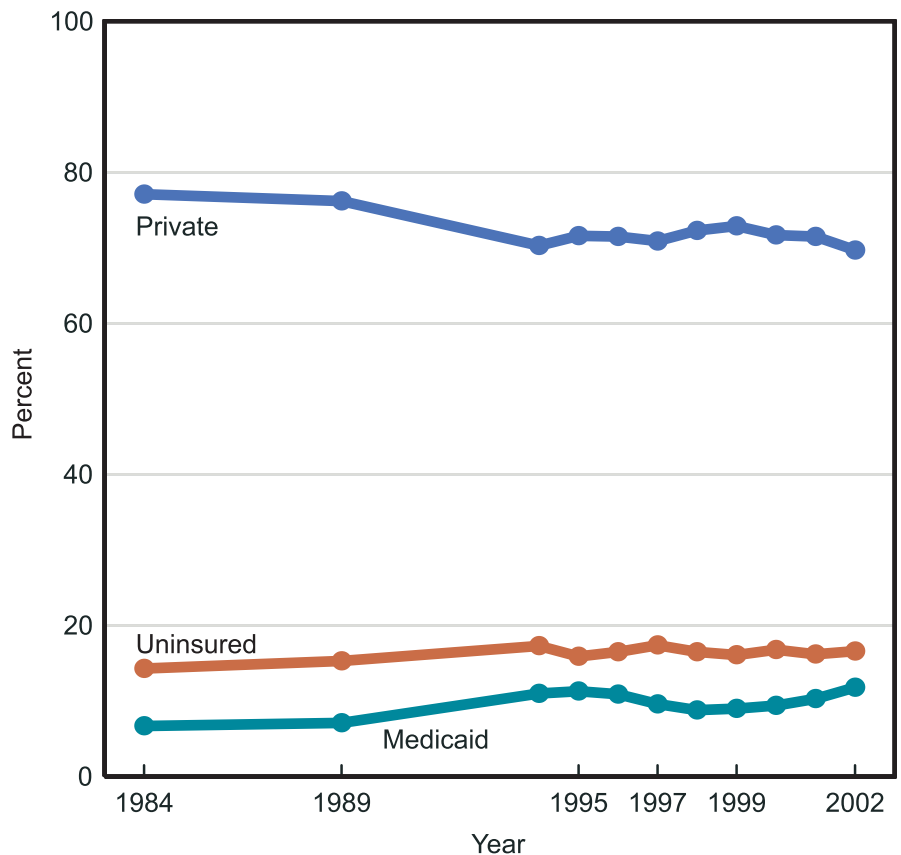
Between 1984 and 1994 private coverage declined among persons under 65 years of age while Medicaid coverage and uninsurance increased. Since 1994 the age adjusted percent of the nonelderly population with no health insurance coverage has been between 16–17 percent, Medicaid between 9–12 percent, and private coverage between 70–73 percent (figure 6). In 2002 the percent with private health insurance decreased. This decrease was offset by an increase in the percent with Medicaid, resulting in little change in the percent uninsured.

In 2002, 17 percent of Americans under 65 years of age reported having no health insurance coverage. The percent of adults under 65 years of age without health insurance coverage decreases with age. In 2002 adults 18–24 years of age were most likely to lack coverage

and those 55–64 years of age were least likely (figure 7). Persons with incomes below or near the poverty level were at least three times as likely to have no health insurance coverage as those with incomes twice the poverty level or higher. Hispanic persons and non-Hispanic black persons were more likely to lack health insurance than non-Hispanic white persons. Persons of Mexican origin were more likely to be uninsured than non-Hispanic black

persons or other Hispanics. Access to health insurance coverage through employment is lowest for Hispanic persons (*Health, United States, 2004*, table 129).

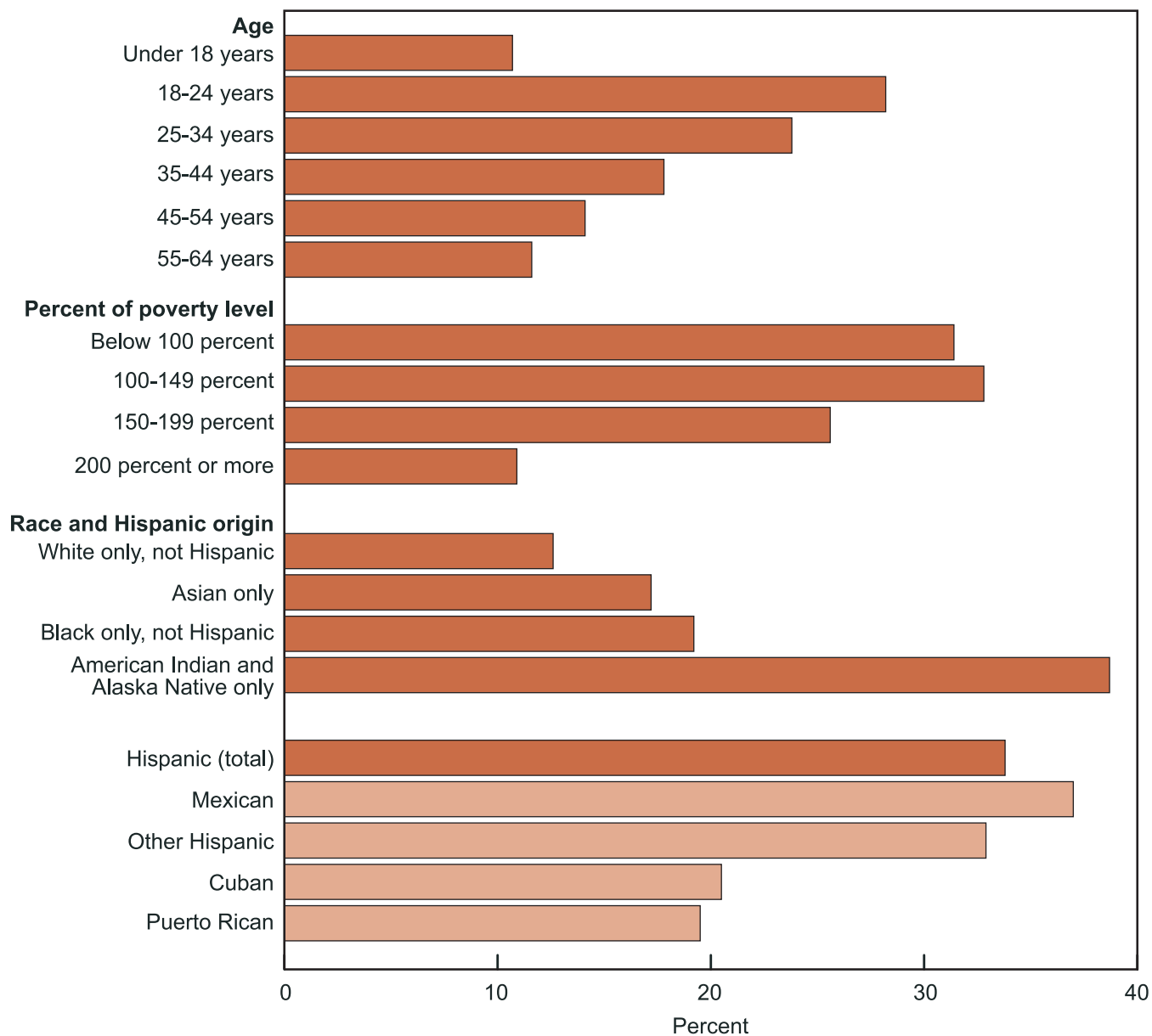
Figure 6. Health insurance coverage among persons under 65 years of age: United States, 1984-2002



NOTES: Percents are age adjusted. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Figure 7. No health insurance coverage among persons under 65 years of age by selected characteristics: United States, 2002



NOTES: Percents by poverty level, Hispanic origin, and race are age adjusted. Persons of Hispanic origin may be of any race. Asian and American Indian and Alaska Native races include persons of Hispanic and non-Hispanic origin. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Prenatal Care

Prenatal care that begins in the first trimester and continues throughout pregnancy reduces the risk of maternal morbidity and poor birth outcomes. Appropriate prenatal care can enhance pregnancy outcome and long-term maternal health by managing preexisting and pregnancy-related medical conditions, providing health behavior advice, and assessing the risk of poor pregnancy outcome (1). Attitudes toward pregnancy, lifestyle factors, and cultural beliefs have been suggested as reasons women delay recommended prenatal care. Financial and health insurance problems are among the most important barriers to such care (2). Expansion of Medicaid coverage for pregnancy-related services has increased availability and use of prenatal care by low income women (3).

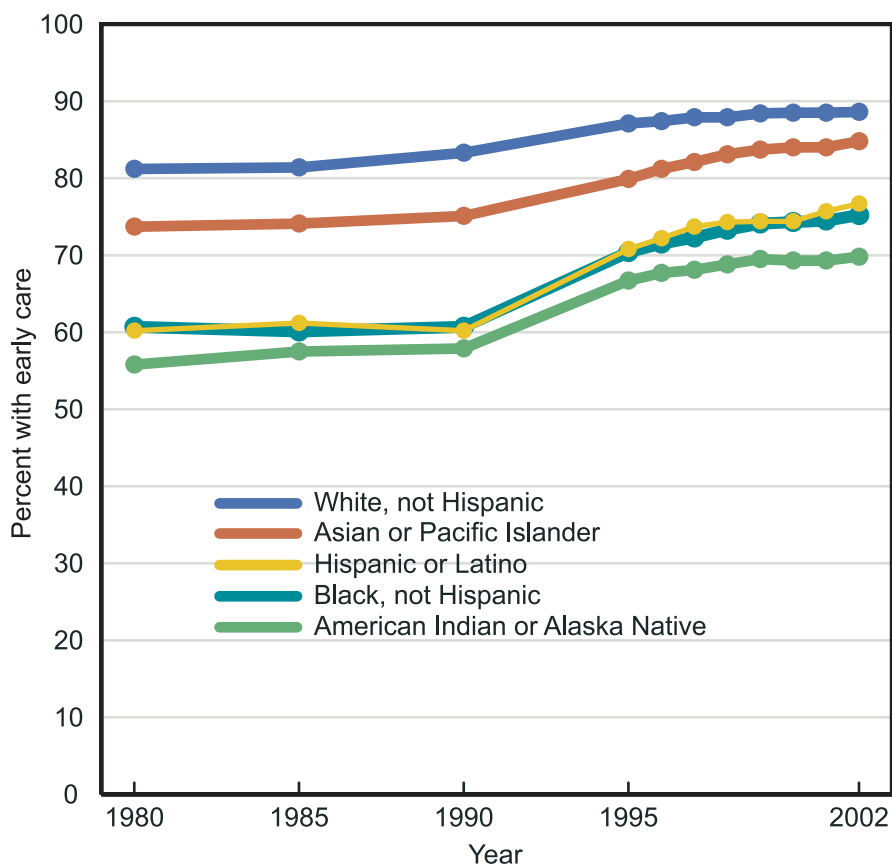
During the last three decades, the percent of mothers reporting prenatal care beginning in the first trimester rose from 68 percent in 1970 to almost 84 percent by 2002 (*Health, United States, 2004, table 6*). This upward trend reflects increases during the 1970s and the 1990s. Increases in use of prenatal care beginning in the first trimester are observed among mothers in all major racial and ethnic groups (*figure 8*). Increases in use of prenatal care in the 1990s were greatest for those with the lowest rates of care: Hispanic, non-Hispanic black, and American Indian or Alaska Native women.

Important racial and ethnic differences in the percent of mothers reporting early prenatal care persist (*figure 9*). In 2002 the percent receiving early care was higher for non-Hispanic white women than for non-Hispanic black women, American Indian or Alaska Native

women, and most groups of Hispanic women.

In 2002 about 4 percent of women began care in the third trimester of pregnancy or received no care at all, compared with 6 percent in 1990. The proportion of women receiving late or no prenatal care was highest among American Indian or Alaska Native women, non-Hispanic black women, and women of Mexican origin (6–8 percent) (*Health, United States, 2004, table 6*).

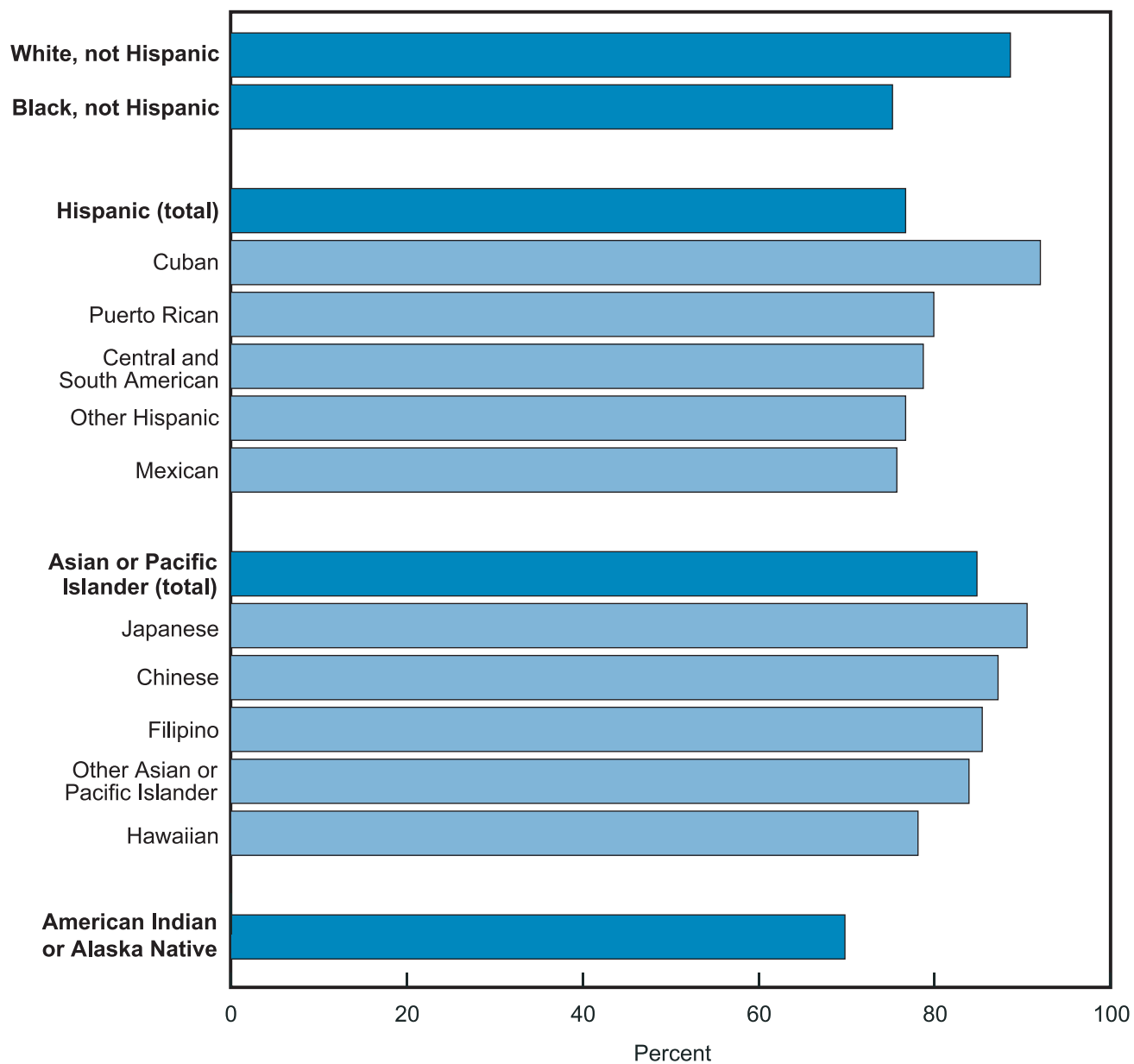
Figure 8. Early prenatal care by race and Hispanic origin of mother: United States, 1980-2002



NOTES: Early prenatal care begins during the first trimester of pregnancy. See Data Table for data points graphed and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Figure 9. Early prenatal care by detailed race and Hispanic origin of mother: United States, 2002



NOTES: Early prenatal care begins during the first trimester of pregnancy. Persons of Hispanic origin may be of any race. The race groups, Asian or Pacific Islander and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. See Data Table for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Vaccination: Adults 65 Years of Age and Over

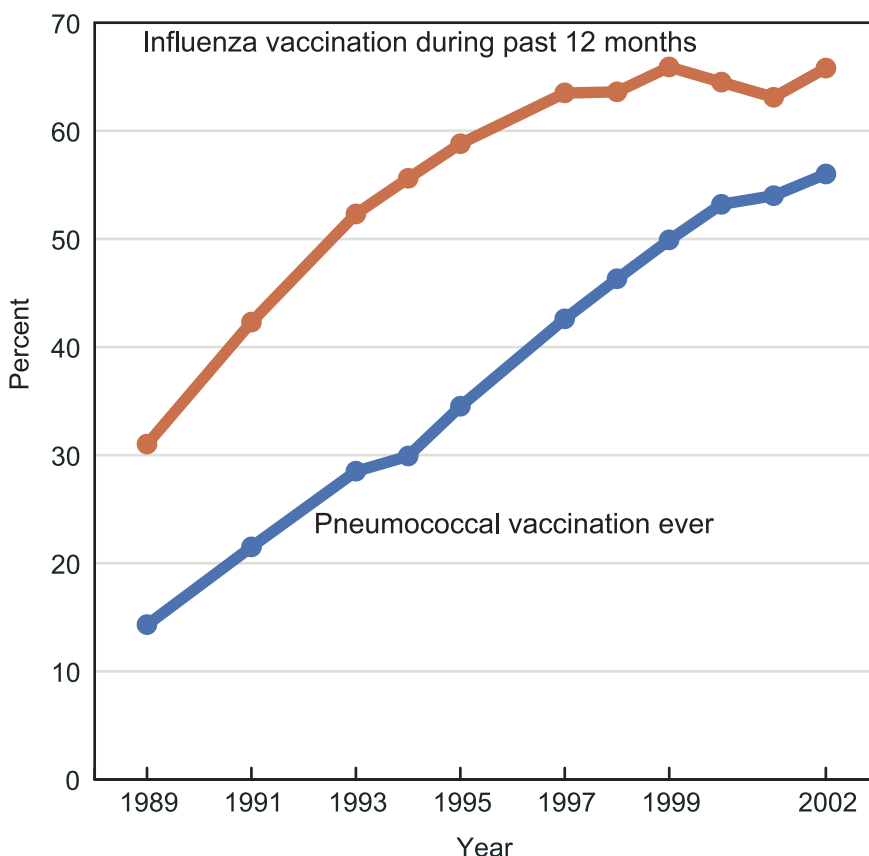
In the United States influenza resulted in the death of about 36,000 persons 65 years of age and over each year during the 1990s (1). Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease. Annual influenza vaccination and one dose of pneumococcal polysaccharide vaccine can lessen the risk of illness and subsequent complications among older persons 65 years of age and over.

In 2002, 66 percent of noninstitutionalized adults 65 years of age and over reported an influenza vaccination during the past year, the same percent as in 1999. Between 1989 and 1999 the percent more than doubled to 66 percent and then decreased slightly in 2000 and 2001 (figure 10). Between 1989 and 2002 the percent of adults 65 years of age and over ever having received a pneumococcal vaccine increased sharply from 14 percent to 56 percent. Several factors have been suggested as contributing to these increases: greater acceptance of preventive health care by consumers and practitioners, improved Medicare coverage for these vaccines since 1993, and wider delivery of this care by health care providers other than physicians (2).

Although influenza and pneumococcal vaccination rates have increased for non-Hispanic and Hispanic population groups, substantial gaps persist by race and ethnicity (3). In 2000–2002 vaccinations against influenza were received by two-thirds of non-Hispanic white adults, nearly three-fifths of Asian adults, and approximately one-half of Hispanic and non-Hispanic black older adults. Vaccinations against pneumococcal disease were received by nearly three-fifths

of non-Hispanic white, and approximately one-third of Asian, non-Hispanic black, and Hispanic older adults (figure 11). Continued monitoring of vaccination rates for all racial and ethnic groups is needed to apprise efforts to improve rates overall and to reduce disparities in vaccination levels (4).

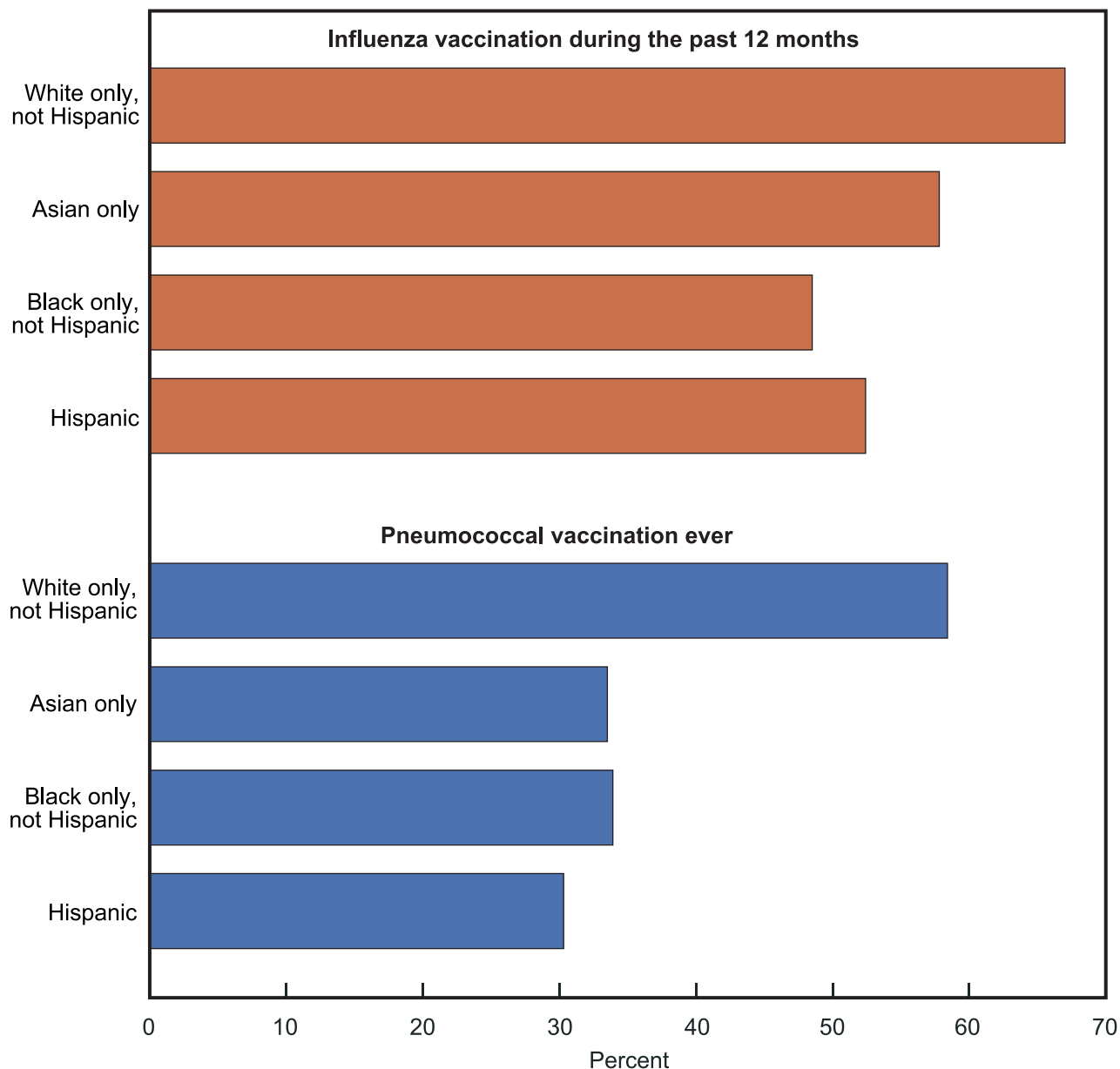
Figure 10. Influenza and pneumococcal vaccination among adults 65 years of age and over: United States, 1989-2002



NOTES: Data are for the civilian noninstitutionalized population and are age adjusted. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

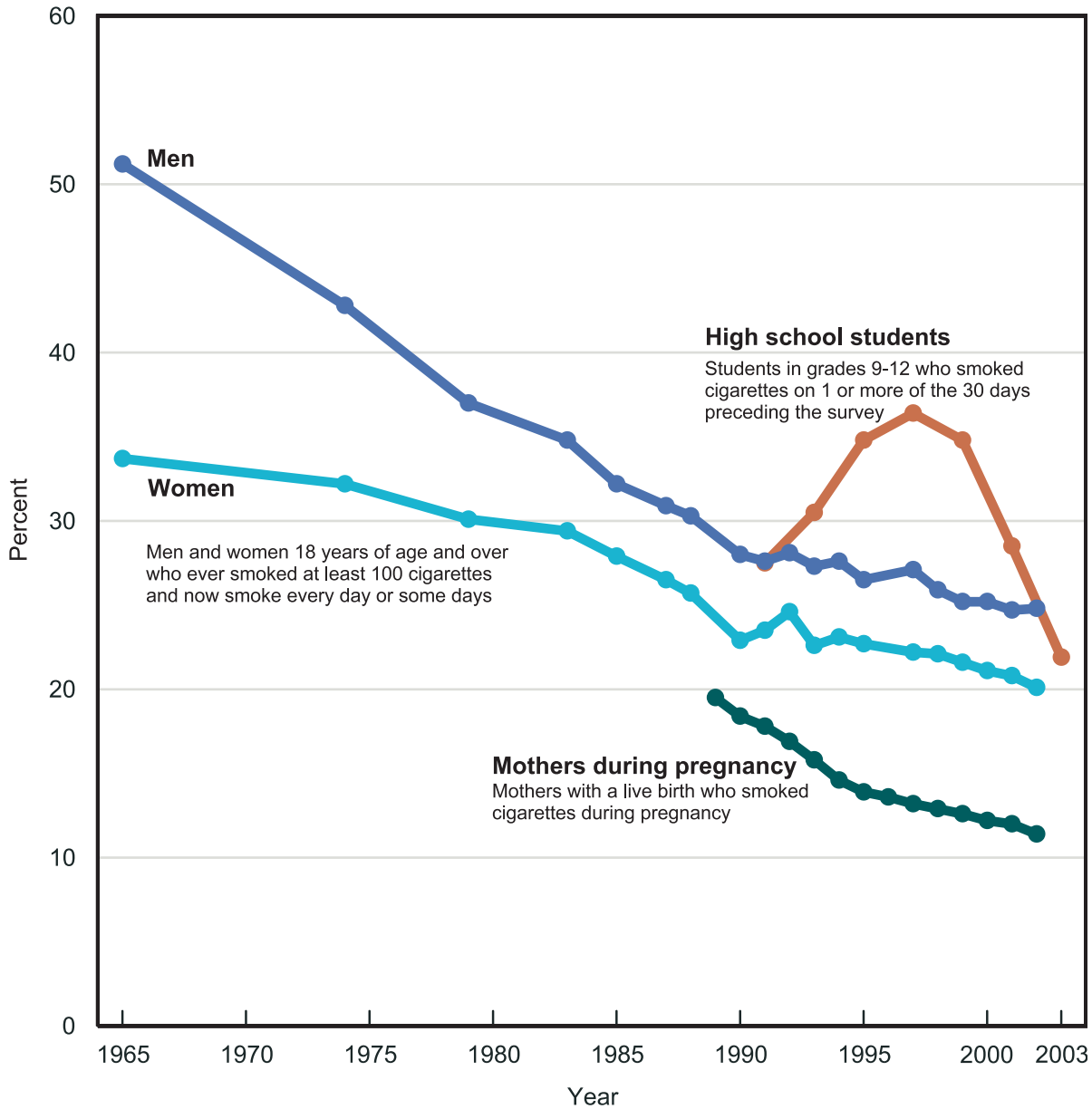
Figure 11. Influenza and pneumococcal vaccination among adults 65 years of age and over by race and Hispanic origin: United States, 2000-2002



NOTES: Data are for the civilian noninstitutionalized population and are age adjusted. Persons of Hispanic origin may be of any race. Asian only race includes persons of Hispanic and non-Hispanic origin. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Figure 12. Cigarette smoking among men, women, high school students, and mothers during pregnancy: United States, 1965-2003



NOTES: Percents for men and women are age adjusted. See Data Table for data points graphed, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey (data for men and women); National Vital Statistics System (data for mothers during pregnancy); National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey (data for high school students).

Smoking

As the leading cause of preventable death and disease in the United States, smoking is associated with significantly increased risk of heart disease, stroke, lung cancer, and chronic lung diseases (1). Smoking during pregnancy contributes to elevated risk of miscarriage, premature delivery, and having a low-birthweight infant.

Preventing smoking among teenagers is critical since smoking usually begins in adolescence (2). Decreasing cigarette smoking among adolescents and adults is a major public health objective for the Nation.

Cigarette smoking among adult men and women declined substantially following the first Surgeon General's Report on smoking in 1964 (figure 12). Since 1990 the percent of adults who smoke has continued to decline but at a slower rate than previously. In 2002, 25 percent of men and 20 percent of women were smokers. Cigarette smoking by adults continues to be strongly associated with educational attainment. Among adults, persons with less than a high school education were almost three times as likely to smoke as those with a bachelor's degree or more education (*Health, United States, 2004, table 61*).

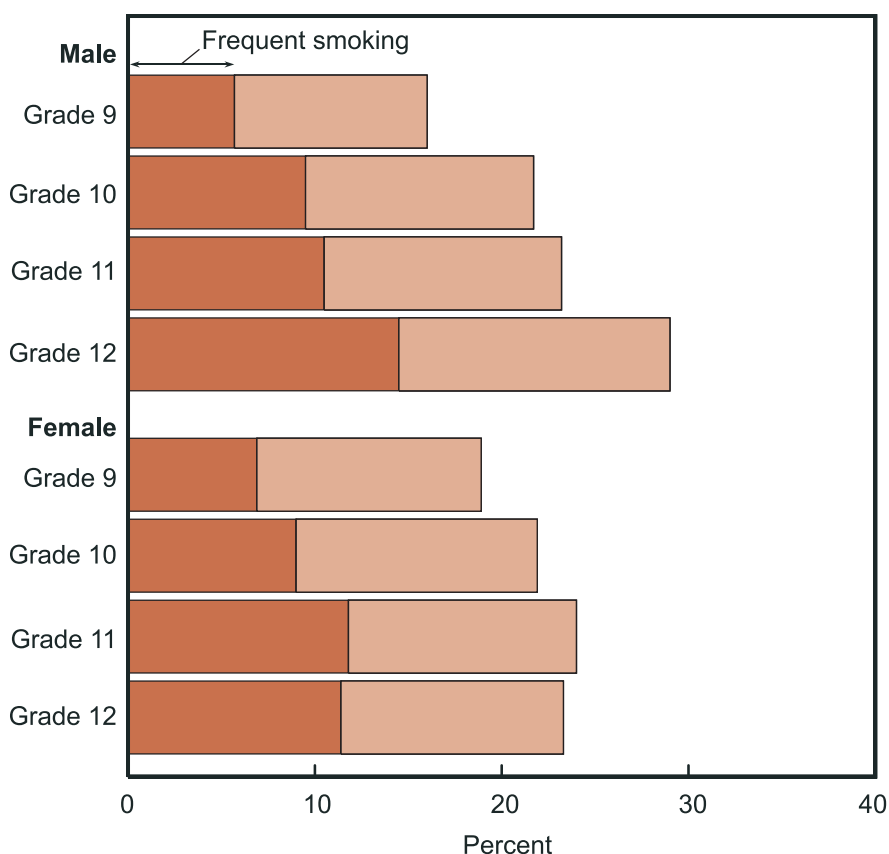
Among high school students, the percent reporting recent cigarette smoking decreased between 1997 and 2003 after increasing in the early 1990s. During the last decade, a similar percent of male and female students reported smoking. Despite the declines in cigarette smoking rates among high school students, 26 percent of high school students in grade 12 were current smokers in 2003, and 13 percent smoked on 20 or more days in the past month (frequent smokers) (figure 13). Many high school students who

were frequent smokers have already become nicotine dependent (3).

Among mothers with a live birth, the percent reporting smoking cigarettes during pregnancy declined between 1989 and 2002 (4,5). Eleven percent of mothers with a live birth in 2002 reported smoking cigarettes during pregnancy. Maternal smoking has declined for all racial and ethnic groups, but differences

among these groups persist (*Health, United States, 2004, table 11*). In 2002 the percent of mothers reporting tobacco use during pregnancy was highest for American Indian or Alaska Native mothers (20 percent), non-Hispanic white mothers (15 percent), and Hawaiian mothers (14 percent).

Figure 13. Current cigarette smoking among high school students by sex, frequency, and grade level: United States, 2003



NOTES: Current cigarette smoking is defined as having smoked cigarettes on 1 or more days of the 30 days preceding the survey; frequent cigarette smoking is defined as having smoked cigarettes on 20 or more of the 30 days preceding the survey. See Data Table for data points graphed and standard errors.

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey.

Figure 14. High school students not engaging in recommended amounts of physical activity (neither moderate nor vigorous) by grade and sex: United States, 2003

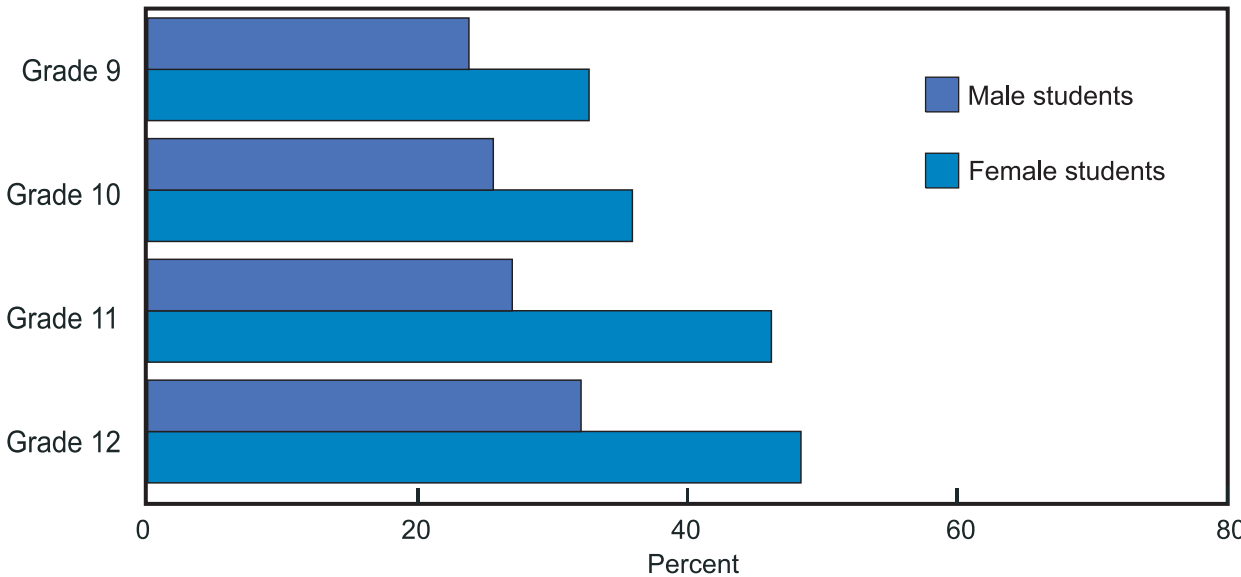
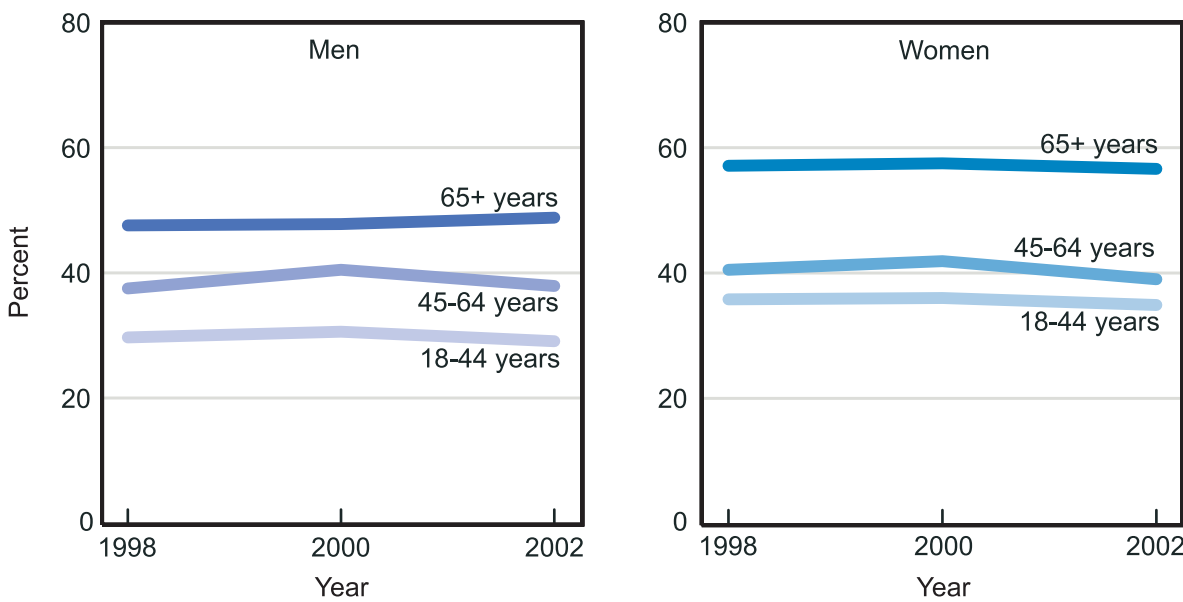


Figure 15. Adults not engaging in leisure-time physical activity by age and sex: United States, 1998-2002



NOTE: See Data Table for data points graphed, standard errors, and additional notes defining moderate, vigorous, and leisure-time physical activity.

SOURCE for figure 14: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey.

SOURCE for figure 15: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Physical Activity

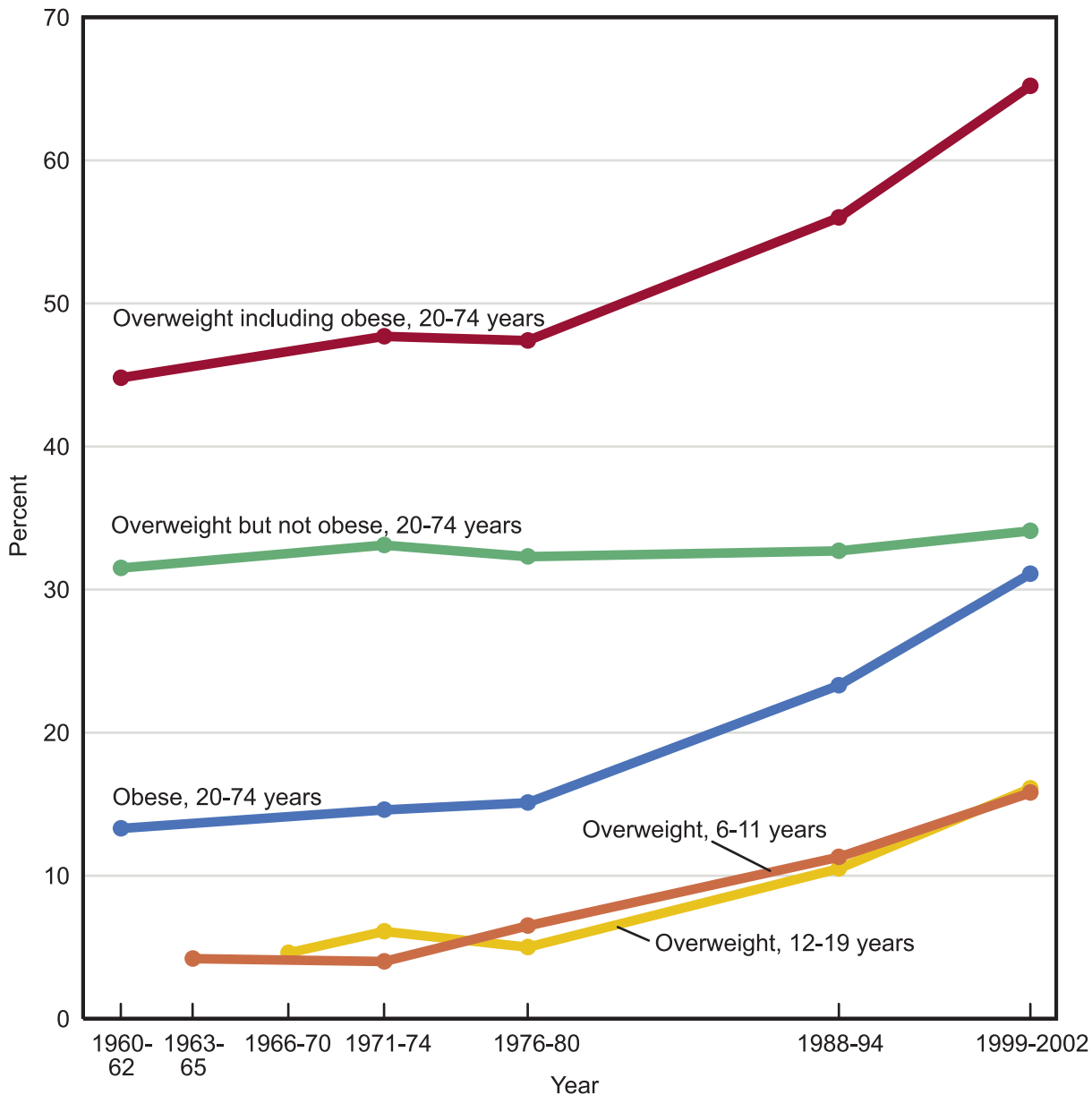
Benefits of regular physical activity include a reduced risk of premature mortality and reduced risks of coronary heart disease, diabetes, colon cancer, hypertension, and osteoporosis. In addition physical activity can enhance physical functioning and aid in weight control (1). It also improves symptoms associated with musculoskeletal conditions and mental health conditions such as depression and anxiety. Although vigorous physical activity produces the greatest cardiovascular benefits, moderate amounts of physical activity are associated with lower levels of mortality. Among older persons, even small amounts of physical activity may improve cardiovascular functioning (2).

In 2003, 40 percent of female high school students and 27 percent of male high school students reported a level of physical activity that did not meet the criteria for the recommended amount of either moderate or vigorous physical activity (figure 14, see [data table for definition of physical activity levels](#)). The percent that reported not engaging in recommended amounts of moderate and vigorous physical activity was higher among students in 11th and 12th grade than among students in 9th and 10th grade. Between 2001 and 2003 the percent of high school students reporting an insufficient amount of moderate and vigorous physical activity remained stable (3).

In 2002 nearly 40 percent of noninstitutionalized adults 18 years of age and over reported that they did not engage in physical activity during leisure time. The trend in leisure-time physical activity among adult men and women has remained stable in recent years (figure 15). Among men and women, the percent that are physically inactive during leisure time increases with age. More than one-half of adults 65 years of age and over indicated being physically inactive during leisure time compared with about one-third of adults 18–44 years of age. Women were more physically inactive during leisure time than men of the same age, consistent with the pattern found among male and female high school students.

Leisure-time physical activity is one component of an active, healthy lifestyle and is reflective of overall activity. A 2000 study that looked at both usual daily activity and leisure-time physical activity showed that, consistent with the pattern found in leisure-time activity, women were more likely than men to never engage in any physical activity overall, and men were more likely than women to engage in a high level of physical activity overall (4).

Figure 16. Overweight and obesity by age: United States, 1960-2002



NOTES: Percents for adults are age adjusted. For adults: "overweight including obese" is defined as a body mass index (BMI) greater than or equal to 25, "overweight but not obese" as a BMI greater than 25 but less than 30, and "obese" as a BMI greater than or equal to 30. For children: "overweight" is defined as a BMI at or above the sex- and age-specific 95th percentile BMI cut points from the 2000 CDC Growth Charts: United States. "Obese" is not defined for children. See Data Table for data points graphed, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Examination Survey and National Health and Nutrition Examination Survey.

Overweight and Obesity

Epidemiologic and actuarial studies have shown that increased body weight is associated with excess morbidity and mortality (1). Among adults, overweight and obesity elevate the risk of heart disease, diabetes, and some types of cancer. Overweight and obesity are also factors that increase the severity of disease associated with hypertension, arthritis, and other musculoskeletal problems (2). Among children and adolescents, obesity increases the risk of high cholesterol, hypertension, and diabetes (3). Diet, physical activity, genetic factors, and health conditions all contribute to overweight in children and adults. The potential health benefits from reduction in the prevalence of overweight and obesity are of significant public health importance.

Results from a series of National Health and Nutrition Examination Surveys indicate that the prevalence of overweight and obesity changed little between the early 1960s and 1976–80 (figure 16). Findings from the 1988–94 and 1999–2002 surveys, however, showed substantial increases in overweight and obesity among adults. The upward trend in overweight since 1980 reflects primarily an increase in the percent of adults 20–74 years of age who are obese. In 1999–2002, 65 percent of adults were overweight with 31 percent obese.

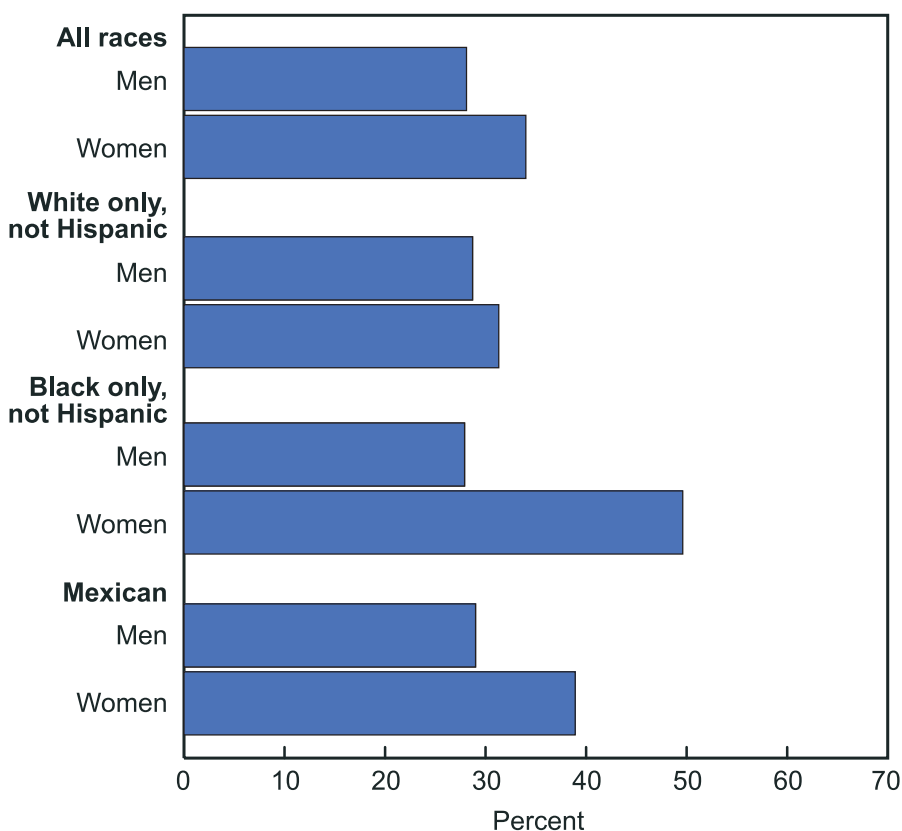
The percent of children (6–11 years of age) and adolescents (12–19 years of age) who are overweight has also risen. Among children and adolescents, the percent overweight increased since 1976–80. In 1999–2002 about 16 percent of children and adolescents were

overweight. The prevalence of overweight among adolescents varies by race and ethnicity. In 1999–2002, 14 percent of non-Hispanic white adolescents, 21 percent of non-Hispanic black adolescents, and 23 percent of Mexican-origin adolescents were overweight.

The prevalence of obesity varies among adults by sex, race, and ethnicity (figure 17). In 1999–2002, 28 percent of

men and 34 percent of women 20–74 years of age were obese. The prevalence of obesity among women differed significantly by racial and ethnic group; non-Hispanic black women had a higher prevalence of obesity than did non-Hispanic white women. In 1999–2002 one-half of non-Hispanic black women were obese.

Figure 17. Obesity among adults 20-74 years of age by sex, race, and Hispanic origin: United States, 1999-2002



NOTES: Percents are age adjusted. Obese is defined as a body mass index (BMI) greater than or equal to 30. Persons of Mexican origin may be of any race. See Data Table for data points graphed, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Limitation of Activity: Children

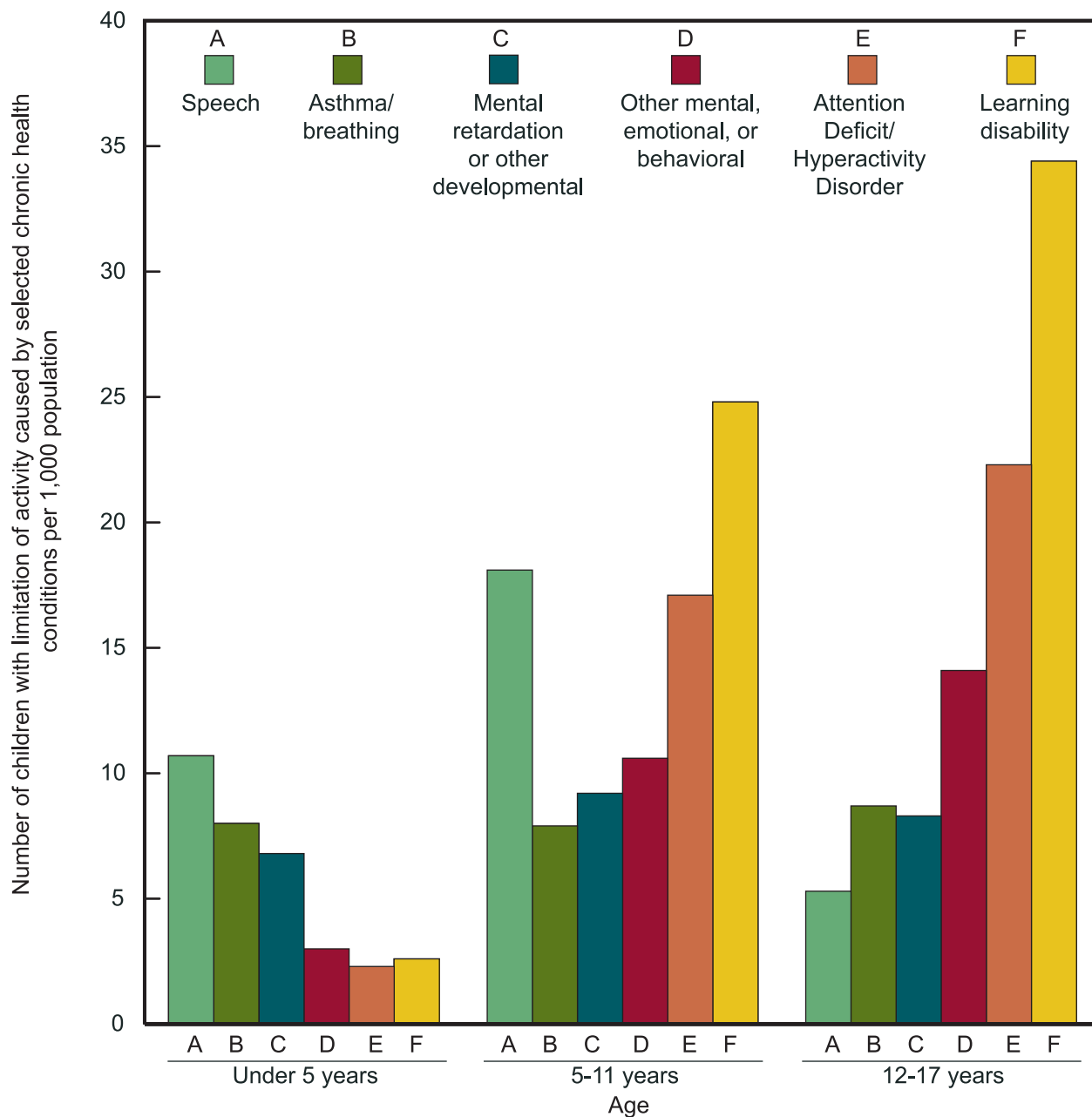
Limitation of activity due to chronic physical, mental, or emotional disorders or deficits is a broad measure of health and functioning that gauges a child's ability to engage in major age-appropriate activities. Play is the primary activity for preschool children while schoolwork is the primary activity for children 5 years of age and over. Estimates of the number of children with an activity limitation may differ depending on the type of disabilities included and the methods used to identify them (1).

The National Health Interview Survey identifies children with activity limitation through questions about specific limitations in play, self-care, walking, memory, and other activities and through a question about current use of special education or early intervention services. A child is classified as having an activity limitation due to a chronic condition if at least one of the conditions causing limitations is a chronic physical, mental, or emotional problem.

Comparable national data on activity limitation have been available since 1997 (see [Appendix I, National Health Interview Survey](#)). Between 1997 and 2002 the percent of children with activity limitation was 6–7 percent (*Health, United States, 2004*, [table 56](#)). The percent of children with limitation of activity has varied consistently by age and sex. In 2001–02 the percent of children with activity limitation was significantly higher among school-age children than among preschoolers, primarily due to the number of school-age children identified solely by participation in special education. Limitation of activity occurred nearly twice as often among boys as among girls (2). Physiological, maturational, behavioral, and social differences between boys and girls have been suggested as explanations for the higher prevalence of activity limitation in boys (3).

In 2001–02 the leading chronic health conditions causing activity limitation in children differed by age ([figure 18](#)). Among preschool children, the three chronic conditions most often mentioned were speech problems, asthma, and mental retardation. Among all school-age children, learning disability and Attention Deficit Hyperactivity Disorder (ADHD) were among the top three leading causes of activity limitation. The third leading cause among younger school-age children was speech problems and among older school-age children it was other mental, emotional, and behavioral problems.

Figure 18. Selected chronic health conditions causing limitation of activity among children by age: United States, 2001-02



NOTES: Children with more than one chronic health condition causing activity limitation are counted in each category. Selected health conditions include the three leading causes of activity limitation among children in each age group. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Limitation of Activity: Working-Age Adults

Measuring limitations in everyday activities due to chronic physical, mental, or emotional problems is one way to assess the impact of health conditions on self care and social participation (1). The effect that chronic health conditions have on activity limitation may vary with the availability of supportive and health care services.

In the National Health Interview Survey, limitation of activity in adults includes limitations in handling personal care needs (activities of daily living), routine needs (instrumental activities of daily living), having a job outside the home, walking, remembering, and other activities. Comparable national data on activity limitation have been available since 1997 (see [Appendix I, National Health Interview Survey](#)). Between 1997 and 2002 the percent of working-age adults 18–64 years of age reporting any activity limitation caused by a chronic health condition remained relatively stable (*Health, United States, 2004, table 56*).

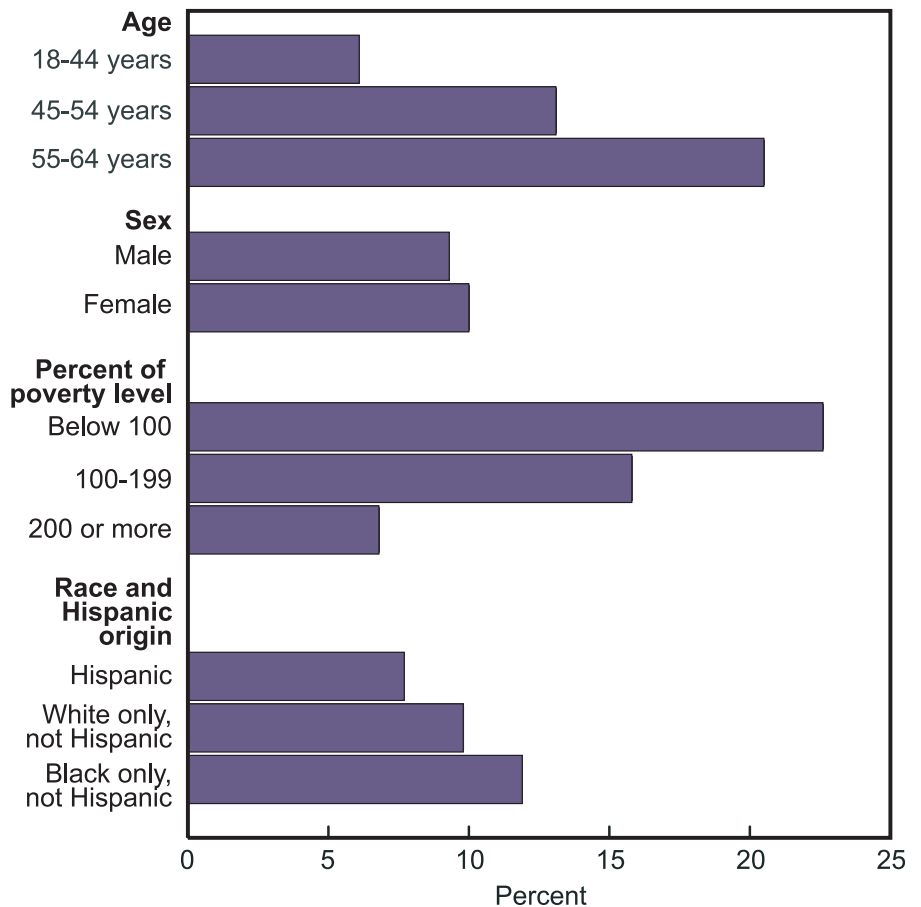
In 2000–2002, 6 percent of younger adults 18–44 years of age reported limitation in activity, in contrast to 21 percent of adults 55–64 years of age ([figure 19](#)). Differences in limitation of activity by poverty status are substantial; the percent of poor working-age adults reporting a limitation was more than three times that of adults with family income at 200 percent or more of the poverty level. After adjusting for differences in age, limitation of activity was about the same for men and women. Limitation of activity varies modestly by race and Hispanic origin from 8 percent of Hispanic persons to 12 percent of non-Hispanic black persons.

Health surveys that measure limitation of activity have typically asked about

chronic conditions causing these restrictions. Health conditions usually refer to broad categories of disease and impairment rather than medical diagnoses and reflect the understanding the general public has of factors causing disability or limitation of activity (2). Among working-age adults, arthritis and other musculoskeletal conditions were the most frequently mentioned chronic conditions causing limitation of activity

([figure 20](#)). Among persons 18–44 years of age, mental illness was the second most prevalent cause of activity limitation. Among older working-age adults (45–64 years), heart disease was the second most frequently mentioned condition. Persons who reported more than one chronic health condition as the cause of their activity limitation were counted in each category.

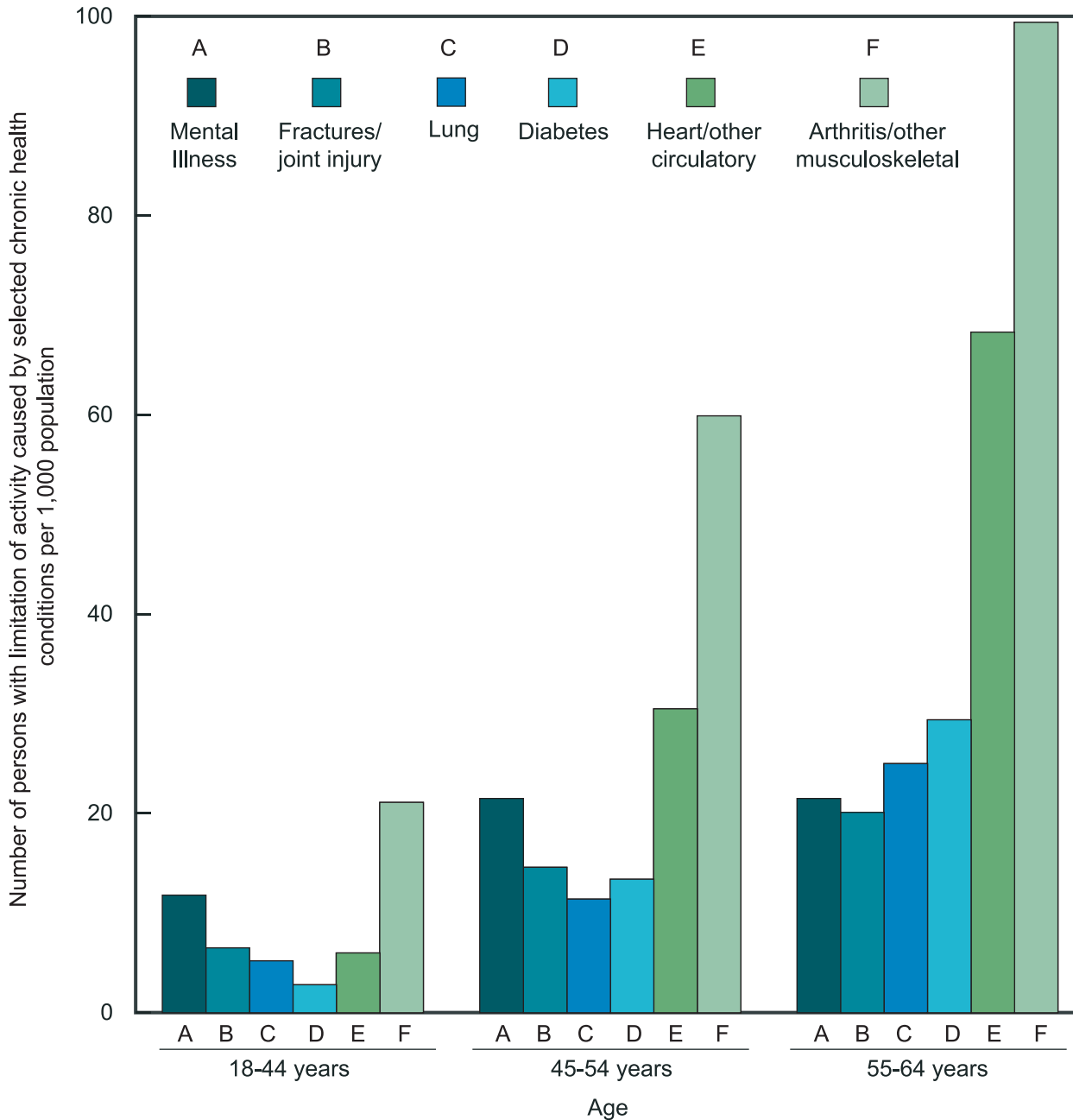
Figure 19. Limitation of activity caused by 1 or more chronic health conditions among working-age adults by selected characteristics: United States, 2000-2002



NOTES: Data are for the civilian noninstitutionalized population and are age adjusted. Persons of Hispanic origin may be of any race. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Figure 20. Selected chronic health conditions causing limitation of activity among working-age adults by age: United States, 2000-2002



NOTES: Persons may report more than one chronic health condition as the cause of their activity limitation. Selected chronic health conditions include the four leading causes of activity limitation among adults in each age group. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Limitation of Activity: Adults 65 Years of Age and Over

The ability to perform basic activities of daily living (ADL) such as bathing, dressing, and using the toilet, is an indicator of the health and functional well-being of the older population. Being limited in ADLs compromises the quality of life of older persons and often results in the need for informal or formal caregiving services, including institutionalization.

The Medicare Current Beneficiary Survey reports the health and health care utilization of a representative sample of Medicare beneficiaries of all ages and in all types of residences, both institutional and noninstitutional.

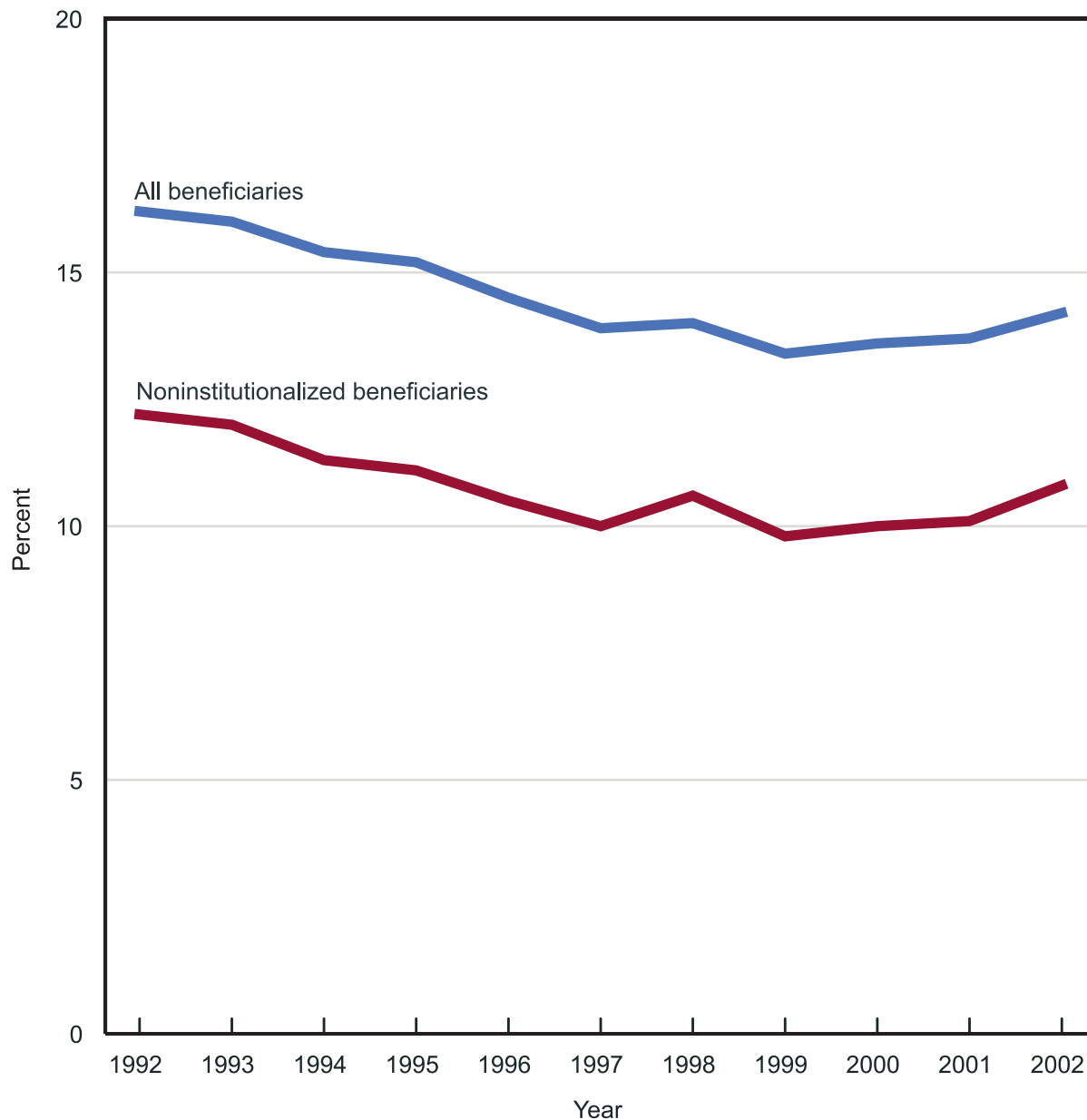
Respondents are asked about their level of difficulty and the kind of assistance received in performing six ADLs: bathing or showering, dressing, eating, getting in or out of bed or chairs, walking, and using the toilet. The definition of limitation here includes persons who have difficulty and who receive help or supervision performing at least one of the six activities.

From 1992 to 2002 the percent of all Medicare beneficiaries 65 years of age and over who were limited in at least one of six ADLs declined from 16 percent to 14 percent (figure 21). During the same period the percent of Medicare beneficiaries 65 years of age and over who were limited in ADLs ranged between 10–12 percent for noninstitutionalized beneficiaries and between 86–93 percent for institutionalized beneficiaries. In 2002, 11 percent of noninstitutionalized and 90 percent of institutionalized beneficiaries were limited in at least one of six ADLs. About 5 percent of Medicare beneficiaries 65 years of age and over are institutionalized. Over time, the distinction between noninstitutionalized and institutionalized settings has blurred as “assisted living” facilities have become more prominent. Trends in activity limitation for both noninstitutionalized and institutionalized beneficiaries may be affected by the emergence of assisted living and other types of residential settings for older Americans.

Among noninstitutionalized older Medicare beneficiaries, the percent limited in ADLs was higher for women than men and rises with age for both women and men. For the oldest age group, persons 85 years of age and over, 27 percent of women and 24 percent of men received help or supervision with at least one basic activity of daily living in 2002. Among persons in institutions, nearly all, regardless of age, received help or supervision with ADLs (89 percent of men and 90 percent of women) (1).

Some studies show that limitations in certain aspects of disability have declined among the older population, including the ability to perform physical tasks such as walking up steps and reaching arms overhead and the ability to perform instrumental activities of daily living (IADLs) such as shopping and managing money (2–5). Evidence on the trends in ADL limitation is mixed, but a recent study shows declines in certain measures of ADL limitation beginning in the mid-1990s (6). More studies over a longer time period are needed to determine whether a sustained overall decline in ADL limitation is occurring.

Figure 21. Limitation of activities of daily living among Medicare beneficiaries 65 years of age and over: United States, 1992-2002



NOTES: Percents are age adjusted. Limitation of activities of daily living is defined as having difficulty and receiving help or supervision with at least one of the following six activities: bathing or showering, dressing, eating, getting in or out of bed or chairs, walking, and using the toilet. All beneficiaries includes institutionalized and noninstitutionalized beneficiaries. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey, Access to Care files.

Life Expectancy

Life expectancy is a measure often used to gauge the overall health of a population. As a summary measure of mortality, life expectancy represents the average number of years of life that could be expected if current death rates were to remain constant. Shifts in life expectancy are often used to describe trends in mortality. Life expectancy at birth is strongly influenced by infant and child mortality. Life expectancy later in life reflects death rates at or above a given age and is independent of the effect of mortality at younger ages (1).

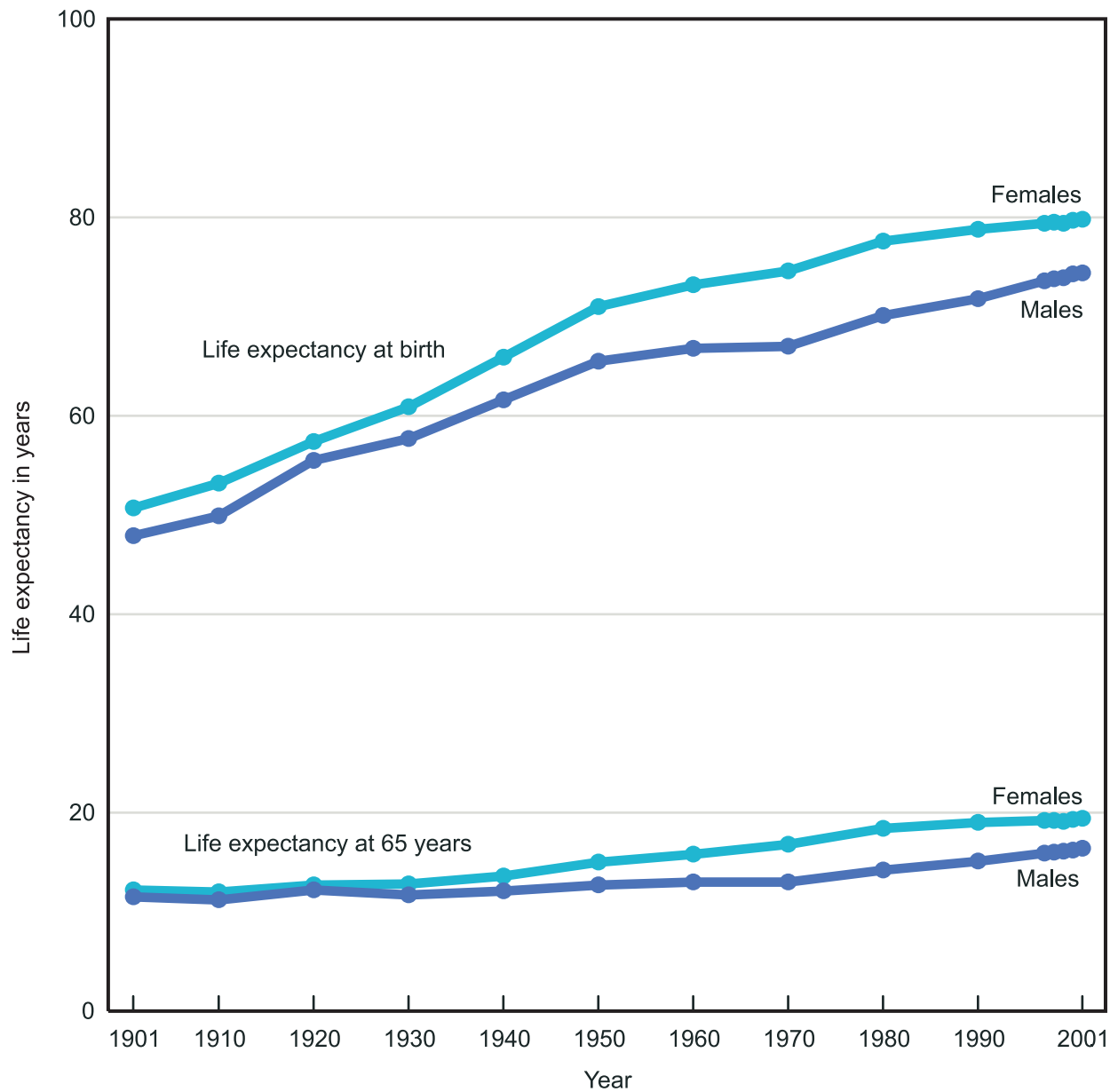
During the 20th century, life expectancy at birth increased from 48 to 74 years of age for men and from 51 to almost 80 years of age for women (figure 22). Improvements in nutrition, housing, hygiene, and medical care contributed to decreases in death rates throughout the lifespan. Prevention and control of infectious diseases had a profound impact on life expectancy in the first half of the 20th century (2).

Life expectancy at age 65 years also increased during the last century. Among men, life expectancy at age 65 years rose from 12 to 16 years and among women from 12 to 19 years of age. In contrast to life expectancy at birth, which increased sharply early in the century, life expectancy at age 65 years improved primarily after 1950. Improved access to health care, advances in medicine, healthier lifestyles, and better health before age 65 years are factors underlying decreased death rates among older Americans (3).

While the overall trend in life expectancy for the United States was upward throughout the 20th century, the gain in years of life expectancy for women generally exceeded that for men until the 1970s, widening the gap in life expectancy between men and women. The increasing gap during those years is attributed to increases in male mortality due to ischemic heart disease and lung cancer, both of which increased largely as the result of men's early and widespread adoption of cigarette smoking (4). After the 1970s the gain in life expectancy for men exceeded that for women and the gender gap in life expectancy began to narrow. Between 1990 and 2001 the total gain in life expectancy for women was 1 year compared with more than 2 years for men, reflecting proportionately greater decreases in heart disease and cancer mortality for men than for women and proportionately larger increases in chronic lower respiratory disease mortality among women (4).

Longer life expectancies at birth in many other developed countries suggest the possibility of improving longevity in the United States (*Health, United States, 2004, table 26*). Decreasing death rates of less advantaged groups could raise life expectancy in the United States (*Health, United States, 2004, table 27*).

**Figure 22. Life expectancy at birth and at 65 years of age by sex:
United States, 1901-2001**



NOTE: See Data Table for data points graphed and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Infant Mortality

Infant mortality, the risk of death during the first year of life, is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women. Disorders related to short gestation and low birthweight, and congenital malformations are the leading causes of death during the first month of life (neonatal mortality). Sudden Infant Death Syndrome (SIDS) and congenital malformations rank as the leading causes of infant deaths after the first month of life (postneonatal mortality) (1).

Between 1950 and 2001 the infant mortality rate declined by almost 77 percent (figure 23). In 2002 the infant mortality rate increased to 7.0 infant deaths per 1,000 live births up from 6.8 in 2001 (2,3). This was the first year since 1958 that the rate has not declined or remained unchanged. Based on an analysis of the preliminary data, the rise in infant mortality was attributed to an increase in neonatal infant deaths (infants less than 28 days old). Two-thirds of all infant deaths occur during the neonatal period (*Health, United States, 2004, table 22*). Provisional counts of infant deaths for the first 9 months of 2003 suggest an improvement in the infant mortality rate for 2003. However, the provisional data are not stable enough to determine if the improvement is large enough to bring the rate down to the historically low level reached in 2001.

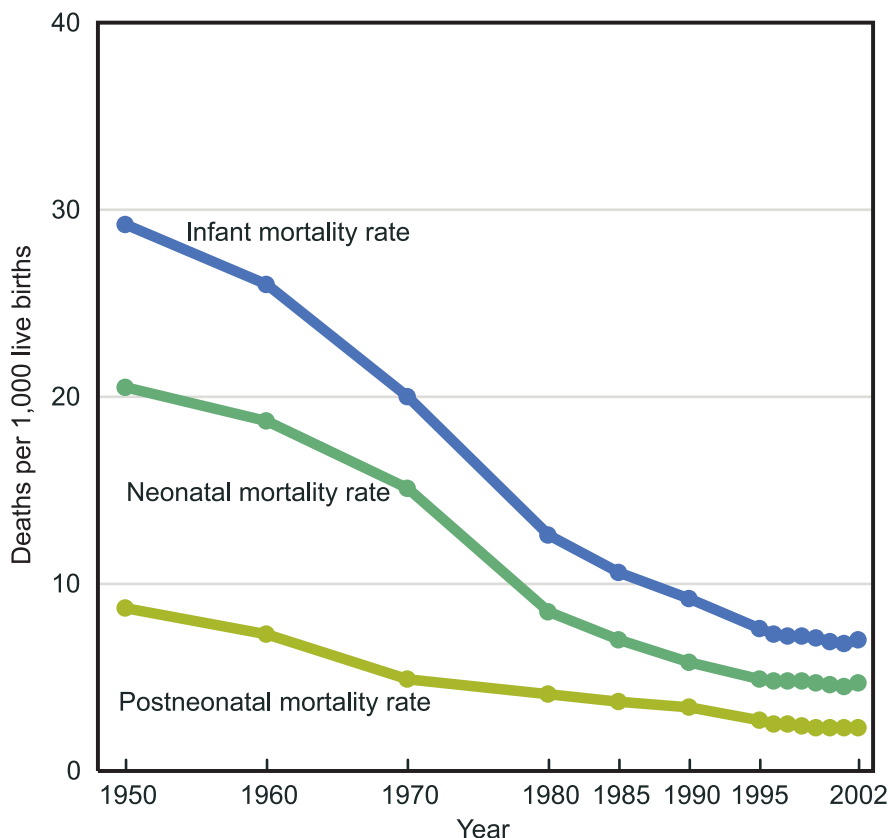
Declines in infant mortality over the past five decades have been linked to improved access to health care, advances in neonatal medicine, and public health education campaigns such

as the “Back to Sleep” campaign to curb fatalities caused by SIDS (4).

Infant mortality rates have declined for all racial and ethnic groups, but large disparities remain (*Health, United States, 2004, table 19*). During 1999–2001 the infant mortality rate was highest for infants of non-Hispanic black mothers (figure 24) (5). Infant mortality rates were also high among infants of American Indian or Alaska Native mothers, Puerto

Rican mothers, and Hawaiian mothers. Infants of mothers of Chinese origin had the lowest infant mortality rates.

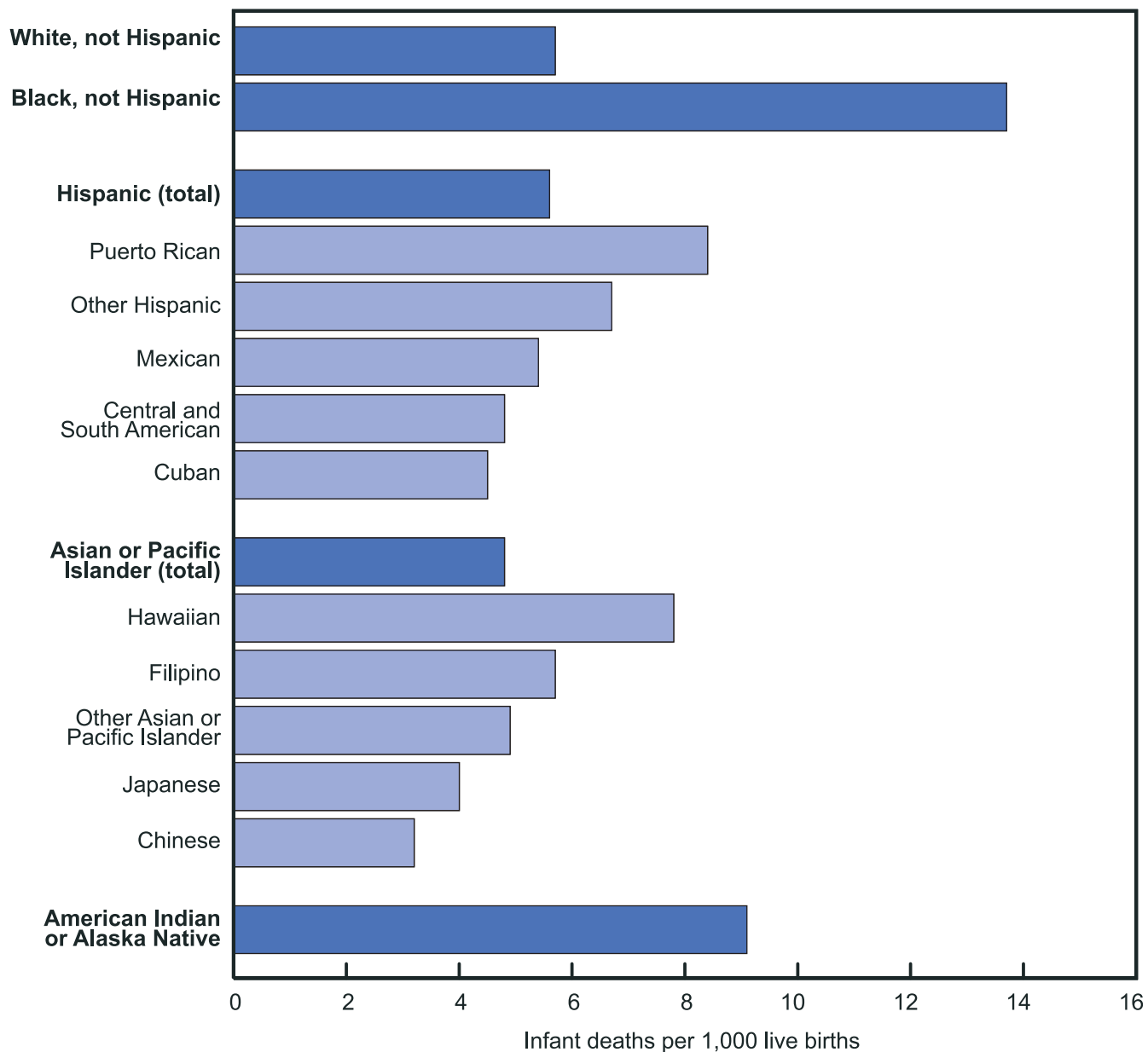
Figure 23. Infant, neonatal, and postneonatal mortality rates: United States, 1950-2002



NOTES: Infant is defined as under 1 year of age, neonatal as under 28 days of age, and postneonatal as between 28 days and 1 year of age. See Data Table for data points graphed and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Figure 24. Infant mortality rates by detailed race and Hispanic origin of mother: United States, 1999-2001



NOTES: Infant is defined as under 1 year of age. Persons of Hispanic origin may be of any race. Asian or Pacific Islander, and American Indian or Alaska Native races include persons of Hispanic and non-Hispanic origin. See Data Table for data points graphed and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked Birth/Infant Death Data Sets.

Leading Causes of Death for All Ages

In 2002 a total of 2.4 million deaths were reported in the United States. The overall age-adjusted death rate was 42 percent lower in 2002 than it was in 1950. The reduction in overall mortality during the last half of the 20th century was driven mostly by declines in mortality for such leading causes of death as heart disease, stroke, and unintentional injuries (figure 25).

Throughout the second half of the 20th century, heart disease was the leading cause of death and stroke was the third leading cause. In 2002 the death rate for heart disease was 59 percent lower than the rate in 1950. The death rate for stroke declined 69 percent since 1950 (*Health, United States, 2004, tables 36 and 37*). Heart disease and stroke mortality are associated with risk factors such as high blood cholesterol, high blood pressure, smoking, and dietary factors. Other important factors include socioeconomic status, obesity, and physical inactivity. Factors contributing to the decline in heart disease and stroke mortality include better control of risk factors, improved access to early detection, and better treatment and care, including new drugs and expanded uses for existing drugs (1).

Cancer was the second leading cause of death throughout the period. Overall cancer death rates rose between 1960 and 1990 and then reversed direction. Between 1990 and 2002 overall death rates for cancer declined more than 10 percent. In the 1980s cancer death rates for females increased faster and in the 1990s declined more slowly than rates for males, reducing the disparity in cancer death rates. Rates for males were 63 percent higher than rates for females in 1980 and 46 percent higher in 2002. The trend in the overall cancer death rate reflects the trend in the death rate for lung cancer (*Health, United States, 2004, tables 38 and 39*). Since 1970 the death rate for lung cancer for the total population has been higher than the death rate for any other cancer site. Lung cancer is strongly associated with smoking.

Chronic lower respiratory disease (CLRD) was the fourth leading cause of death in 2002. The death rate for CLRD in 2002 was 54 percent higher than the rate in 1980. The upward trajectory for CLRD death rates is a result of steadily increasing death rates for females, which increased more than 150 percent between 1980 and 2002, while death rates

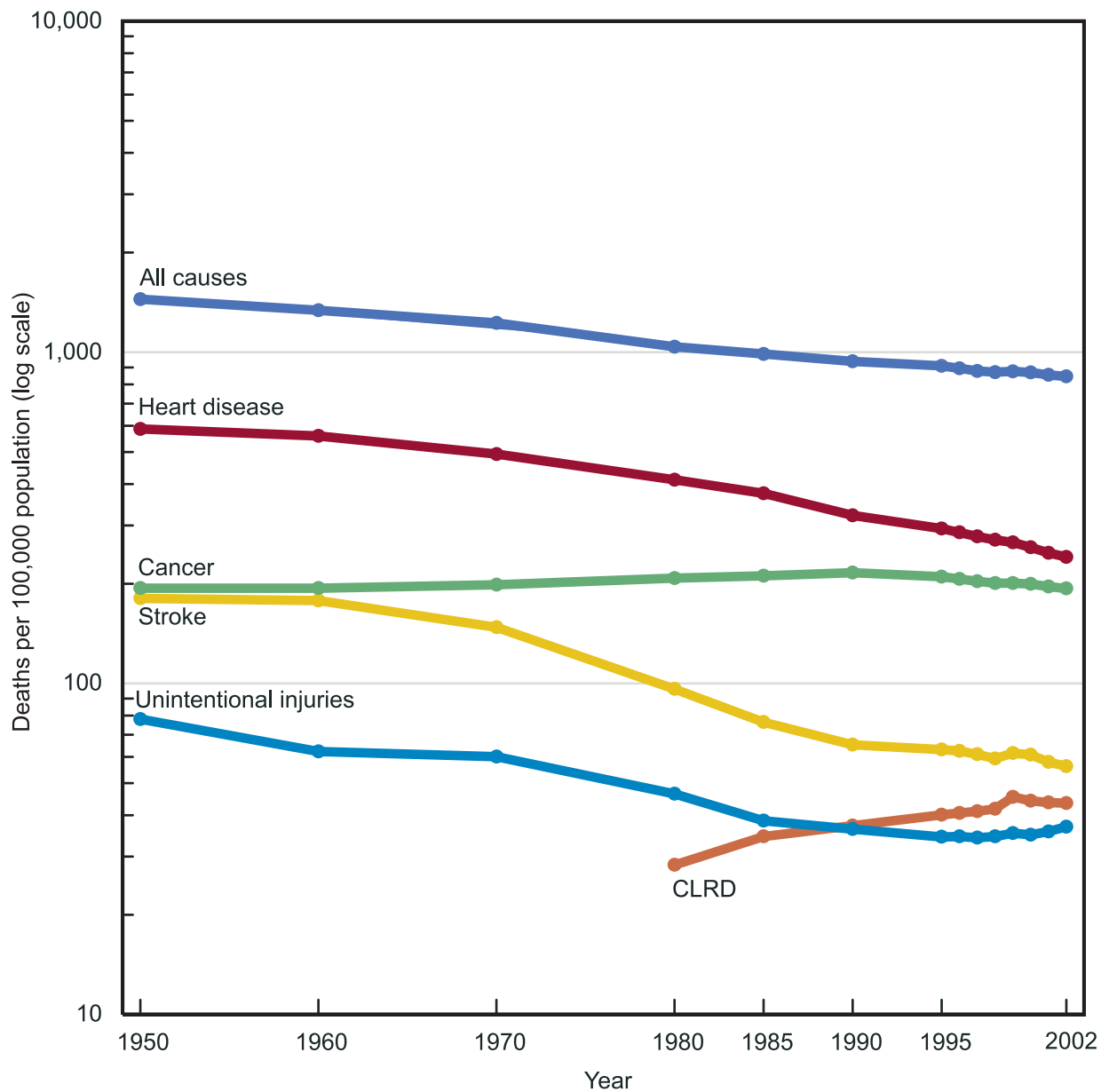
for males increased only 7 percent. The increasing trend for females is most noticeable for females age 55 years and over (*Health, United States, 2004, table 41*). CLRD is strongly associated with smoking.

The fifth leading cause of death in 2002 was unintentional injuries. Death rates for unintentional injuries declined during the period 1950–1992. Since 1992, however, unintentional injury mortality has increased slightly. Despite recent increases, the death rate for unintentional injuries in 2002 was still 53 percent lower than the rate in 1950. The risk of death due to unintentional injuries is greater for males than females (*Health, United States, 2004, table 29*) and the risk varies with age. For males age 15–64 years in 2002, the risk of death due to unintentional injuries was 2–3 times the risk for females of those ages. For ages under 15 years and 65 years and over, the gender disparity was smaller. The risk of death due to unintentional injuries increased steeply after age 64 years for both males and females.

Although overall unintentional injury mortality has increased slightly since the early 1990s, the trend in motor vehicle-related injury mortality, which accounts for approximately one-half of all unintentional injury mortality, has been generally downward since the 1970s (*Health, United States, 2004, table 44*). The decline in death rates for motor vehicle-related injuries is a result of safer vehicles and highways; behavioral changes such as increased use of safety belts, child safety seats, and motorcycle helmets; and decreased drinking and driving (2).

Death rates increase with age for chronic diseases such as heart disease, cancer, stroke, and chronic lower respiratory diseases, as well as for unintentional injuries. Death rates for black persons exceed those for white persons of the same gender for each of these causes. Socioeconomic factors are strongly associated with risk of death. Adult males and females with a high school education or less had death rates more than twice as high as the rates for those with more than a high school education in 2002 (*Health, United States, 2004, table 34*).

Figure 25. Death rates for leading causes of death for all ages: United States, 1950-2002



NOTES: Rates are age adjusted. Causes of death shown are the five leading causes of death for all ages in 2002. CLRD is chronic lower respiratory diseases. Starting in 1999 data were coded according to ICD-10. See Data Table for data points graphed and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Overall Drug Use

Drugs—both prescription and nonprescription—are becoming a more frequently utilized therapy for reducing morbidity and mortality, and improving the quality of life of Americans. Factors affecting the increase in utilization of medications include the growth of third-party insurance coverage for drugs, the availability of effective new drugs, marketing to physicians and increasingly directly to consumers, and clinical guidelines recommending increased use of medications for conditions such as high cholesterol, high blood pressure, chronic asthma, and diabetes (1,2). This increased utilization is reflected in higher expenditures. Between 1995 and 2002 expenditures for prescription drugs grew at a faster rate than expenditures for other types of health care (*Health, United States, 2004, table 118*).

The National Health and Nutrition Examination Survey (NHANES) collects data on the prescription drug use of survey participants during in-person household interviews. Between 1988–94 and 1999–2000 NHANES data show that the percent of Americans of all ages who reported using any prescribed medication during the past month increased from 39 to 44 percent (age adjusted; [figure 26](#)). During the same period the percent of persons who reported using three or more drugs in the past month increased from 12 to 17 percent (age adjusted) of the population. Perhaps most striking is the increase in the percent of older persons who reported taking three or more prescribed medications during a one-month period—almost one-half of those 65 and over in 1999–2000—compared with just over one-third in 1988–94.

Prescription drug use is greater among middle-aged and older adults than among younger persons. Prevalence of many chronic conditions and diseases increases with age, as does use of medications designed to help control or prevent complications associated with those conditions. In 1999–2000, about one-quarter of children reported taking at least one prescription medication while more than 60 percent of middle-aged adults and more than 80 percent of older adults reported taking at least one prescription drug during the past month.

Use of prescription drugs differs by race and ethnicity (*Health, United States, 2004, table 86*). Adults of Mexican origin are less likely to report having taken a prescribed medication in the past month than either non-Hispanic black or non-Hispanic white adults. In part this is because use of

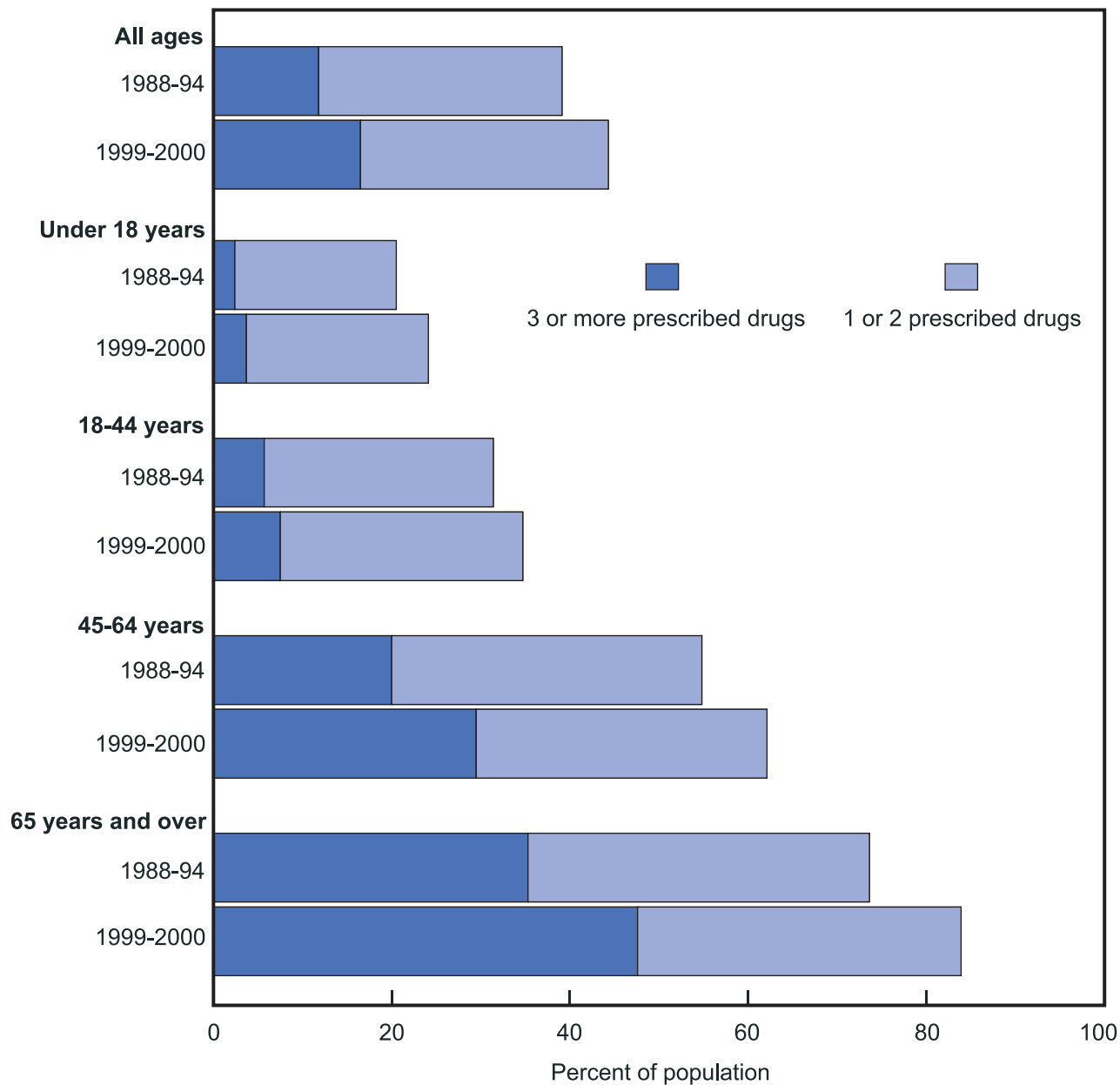
medications is strongly related to access to medical care and the ability to pay for medications once prescribed (1,3). Americans of Mexican descent are less likely to have health insurance, which often covers some prescription drug expenses, than those in other racial and ethnic groups (*Health, United States, 2004, table 129*).

Data on drugs associated with medical visits are available from the National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS Outpatient Department Component). These data are abstracted from medical records of physician office and hospital outpatient department visits and include information on the number and type of prescription and nonprescription drugs, immunizations, allergy shots, and anesthetics that were prescribed, ordered, supplied, administered, or continued during the visit.

Data from NAMCS and NHAMCS provide information on overall medication prescribing patterns in addition to documenting the burden and complexity that medication management presents to the health care system and to consumers. Estimates of the percent of visits with drugs recorded on the visit record from NAMCS and NHAMCS ([figure 27](#)) complement the population-based data from NHANES ([figure 26](#)), which provide a snapshot of prescription drugs reported at the time of in-person interviews. Because NAMCS and NHAMCS data include information only on persons who have accessed the medical care system, they do not represent the number or percent of people in the Nation currently taking a specific drug. Rather, the visit-level data provide a snapshot of how drugs are being prescribed or provided to people who receive care from office-based physicians and hospital outpatient departments.

Almost two-thirds (62 percent) of visits to physician offices and hospital outpatient departments in 2001–02 had at least one drug associated with the visit (4). Between 1995–96 and 2001–02 the number of drugs recorded during physician office and hospital outpatient department visits increased from 1.1 to 1.5 billion. Rates of visits with at least one drug mentioned are higher for women than men, in part reflecting women's overall higher rate of visits to physician offices and hospital outpatient departments (*Health, United States, 2004, tables 83 and 87*) (5).

Figure 26: Percent of persons reporting prescription drug use in the past month by age: United States, 1988-94 and 1999-2000



NOTES: All ages data are age adjusted. See Data Table for data points graphed, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

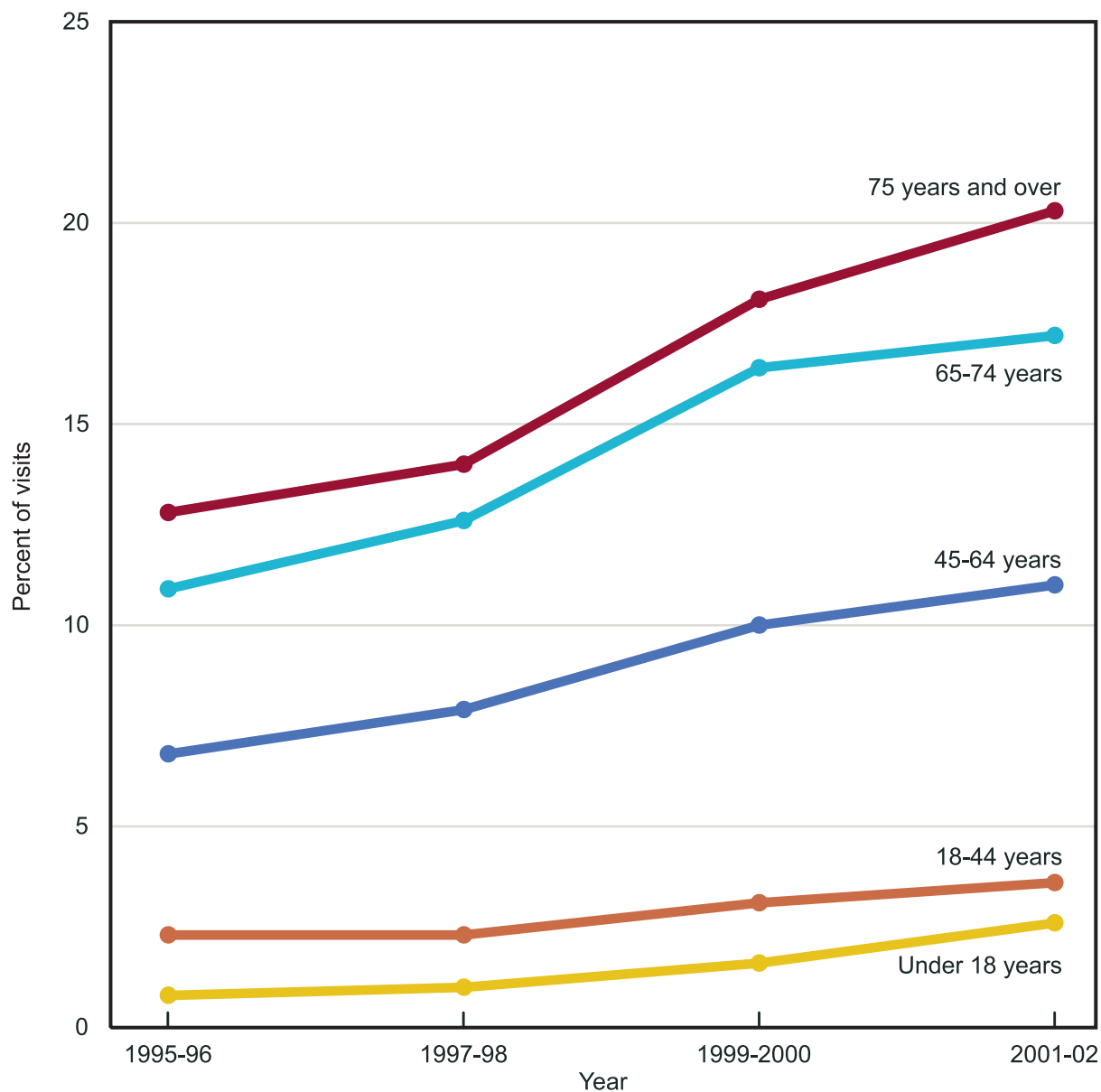
Overall Drug Use *(Continued)*

Between 1995–96 and 2001–02, visits to physician offices and hospital outpatient departments with five or more medications increased from 4 to 7 percent (age adjusted) of all visits. The increase in the percent of visits with five or more drugs recorded during visits varied substantially by age (figure 27). During this period the percent of visits with five or more drugs tripled for children younger than age 18 years, although the percent of children's visits with five or more drugs mentioned was still small in 2001–02 (less than 3 percent). Between 1995–96 and 2001–02 the percent of adults' visits with five or more drugs mentioned increased about 60 percent, depending on the age group. The largest absolute percentage point increase was for persons age 75 and over. In 1995–96, 13 percent of visits for persons in this oldest age group had five or more drugs recorded on the visit record; by 2001–02 more than 20 percent of visits had five or more drugs recorded.

The remainder of this special feature on drugs delves further into drug prescribing and utilization patterns by focusing on specific types or therapeutic classes of drugs—that is, drugs generally prescribed for specific conditions or reasons—and how drug use varies by age, gender, and race. Drugs that showed particularly large increases since 1995 are highlighted, as well as drugs commonly used by persons in specific age groups. While not all classes of drugs can be examined in detail in this feature, trends in ambulatory care visits associated with commonly used drugs, as well as trends in the percent of persons who reported taking a drug during a one-month period, show the extent to which large changes in practice patterns and utilization can occur in a relatively short time period.

Several different measures of drug use are presented in this special feature. Data in some figures are presented as visit rates, that is, the number of visits with specific drugs of interest recorded per 100 persons (figures 32–35). In some instances information is presented as a percent of visits with specific drugs recorded among visits for a specific diagnosis, asthma (figures 28 and 29). Data in other charts are presented as the percent of persons reporting specific drug use in the past month (figures 30 and 31). Finally, figure 36 presents the percent of visits with a specific class of drugs (selective COX-2 NSAIDs) recorded among visits with a broader class of drugs (all NSAIDs) recorded.

Figure 27: Percent of physician office and hospital outpatient department visits with 5 or more drugs prescribed, ordered, or provided by age: United States, 1995-2002



NOTE: See Data Table for data points graphed, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Asthma Drugs

Asthma is a chronic lung disease that affects breathing. It is characterized by episodes of inflammation and narrowing of small airways in response to “triggers,” which include allergens, infections, exercise, or exposure to respiratory irritants, such as tobacco smoke and pollutants. These attacks or episodes may involve shortness of breath, cough, wheezing, chest pain or tightness, mucus production, or a combination of these symptoms (1,2). Asthma is a leading cause of childhood illness and a leading cause of disability and health care expenditures for adults (3). In 2000 alone, over 10 million visits to private physician offices and hospital outpatient departments, about 2 million visits to hospital emergency departments, and almost half a million hospitalizations with a diagnosis of asthma on the medical record were reported (1).

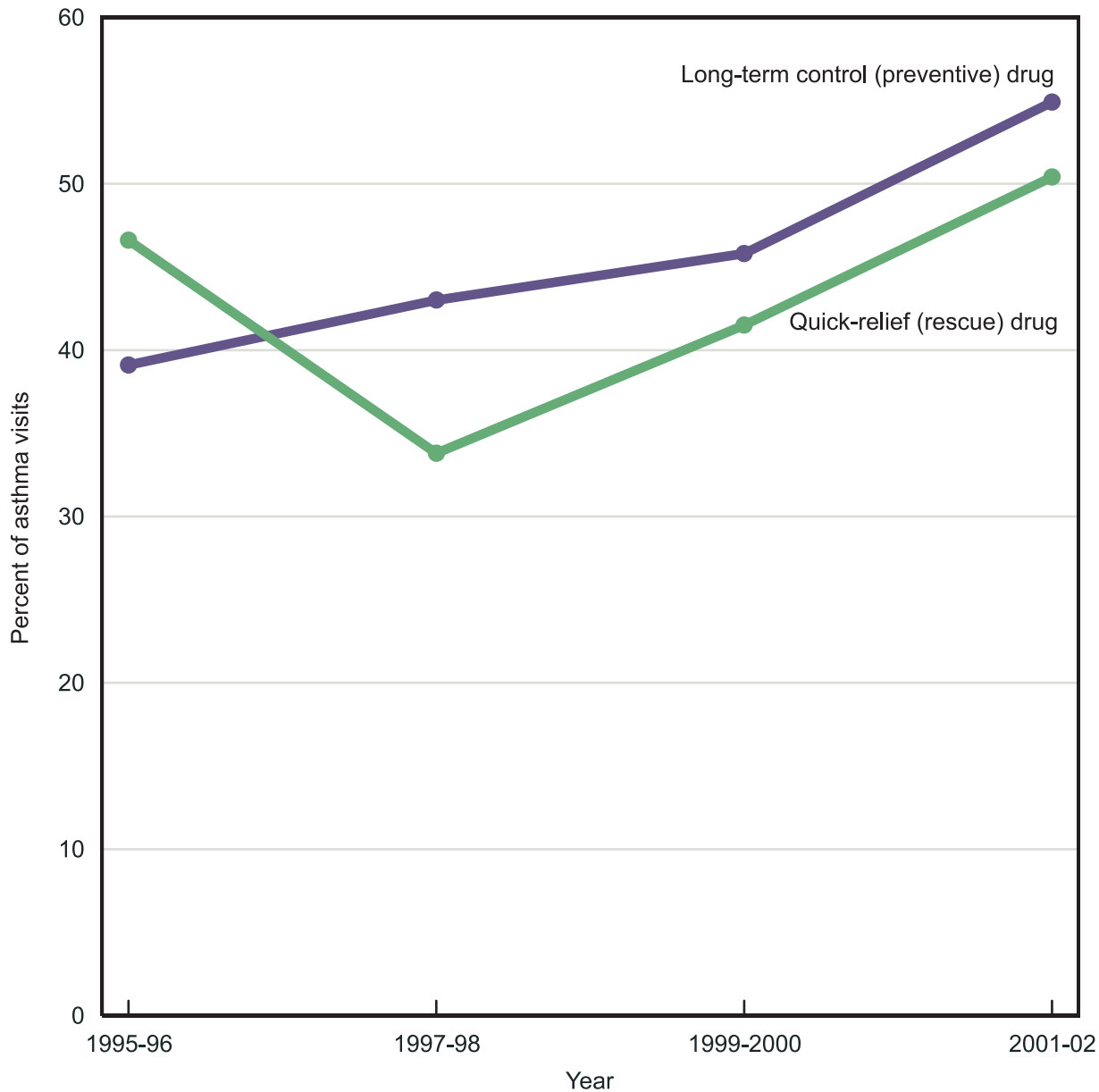
The proportion of persons reporting that they had at least one asthma episode or attack during the past 12 months (asthma attack prevalence) has remained fairly stable during 1997 to 2001 (39–43 per 1,000 population). Asthma attack prevalence rates decrease with age, and are higher among non-Hispanic black persons than among either non-Hispanic white or Hispanic persons. Among adults, women have a higher asthma attack prevalence rate than men, while among children under 18 years of age, boys have a 30 percent higher rate than girls (1).

Complications and mortality from the disease are largely preventable with adequate medical care, use of medications, and patient and family education about the disease (4). Drugs for asthma are categorized into two general classes: quick-relief (rescue) drugs used to treat acute symptoms and attacks, and long-term control drugs (prevention-focused) for achieving and maintaining control of persistent asthma (2). The types of medicines prescribed for asthma are dictated by the severity of the disease. National Asthma Education and Prevention Program (NAEPP) clinical guidelines issued in 1997, and updated in 2002, recommend some type of daily long-term control drug in addition to quick-relief drugs for persons with all but the least severe type of asthma.

Consistent with NAEPP guidelines, between 1995–96 and 2001–02 utilization of long-term control drugs for asthma increased (figure 28). Between 1995–96 and 1997–98, for patients with a diagnosis of asthma recorded on the visit record, the percent of visits to physician offices and hospital

outpatient departments where a long-term control drug was prescribed, provided, or continued surpassed the percent of asthma visits with a quick-relief drug. In 2001–02, 55 percent of visits for asthma patients had a long-term control drug mentioned, compared with only 39 percent in 1995–96. While both quick-relief and long-term control drugs are indicated by the guidelines, the higher rates of long-acting asthma drugs compared with quick-relief drugs may be in part due to reporting practices during asthma visits. Quick-relief asthma drugs may be underreported because nonsymptomatic patients may have a rescue drug but are not currently using it and thus fail to report it during the visit. While asthma may be a condition recorded on the medical record it may not be the primary reason for the specific sampled visit, so physicians may not ask about “as-needed” drugs. In addition, since only six drugs were recorded per visit, infrequently used rescue drugs may be more likely to be omitted.

Figure 28. Percent of asthma visits with quick-relief and long-term control drugs prescribed, ordered, or provided: United States, 1995-2002



NOTES: Asthma visits are physician office and hospital outpatient department visits for patients with a diagnosis of asthma (ICD-9-CM 493). See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Asthma Drugs (*Continued*)

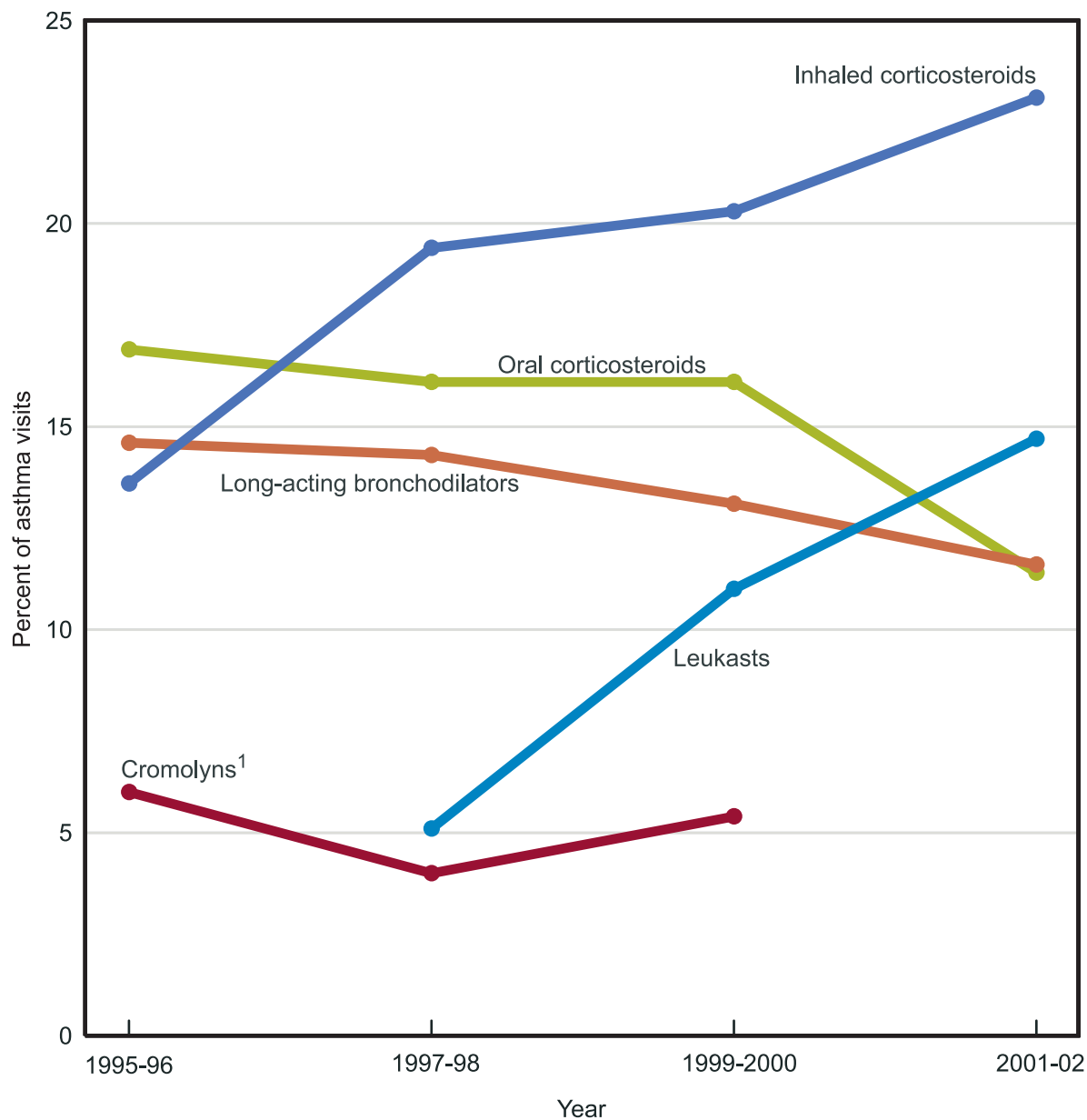
The types of long-term preventive drugs for asthma that are available has been changing. There was a rapid change in prescribing practices following the availability and marketing of new types or classes of long-acting asthma drugs. Specifically there has been a recent rise in prescribing of two classes of drugs—leukasts (leukotriene modifiers) and inhaled corticosteroids—while cromolyns (cromolyn sodium and nedrocromil) are rarely mentioned on visit records (figure 29).

Leukasts include two recently available brand name drugs: Accolate® and Singulair®. Since the approval by the Food and Drug Administration of Accolate® in February 1998 and Singulair® in 1999, recorded use of these drugs in physician office and hospital outpatient visits for asthma patients has increased. By 2001–02 nearly 15 percent of asthma visits had a long-acting leukast drug associated with the visit. Use of leukasts appears to be substituting for the older class of cromolyns, possibly because leukasts are easier to administer. Leukasts are administered in an oral tablet form, while cromolyns are inhaled multiple times per day.

In 2001–02 inhaled corticosteroids were the most commonly prescribed long-term control drug class during physician office and hospital outpatient department visits for asthma patients. The NAEPP considers corticosteroids the most potent and consistently effective long-term control medication for asthma. Inhaled corticosteroids are preferred over oral steroids because they have fewer side-effects than the more systemic oral corticosteroids. NAEPP guidelines state that oral corticosteroids should be used at their lowest effective dose to reduce toxicity (5).

New asthma drugs continue to become available. Advair®, a combination drug including both an inhaled corticosteroid and a long-acting bronchodilator, entered the market in 2001. Data from other drug databases suggest that it is being increasingly prescribed and is in part replacing use of other types of long-acting bronchodilators, consistent with the slight decline in their use in recent years shown on figure 29 (6). In 2001–02 Advair® was prescribed, ordered, provided, or continued during 16 percent of physician office and hospital outpatient department visits that had an asthma diagnosis recorded on the visit record.

Figure 29. Percent of asthma visits with selected asthma drugs prescribed, ordered, or provided: United States, 1995-2002



¹Estimates are considered unreliable. Data on cromolyns for 1997-2000 have a relative standard error (RSE) of 20-30 percent. The 2001-02 estimate has a RSE of greater than 30 percent and is not shown.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

NOTES: Asthma visits are physician office and hospital outpatient department visits for patients with a diagnosis of asthma (ICD-9-CM 493). See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

Antidepressant Drugs: Adults

Depression and other forms of mental illness are critical public health issues in America today. In 2001–02 more than 1 in 10 noninstitutionalized adult Americans were estimated to have had a major depressive disorder at some point in their lifetime, with 6.6 percent having a major depressive episode during the past 12 months (1). Nearly three-fourths of individuals reporting a major depressive episode in their lifetime also met the criteria for other mental disorders such as anxiety disorder and substance use disorder (1). The detrimental effects of depressive symptoms on quality of life and daily functioning have been estimated to equal or exceed those of heart disease and exceed those of diabetes, arthritis, and gastrointestinal disorders (2). Increased rates of depression and depressive symptoms have been reported for patients with diabetes, chronic pain, gastrointestinal complaints, migraine headaches, cancer, acquired immunodeficiency syndrome, Alzheimer-type dementia, and various neurologic conditions such as Parkinson’s disease and stroke (3).

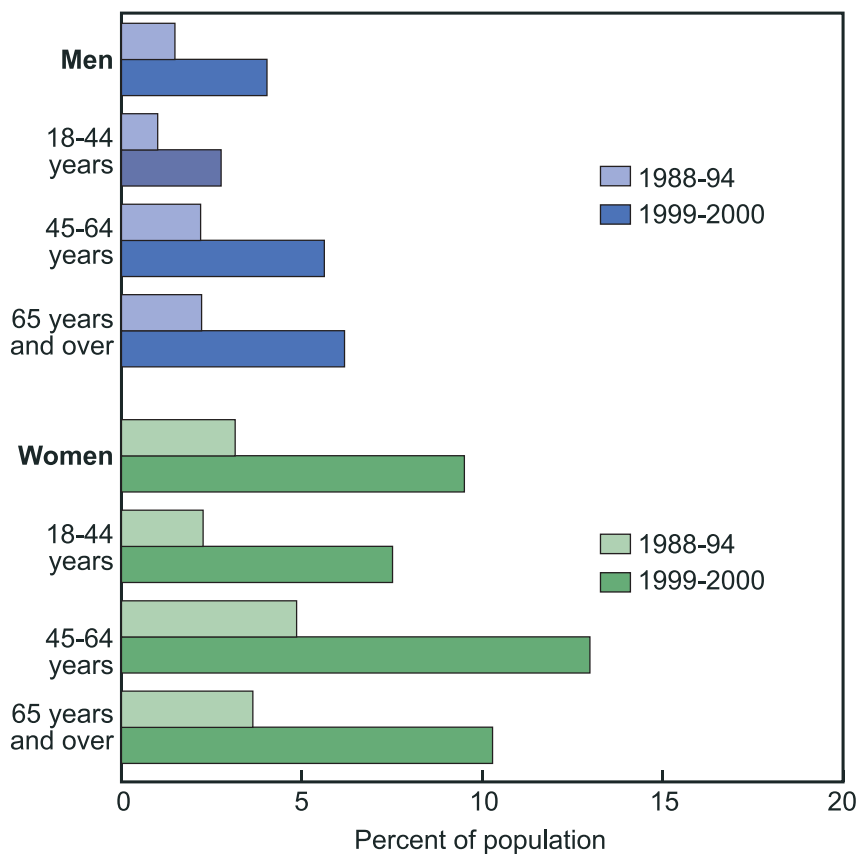
Prescriptions for antidepressants have been rising. This rise is associated with the introduction of a new class of drugs known as selective serotonin reuptake inhibitors (SSRIs) first marketed in the United States in 1988 (4). SSRIs include the brand names Celexa®, Lexapro®, Luvox®, Paxil®, Prozac®, and Zoloft®. Because of greater ease of use, improved safety, and more manageable side effects, SSRIs have been widely adopted by both psychiatrists and primary care physicians as the first-line treatment for depression (5,6). SSRIs are approved and marketed for the treatment

of mental disorders other than depression including obsessive compulsive disorder, panic disorder, anxiety disorders, and premenstrual dysphoric disorder. The substantial increase in the prescription of antidepressants also suggests widespread “off-label” (other than FDA-approved uses) use for subsyndromal mental health conditions and a variety of physical disorders (7,8).

The National Health and Nutrition Examination Survey (NHANES) collects data on the use of prescription drugs

during the past month. Between 1988–94 and 1999–2000 the percent of adults in the civilian noninstitutionalized population who reported using an antidepressant during the past month increased from 3 to 7 percent (age adjusted; data table for figure 30). Use among women rose from 3 to 10 percent and use among men from 2 to 4 percent. During this period antidepressant use among adults in all age groups doubled or tripled. In both time periods, antidepressant use by women was greater than for men and greater for adults 45 years of age and

Figure 30. Percent of adults 18 years of age and over reporting antidepressant drug use in the past month by sex and age: United States, 1988-94 and 1999-2000



NOTE: See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

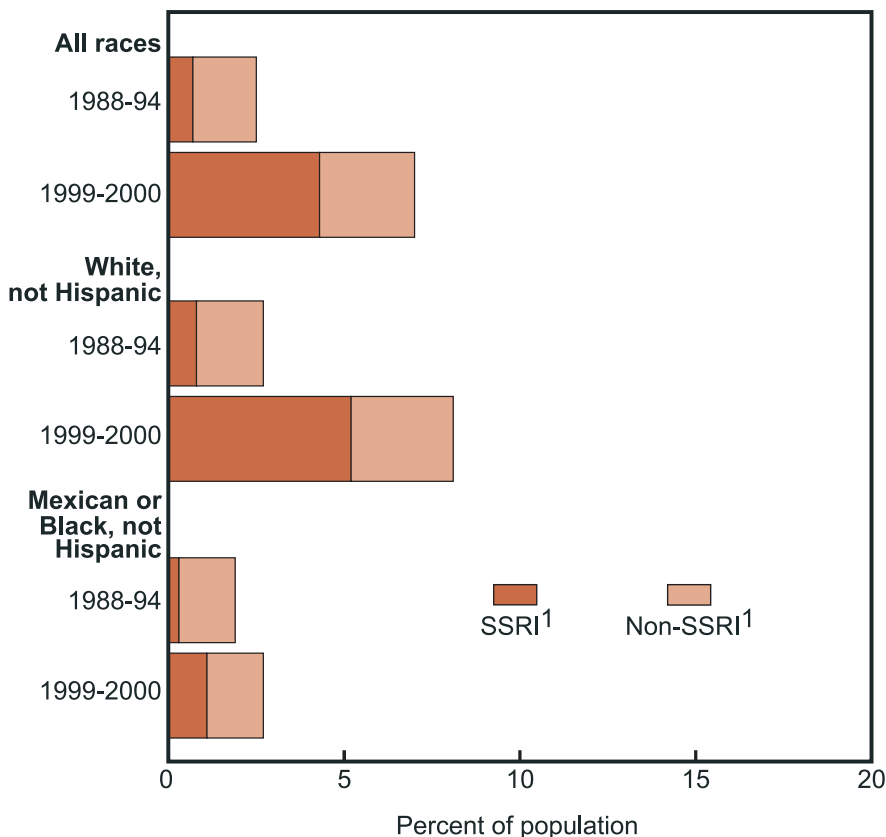
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Antidepressant Drugs: Adults (Continued)

over than for younger adults. In 1999–2000, 13 percent of women 45–64 years of age reported antidepressant use in the past month.

Differences in use of antidepressants (both SSRIs and non-SSRIs) varied considerably by race and ethnicity. In both 1988–94 and 1999–2000 a larger percentage of non-Hispanic white adults reported use of antidepressants than non-Hispanic black and Mexican adults. Between the two time periods, differences in the use of antidepressants by non-Hispanic white and non-Hispanic black and Mexican adults widened (figure 31). In 1988–94 the percentage of non-Hispanic white adults using antidepressants was about 1.4 times the percentage among non-Hispanic black and Mexican adults. By 1999–2000 use among non-Hispanic white adults was three times that among non-Hispanic black and Mexican adults. Differences in the types of antidepressant used also varied considerably by race and ethnicity. In 1999–2000 nearly two-thirds of non-Hispanic white adults taking antidepressants reported use of an SSRI in contrast to less than one-half of non-Hispanic black and Mexican adults. Limited access to health care, lower rates of health insurance coverage, and out-of-pocket cost of medical care as well as cultural factors, have been suggested as explanations for the lower percentage of black and Mexican adults reporting use of antidepressants (9,10).

Figure 31. Percent of adults 18 years of age and over reporting antidepressant drug use in the past month by race and ethnicity: United States, 1988-94 and 1999-2000



¹Selective serotonin reuptake inhibitor antidepressants.

NOTES: Data are age adjusted. All races includes persons of all races and Hispanic origins, not just those shown separately. Data for adults of Mexican origin and non-Hispanic black adults have been combined due to the small sample size in each of those categories. See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Antidepressant Drugs: Adults (Continued)

Data from the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Medical Care Survey (NHAMCS-OPD) show that antidepressants rank among the most frequently prescribed drugs for adults treated in physician offices or hospital outpatient clinics. In 2001–02 the average annual number of adult visits with an antidepressant was 57.6 million. Between 1995–96 and 2001–02 the adult antidepressant visit rate (i.e., the number of visits with an antidepressant drug per 100 persons age 18 and over) increased from 17 to 28 per 100 adults ([data table for figure 32](#)). This increase in the antidepressant visit rate reflected the rapid rise in visits with an SSRI prescribed, ordered, or provided. Between 1995–96 and 2001–02 the SSRI visit rate among adults doubled and the fraction of antidepressant visits with an SSRI drug increased from 54 to 65 percent. Throughout the period, a very small percentage (0.3–0.5 percent) of antidepressants visits included both an SSRI and a non-SSRI antidepressant.

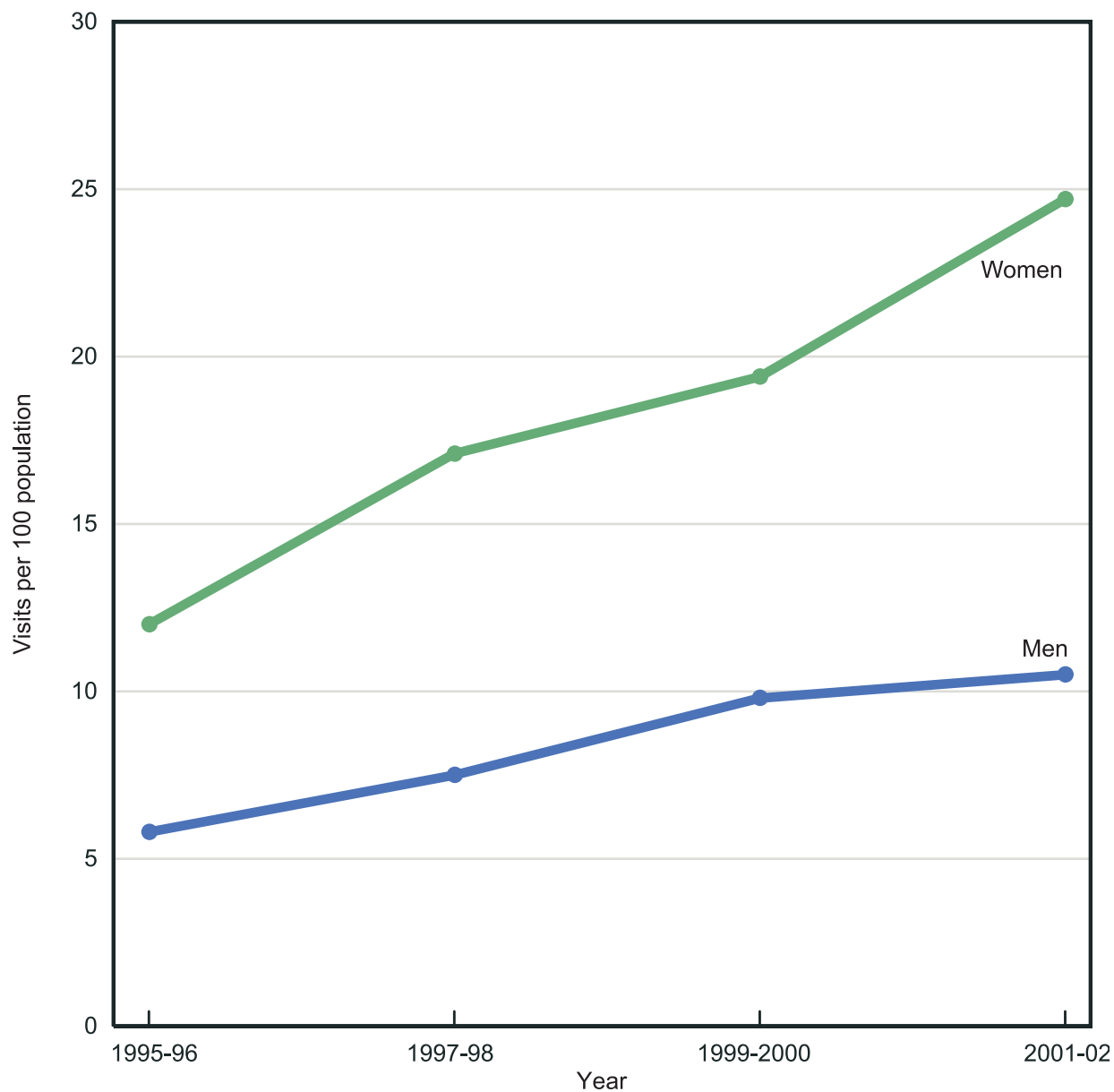
Between 1995–96 and 2001–02 the antidepressant visit rate among women was double the rate among men ([data table for figure 32](#)). During this period women also had higher SSRI visit rates. Trends in the SSRI visit rate for men and women show a widening of the difference between men and women since 1995–96 ([data table for figure 32](#)). By 2001–02 the SSRI visit rate of 25 per 100 women was 2.4 times the rate for men. The disparity in the antidepressant and SSRI visit rates of men and women exceeded the difference observed between men and women in

the overall rate of visits to office-based physicians and hospital outpatient departments (*Health, United States, 2004, table 83*).

The rate of visits with an antidepressant increased markedly for adults in all age groups between 1995–96 and 2001–02 ([data table for figure 32](#)). Throughout the period, the antidepressant visit rate was higher among middle aged and older adults than among younger adults. The SSRI visit rate increased among adults in all age groups with the largest change observed among older adults. The lower occurrence of side effects with SSRIs has contributed to the rapid adoption of these drugs for treatment of late-life depression and other disorders in the older population (11).

Since the marketing of Prozac®, the first SSRI, new formulations of antidepressants have become available. Studies suggest that an even wider array of effective antidepressants will be available in the future for the treatment of depression and other conditions (12).

Figure 32. Selective serotonin reuptake inhibitor (SSRI) antidepressant drug visits among adults 18 years of age and over by sex: United States, 1995-2002



NOTE: Selective serotonin reuptake inhibitor (SSRI) antidepressant drug visits are physician office and hospital outpatient department visits with SSRI antidepressant drugs prescribed, ordered, or provided. See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Stimulants and Antidepressant Drugs: School-Age Children

Substantial increases have occurred over the past 15 years in the prescription of psychotropic drugs for the treatment of mental disorders in children (1,2). Pediatric use of psychotropic drugs is frequently “off-label,” relying on results from studies of adults due to limited research on the safety and efficacy of these medications in children. Even when the safety and short-term efficacy of psychotropic medications have been established, prescription of these drugs for behavioral and emotional disorders in children has been controversial (3). For all classes of psychotropic drugs, more extensive information is needed to determine the long-term effects of these medications on the health and development of children (4).

Attention Deficit Hyperactivity Disorder (ADHD) is a frequently diagnosed behavioral disorder affecting approximately 3 to 7 percent of the school-age population (5). Children with this disorder experience symptoms related to inattention and hyperactivity-impulsivity, and frequently have significant problems with schoolwork and peer relationships. While a variety of drug and nondrug therapies have been developed to treat children with ADHD, there has been a trend toward more widespread prescription of stimulant drugs (1). The annual number of visits by school-age children 5–17 years of age to physician offices and hospital outpatient departments with a stimulant drug prescribed, ordered, or provided increased from 2.6 million in 1994–96 to over 5.0 million in 2000–2002 (6). The stimulant visit rate among boys was about 2.5–3 times the visit rate among girls reflecting the higher prevalence of identified ADHD in boys compared with girls (figure 33) (7).

Depression, an important mood disorder in children, has been estimated to occur in 2 percent of elementary school-aged children and 4 to 8 percent of adolescents (8). Children with depression are at greater risk for suicide, poor academic outcomes, problems with alcohol and illicit drugs, and troubled relationships with their families and peers (3). While psychotherapy has been the traditional treatment for childhood depression, an increasing number of children are now being treated with antidepressants. Between 1994–96 and 2000–2002 the annual number of visits by school-age children 5–17 years of age with an antidepressant increased from 1.1 million to 3.1 million. While the antidepressant visit

rate was similar for boys and girls (figure 34), it was more than twice as high among adolescents as younger school-age children. In 2000–2002 the antidepressant visit rate was 3.4 per 100 children 5–11 years of age and 8.8 per 100 adolescents 12–17 years of age (data table for figure 34).

Between 1994–96 and 2000–2002 the percentage of visits with one of the newer class of antidepressants, selective serotonin reuptake inhibitors (SSRI), increased markedly from 43 to 67 percent of all antidepressant visits (6). Given recent concerns about the safety of some SSRIs for the treatment of childhood and adult depression, monitoring trends in the prescription of these antidepressants is critical (9).

Figure 33. Stimulant drug visits among children 5-17 years of age by sex: United States, 1994-2002

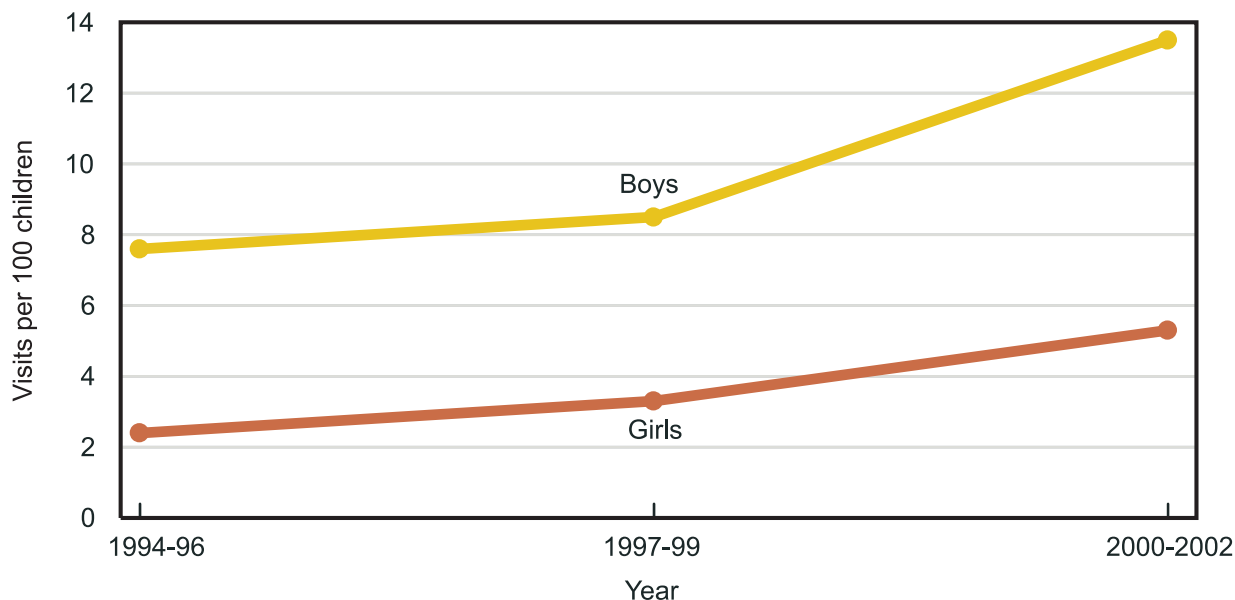
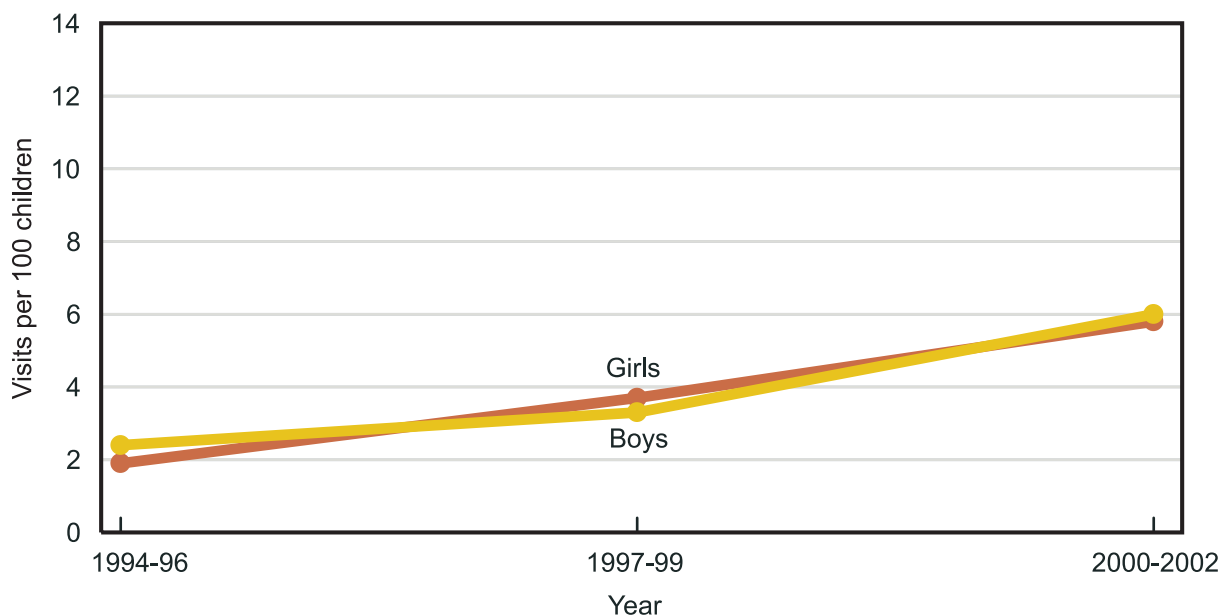


Figure 34. Antidepressant drug visits among children 5-17 years of age by sex: United States, 1994-2002



NOTES: Stimulant drug visits are physician office and hospital outpatient department visits with stimulant drugs prescribed, ordered, or provided. Antidepressant drug visits are physician office and hospital outpatient department visits with antidepressant drugs prescribed, ordered, or provided. See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Cholesterol-Lowering Drugs

Heart disease is the leading cause of death in the United States, accounting for about one-half of all deaths. Elevated serum cholesterol is a major risk factor for heart disease (1). National guidelines suggest that the desired serum total cholesterol level is 200 milligrams per deciliter (mg/dL) or lower (1). In the past two decades, public awareness about the importance of measuring and controlling cholesterol levels has grown. In 1999–2002, 17 percent of adults aged 20 and over had high serum cholesterol levels of 240 mg/dL or higher (*Health, United States, 2004*, table 68).

Cholesterol levels can be reduced by lifestyle modifications, including eating a diet low in saturated fat, losing excess weight, and increasing physical activity. If such modifications do not reduce cholesterol to acceptable levels, or patients are at elevated risk for cardiovascular disease, then drug therapy is warranted. The National Cholesterol Education Panel appointed by the National Heart, Lung, and Blood Institute, issued new recommendations in 2001, and again in 2004, that increased the number of Americans who are candidates for cholesterol-lowering drugs.

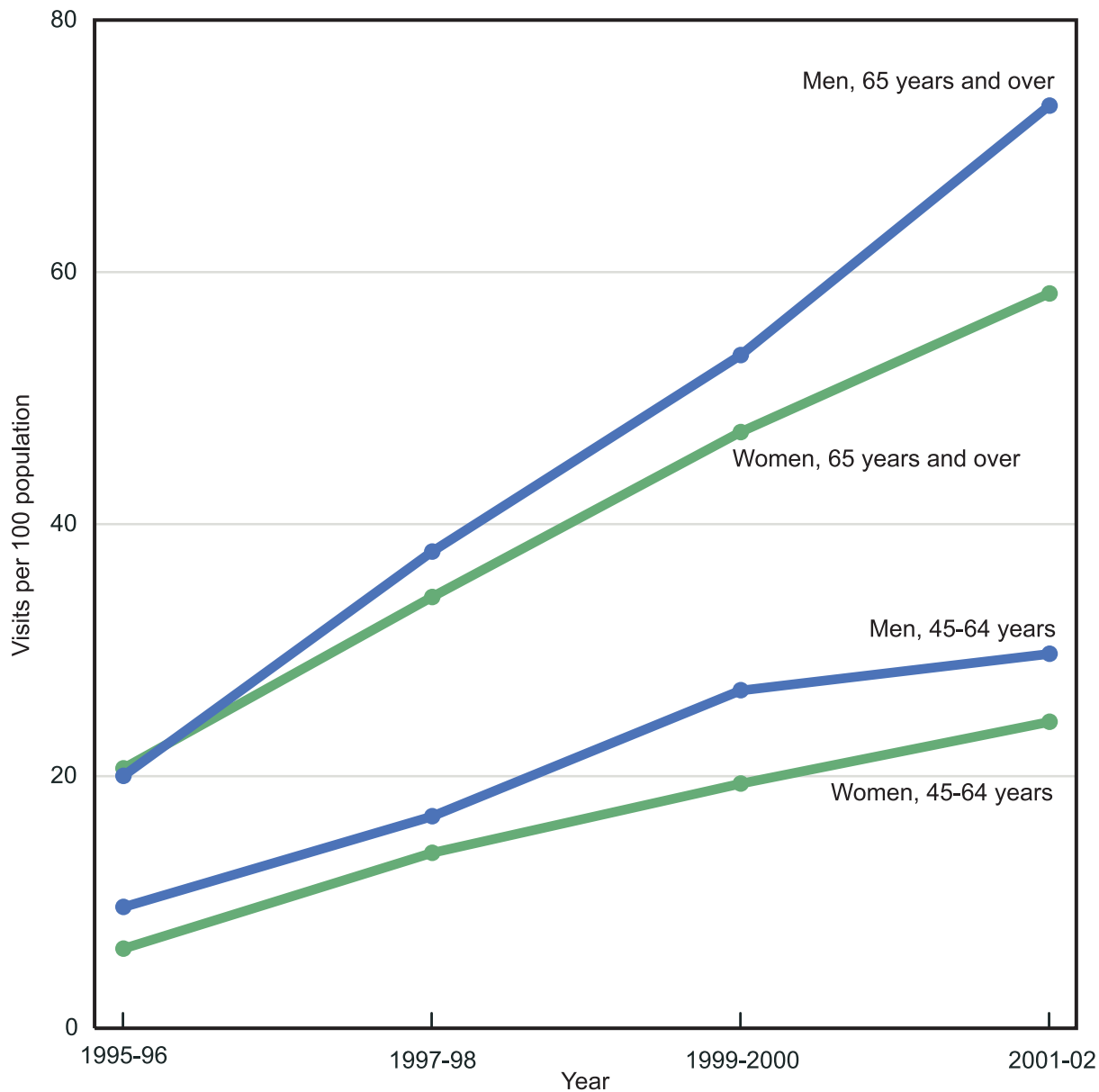
There are four major classes of cholesterol-lowering drugs: statins, bile acid sequestrants, nicotinic acid, and fibrates. Statins are generally considered to be safe and effective in reducing cholesterol levels and coronary heart disease mortality and morbidity (2). Because they are effective and well tolerated, statins have become the drug class of choice for cholesterol-lowering drug therapy. Statins include the brand names Lipitor®, Pravachol®, Zocor®, and others.

Physician office and hospital outpatient department visits by adults 45 years and over with cholesterol-lowering drugs prescribed, provided, or continued increased from 16 visits per 100 persons in 1995–96 to 44 per 100 persons in 2001–02. Ninety-one percent of visits where cholesterol-lowering drugs were recorded involved statins in 2001–02. Though statins are effective at reducing cholesterol concentrations, some patients do not reach the target cholesterol levels. Recent research has found that the use of statin drugs with additional cholesterol-lowering drugs (combination therapy) can increase the likelihood of attaining target levels (2). In 2001–02 the visit rate for combination therapy was 1.4 visits per 100 persons aged 45 years and over, a small fraction of the visit rate involving statins (40 visits per 100 persons) (3). It is likely that combination

therapy will continue to expand as physicians alter their prescribing patterns based on the recent evidence.

Statin visit rates have grown irrespective of age or gender (figure 35). For both men and women 45–64 years of age, the statin visit rate increased more than three-fold between 1995–96 and 2001–02. The increase in the statin visit rate was greater for women than men for these working-age adults. In 1995–96 the statin visit rates were similar for men and women 65 years of age and over. For men aged 65 years and over, the statin visits rate increased more than 250 percent over this time period while the increase in the rate for women 65 years of age and over was only 180 percent. By 2001–02 statin visit rates for men in this age group were about 25 percent higher than for women.

Figure 35. Cholesterol-lowering statin drug visits among adults 45 years of age and over by sex and age: United States, 1995-2002



NOTES: Cholesterol-lowering statin drug visits are physician office and hospital outpatient department visits with cholesterol-lowering statin drugs prescribed, ordered, or provided. See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Nonsteroidal anti-inflammatory drugs, known as NSAIDs, are used to control pain and reduce inflammation. Their use is widespread; more than 70 million prescriptions are dispensed and billions of nonprescription pills are purchased annually in the United States (1). There are two classes of NSAIDs: nonselective COX inhibitors and selective COX-2 inhibitors. The nonselective COX inhibitors or traditional NSAIDs are effective in controlling pain and reducing inflammation, with the most widely used being ibuprofen and naproxen. For this analysis aspirin was not included as a traditional NSAID because of its common use for cardiac conditions. A small but important proportion of patients with prolonged use of traditional NSAIDs may develop gastrointestinal (GI) side effects, such as bleeding and ulcers. Ulcer complications from traditional NSAID use have been estimated to contribute to as many as 103,000 hospitalizations and 16,500 deaths each year (1).

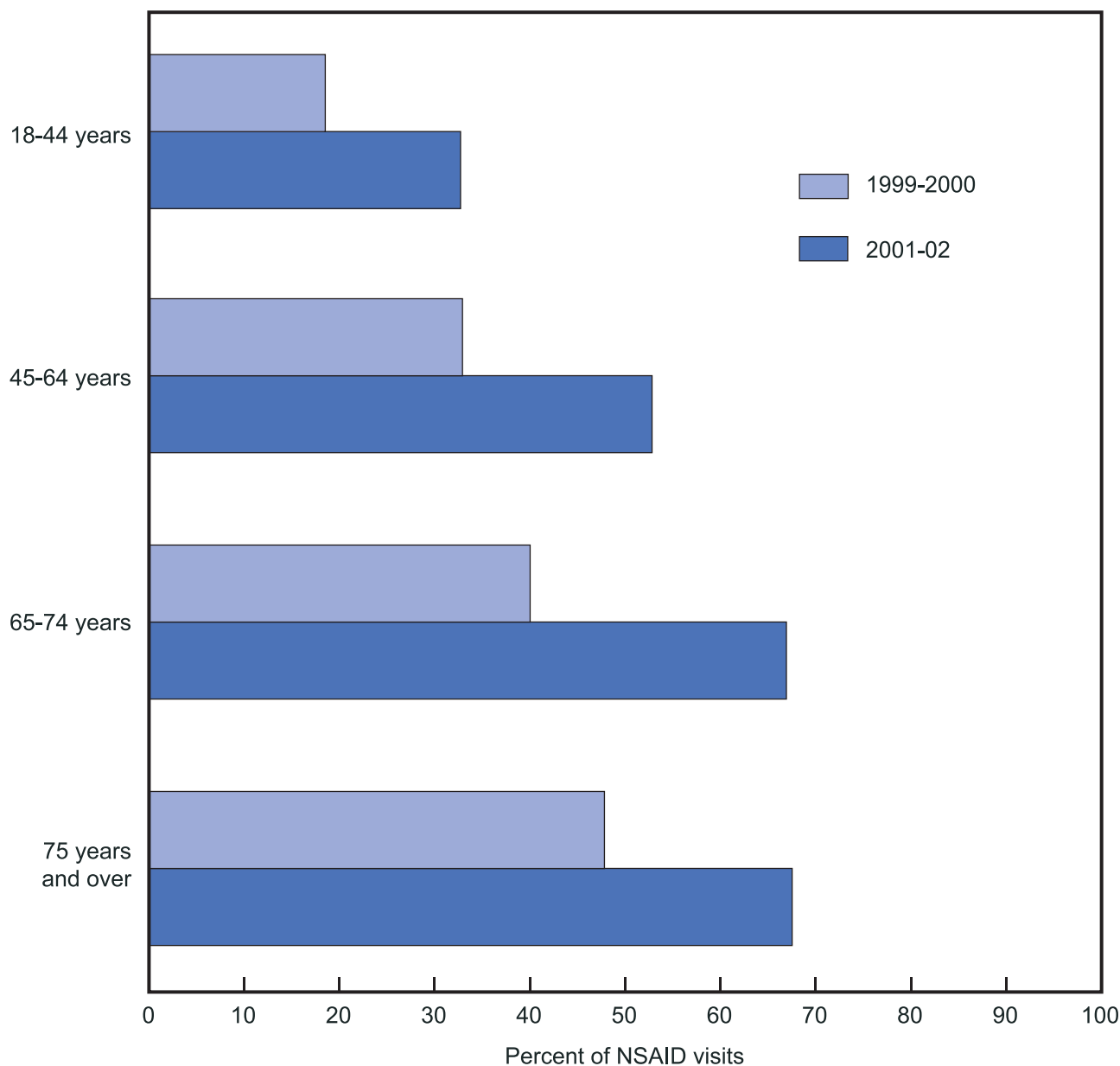
Since 1999 three new NSAIDs have been introduced—celecoxib (Celebrex®); rofecoxib (Vioxx®); and valdecoxib (Bextra®). These medications, known as COX-2 NSAIDs, are similar in efficacy to traditional NSAIDs but are believed to have a lower incidence of GI side effects (2–4). Because of the lower incidence of GI side effects, COX-2 NSAIDs were heralded as a welcome alternative to traditional NSAIDs. As the use of COX-2 NSAIDs has become widespread, however, a clearer profile of the potential side effects has emerged. The evidence for the lower incidence of side effects is mixed and controversial, and evidence continues to be collected as to their benefit relative to their substantially higher cost (3,5,6).

Since the introduction of COX-2 NSAIDs, their use has become widespread. In 2001–02 COX-2 NSAIDs accounted for 51 percent of NSAID visits to physician offices and hospital outpatient departments among adults 18 years of age and over, surpassing traditional NSAIDs (data table for figure 36). This dramatic growth in COX-2 NSAID prescriptions is evident in all adult age groups in 2001–02. For those 18–44 years of age, about one-third of NSAID visits involved a COX-2 NSAID. For those aged 45–64 years, COX-2 NSAIDs accounted for more than one-half of the NSAID visits. Among those aged 65 years and over, COX-2 NSAIDs accounted for two-thirds of NSAID visits (figure 36).

The use of all classes of NSAIDs has been increasing. Between 1995–96 and 2001–02 NSAID visits among adults increased from 20 to 27 visits per 100 population. Historically, women have higher NSAID use than men (*Health, United States, 2004*, table 87). In 2001–02 the rate of NSAID use was about 50 percent higher for women than men. Since the introduction of COX-2 NSAIDs, both men and women have increasingly switched to COX-2 from traditional NSAIDs.

The growth in the use of COX-2 NSAIDs is likely due to several factors. Extensive marketing of these new drugs to physicians and consumers may account for some of the increased use. About 80 percent of promotional spending for all drugs is targeted toward physicians. In recent years, spending on direct-to-consumer (DTC) advertising for all drugs tripled, to \$2.7 billion in 2001 (7). COX-2 NSAIDs are among the most heavily advertised medications to consumers (7). It is estimated that almost one-third of consumers discussed a DTC advertisement with their physicians, which supports the evidence that spending on DTC ads is having an impact on the quantity of prescriptions dispensed (7).

Figure 36. Percent of nonsteroidal anti-inflammatory drug (NSAID) visits with selective COX-2 NSAIDs prescribed, ordered, or provided among adults 18 years of age and over by age: United States, 1999-2002



NOTES: Nonsteroidal anti-inflammatory drug (NSAID) visits are physician office and hospital outpatient department visits with NSAIDs prescribed, ordered, or provided. See Data Table for data points graphed, specific drugs included, standard errors, and additional notes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

References

Figures 1 and 2

1. Wolf DA. Population change: Friend or foe of the chronic care system? *Health Aff* 20(6):28–42. 2001.
2. Goulding MR, Rogers ME, Smith SM. Health and aging: Trends in aging—United States and worldwide. *MMWR* 52(06):101–6. 2003.

Figure 3

1. Grieco EM, Cassidy RC. Overview of race and Hispanic origin. *Census 2000 Brief*. United States Census 2000. March 2001.
2. Waters MC. Immigration, intermarriage, and the challenges of measuring racial/ethnic identities. *Am J Public Health* 90(11):1735–7. 2000.
3. U.S. Census Bureau: *Census 2000 Modified Race Data Summary File: 2000 Census of Population and Housing*, September 2002.

Figures 4 and 5

1. Pamuk E, Makuc D, Heck K, Reuben C, Lochner K. *Socioeconomic Status and Health Chartbook*. Health, United States, 1998. Hyattsville, Maryland: National Center for Health Statistics. 1998.
2. Proctor B, Dalaker J. *Poverty in the United States: 2002*. Current population reports, series P-60 no 222. Washington, DC: U.S. Government Printing Office. 2003.
3. Hungerford T, Rassette M, Iams H, Koenig M. Trends in the economic status of the elderly. *Social Security Bulletin* 64(3). 2001–2002.
4. U.S. Census Bureau. Data available at: www.census.gov/hhes/poverty/poverty02/pov2_and_3-yr_avgs.html.

Figures 6 and 7

1. Institute of Medicine. *Committee on the Consequences of Uninsurance*. Series of reports: Coverage matters: Insurance and health care; Care without coverage; Health insurance is a family matter; A shared destiny: Community effects of uninsurance; Hidden costs, value lost: Uninsurance in America. Washington, DC: National Academy Press. 2001–2003.
2. Ayanian JZ, Weissman JS, Schneider EC, et al. Unmet health needs of uninsured adults in the United States. *JAMA* 285(4):2061–9. 2000.

Figures 8 and 9

1. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. *Births: Final data for 2002*. National vital statistics reports; vol 52 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2003.
2. Lewis CT, Mathews TJ, Heuser RL. *Prenatal care in the United States, 1980–94*. *Vital Health Stat* 21(54). Hyattsville, Maryland: National Center for Health Statistics. 1996.
3. Rowland D, Salganicoff A, Keenan PS. The key to the door: Medicaid's role in improving health care for women and children. *Annu Rev Public Health* 20:403–26. 1999.

Figures 10 and 11

1. Thompson WW, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. *JAMA* 289(2):179–86. 2003.
2. Singleton JA, et al. Influenza, pneumococcal, and tetanus toxoid vaccination of adults—United States, 1993–97. In: *CDC Surveillance Summaries*. *MMWR* 49(SS-9):39–62. 2000.
3. Centers for Disease Control and Prevention. *Racial/ethnic disparities in influenza and pneumococcal vaccination levels among persons aged 65 years and over—United States, 1989–2001*. *MMWR* 52(40):958–62. 2003.
4. Fedson, DS. *Adult immunization: Summary of the National Vaccine Advisory Committee report*. *JAMA* 272(14):1133–7. 1994.

Figures 12 and 13

1. Centers for Disease Control and Prevention. *Tobacco use—United States, 1900–1999*. *MMWR* 48(43):986–93. 1999.
2. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: A report of the Surgeon General*. Atlanta, Georgia: Centers for Disease Control and Prevention. 1994.
3. Centers for Disease Control and Prevention. *Trends in cigarette smoking among high school students—United States, 1991–2001*. *MMWR* 51(19):409–12. 2002.
4. Mathews TJ. *Smoking during pregnancy in the 1990s*. National vital statistics reports; vol 49 no 7. Hyattsville, Maryland: National Center for Health Statistics. 2001.
5. Martin JA, Hamilton BE, Sutton PD, et al. *Births: Final data for 2002*. National vital statistics reports; vol 52 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2003.

Figures 14 and 15

1. U.S. Department of Health and Human Services. Physical activity and health: A report of the Surgeon General. Atlanta, Georgia: Centers for Disease Control and Prevention. 1996.
2. Mensink GB, Ziese T, Kok FJ. Benefits of leisure-time physical activity on the cardiovascular risk profile at older age. *Int J Epidemiol* 28(4):659–66. 1999.
3. Grunbaum JA, Kann L, Kinchen SA, et al. Youth Risk Behavior Surveillance—United States, 2001. In: CDC Surveillance Summaries. *MMWR* 51(No. SS-4). 2002.
4. Barnes PM, Schoenborn CA. Physical activity among adults: United States, 2000. Advance data from vital and health statistics; no 333. Hyattsville, Maryland: National Center for Health Statistics. 2003.

Figures 16 and 17

1. National Institutes of Health. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. NIH Pub. No. 98–4083. September 1998.
2. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. Rockville, Maryland. 2001.
3. Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 101(3 Pt 2):518–25. 1998.

Figure 18

1. Newacheck PW, Strickland B, Shonkoff JP, et al. An epidemiologic profile of children with special health care needs. *Pediatrics* 102(1):117–21. 1998.
2. Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, unpublished analysis.
3. Gissler M, Jarvelin M-R, Louhiala P, Hemminki E. Boys have more health problems in childhood than girls: Follow-up of the 1987 Finnish birth cohort. *Acta Paediatr* 88:310–4. 1999.

Figures 19 and 20

1. Guralnik JM, Fried LP, Salive ME. Disability as a public health outcome in the aging population. *Annu Rev Public Health* 17:25–46. 1996.
2. Fujiura GT, Rutkowski-Kmitta V. Counting disability. In: Albrecht GL, Seelman KD, Bury M, eds. *Handbook of disability studies*. Thousand Oaks, California: Sage Publications, 69–96. 2001.

Figure 21

1. Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey, Access to Care files, unpublished analysis.
2. Freedman V, Martin L. Understanding trends in functional limitations among older Americans. *AJPH* 88:1457–62. 1998.
3. Lentzner HR, Weeks JD, Feldman JJ. Changes in disability in the elderly population: Preliminary results from the Second Supplement on Aging. Paper presented at the annual meetings of the Population Association of America. Chicago, Illinois: April 1998.
4. Crimmins E, Saito Y, Reynolds S. Further evidence on recent trends in the prevalence and incidence of disability among older Americans from two sources: The LSOA and the NHIS. *J. Gerontol* 52B(2): S59–71. 1997.
5. Manton KG, Gu X. Changes in the prevalence of chronic disability in the United States black and nonblack population above 65 from 1982 to 1999. *PNAS*. 98(11):6354–9. 2001.
6. Freedman VA, Crimmins E, Schoeni RF, Spillman B, Aykan H, Kramarow E, Land K, Lubitz J, Manton K, Martin LG, Shinberg D, Waidmann T. Resolving inconsistencies in old-age disability: Report from a technical working group. *Demography* 41(3):417–41. August 2004.

Figure 22

1. Arriaga EE. Measuring and explaining the change in life expectancies. *Demography* 21(1):83–96. 1984.
2. Centers for Disease Control and Prevention. Achievements in public health, 1900–1999: Control of infectious diseases. *MMWR* 48(29):621–9. 1999.
3. Fried LP. Epidemiology of aging. *Epidemiol Rev* 22(1):95–106. 2000.
4. Arias E. United States life tables, 2001. National vital statistics reports; vol 52 no 13. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Figures 23 and 24

1. Anderson RN, Smith BL. Deaths: Leading causes for 2001. National vital statistics reports; vol 52 no 9. Hyattsville, Maryland: National Center for Health Statistics. 2003.
2. Kochanek KD, Martin JA. Supplemental analyses of recent trends in infant mortality. *Health E Stats*; Hyattsville, Maryland: National Center for Health Statistics. 2004. Available at: www.cdc.gov/nchs/products/pubs/pubd/hestats/infantmort/infantmort.htm.
3. Kochanek KD, Smith BL. Deaths: Preliminary data for 2002. National vital statistics reports; vol 52 no 13. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Figures 23 and 24 (*Continued*)

- American Academy of Pediatrics Task Force on Infant Positioning and SIDS. Positioning and SIDS. *Pediatrics* 89(6):1120–6. 1992.
- Data from the 2000–2002 linked birth and infant death file were not available to be included in this report. See www.cdc.gov/nchs for updated information.

Figure 25

- Centers for Disease Control and Prevention. Decline in deaths from heart disease and stroke—United States, 1900–1999. *MMWR* 48(30):649–56. 1999.
- Centers for Disease Control and Prevention. Motor-vehicle safety: A 20th century public health achievement. *MMWR* 48(18):369–74. 1999.

Figures 26 and 27

- Berndt ER. The U.S. pharmaceutical industry: Why major growth in times of cost containment? *Health Aff* 20(2):100–14. 2001.
- Chockley N. The emerging impact of direct-to-consumer prescription drug advertising. Testimony before the Subcommittee on Consumer Affairs, Foreign Commerce and Tourism of the Senate Committee on Commerce, Science and Transportation. July 24, 2001.
- Poisal JA, Murray L. Growing differences between Medicare beneficiaries with and without drug coverage. *Health Aff* 20(2):74–85. 2001.
- Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, unpublished data.
- Weissman CS. Women's use of health care. In Falik M, Collins K, eds. *Women's Health: The Commonwealth Fund Survey*. Baltimore, Maryland: The Johns Hopkins University Press, 1996.

Figures 28 and 29

- National Center for Health Statistics. Asthma prevalence, health care use and mortality, 2000–2001. Available from www.cdc.gov/nchs/products/pubs/pubd/hestats/asthma/asthma.htm accessed on January 6, 2004.
- National Asthma Education and Prevention Program. Guidelines for the diagnosis and management of asthma: expert panel report 2. NIH Publication No. 97–4051. Bethesda, MD: National Heart, Lung, and Blood Institute. 1997. Available from www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf accessed on January 6, 2004.

- Weiss KB, Sullivan SD. The health economics of asthma and rhinitis: Assessing the economic impact. *J Allergy Clin Immunol* 107(1):3–8. 2001.
- Akinbami LJ, Schoendorf KC. Trends in childhood asthma: Prevalence, health care utilization, and mortality. *Pediatrics* 110(2):315–22. 2002.
- NAEPP Expert Panel Report. Guidelines for the diagnosis and management of asthma—update on selected topics 2002. Update 2002: Expert Panel Report. Available from www.nhlbi.nih.gov/guidelines/asthma/index.htm.
- Stafford RS, Ma J, Finkelstein SN, et al. National trends in asthma visits and asthma pharmacotherapy, 1978–2002. *J Allergy Clin Immunol* 111(4):729–35. 2003.

Figures 30, 31, and 32

- Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). *JAMA* 289(23):3095–3105. 2003.
- Wells KB, Stewart A, Hays RD, et al. The functioning and well being of depressed patients: results from the Medical Outcomes Study. *JAMA* 262(7):914–9. 1989.
- Burvill PW. Recent progress in the epidemiology of major depression. *Epidemiol Rev* 17(1):21–31. 1995.
- Pincus HA, Tanielian TL, Marcus SC, et al. Prescribing trends in psychotropic medications: Primary care, psychiatry, and other medical specialties. *JAMA* 279(7):526–31. 1998.
- U.S. Department of Health and Human Services. *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. 1999.
- Ornstein S, Stuart G, Jenkins R. Depression diagnoses and antidepressant use in primary care practices: a study from the Practice Partner Research Network (PPRNet). *J Fam Pract* 49(1):68–72. 2000.
- Foote SM, Etheredge L. Increasing use of new prescription drugs: A case study. *Health Aff* 19(4):165–70. 2000.
- Stone KJ, Viera AJ, Parman CL. Off-label applications for SSRIs. *Am Fam Physician* 68(3):498–504. 2003.
- Melfi CA, Croghan TW, Hanna MP, Robinson RL. Racial variation in antidepressant treatment in a Medicaid population. *J Clin Psychiatry* 61(1):16–21. 2000.
- Miranda J, Cooper LA. Disparities in care for depression among primary care patients. *J Gen Intern Med* 19(2):120–6. 2004.

Figures 30, 31, and 32 (*Continued*)

11. Sambamoorthi U, Olfson M, Walkup JT, Crystal S. Diffusion of new generation antidepressant treatment among elderly diagnosed with depression. *Med Care* 41(1):180–94. 2003.
12. Holden C. Future brightening for depression treatments. *Science* 302(5646):810–3. 2003.

Figures 33 and 34

1. Olfson M, Marcus SC, Weissman MM, Jensen PS. National trends in the use of psychotropic medications by children. *J Am Acad Child Adolesc Psychiatry* 41(5):514–21. 2002.
2. Zito JM, Safer DJ, dosRies S, et al. Rising prevalence of antidepressants among US youths. *Pediatrics* 109(5):721–7. 2002.
3. U.S. Department of Health and Human Services. *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. 1999.
4. Jensen PS, Bhatara VS, Vitiello B, et al. Psychoactive medication prescribing practices for U.S. children: gaps between research and clinical practice. *J Am Acad Child Adolesc Psychiatry* 38(5):557–65. 1999.
5. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. Fourth Edition, Text revision. Washington D.C.: American Psychiatric Association. 2000.
6. Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, unpublished analysis.
7. Bloom B, Cohen RA, Vickerie JL, Wondimu EA. Summary health statistics for U.S. children: National Health Interview Survey, 2001. National Center for Health Statistics. *Vital Health Stat* 10(216). 2003. Available from www.cdc.gov/nchs/data/series/sr_10/sr10_216.pdf accessed on January 9, 2004.
8. Olfson M, Gameroff MJ, Marcus SC, Waslick BD. Outpatient treatment of child and adolescent depression in the United States. *Arch Gen Psychiatry* 60:1236–42. 2003.
9. FDA Talk Paper. FDA issues public health advisory on cautions for use of antidepressants in adults and children. March 22, 2004. Available from www.fda.gov/bbs/topics/ANSWERS/2004/ANS01283.html accessed on March 24, 2004.

Figure 35

1. National Cholesterol Education Program. Executive summary of the third report of the national cholesterol education program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (adult treatment panel III). *JAMA* 285(19):2486–97. 2001.
2. Maron DJ, Fazio S, Linton MF. Current perspectives on statins. *Circulation* 101(2):207–13. 2000.
3. Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, unpublished analysis.
4. LaRosa JC. What do the statins tell us? *Am Heart J* 144(6, Part 2 Suppl):S21–S26. 2002.

Figure 36

1. Wolfe MM, Lichtenstein DR, Singh G. Medical progress: Gastrointestinal toxicity of nonsteroidal antiinflammatory drugs. *N Engl J Med* 340(24):1888–99. 1999.
2. Silverstein FE, Faich G, Goldstein JL, et al. Gastrointestinal toxicity with celecoxib vs nonsteroidal anti-inflammatory drugs for osteoarthritis and rheumatoid arthritis: The CLASS study: A randomized controlled trial. *JAMA* 284(10):1247–55. 2000.
3. Stichtenoth DO, Frölich JC. The second generation of COX-2 inhibitors: What advantages do the newest offer? *Drugs* 63(1):33–45. 2003.
4. Lisse JR, Perleman M, Johansson G, et al. Gastrointestinal tolerability and effectiveness of rofecoxib versus naproxen in the treatment of osteoarthritis: A randomized, controlled trial. *Ann Intern Med* 139(7):539–46. 2003.
5. Juni P, Rutjes A, Dieppe P. Are selective COX 2 inhibitors superior to traditional nonsteroidal anti-inflammatory drugs? Adequate analysis of the CLASS trial indicates that this may not be the case. *BMJ* 324(7349):1287–8. 2002.
6. Wright JM. The double-edged sword of COX-2 selective NSAIDs. *Can Med Assoc J* 167(10):1131–7. 2002.
7. U.S. General Accounting Office. Prescription drugs: FDA oversight of direct-to-consumer advertising has limitations. GAO-03-177. Washington, DC: U.S. General Accounting Office. 2002.

Technical Notes

Data Sources and Comparability

Data for *The Chartbook on Trends in the Health of Americans* come from numerous surveys and data systems and cover a broad range of years. Readers are referred to [Appendix I](#) for detailed descriptions of the specific data sources. Readers must be aware that major changes resulting from survey redesign, as well as changes in data collection methodology, the wording and order of questions, interruptions or changes in timing of data collection, and data coding systems may affect data continuity and interpretation of trends. For example, the National Health Interview Survey was redesigned in 1997 to improve its efficiency and flexibility. These changes affect comparisons before and after 1997 for many measures (see [Appendix I, National Health Interview Survey](#)).

Data Presentation

Many measures in *The Chartbook on Trends in the Health of Americans* are shown separately for persons of different ages because of the strong effect age has on most health outcomes. Selected figures in the chartbook also highlight current differences in health and health determinants by variables such as sex, race, and Hispanic origin. Some estimates are age adjusted using the age distribution of the 2000 standard population and this is noted in the excel spreadsheets that accompany each chart (see [Appendix II, Age adjustment](#)). Time trends for some measures are not presented because of the relatively short amount of time that comparable national estimates are available. For some charts, data years are combined to increase sample size and reliability of the estimates.

Graphic Presentation

Line charts for which only selected years of data are displayed have dot markers on the data years. Line charts for which data are displayed for every year in the trend are shown without the use of dot markers. Most trends are shown on a linear scale to emphasize absolute differences over time. The linear scale is the scale most frequently used and recognized, and it emphasizes the absolute changes between data points over time (1). The time trend for overall mortality measures is shown on a logarithmic scale to emphasize the

rate of change and to enable measures with large differences in magnitude to be shown on the same chart ([figure 25](#)). Logarithmic (or log) scales emphasize the relative or percentage change between data points. Readers are cautioned that one potential disadvantage to log scale is that the absolute magnitude of changes may appear less dramatic (2). When interpreting data on a log scale, the following points should be kept in mind:

1. A sloping straight line indicates a constant rate (not amount) of increase or decrease in the values,
2. A horizontal line indicates no change,
3. The slope of the line indicates the rate of increase or decrease, and
4. Parallel lines, regardless of their magnitude, depict similar rates of change (1).

Tabular Presentation

Following the Technical Notes are data tables that present the data points graphed in each chart. Some data tables contain additional data that were not graphed because of space considerations. Standard errors for data points are provided for many measures. Additional information clarifying and qualifying the data are included in table notes and [Appendix II](#) references.

Special Feature: Drugs

Drug data presented in *The Chartbook on Trends in the Health of Americans* are primarily from three sources: the National Health and Nutrition Examination Survey (NHANES), the National Ambulatory Medical Care Survey (NAMCS), and the National Hospital Ambulatory Medical Care Survey (NHAMCS) Hospital Outpatient Department Component (NHAMCS-OPD). The NHANES provides a snapshot of all prescribed drugs reported by a sample of the civilian noninstitutionalized population for a 1-month period. Drug information from NHANES is collected during an in-person interview conducted in the participant's home. The NAMCS and NHAMCS-OPD provide a picture of both prescription and nonprescription drugs that are prescribed, ordered, supplied, administered, or continued during physician office and hospital outpatient department visits.

NHANES Prescription Drug Data: NHANES III was conducted from 1988 through 1994. Starting in 1999 the NHANES is continuously in the field. Drug data are currently available for 1999–2000 while other data including obesity, serum cholesterol, and hypertension are available for a 4-year period (1999–2002). The questionnaire administered to all participants included a question on whether they had taken a prescription drug in the past month. Those who answered “yes” were asked to show the interviewer the medication containers for all the prescriptions. For each drug reported, the interviewer entered the product’s complete name from the container. If no container was available, the interviewer asked the participant to verbally report the name of the drug. Additionally, participants were asked how long they had been taking the drug and the main reason for use.

All reported medication names were converted to their standard generic ingredient name. For multi-ingredient products, the ingredients were listed in alphabetical order and counted as one drug (i.e., Tylenol #3 would be listed as Acetaminophen; Codeine). No trade or proprietary names were provided on the data file.

More information on prescription drug data collection and coding in the NHANES 1999–2000 can be found at www.cdc.gov/nchs/data/nhanes/frequency/rxq_rxdoc.pdf and more information on NHANES III prescription drug data collection and coding can be found at www.cdc.gov/nchs/data/nhanes/nhanes3/PUPREMED-acc.pdf. Also see [Appendix I, National Health and Nutrition Examination Survey](#).

NAMCS/NHAMCS Drug Data: Data collection in the NAMCS/NHAMCS is from the medical record rather than from individuals and provides an analytic base that complements population-based information on ambulatory care collected through other NCHS surveys. Participating physicians are randomly assigned to a 1-week reporting period. Hospitals are assigned to a 4-week reporting period. During this period, data from a systematic random sample of physician office and hospital outpatient department visits are recorded by the physician or hospital staff on an encounter form provided by NCHS. Additionally, data are obtained on patients’ symptoms and physicians’ diagnoses. The physician, or other health care provider, records medications that were prescribed, ordered, supplied, administered, or continued during the visit. Generic as well as brand name drugs are included, as are nonprescription and prescription drugs. Up to five medications were reported per visit until 1994; in the 1995 and

subsequent NAMCS and NHAMCS surveys, up to six medications could be listed.

For more information on drugs collected by the NAMCS/ NHAMCS, see the Ambulatory Care Drug Database at www2.cdc.gov/drugs/, ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc01.pdf, or ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc01.pdf. Also see [Appendix I, National Ambulatory Care Medical Survey](#) and [National Hospital Ambulatory Medical Care Survey](#), and [Appendix II, Drugs; National Drug Code Directory \(NDC\)](#).

References

1. Page RM, Cole GE, Timmreck TC. Basic epidemiological methods and biostatistics: A practical guidebook. Sudbury, Massachusetts: Jones and Bartlett Publishers. 1995.
2. Jekel JF, Elmore JG, Katz DL. Epidemiology biostatistics and preventive medicine. Philadelphia, Pennsylvania: W.B. Saunders Company. 1996.

Data table for figure 1. Total population, population 65 years and over and 75 years and over: United States, 1950–2050

Year	Total	65 years and over		75 years and over	
		Number			
1950	150,216,110	12,256,850	3,852,395		
1960	179,325,657	16,207,237	5,359,338		
1970	203,211,926	20,065,502	7,630,046		
1980	226,545,805	25,549,427	9,968,822		
1990	248,709,873	31,078,895	13,033,400		
2000	281,421,906	34,991,753	16,600,767		
2010	308,935,581	40,243,713	18,974,204		
2020	335,804,546	54,631,891	22,852,732		
2030	363,584,435	71,453,471	33,505,538		
2040	391,945,658	80,049,634	44,579,726		
2050	419,853,587	86,705,637	48,763,200		

NOTES: Data are for the resident population. Data for 1950 exclude Alaska and Hawaii. Data for 2010–2050 are projected. See [Appendix II, Population](#).

SOURCES: U.S. Census Bureau, 1980 Census of Population, General Population Characteristics, United States Summary (PC80-1-B1) [includes data for 1950–80]; 1990 Census of Population, General Population Characteristics, United States Summary (CO-1-1); Table 1 NA-EST2002-ASRO-03 - National Population Estimates - Characteristics, <http://www.census.gov/ipc/www/usinterimproj/> accessed on March 18, 2004; Special tabulation of U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin, www.census.gov/ipc/www/usinterimproj/ accessed on March 18, 2004.

Data table for figure 2. Percent of population in 4 age groups: United States, 1950, 2000, and 2050

Year	All ages	Under 18 years	18–64 years			75 years and over
			Percent			
1950	100.0	31.3	60.6	5.6	2.6	
2000	100.0	25.7	61.9	6.5	5.9	
2050	100.0	23.5	55.9	9.0	11.6	

NOTES: Data are for the resident population. Data for 1950 exclude Alaska and Hawaii. Data for 2050 are projected. See [Appendix II, Population](#).

SOURCES: U.S. Census Bureau, 1980 Census of Population, General Population Characteristics, United States Summary (PC80-1-B1) [data for 1950]; Table 1 NA-EST2002-ASRO-03 - National Population Estimates - Characteristics, <http://www.census.gov/ipc/www/usinterimproj/> accessed on March 18, 2004; Special tabulation of U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin, www.census.gov/ipc/www/usinterimproj/ accessed on March 18, 2004.

Data table for figure 3. Percent of population in selected race and Hispanic origin groups by age: United States, 1980–2000

<i>Race and Hispanic origin</i>	<i>All ages</i>			<i>Under 18 years</i>			<i>18 years and over</i>		
	<i>1980</i>	<i>1990</i>	<i>2000</i>	<i>1980</i>	<i>1990</i>	<i>2000</i>	<i>1980</i>	<i>1990</i>	<i>2000</i>
	Percent distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hispanic or Latino	6.4	9.0	12.5	8.8	12.2	17.1	5.5	7.9	11.0
Not Hispanic or Latino:									
White	79.9	75.7	69.5	74.2	68.9	61.3	82.1	78.1	72.3
Black or African American	11.5	11.8	12.2	14.5	14.7	14.9	10.4	10.7	11.3
Asian or Pacific Islander	1.6	2.8	3.9	1.7	3.1	3.7	1.5	2.7	3.9
American Indian or Alaska Native	0.6	0.7	0.7	0.8	1.0	1.0	0.5	0.6	0.7
2 or more races . . . . .	...	...	1.2	...	...	2.1	...	...	0.8

... Category not applicable.

NOTES: Data are for the resident population. Persons of Hispanic origin may be of any race. Race data for 2000 are not directly comparable with data from 1980 and 1990. Individuals could report only one race in 1980 and 1990, and more than one race in 2000. Persons who selected only one race in 2000 are shown in single-race categories; persons who selected more than one race in 2000 are shown as having 2 or more races and are not included in the single-race categories. In 2000 the category "Asian or Pacific Islander" includes Asian and Native Hawaiian or Other Pacific Islander. See [Appendix II, Hispanic origin; Race](#).

SOURCES: U.S. Census Bureau: U.S. population estimates, by age, sex, race, and Hispanic origin: 1980 to 1991. Current population reports, series P-25, no 1095. Washington. U.S. Government Printing Office, February 1993; U.S. Census Bureau: Census 2000 Modified Race Data Summary File: 2000 Census of Population and Housing, September 2002.

Data table for figure 4. Poverty rates by age: United States, 1966–2002

Year	All ages	Under 18 years	18–64 years	65 years and over
Percent of persons with family income below the poverty level				
1966	14.7	17.6	10.5	28.5
1967	14.2	16.6	10.0	29.5
1968	12.8	15.6	9.0	25.0
1969	12.1	14.0	8.7	25.3
1970	12.6	15.1	9.0	24.6
1971	12.5	15.3	9.3	21.6
1972	11.9	15.1	8.8	18.6
1973	11.1	14.4	8.3	16.3
1974	11.2	15.4	8.3	14.6
1975	12.3	17.1	9.2	15.3
1976	11.8	16.0	9.0	15.0
1977	11.6	16.2	8.8	14.1
1978	11.4	15.9	8.7	14.0
1979	11.7	16.4	8.9	15.2
1980	13.0	18.3	10.1	15.7
1981	14.0	20.0	11.1	15.3
1982	15.0	21.9	12.0	14.6
1983	15.2	22.3	12.4	13.8
1984	14.4	21.5	11.7	12.4
1985	14.0	20.7	11.3	12.6
1986	13.6	20.5	10.8	12.4
1987	13.4	20.3	10.6	12.5
1988	13.0	19.5	10.5	12.0
1989	12.8	19.6	10.2	11.4
1990	13.5	20.6	10.7	12.2
1991	14.2	21.8	11.4	12.4
1992	14.8	22.3	11.9	12.9
1993	15.1	22.7	12.4	12.2
1994	14.5	21.8	11.9	11.7
1995	13.8	20.8	11.4	10.5
1996	13.7	20.5	11.4	10.8
1997	13.3	19.9	10.9	10.5
1998	12.7	18.9	10.5	10.5
1999	11.8	16.9	10.0	9.7
2000 ¹	11.3	16.2	9.6	9.9
2001 ¹	11.7	16.3	10.1	10.1
2002 ¹	12.1	16.7	10.6	10.4

¹Starting in 2000 estimates of poverty have been calculated based on an expanded household sample and census 2000-based population weights. Implementation of these changes had no effect on the all ages poverty rate for 2000 and a 0.1–0.3 percent difference in the age specific poverty rates for 2000.

NOTES: Data are for the civilian noninstitutionalized population. See [Appendix II, Poverty level](#). See related *Health, United States, 2004, table 2*.

SOURCES: U.S. Census Bureau, Current population survey, March 1967–2003. U.S. Bureau of the Census. Proctor B, Dalaker J. Poverty in the United States: 2002. Current population reports, series P-60, no 222. Washington: U.S. Government Printing Office. 2003.

Data table for figure 5. Low income population by age, race, and Hispanic origin: United States, 2002

Age, race, and Hispanic origin	Poor		Near poor	
	Percent	Number in millions	Percent	Number in millions
All ages				
All races and origins	12.1	18.4	34.6	52.4
Hispanic or Latino	21.8	30.2	8.6	11.8
Black or African American only	24.1	23.7	8.6	8.5
Asian only	10.1	15.8	1.2	1.8
White only, not Hispanic or Latino	8.0	15.1	15.6	29.3
Under 18 years				
All races and origins	16.7	21.6	12.1	15.7
Hispanic or Latino	28.6	33.4	3.8	4.4
Black or African American only	32.3	27.2	3.6	3.1
Asian only	11.7	19.8	0.3	0.5
White only, not Hispanic or Latino	9.5	16.6	4.1	7.3
18–64 years				
All races and origins	10.6	15.2	18.9	27.2
Hispanic or Latino	18.1	28.1	4.3	6.8
Black or African American only	19.9	20.6	4.3	4.4
Asian only	9.7	13.6	0.8	1.0
White only, not Hispanic or Latino	7.5	11.8	9.2	14.4
65 years and over				
All races and origins	10.4	28.0	3.6	9.6
Hispanic or Latino	21.4	33.3	0.4	0.7
Black or African American only	23.8	33.5	0.7	0.9
Asian only	8.4	22.7	0.1	0.2
White only, not Hispanic or Latino	8.3	27.2	2.3	7.6

NOTES: Data are for the civilian noninstitutionalized population. Poor is defined as family income less than 100 percent of the poverty level and near poor as 100–199 percent of the poverty level. See [Appendix II, Poverty level](#). Persons of Hispanic origin may be of any race. Black and Asian races include persons of both Hispanic and non-Hispanic origin. See related [Health, United States, 2004, table 2](#).

SOURCES: Proctor B, Dalaker J. Poverty in the United States: 2002. Current population reports, series P-60, no 222. Washington, DC: U.S. Government Printing Office. 2003; Age and sex of all people, family members, and unrelated individuals iterated by income-to-poverty ratio and race: 2002, ferret.bls.census.gov/macro/032003/pov/new01_200.htm accessed on November 12, 2003.

Data table for figure 6. Health insurance coverage among persons under 65 years of age: United States, 1984–2002

Year	Health insurance coverage					
	Private		Medicaid		Uninsured	
	Percent	SE	Percent	SE	Percent	SE
1984	77.1	0.6	6.7	0.3	14.3	0.4
1989	76.2	0.4	7.1	0.2	15.3	0.3
1994	70.3	0.4	11.0	0.3	17.2	0.3
1995	71.6	0.4	11.3	0.2	15.9	0.2
1996	71.5	0.5	10.9	0.3	16.5	0.3
1997	70.9	0.3	9.6	0.2	17.4	0.2
1998	72.3	0.4	8.8	0.2	16.5	0.2
1999	72.9	0.3	9.0	0.2	16.1	0.2
2000	71.7	0.3	9.4	0.2	16.8	0.2
2001	71.5	0.4	10.3	0.2	16.2	0.2
2002	69.7	0.4	11.8	0.2	16.6	0.2

SE Standard error.

NOTES: Data are for the civilian noninstitutionalized population. Percents are age adjusted to the 2000 standard population using three age groups: under 18 years, 18–44 years, and 45–64 years. Medicaid includes other public assistance through 1996; includes State-sponsored health plans starting in 1997; and includes State Children’s Health Insurance Program (SCHIP) starting in 1999. Uninsured persons are not covered by private insurance, Medicaid, SCHIP, public assistance (through 1996), State-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans. Persons with Indian Health Service only are considered uninsured. Percents do not add to 100 because the percent of persons with Medicare, military plans, and other government-sponsored plans is not shown and because persons with both private insurance and Medicaid appear in both categories. See [Appendix II, Age adjustment; Health insurance coverage](#). For more detail by racial and ethnic group see related *Health, United States, 2004*, [tables 129–131](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 7. No health insurance coverage among persons under 65 years of age by selected characteristics: United States, 2002

<i>Characteristic</i>	<i>Percent</i>	<i>SE</i>
Age		
Under 65 years, age adjusted	16.6	0.2
Under 18 years	10.7	0.3
18–24 years	28.2	0.7
25–34 years	23.8	0.5
35–44 years	17.8	0.4
45–54 years	14.1	0.4
55–64 years	11.6	0.4
Percent of poverty level		
Below 100 percent	31.4	0.9
100–149 percent	32.8	0.9
150–199 percent	25.6	1.0
200 percent or more	10.9	0.3
Race and Hispanic origin		
White only, not Hispanic or Latino	12.6	0.3
Asian only	17.2	1.2
Black or African American only, not Hispanic or Latino	19.2	0.6
American Indian and Alaska Native only	38.7	3.2
Hispanic or Latino	33.8	0.7
Mexican	37.0	0.8
Other Hispanic	32.9	1.2
Cuban	20.5	2.1
Puerto Rican	19.5	1.4

SE Standard error.

NOTES: Data are for the civilian noninstitutionalized population. Percents for the total, by poverty level, race, and Hispanic origin are age adjusted to the year 2000 standard population using three age groups: under 18 years, 18–44 years, and 45–64 years. Persons of Hispanic origin may be of any race. Asian only and American Indian and Alaska Native only races include persons of Hispanic and non-Hispanic origin. Uninsured persons are not covered by private insurance, Medicaid, State Children's Health Insurance Program (SCHIP), State-sponsored or other government-sponsored health plans, Medicare, or military plans. Persons with Indian Health Service only are considered uninsured. Starting with *Health, United States, 2004*, a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 31 percent of persons under 65 years of age in 2002. See [Appendix II, Age adjustment; Family income; Health insurance coverage; Poverty; Race](#). See related *Health, United States, 2004*, [table 131](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 8. Early prenatal care by race and Hispanic origin of mother: United States, 1980–2002

Race and Hispanic origin of mother	Year										
	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001	2002
	Percent										
All mothers	76.3	76.2	75.8	81.3	81.9	82.5	82.8	83.2	83.2	83.4	83.7
American Indian or Alaska Native	55.8	57.5	57.9	66.7	67.7	68.1	68.8	69.5	69.3	69.3	69.8
Asian or Pacific Islander	73.7	74.1	75.1	79.9	81.2	82.1	83.1	83.7	84.0	84.0	84.8
Hispanic or Latino	60.2	61.2	60.2	70.8	72.2	73.7	74.3	74.4	74.4	75.7	76.7
White, not Hispanic or Latino	81.2	81.4	83.3	87.1	87.4	87.9	87.9	88.4	88.5	88.5	88.6
Black or African American, not Hispanic or Latino	60.7	60.1	60.7	70.4	71.5	72.3	73.3	74.1	74.3	74.5	75.2

NOTES: Early prenatal care begins during the first trimester of pregnancy. Persons of Hispanic origin may be of any race. Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. Interpretation of trend data should take into consideration immigration. See [Appendix II, Hispanic origin](#). See related *Health, United States, 2004, table 6*.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Data table for figure 9. Early prenatal care by detailed race and Hispanic origin of mother: United States, 2002

Race and Hispanic origin of mother	Percent
White, not Hispanic or Latino	88.6
Black or African American, not Hispanic or Latino	75.2
Hispanic or Latino	76.7
Cuban	92.0
Puerto Rican	79.9
Central and South American	78.7
Other and unknown Hispanic or Latino	76.7
Mexican	75.7
Asian or Pacific Islander	84.8
Japanese	90.5
Chinese	87.2
Filipino	85.4
Other Asian or Pacific Islander	83.9
Hawaiian	78.1
American Indian or Alaska Native	69.8

NOTES: Early prenatal care begins during the first trimester of pregnancy. Persons of Hispanic origin may be of any race. The race groups, Asian or Pacific Islander and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. See related *Health, United States, 2004, table 6*.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Data table for figure 10. Influenza and pneumococcal vaccination among adults 65 years of age and over: United States, 1989–2002

Year	Influenza vaccination during past 12 months		Pneumococcal vaccination ever	
	Percent	SE	Percent	SE
1989	31.0	0.5	14.3	0.4
1990	---	---	---	---
1991	42.3	0.7	21.5	0.6
1992	---	---	---	---
1993	52.3	0.9	28.5	0.8
1994	55.6	0.9	29.9	0.8
1995	58.8	0.9	34.5	0.9
1996	---	---	---	---
1997	63.5	0.7	42.6	0.7
1998	63.6	0.7	46.3	0.8
1999	65.9	0.8	49.9	0.8
2000	64.5	0.7	53.2	0.8
2001	63.1	0.7	54.0	0.8
2002	65.8	0.7	56.0	0.8

SE Standard error.
 --- Data not available.

NOTES: Data are for the civilian noninstitutionalized population and are age adjusted to the 2000 standard population using two age groups: 65–74 years and 75 years and over. See [Appendix II, Age adjustment](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 11. Influenza and pneumococcal vaccination among adults 65 years of age and over by race and Hispanic origin: United States, 2000–2002

Race and Hispanic origin	Influenza vaccination during past 12 months		Pneumococcal vaccination ever	
	Percent	SE	Percent	SE
White only, not Hispanic or Latino	67.0	0.5	58.4	0.5
Asian only	57.8	3.6	33.5	3.4
Black or African American only, not Hispanic or Latino	48.5	1.3	33.9	1.3
Hispanic or Latino	52.4	1.6	30.3	1.5

SE Standard error.

NOTES: Data are for the civilian noninstitutionalized population and are age adjusted to the 2000 standard population using two age groups: 65–74 years and 75 years and over. Persons of Hispanic origin may be of any race. Asian only race includes persons of both Hispanic and non-Hispanic origin. See [Appendix II, Age adjustment; Race](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 12. Cigarette smoking among men, women, high school students, and mothers during pregnancy: United States, 1965–2003

Year	Men		Women		High school students		Mothers during pregnancy
	Percent	SE	Percent	SE	Percent	SE	Percent
1965	51.2	0.3	33.7	0.3	---	---	---
1974	42.8	0.5	32.2	0.4	---	---	---
1979	37.0	0.5	30.1	0.5	---	---	---
1983	34.8	0.6	29.4	0.4	---	---	---
1985	32.2	0.5	27.9	0.4	---	---	---
1987	30.9	0.4	26.5	0.4	---	---	---
1988	30.3	0.4	25.7	0.3	---	---	---
1989	---	---	---	---	---	---	19.5
1990	28.0	0.4	22.9	0.3	---	---	18.4
1991	27.6	0.4	23.5	0.3	27.5	1.4	17.8
1992	28.1	0.5	24.6	0.5	---	---	16.9
1993	27.3	0.6	22.6	0.4	30.5	1.0	15.8
1994	27.6	0.5	23.1	0.5	---	---	14.6
1995	26.5	0.6	22.7	0.5	34.8	1.1	13.9
1996	---	---	---	---	---	---	13.6
1997	27.1	0.4	22.2	0.4	36.4	1.2	13.2
1998	25.9	0.4	22.1	0.4	---	---	12.9
1999	25.2	0.5	21.6	0.4	34.8	1.3	12.6
2000	25.2	0.4	21.1	0.4	---	---	12.2
2001	24.7	0.4	20.8	0.4	28.5	1.0	12.0
2002	24.8	0.4	20.1	0.4	---	---	11.4
2003	---	---	---	---	21.9	1.1	---

SE Standard error.

--- Data not available.

NOTES: Data for men and women are for the civilian noninstitutionalized population. Percents for men and women are age adjusted to the 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#). Cigarette smoking is defined as follows: among men and women 18 years and over, those who ever smoked 100 cigarettes in their lifetime and now smoke every day or some days; among high school students (grades 9–12), those who smoked cigarettes on 1 or more of the 30 days preceding the survey; and among mothers with a live birth, those who smoked during pregnancy. Data from States that did not require the reporting of mother's tobacco use during pregnancy on the birth certificate are not included. See [Appendix II, Tobacco use](#). See related *Health, United States, 2004*, [tables 11](#) and [60](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey (data for men and women); National Vital Statistics System (data for mothers during pregnancy); National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey (data for high school students).

Data table for Figure 13. Current cigarette smoking among high school students by sex, frequency, and grade level: United States, 2003

Grade	All students				Male students				Female students			
	Current smoker		Frequent smoker		Current smoker		Frequent smoker		Current smoker		Frequent smoker	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Grades 9–12	21.9	1.1	9.7	0.7	21.8	1.1	9.6	0.8	21.9	1.4	9.7	0.9
Grade 9	17.4	1.2	6.3	0.8	16.0	1.2	5.7	1.0	18.9	1.9	6.9	1.3
Grade 10	21.8	1.5	9.2	1.0	21.7	1.7	9.5	1.2	21.9	1.9	9.0	1.3
Grade 11	23.6	1.6	11.2	1.3	23.2	1.8	10.5	1.3	24.0	2.0	11.8	1.9
Grade 12	26.2	1.4	13.1	1.2	29.0	2.0	14.5	1.5	23.3	1.6	11.4	1.2

SE Standard error.

NOTES: Current cigarette smoking is defined as having smoked cigarettes on 1 or more days of the 30 days preceding the survey; frequent cigarette smoking is defined as having smoked cigarettes on 20 or more of the 30 days preceding the survey.

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey.

Data table for figure 14. High school students not engaging in recommended amounts of physical activity (neither moderate nor vigorous) by grade and sex: United States, 2003

Grade	All students		Male students		Female students	
	Percent	SE	Percent	SE	Percent	SE
Grades 9–12	33.4	1.1	26.9	1.1	40.1	1.5
Grade 9	28.1	1.5	23.8	1.5	32.7	2.1
Grade 10	30.8	1.6	25.6	1.8	35.9	1.9
Grade 11	36.5	1.4	27.0	1.5	46.2	1.9
Grade 12	40.2	1.4	32.1	1.7	48.4	1.8

SE Standard error.

NOTES: The recommended amount of physical activity for high school students is at least 30 minutes of moderate activity (does not cause sweating or hard breathing) on 5 or more of the past 7 days; or at least 20 minutes of vigorous activity (causes sweating and hard breathing) on 3 or more of the past 7 days. The recommended amounts of physical activity for high school students are based on the Healthy People 2010 objectives 22–6 and 22–7 (moderate and vigorous activity in adolescents).

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey.

Data table for figure 15. Adults not engaging in leisure-time physical activity by age and sex: United States, 1998–2002

Sex and age	1998		2000		2002	
	Percent	SE	Percent	SE	Percent	SE
Total	40.1	0.4	38.8	0.4	37.6	0.5
18–44 years	34.8	0.5	33.1	0.5	32.4	0.6
45–64 years	40.8	0.7	41.0	0.7	37.8	0.7
65 years and over	55.5	0.8	52.5	0.9	53.4	0.9
Men	37.4	0.5	36.2	0.6	35.4	0.6
18–44 years	31.7	0.7	30.2	0.7	29.8	0.7
45–64 years	39.9	0.9	40.6	1.0	37.4	0.9
65 years and over	50.6	1.2	47.0	1.3	49.3	1.3
Women	42.6	0.5	41.0	0.5	39.6	0.5
18–44 years	37.9	0.7	35.9	0.7	35.0	0.7
45–64 years	41.6	0.8	41.5	0.8	38.2	0.8
65 years and over	58.9	0.9	56.4	1.0	56.3	1.0

SE Standard error.

NOTES: Data are for the civilian noninstitutionalized population. Total, men, and women are age-adjusted to the 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#). Leisure-time inactivity is defined as not engaging in at least 10 minutes of physical activity which causes an increase in sweating, breathing, or heart rate.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 16. Overweight and obesity by age: United States, 1960–2002

Year	Children 6–11 years		Adolescents 12–19 years		Adults 20–74 years					
	Overweight				Overweight including obese		Overweight but not obese		Obese	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE
1960–62	---	---	---	---	44.8	1.0	31.5	0.5	13.3	0.6
1963–65	4.2	0.4	---	---	---	---	---	---	---	---
1966–70	---	---	4.6	0.3	---	---	---	---	---	---
1971–74	4.0	0.5	6.1	0.6	47.7	0.7	33.1	0.6	14.6	0.5
1976–80	6.5	0.6	5.0	0.5	47.4	0.8	32.3	0.6	15.1	0.5
1988–94	11.3	1.0	10.5	0.9	56.0	0.9	32.7	0.6	23.3	0.7
1999–2002	15.8	1.1	16.1	0.8	65.2	0.8	34.1	0.8	31.1	1.0

SE Standard error.

--- Data not available.

NOTES: Data are for the civilian noninstitutionalized population. Percents for adults are age adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. For children: Overweight is defined as a body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cut points from the 2000 CDC Growth Charts: United States (See: www.cdc.gov/growthcharts/); obese is not defined for children. For adults: Overweight including obese is defined as a BMI greater than or equal to 25; overweight but not obese as a BMI greater than 25 but less than 30; and obese as a BMI greater than or equal to 30. Data for 1966–70 are for adolescents 12–17 years, not 12–19 years. Pregnant adolescents were excluded beginning in 1971–74. Pregnant women 20 years of age and over were excluded in all years. See [Appendix II, Age adjustment](#); [Body mass index \(BMI\)](#). See related *Health, United States, 2004, tables 69 and 70*.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Examination Survey and National Health and Nutrition Examination Survey.

Data table for figure 17. Obesity among adults 20–74 years of age by sex, race, and Hispanic origin: United States, 1999–2002

Age, race, and Hispanic origin	Obese	
	Percent	SE
All races and origins	31.1	1.0
Men	28.1	0.9
Women	34.0	1.2
White only, not Hispanic or Latino	30.0	1.1
Men	28.7	1.1
Women	31.3	1.4
Black or African American only, not Hispanic or Latino	39.6	1.2
Men	27.9	1.3
Women	49.6	1.8
Mexican	33.7	1.7
Men	29.0	1.5
Women	38.9	2.6

SE Standard error.

NOTES: Data are for the civilian noninstitutionalized population. Percents are age adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. Obese is defined as having a body mass index (BMI) greater than or equal to 30. Pregnant women were excluded. See [Appendix II, Age adjustment; Body mass index \(BMI\)](#). Estimates by race and Hispanic origin are tabulated using the 1997 Standards for Federal data on race and ethnicity. See [Appendix II, Race](#). Persons of Hispanic origin may be of any race. See related *Health, United States, 2004, table 69*.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Data table for figure 18. Selected chronic health conditions causing limitation of activity among children by age: United States, 2001–02

Type of chronic health condition	Under 5 years		5–11 years		12–17 years	
	Rate	SE	Rate	SE	Rate	SE
	Number of children with limitation of activity caused by selected chronic health conditions per 1,000 population					
Speech problem	10.7	0.9	18.1	1.1	5.3	0.6
Asthma/breathing	8.0	0.9	7.9	0.7	8.7	0.7
Mental retardation or other developmental	6.8	0.7	9.2	0.7	8.3	0.7
Other mental, emotional, or behavioral	3.0	0.5	10.6	0.8	14.1	1.1
Attention Deficit/hyperactivity disorder	2.3	0.4	17.1	1.0	22.3	1.3
Learning disability	2.6	0.5	24.8	1.2	34.4	1.7

SE Standard error.

NOTES: Data are for noninstitutionalized children. Children with limitation of activity caused by chronic health conditions may be identified by enrollment in special programs (special education or early intervention services) or by reporting a limitation in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Selected chronic health conditions include the three leading causes of activity limitation among children in each age category. Conditions refer to response categories in the National Health Interview Survey. Children who were reported to have more than one chronic health condition as the cause of their activity limitation were counted in each reported category. Starting in 2001 the condition list for children was expanded to include categories for Attention Deficit/Hyperactivity Disorder(ADD/ADHD) and learning disability. Thus, comparable data for this figure are not available prior to 2001. See [Appendix II, Condition; Limitation of activity](#). See related *Health, United States, 2004, table 56*.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 19. Limitation of activity caused by 1 or more chronic health conditions among working-age adults by selected characteristics: United States, 2000–2002

Characteristic	Any limitation of activity	
	Percent	SE
Age		
18–44 years	6.1	0.1
45–54 years	13.1	0.2
55–64 years	20.5	0.3
Sex		
Male	9.3	0.2
Female	10.0	0.1
Percent of poverty level		
Below 100 percent	22.6	0.5
100–199 percent	15.8	0.4
200 percent or more	6.8	0.1
Race and Hispanic origin		
Hispanic or Latino	7.7	0.2
Not Hispanic or Latino:		
White only	9.8	0.2
Black or African American only	11.9	0.3

SE Standard error.

NOTES: Data are for the civilian noninstitutionalized population. Percents by sex, race and Hispanic origin, and poverty level are age adjusted to the year 2000 standard population using three age groups: 18–44 years, 45–54 years, and 55–64 years. See [Appendix II, Age adjustment](#). Starting with *Health, United States, 2004*, a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 32 percent of persons 18–64 years of age in 2000–2002. See [Appendix II, Family income; Poverty level](#). Persons of Hispanic origin may be of any race. Limitation of activity is assessed by asking respondents a series of questions about limitations in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Respondents are asked about limitations in activities of daily living, instrumental activities of daily living, limitations in work, walking, memory, and other activities. For adults identified as having limitation of activity, the causal health conditions are determined and respondents are considered limited if 1 or more of these conditions is chronic. See [Appendix II, Limitation of activity](#). See related *Health, United States, 2004*, [table 56](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 20. Selected chronic health conditions causing limitation of activity among working-age adults by age: United States, 2000–2002

Type of chronic health condition	18–44 years		45–54 years		55–64 years	
	Rate	SE	Rate	SE	Rate	SE
Number of persons with limitation of activity caused by selected chronic health conditions per 1,000 population						
Mental illness	11.8	0.4	21.5	0.9	21.5	1.0
Fractures/joint injury	6.5	0.3	14.6	0.7	20.1	1.1
Lung	5.2	0.3	11.4	0.6	25.0	1.2
Diabetes	2.8	0.2	13.4	0.6	29.4	1.3
Heart/other circulatory	6.0	0.3	30.5	1.0	68.3	2.0
Arthritis/other musculoskeletal	21.1	0.6	59.9	1.5	99.4	2.3

SE Standard error.

NOTES: Data are for the civilian noninstitutionalized population. Selected chronic health conditions include the four leading causes of activity limitation among adults in each age category. Conditions refer to response categories in the National Health Interview Survey; some conditions include several response categories. "Mental illness" includes depression, anxiety or emotional problem, and other mental conditions. "Heart/other circulatory" includes heart problem, stroke problem, hypertension or high blood pressure, and other circulatory system conditions. "Arthritis/other musculoskeletal" includes arthritis/rheumatism, back or neck problem, and other musculoskeletal system conditions. Persons may report more than one chronic health condition as the cause of their activity limitation. See [Appendix II, Limitation of activity](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Data table for figure 21. Limitation of activities of daily living among Medicare beneficiaries 65 years of age and over: United States, 1992–2002

Year	All beneficiaries		Noninstitutionalized beneficiaries		Institutionalized beneficiaries	
	Percent	SE	Percent	SE	Percent	SE
1992	16.2	0.4	12.2	0.5	85.7	3.0
1993	16.0	0.4	12.0	0.4	88.7	2.4
1994	15.4	0.4	11.3	0.4	87.6	2.4
1995	15.2	0.4	11.1	0.4	90.0	2.0
1996	14.5	0.4	10.5	0.4	92.9	1.6
1997	13.9	0.4	10.0	0.4	91.3	1.9
1998	14.0	0.4	10.6	0.4	90.6	1.9
1999	13.4	0.4	9.8	0.4	92.3	1.7
2000	13.6	0.4	10.0	0.4	92.7	1.6
2001	13.7	0.3	10.1	0.3	90.9	1.8
2002	14.2	0.3	10.8	0.3	89.9	2.0

SE Standard error.

NOTES: Percents are age adjusted to the year 2000 standard population using three age groups: 65–74 years, 75–84 years, and 85 years and over. See [Appendix II, Age adjustment](#). Limitation of activities of daily living is defined as having difficulty and receiving help or supervision with at least one of the following six activities: bathing or showering, dressing, eating, getting in or out of bed or chairs, walking, and using the toilet. Institutions are defined as facilities with 3 or more beds and providing long-term care services throughout the facility or in a separate identifiable unit. Data on institutionalized beneficiaries are obtained from proxy respondents. See [Appendix II, Activities of daily living](#).

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey, Access to Care files.

Data table for figure 22. Life expectancy at birth and at 65 years of age by sex: United States, 1901–2001

Year	At birth		At 65 years	
	Male	Female	Male	Female
	Life expectancy in years			
1900–1902	47.9	50.7	11.5	12.2
1909–11	49.9	53.2	11.2	12.0
1919–21	55.5	57.4	12.2	12.7
1929–31	57.7	60.9	11.7	12.8
1939–41	61.6	65.9	12.1	13.6
1949–51	65.5	71.0	12.7	15.0
1959–61	66.8	73.2	13.0	15.8
1969–71	67.0	74.6	13.0	16.8
1979–81	70.1	77.6	14.2	18.4
1989–91	71.8	78.8	15.1	19.0
1997	73.6	79.4	15.9	19.2
1998	73.8	79.5	16.0	19.2
1999	73.9	79.4	16.1	19.1
2000	74.3	79.7	16.2	19.3
2001	74.4	79.8	16.4	19.4

NOTES: Death rates used to calculate life expectancies for 1997–1999 are calculated with death rates based on postcensal 1990-based population estimates; life expectancies for 2000 and beyond are calculated with death rates based on census 2000. See [Appendix I, Population Census and Population Estimates](#). Life expectancies prior to 1997 are from decennial life tables based on census data and deaths for a 3-year period around the census year. Beginning in 1997, the annual life tables are complete life tables based on a methodology similar to that used for decennial life tables. Alaska and Hawaii were included beginning in 1959. For decennial periods prior to 1929–31, data are limited to death registration States: 1900–1902 and 1909–11, 10 States and the District of Columbia; 1919–21, 34 States and the District of Columbia. Deaths to nonresidents were excluded beginning in 1970. See [Appendix II, Life expectancy](#). See related *Health, United States, 2004*, [table 27](#).

SOURCES: Anderson RN. United States life tables, 1997 (data for 1900–97); 1998 (data for 1998); 1999 (data for 1999). National vital statistics reports; vol 47 no 28; vol 48 no 18; vol 50 no 6. Hyattsville, Maryland: National Center for Health Statistics. 1999; 2001; 2002; Anderson RN, Arias E. The effects of revised populations on mortality statistics for the United States, 2000 (data for 2000). National vital statistics reports; vol 51 no 9. Hyattsville, Maryland: National Center for Health Statistics. 2003; Arias E. United States life tables, 2001 (data for 2001). National vital statistics reports; vol 52 no 14. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Data table for figure 23. Infant, neonatal, and postneonatal mortality rates: United States, 1950–2002

Year	Infant	Neonatal	Postneonatal
Deaths per 1,000 live births			
1950	29.2	20.5	8.7
1960	26.0	18.7	7.3
1970	20.0	15.1	4.9
1980	12.6	8.5	4.1
1985	10.6	7.0	3.7
1990	9.2	5.8	3.4
1995	7.6	4.9	2.7
1996	7.3	4.8	2.5
1997	7.2	4.8	2.5
1998	7.2	4.8	2.4
1999	7.1	4.7	2.3
2000	6.9	4.6	2.3
2001	6.8	4.5	2.3
2002	7.0	4.7	2.3

NOTES: Infant is defined as under 1 year of age, neonatal as under 28 days of age, and postneonatal as between 28 days and 1 year of age. See related *Health, United States, 2004*, table 22.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Data table for figure 24. Infant mortality rates by detailed race and Hispanic origin of mother: United States, 1999–2001

Race and Hispanic origin of mother	Infant deaths per 1,000 live births
White, not Hispanic or Latino	5.7
Black or African American, not Hispanic or Latino	13.7
Hispanic or Latino	5.6
Puerto Rican	8.4
Other and unknown Hispanic or Latino	6.7
Mexican	5.4
Central and South American	4.8
Cuban	4.5
Asian or Pacific Islander	4.8
Hawaiian	7.8
Filipino	5.7
Other Asian or Pacific Islander	4.9
Japanese	4.0
Chinese	3.2
American Indian or Alaska Native	9.1

NOTES: Infant is defined as under 1 year of age. Persons of Hispanic origin may be of any race. Asian or Pacific Islander, and American Indian or Alaska Native races include persons of Hispanic and non-Hispanic origin. See related *Health, United States, 2004*, table 19. Data from the 2000–2002 linked birth and infant death file were not available to be included in this report. See www.cdc.gov/nchs for updated information.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Linked Birth/Infant Death Data Sets.

Data table for figure 25. Death rates for leading causes of death for all ages: United States, 1950–2002

Year	All causes	Heart disease	Cancer	Stroke	Chronic lower respiratory diseases	Unintentional injuries
Deaths per 100,000 population						
1950	1,446.0	586.8	193.9	180.7	---	78.0
1960	1,339.2	559.0	193.9	177.9	---	62.3
1970	1,222.6	492.7	198.6	147.7	---	60.1
1980	1,039.1	412.1	207.9	96.2	28.3	46.4
1985	988.1	375.0	211.3	76.4	34.5	38.5
1990	938.7	321.8	216.0	65.3	37.2	36.3
1995	909.8	293.4	209.9	63.1	40.1	34.4
1996	894.1	285.7	206.7	62.5	40.6	34.5
1997	878.1	277.7	203.4	61.1	41.1	34.2
1998	870.6	271.3	200.7	59.3	41.8	34.5
1998 (comparability-modified)	870.6	267.4	202.1	62.8	43.8	35.6
1999	875.6	266.5	200.8	61.6	45.4	35.3
2000	869.0	257.6	199.6	60.9	44.2	34.9
2001	854.5	247.8	196.0	57.9	43.7	35.7
2002	845.3	240.8	193.5	56.2	43.5	36.9

--- Data not available.

NOTES: Death rates are age adjusted to the year 2000 standard population using 10-year age groups from under 1 year, 1–4 years, 5–14 through 75–84 years, and 85 years and over. Causes of death shown are the five leading causes of death for all persons in 2002. 1950 death rates are based on the 6th revision of the International Classification of Disease (ICD-6), 1960 death rates on the ICD-7, 1970 death rates on the ICDA-8, and 1980–98 death rates on the ICD-9. 1998 (comparability-modified) death rates use comparability ratios to adjust the rate to be comparable to records classified according to ICD-10. Starting in 1999, death rates are based on ICD-10. Comparability ratios across revisions for selected causes are available at www.cdc.gov/nchs/data/statab/comp2.pdf. Death rates for chronic lower respiratory diseases are available from 1980 when a category that included bronchitis, emphysema, asthma, and other chronic lung diseases was introduced in ICD-9. Cancer refers to malignant neoplasms; stroke, to cerebrovascular diseases; and “unintentional injuries” is preferred to “accidents” in the public health community. Rates for 1991–99 were computed using intercensal population estimates based on the 2000 census. Rates for 2000 were computed using 2000 census counts. Rates for 2001–02 were computed using postcensal estimates based on the 2000 census. See [Appendix I, Population Census and Population Estimates](#). See [Appendix II, Age adjustment; Cause of death; Comparability ratio](#). See related *Health, United States, 2004*, tables 29, 31, 35, 36, 37, 38, and 41.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Data table for figure 26. Percent of persons reporting prescription drug use in the past month by age: United States, 1988–94 and 1999–2000

Number of prescribed drugs and age	1988–94		1999–2000	
	Percent	SE	Percent	SE
1 or more prescribed drugs (Total)				
All ages, age adjusted	39.1	0.5	44.3	1.0
All ages, crude	37.8	0.5	43.0	1.1
Under 18 years	20.5	0.8	24.1	1.3
18–44 years	31.3	0.8	34.7	1.7
45–64 years	54.8	1.0	62.1	1.9
65 years and over	73.6	0.9	83.9	1.3
1 or 2 prescribed drugs				
All ages, age adjusted	27.3	0.4	27.8	0.9
All ages, crude	26.8	0.4	27.5	0.9
Under 18 years	18.1	0.7	20.4	1.2
18–44 years	25.7	0.7	27.2	1.5
45–64 years	34.8	0.9	32.6	1.5
65 years and over	38.3	0.9	36.3	2.5
3 or more prescribed drugs				
All ages, age adjusted	11.8	0.2	16.5	0.7
All ages, crude	11.0	0.3	15.5	0.7
Under 18 years	2.4	0.3	3.7	0.5
18–44 years	5.7	0.3	7.5	0.8
45–64 years	20.0	0.8	29.5	1.7
65 years and over	35.3	0.9	47.6	1.9

SE Standard error.

NOTES: Population estimates are for the civilian noninstitutionalized population. Total is age adjusted to the 2000 standard population using four age groups: under 18 years, 18–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). See related *Health, United States, 2004*, [table 86](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Data table for figure 27. Percent of physician office and hospital outpatient department visits with 5 or more drugs prescribed, ordered, or provided by age: United States, 1995–2002

Age	1995–96		1997–98		1999–2000		2001–02	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Total, age adjusted	4.1	0.2	4.6	0.2	6.0	0.3	6.7	0.4
Total, crude	5.3	0.2	6.0	0.3	8.0	0.4	9.2	0.7
Under 18 years	0.8	0.1	1.0	0.1	1.6	0.2	2.6	0.3
18–44 years	2.3	0.2	2.3	0.2	3.1	0.3	3.6	0.4
45–64 years	6.8	0.3	7.9	0.5	10.0	0.6	11.0	1.0
65–74 years	10.9	0.6	12.6	0.8	16.4	0.9	17.2	1.5
75 years and over	12.8	0.7	14.0	1.0	18.1	1.0	20.3	2.0

SE Standard error.

NOTES: Total is age adjusted to the 2000 standard population using five age groups: under 18 years, 18–44 years, 45–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#). Up to six prescription and nonprescription medications were analyzed from each visit record. Prescription and nonprescription drugs, immunizations, allergy shots, and anesthetics that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. See [Appendix II, Drugs](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Data table for figure 28. Percent of asthma visits with quick-relief and long-term control drugs prescribed, ordered, or provided: United States, 1995–2002

Sex and drug category	1995–96		1997–98		1999–2000		2001–02	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Both sexes								
Long-term control	39.1	2.3	43.0	2.1	45.8	3.2	54.9	2.2
Quick relief	46.6	2.7	33.8	2.6	41.5	3.0	50.4	2.5
Males								
Long-term control	39.4	3.2	43.0	2.7	46.5	4.5	54.5	3.1
Quick relief	43.2	3.2	31.8	3.1	48.4	3.9	53.1	3.9
Females								
Long-term control	38.9	2.6	43.0	2.9	45.3	3.6	55.3	2.9
Quick relief	48.6	3.2	35.5	2.9	36.1	3.5	48.4	2.8

SE Standard error.

NOTES: Asthma visits are physician office and hospital outpatient department visits for patients with a diagnosis of asthma (ICD–9–CM 493). Up to six prescription and nonprescription medications were analyzed from each visit record. Prescription and nonprescription drugs that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. See [Appendix II, Drugs](#). See related *Health, United States, 2004, table 87*.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Asthma drug categories

Quick relief asthma drugs:

albuterol	Alupent®	Atrovent®	Brethaire®
Brethine®	Bricanyl®	Bronkometer®	Bronkosol®
Combivent®	DuoNeb®	Isuprel®	Isuprel HCL Mistometer®
Maxair®	Metaprel®	Primatene mist®	Proventil®
Proventil HFA®	Respirol®	terbutaline	Tornalate®
Vaponefrin®	Ventolin®	Ventolin rotacaps®	Xopenex®

Long-term control asthma drugs:

Accolate®	Advair Diskus®	Aerobid®	Aerobid-M®
Azmacort®	Becloforte®	Beclovent®	Cromolyn®
Flovent®	Foradil Aerolizer®	Intal®	methylprednisolone
prednisolone	prednisone	Proventil Repetabs®	Pulmicort®
Pulmicort respules®	Pulmicort Turbuhaler®	Qvar®	Respirol®
Serevent®	Singulair®	Slo-Bid®	Slo-phyllin®
Slo-phyllin GG®	Slo-phyllin Gyrocap®	Slo-phyllin Syrup®	Theo-Dur®
Theo-Dur Sprinkle®	theophylline	Tilade®	Uniphyl®
Vanceril®	Volmax®	Zileuton®	

Data table for figure 29. Percent of asthma visits with selected asthma drugs prescribed, ordered, or provided: United States, 1995–2002

Drug category	1995–96		1997–98		1999–2000		2001–02	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Inhaled Corticosteroids	13.6	1.7	19.4	2.4	20.3	2.1	23.1	2.0
Cromolyns	6.0	1.0	*4.0	0.8	*5.4	1.3	*	*
Leukasts (leukotriene modifiers) . . . . .	...	...	*5.1	1.1	11.0	1.5	14.7	1.7
Bronchodilators (long-acting)	14.6	1.4	14.3	1.7	13.1	1.6	11.6	1.4
Oral Corticosteroids	16.9	1.4	16.1	1.5	16.1	1.7	11.4	1.1
Combination (Advair®) . . . . .	...	...	...	...	...	...	15.8	2.1

SE Standard error.

*Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

... Data not applicable.

NOTES: Asthma visits are physician office and hospital outpatient department visits for patients with a diagnosis of asthma (ICD–9–CM 493). Up to six prescription and nonprescription medications were analyzed from each visit record. Prescription and nonprescription drugs that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. See [Appendix II, Drugs](#). See related *Health, United States, 2004, table 87*.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Long-term control asthma drug categories

Inhaled corticosteroids:

Aerobid®	Aerobid-M®	Azmacort®	Becloforte®
Beclovent®	Flovent®	Pulmicort Turbuhaler®	Qvar®
Vanceril®			

Cromolyns:

cromolyn	Intal®	Tilade®
----------	--------	---------

Leukasts (leukotriene modifiers):

Accolate®	Singulair®	Zileuton®
-----------	------------	-----------

Long-acting bronchodilators:

Foradil Aerolizer®	Proventil Repetabs®	Respirol®	Serevent®
Slo-Bid®	Slo-phyllin®	Slo-phyllin GG®	Slo-phyllin Gyrocap®
Slo-phyllin Syrup®	Theo-Dur®	Theo-Dur Sprinkle®	theophylline
Uniphyl®	Volmax®		

Oral corticosteroids:

methylprednisolone	prednisolone	prednisone
--------------------	--------------	------------

Combination of categories:

Advair® (Flovent® and Serevent®)

Data table for figure 30. Percent of adults 18 years of age and over reporting antidepressant drug use in the past month by sex and age: United States, 1988–94 and 1999–2000

Sex and age	1988–94		1999–2000	
	Percent	SE	Percent	SE
Total				
18 years and over, age adjusted	2.5	0.2	7.0	0.6
18 years and over, crude	2.4	0.2	6.9	0.6
18–44 years	1.6	0.2	5.2	0.9
45–64 years	3.6	0.5	9.5	1.0
65 years and over	3.0	0.3	8.5	0.8
Men				
18 years and over, age adjusted	1.6	0.2	4.2	0.5
18 years and over, crude	1.5	0.2	4.0	0.5
18–44 years	*1.0	0.2	*2.8	0.6
45–64 years	*2.2	0.5	*5.6	1.4
65 years and over	*2.2	0.5	6.2	1.2
Women				
18 years and over, age adjusted	3.3	0.3	9.6	1.1
18 years and over, crude	3.2	0.3	9.5	1.2
18–44 years	2.3	0.4	*7.5	1.6
45–64 years	4.9	0.7	13.0	1.7
65 years and over	3.6	0.4	10.3	1.3

SE Standard error.

*Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent.

NOTES: Population estimates are for the civilian noninstitutionalized population. Data for the total population age 18 years and over are age adjusted to the 2000 standard population using three age groups: 18–44 years, 45–64 years, and 65 years and over. All antidepressants refers to use of any of the antidepressants listed below. See [Appendix II, Age adjustment; Drugs](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Antidepressant drugs

amitriptyline	amoxapine	bupropion	citalopram
clomipramine	desipramine	doxepin	escitalopram
fluoxetine	fluvoxamine	imipramine	isocarboxazid
maprotiline	mirtazapine	nefazodone	nortriptyline
paroxetine	phenelzine	protriptyline	sertraline
tranylcypromine	trazodone	trimipramine	venlafaxine

Data table for figure 31. Percent of adults 18 years of age and over reporting antidepressant drug use in the past month by race and ethnicity: United States, 1988–94 and 1999–2000

Sex, race and ethnicity	1988–94						1999–2000					
	All antidepressants		SSRI antidepressants		Non-SSRI antidepressants		All antidepressants		SSRI antidepressants		Non-SSRI antidepressants	
	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE	Percent	SE
Total												
All races	2.5	0.2	0.7	0.1	1.8	0.2	7.0	0.6	4.3	0.6	2.7	0.3
Non-Hispanic White	2.7	0.3	0.8	0.1	1.9	0.2	8.2	0.8	5.2	0.8	2.9	0.4
Mexican or non-Hispanic Black	1.9	0.2	*0.3	0.1	1.6	0.2	2.7	0.4	*1.1	0.3	1.6	0.3
Men												
All races	1.6	0.2	*0.5	0.1	1.1	0.2	4.2	0.5	2.3	0.4	*1.9	0.4
Non-Hispanic White	1.7	0.2	*0.5	0.1	1.2	0.2	4.8	0.7	*2.6	0.5	*2.2	0.5
Mexican or non-Hispanic Black	1.0	0.2	*	*	0.8	0.1	*1.9	0.6	*	*	*	*
Women												
All races	3.3	0.3	0.9	0.1	2.4	0.3	9.6	1.1	6.1	1.0	3.5	0.5
Non-Hispanic White	3.6	0.4	1.0	0.2	2.5	0.3	11.3	1.4	7.8	1.4	3.5	0.6
Mexican or non-Hispanic Black	2.6	0.3	*0.5	0.1	2.2	0.2	3.3	0.5	*1.6	0.5	*1.6	0.4

SE Standard error.

*Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

NOTES: Population estimates are for the civilian noninstitutionalized population. Data are age adjusted to the 2000 standard population using three age groups: 18–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). All races includes persons of all races and Hispanic origins, not just those shown separately. Data for adults of Mexican origin and Non-Hispanic black adults have been combined due to the small sample size in each of those categories. See [Appendix II, Hispanic origin](#). All antidepressants refers to use of any of the antidepressants listed below in the selective serotonin reuptake inhibitor (SSRI) antidepressants or Non-SSRI antidepressants categories. SSRI antidepressants refers to use of any of the SSRIs listed below in the SSRI antidepressants category. Non-SSRI antidepressants refers to use of any of the non-SSRIs listed below in the Non-SSRI antidepressants category. Use of both an SSRI and a non-SSRI antidepressant is classified as an SSRI antidepressant only. See [Appendix II, Drugs](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Antidepressant drug categories

SSRI antidepressants:

citalopram	escitalopram	fluoxetine	fluvoxamine
paroxetine	sertraline		

Non-SSRI antidepressants:

amitriptyline	amoxapine	bupropion	clomipramine
desipramine	doxepin	imipramine	isocarboxazid
maprotiline	mirtazapine	nefazodone	nortriptyline
phenelzine	protriptyline	tranylcypromine	trazodone
trimipramine	venlafaxine		

Data table for figure 32 (page 1 of 2). Selective serotonin reuptake inhibitor (SSRI) antidepressant drug visits among adults 18 years of age and over by sex: United States, 1995–2002

Sex and drug category	1995–96		1997–98		1999–2000		2001–02	
	Rate	SE	Rate	SE	Rate	SE	Rate	SE
Visits per 100 population								
Both sexes								
All antidepressants, age adjusted	16.6	0.8	22.0	0.9	24.6	1.0	29.3	1.1
All antidepressants, crude	16.6	0.8	22.0	1.2	24.6	1.5	27.5	1.3
18–44 years	12.7	0.9	15.1	1.0	18.1	1.3	20.9	1.2
45–64 years	21.3	1.2	29.5	1.8	32.3	2.2	33.8	1.9
65 years and over	22.4	1.4	32.1	2.5	32.4	2.5	37.1	2.8
SSRI antidepressants, age adjusted	9.0	0.5	12.5	0.6	14.8	0.7	19.2	0.8
SSRI antidepressants, crude	9.0	0.5	12.5	0.8	14.8	1.0	17.9	0.9
18–44 years	7.5	0.5	9.1	0.7	11.5	0.9	14.3	0.9
45–64 years	11.2	0.8	16.7	1.2	18.6	1.4	20.5	1.3
65 years and over	10.6	1.0	7.5	0.5	19.0	1.8	24.5	2.0
Men								
All antidepressants, age adjusted	10.9	0.9	14.2	0.8	16.9	1.0	19.5	1.1
All antidepressants, crude	10.9	0.8	14.2	0.9	16.9	1.3	17.4	1.0
18–44 years	8.3	1.0	9.2	0.8	12.0	1.1	12.8	1.1
45–64 years	13.6	1.2	19.7	1.6	22.4	2.1	22.0	1.7
65 years and over	15.9	1.7	22.9	2.4	23.9	2.5	24.5	2.3
SSRI antidepressants, age adjusted	5.8	0.5	7.5	0.5	9.8	0.6	11.9	0.7
SSRI antidepressants, crude	5.8	0.4	7.5	0.5	9.8	0.8	10.5	0.7
18–44 years	4.7	0.5	4.9	0.4	7.3	0.7	7.9	0.8
45–64 years	6.9	0.7	10.7	1.0	12.7	1.3	13.1	1.1
65 years and over	8.1	1.1	11.7	1.8	13.2	1.7	14.5	1.9
Women								
All antidepressants, age adjusted	21.9	0.9	29.1	1.3	31.8	1.3	38.3	1.6
All antidepressants, crude	21.9	1.1	29.1	1.7	31.8	1.9	36.9	1.8
18–44 years	16.9	1.1	20.8	1.5	23.9	1.7	28.9	1.7
45–64 years	28.5	1.8	38.7	2.5	41.5	2.8	44.8	2.7
65 years and over	27.2	1.8	38.9	3.3	38.5	3.4	46.2	3.8
SSRI antidepressants, age adjusted	12.0	0.6	17.1	0.9	19.4	1.0	25.9	1.2
SSRI antidepressants, crude	12.0	0.7	17.1	1.1	19.4	1.3	24.7	1.3
18–44 years	10.3	0.7	13.3	1.1	15.5	1.2	20.6	1.3
45–64 years	15.3	1.1	22.4	1.9	24.1	1.9	27.4	2.0
65 years and over	12.4	1.5	19.8	2.0	23.2	2.6	31.9	2.9

SE Standard error.

NOTES: Population estimates are for the civilian noninstitutionalized population. Total is age adjusted to the 2000 standard population using three age groups: 18–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). SSRI antidepressant drug visits are physician office and hospital outpatient department visits with SSRI antidepressant drugs prescribed, ordered, or provided. Up to six prescription and nonprescription medications were analyzed from each visit record. Prescription drugs that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. All antidepressants refers to visits with a mention of any of the antidepressants listed in the All antidepressants category. SSRI antidepressants refers to visits with a mention of any of the SSRIs listed in the SSRI antidepressants category. A visit with a mention of both an SSRI and non-SSRI antidepressant is classified as an SSRI visit. See [Appendix II, Drugs](#). For 1995–99 data, population estimates are 1990-based postcensal estimates as of July 1 and are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. For 2000–2002 data, population estimates are based on the 2000 Census. See [Appendix I, Population Census and Population Estimates](#). See related [Health, United States, 2004, table 87](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Data table for figure 32 (page 2 of 2). Selective serotonin reuptake inhibitor (SSRI) antidepressant drug visits among adults 18 years of age and over by sex: United States, 1995–2002

Antidepressant drug categories			
All antidepressants:			
amitriptyline	amoxapine	bupropion	citalopram
clomipramine	desipramine	doxepin	escitalopram
fluoxetine	fluvoxamine	imipramine	isocarboxazid
maprotiline	mirtazapine	nefazodone	nortriptyline
paroxetine	phenelzine	protriptyline	sertraline
tranylcypromine	trazodone	trimipramine	venlafaxine
SSRI antidepressants:			
citalopram	escitalopram	fluoxetine	fluvoxamine
paroxetine	sertraline		

Data table for figure 33. Stimulant drug visits among children 5–17 years of age by sex: United States, 1994–2002

Sex and age	1994–96		1997–99		2000–2002	
	Rate	SE	Rate	SE	Rate	SE
	Visits per 100 children					
Both sexes						
5–17 years	5.1	0.5	6.0	0.7	9.5	1.0
5–11 years	6.1	0.6	6.6	0.8	9.8	1.0
12–17 years	3.9	0.6	5.2	0.7	9.2	1.3
Boys						
5–17 years	7.6	0.8	8.5	0.9	13.5	1.4
5–11 years	9.6	1.1	9.4	1.2	14.0	1.5
12–17 years	5.2	0.9	7.5	1.0	13.0	1.7
Girls						
5–17 years	2.4	0.4	3.3	0.5	5.3	0.7
5–11 years	2.3	0.4	3.7	0.7	5.4	0.8
12–17 years	*2.5	0.6	*2.9	0.7	5.1	1.0

SE Standard error.

*Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent.

NOTES: Population estimates are for the civilian noninstitutionalized population. Stimulant drug visits are physician office and hospital outpatient department visits with stimulant drugs prescribed, ordered, or provided. Because information on prescription and nonprescription medications was only available for up to five drugs in 1994, this analysis is based on the first five drugs recorded for each visit. Prescription drugs that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. See [Appendix II, Drugs](#). For 1994–99 data, population estimates are 1990-based postcensal estimates as of July 1 and are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. For 2000–2002 data, population estimates are based on the 2000 Census. See [Appendix I, Population Census and Population Estimates](#). See related *Health, United States, 2004*, [table 87](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Stimulant drugs

amphetamine aspartate
dextroamphetamine
pemoline

amphetamine sulfate
methamphetamine

atomoxetine
methylphenidate

dexmethylphenidate
modafinil

Data table for figure 34. Antidepressant drug visits among children 5–17 years of age by sex: United States, 1994–2002

Sex and age	1994–96		1997–99		2000–2002	
	Rate	SE	Rate	SE	Rate	SE
Visits per 100 children						
Both sexes						
5–17 years	2.2	0.3	3.5	0.3	5.9	0.7
5–11 years	1.5	0.3	1.8	0.3	3.4	0.4
12–17 years	2.9	0.5	5.5	0.6	8.8	1.2
Boys						
5–17 years	2.4	0.4	3.3	0.4	6.0	0.8
5–11 years	2.3	0.5	2.2	0.4	4.1	0.6
12–17 years	2.5	0.5	4.7	0.7	8.2	1.4
Girls						
5–17 years	1.9	0.3	3.7	0.4	5.8	0.8
5–11 years	*0.7	0.2	*1.4	0.3	2.7	0.5
12–17 years	3.4	0.6	6.5	0.8	9.4	1.4

SE Standard error.

*Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent.

NOTES: Population estimates are for the civilian noninstitutionalized population. Antidepressant drug visits are physician office and hospital outpatient department visits with antidepressant drugs prescribed, ordered, or provided. Because information on prescription and nonprescription medications was only available for up to five drugs in 1994, this analysis is based on the first five drugs recorded for each visit. Prescription drugs that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. See [Appendix II, Drugs](#). For 1994–99 data, population estimates are 1990-based postcensal estimates as of July 1 and are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. For 2000–2002 data, population estimates are based on the 2000 Census. See [Appendix I, Population Census and Population Estimates](#). See related *Health, United States, 2004*, [table 87](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Antidepressant drugs

amitriptyline	amoxapine	bupropion	citalopram
clomipramine	desipramine	doxepin	escitalopram
fluoxetine	fluvoxamine	imipramine	isocarboxazid
maprotiline	mirtazapine	nefazodone	nortriptyline
paroxetine	phenelzine	protriptyline	sertraline
tranylcypromine	trazodone	trimipramine	venlafaxine

Data table for figure 35. Cholesterol-lowering statin drug visits among adults 45 years of age and over by sex and age: United States, 1995–2002

Sex and age	1995–96		1997–98		1999–2000		2001–02	
	Rate	SE	Rate	SE	Rate	SE	Rate	SE
Visits per 100 population								
Total								
45 years and over, age adjusted	11.8	0.7	21.8	1.3	31.6	1.6	39.8	2.1
45 years and over, crude	12.6	0.7	22.8	1.3	32.5	1.6	39.8	2.4
45–64 years	7.9	0.5	15.3	1.1	23.0	1.4	26.9	1.8
65 years and over	20.4	1.3	35.7	2.2	49.9	2.7	64.6	4.6
Men								
45 years and over, age adjusted	13.0	0.9	23.1	1.6	35.2	2.0	43.2	2.4
45 years and over, crude	13.2	0.9	23.8	1.6	35.3	2.0	43.2	2.9
45–64 years	9.6	0.8	16.8	1.5	26.8	1.9	29.7	2.2
65 years and over	20.0	1.8	37.8	3.2	53.4	3.7	73.2	6.4
Women								
45 years and over, age adjusted	10.8	0.8	20.5	1.4	28.6	1.8	36.8	2.3
45 years and over, crude	12.1	0.9	21.9	1.4	30.0	1.9	36.8	2.4
45–64 years	6.3	0.7	13.9	1.2	19.4	1.7	24.3	2.2
65 years and over	20.6	1.8	34.2	2.5	47.3	3.2	58.3	4.4

SE Standard error.

NOTES: Population estimates are for the civilian noninstitutionalized population. Total is age adjusted to the 2000 standard population using three age groups: 45–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#). Cholesterol-lowering statin drug visits are physician office and hospital outpatient department visits with cholesterol-lowering statin drugs prescribed, ordered, or provided. Up to six prescription and nonprescription medications were analyzed from each visit record. Prescription drugs that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. See [Appendix II, Drugs](#). For 1995–99 data, population estimates are 1990-based postcensal estimates as of July 1 and are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. For 2000–2002 data, population estimates are based on the 2000 Census. See [Appendix I, Population Census and Population Estimates](#). See related *Health, United States, 2004*, [tables 68](#) and [87](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Statin drugs			
atorvastatin calcium	cerivastatin sodium	fluvastatin	lovastatin
pravastatin	rosuvastatin	simvastatin	

Data table for figure 36. Percent of nonsteroidal anti-inflammatory drug (NSAID) visits with selective COX-2 NSAIDs prescribed, ordered, or provided among adults 18 years of age and over by age: United States, 1999–2002

Age	1999–2000		2001–02	
	Percent	SE	Percent	SE
Percent of NSAID ¹ visits				
18 years and over, age adjusted	27.1	1.3	44.6	1.7
18 years and over, crude	31.2	1.5	51.2	1.8
18–44 years	18.5	1.6	32.7	2.3
45–64 years	32.9	1.7	52.8	1.9
65–74 years	40.0	3.1	66.9	3.7
75 years and over	47.8	3.6	67.5	3.5

SE Standard error.

¹NSAID is nonsteroidal anti-inflammatory drug.

NOTES: Total is age adjusted to the 2000 standard population using four age groups: 18–44 years, 45–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#). Aspirin was not included as an NSAID in this analysis because of its common use for cardiac conditions. NSAID visits are physician office and hospital outpatient department visits with NSAIDs prescribed, ordered, or provided. NSAID visits refers to visits with a mention of any of the NSAIDs listed below in the selective COX-2 NSAID or nonselective NSAID categories. COX-2 drugs refers to visits with a mention of any of the selective COX-2 NSAIDs listed below in the selective COX-2 NSAIDs category. A visit with a mention of both a nonselective and a selective COX-2 NSAID is classified as a COX-2 visit. Up to six prescription and nonprescription medications were analyzed from each visit record. Prescription and nonprescription drugs that were prescribed, ordered, supplied, administered, or continued during the physician office or hospital outpatient department visit are included. See [Appendix II, Drugs](#). See related *Health, United States, 2004*, [table 87](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

NSAID drug categories

Selective COX-2 NSAIDs:

celecoxib	rofecoxib	valdecoxib
-----------	-----------	------------

Nonselective NSAIDs:

bromfenac sodium	diclofenac potassium	diclofenac sodium	difunisal
etodolac	fenoprofen	flurbiprofen sodium	ibuprofen
indomethacin	ketoprofen	ketorolac tromethamine	meclofenamate
meclofenamic acid	mefenamic acid	meloxicam	nabumetone
naproxen	oxaprozin	phenylbutazone	piroxicam
sulindac	suprofen	tolmetin	

Trend Tables

Table 1 (page 1 of 2). Resident population, according to age, sex, race, and Hispanic origin: United States, selected years 1950–2002

[Data are based on decennial census updated by data from multiple sources]

<i>Sex, race, Hispanic origin, and year</i>	<i>Total resident population</i>	<i>Under 1 year</i>	<i>1–4 years</i>	<i>5–14 years</i>	<i>15–24 years</i>	<i>25–34 years</i>	<i>35–44 years</i>	<i>45–54 years</i>	<i>55–64 years</i>	<i>65–74 years</i>	<i>75–84 years</i>	<i>85 years and over</i>
	Number in thousands											
All persons												
1950	150,697	3,147	13,017	24,319	22,098	23,759	21,450	17,343	13,370	8,340	3,278	577
1960	179,323	4,112	16,209	35,465	24,020	22,818	24,081	20,485	15,572	10,997	4,633	929
1970	203,212	3,485	13,669	40,746	35,441	24,907	23,088	23,220	18,590	12,435	6,119	1,511
1980	226,546	3,534	12,815	34,942	42,487	37,082	25,635	22,800	21,703	15,581	7,729	2,240
1990	248,710	3,946	14,812	35,095	37,013	43,161	37,435	25,057	21,113	18,045	10,012	3,021
2000	281,422	3,806	15,370	41,078	39,184	39,892	45,149	37,678	24,275	18,391	12,361	4,240
2001	284,797	4,034	15,336	41,065	39,948	39,607	45,019	39,188	25,309	18,313	12,574	4,404
2002	288,369	4,034	15,575	41,037	40,590	39,928	44,917	40,084	26,602	18,274	12,735	4,593
Male												
1950	74,833	1,602	6,634	12,375	10,918	11,597	10,588	8,655	6,697	4,024	1,507	237
1960	88,331	2,090	8,240	18,029	11,906	11,179	11,755	10,093	7,537	5,116	2,025	362
1970	98,912	1,778	6,968	20,759	17,551	12,217	11,231	11,199	8,793	5,437	2,436	542
1980	110,053	1,806	6,556	17,855	21,419	18,382	12,570	11,009	10,152	6,757	2,867	682
1990	121,239	2,018	7,581	17,971	18,915	21,564	18,510	12,232	9,955	7,907	3,745	841
2000	138,054	1,949	7,862	21,043	20,079	20,121	22,448	18,497	11,645	8,303	4,879	1,227
2001	139,813	2,064	7,841	21,033	20,485	20,014	22,403	19,236	12,154	8,297	4,987	1,299
2002	141,661	2,064	7,962	21,013	20,821	20,203	22,367	19,676	12,784	8,301	5,081	1,390
Female												
1950	75,864	1,545	6,383	11,944	11,181	12,162	10,863	8,688	6,672	4,316	1,771	340
1960	90,992	2,022	7,969	17,437	12,114	11,639	12,326	10,393	8,036	5,881	2,609	567
1970	104,300	1,707	6,701	19,986	17,890	12,690	11,857	12,021	9,797	6,998	3,683	969
1980	116,493	1,727	6,259	17,087	21,068	18,700	13,065	11,791	11,551	8,824	4,862	1,559
1990	127,471	1,928	7,231	17,124	18,098	21,596	18,925	12,824	11,158	10,139	6,267	2,180
2000	143,368	1,857	7,508	20,034	19,105	19,771	22,701	19,181	12,629	10,088	7,482	3,013
2001	144,984	1,969	7,495	20,033	19,463	19,594	22,616	19,952	13,155	10,016	7,587	3,105
2002	146,708	1,970	7,614	20,025	19,769	19,726	22,550	20,408	13,817	9,973	7,654	3,203
White male												
1950	67,129	1,400	5,845	10,860	9,689	10,430	9,529	7,836	6,180	3,736	1,406	218
1960	78,367	1,784	7,065	15,659	10,483	9,940	10,564	9,114	6,850	4,702	1,875	331
1970	86,721	1,501	5,873	17,667	15,232	10,775	9,979	10,090	7,958	4,916	2,243	487
1980	94,976	1,487	5,402	14,773	18,123	15,940	11,010	9,774	9,151	6,096	2,600	621
1990	102,143	1,604	6,071	14,467	15,389	18,071	15,819	10,624	8,813	7,127	3,397	760
2000	113,445	1,524	6,143	16,428	15,942	16,232	18,568	15,670	10,067	7,343	4,419	1,109
2001	114,659	1,609	6,124	16,398	16,235	16,103	18,461	16,240	10,497	7,311	4,504	1,176
2002	115,966	1,603	6,212	16,363	16,482	16,214	18,368	16,553	11,045	7,288	4,580	1,257
White female												
1950	67,813	1,341	5,599	10,431	9,821	10,851	9,719	7,868	6,168	4,031	1,669	314
1960	80,465	1,714	6,795	15,068	10,596	10,204	11,000	9,364	7,327	5,428	2,441	527
1970	91,028	1,434	5,615	16,912	15,420	11,004	10,349	10,756	8,853	6,366	3,429	890
1980	99,835	1,412	5,127	14,057	17,653	15,896	11,232	10,285	10,325	7,951	4,457	1,440
1990	106,561	1,524	5,762	13,706	14,599	17,757	15,834	10,946	9,698	9,048	5,687	2,001
2000	116,641	1,447	5,839	15,576	14,966	15,574	18,386	15,921	10,731	8,757	6,715	2,729
2001	117,693	1,536	5,826	15,554	15,238	15,385	18,245	16,493	11,162	8,659	6,784	2,809
2002	118,780	1,528	5,915	15,519	15,471	15,412	18,115	16,794	11,716	8,590	6,825	2,895
Black or African American male												
1950	7,300	---	¹ 944	1,442	1,162	1,105	1,003	772	459	299	² 113	---
1960	9,114	281	1,082	2,185	1,305	1,120	1,086	891	617	382	137	29
1970	10,748	245	975	2,784	2,041	1,226	1,084	979	739	461	169	46
1980	12,585	269	967	2,614	2,807	1,967	1,235	1,024	854	567	228	53
1990	14,420	322	1,164	2,700	2,669	2,592	1,962	1,175	878	614	277	66
2000	17,407	313	1,271	3,454	2,932	2,586	2,705	1,957	1,090	683	330	87
2001	17,710	334	1,263	3,462	3,033	2,574	2,727	2,067	1,131	691	340	88
2002	17,979	344	1,290	3,454	3,107	2,589	2,726	2,149	1,177	701	349	93
Black or African American female												
1950	7,745	---	¹ 941	1,446	1,300	1,260	1,112	796	443	322	² 125	---
1960	9,758	283	1,085	2,191	1,404	1,300	1,229	974	663	430	160	38
1970	11,832	243	970	2,773	2,196	1,456	1,309	1,134	868	582	230	71
1980	14,046	266	951	2,578	2,937	2,267	1,488	1,258	1,059	776	360	106
1990	16,063	316	1,137	2,641	2,700	2,905	2,279	1,416	1,135	884	495	156
2000	19,187	302	1,228	3,348	2,971	2,866	3,055	2,274	1,353	971	587	233
2001	19,486	317	1,221	3,356	3,040	2,846	3,076	2,405	1,404	979	605	238
2002	19,769	330	1,249	3,351	3,091	2,855	3,079	2,503	1,464	987	616	243

See notes at end of table.

Table 1 (page 2 of 2). Resident population, according to age, sex, race, and Hispanic origin: United States, selected years 1950–2002

[Data are based on decennial census updated by data from multiple sources]

Sex, race, Hispanic origin, and year	Total resident population	Under 1 year	1–4 years	5–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 years and over
Number in thousands												
American Indian or Alaska Native male												
1980	702	17	59	153	161	114	75	53	37	22	9	2
1990	1,024	24	88	206	192	183	140	86	55	32	13	3
2000	1,488	28	109	301	271	229	229	165	88	45	18	5
2001	1,524	29	109	298	280	232	232	175	95	49	21	5
2002	1,535	21	101	295	287	237	233	181	101	51	22	6
American Indian or Alaska Native female												
1980	718	16	57	149	158	118	79	57	41	27	12	4
1990	1,041	24	85	200	178	186	148	92	61	41	21	6
2000	1,496	26	106	293	254	219	236	174	95	54	28	10
2001	1,530	28	105	290	263	220	238	185	102	58	30	11
2002	1,541	20	98	287	271	223	238	192	109	60	32	12
Asian or Pacific Islander male												
1980	1,814	35	130	321	334	366	252	159	110	72	30	6
1990	3,652	68	258	598	665	718	588	347	208	133	57	12
2000	5,713	84	339	861	934	1,073	947	705	399	231	112	27
2001	5,919	92	344	875	937	1,104	983	754	431	247	122	30
2002	6,180	95	358	900	946	1,163	1,040	793	461	261	130	33
Asian or Pacific Islander female												
1980	1,915	34	127	307	325	423	269	192	126	71	33	9
1990	3,805	65	247	578	621	749	664	371	264	166	65	17
2000	6,044	81	336	817	914	1,112	1,024	812	451	305	152	41
2001	6,275	88	342	833	922	1,143	1,057	869	486	321	167	47
2002	6,618	91	352	868	936	1,235	1,118	919	529	337	181	53
Hispanic or Latino male												
1980	7,280	187	661	1,530	1,646	1,256	761	570	364	200	86	19
1990	11,388	279	980	2,128	2,376	2,310	1,471	818	551	312	131	32
2000	18,162	395	1,506	3,469	3,564	3,494	2,653	1,551	804	474	203	50
2001	19,018	417	1,533	3,606	3,606	3,699	2,828	1,684	869	501	224	53
2002	19,991	426	1,598	3,721	3,656	3,978	3,027	1,823	935	523	244	60
Hispanic or Latino female												
1980	7,329	181	634	1,482	1,546	1,249	805	615	411	257	117	30
1990	10,966	268	939	2,039	2,028	2,073	1,448	868	632	403	209	59
2000	17,144	376	1,441	3,318	3,017	3,016	2,476	1,585	907	603	303	101
2001	17,955	401	1,467	3,450	3,085	3,163	2,624	1,714	978	635	331	107
2002	18,770	408	1,530	3,545	3,147	3,354	2,782	1,832	1,040	658	356	121
White, not Hispanic or Latino male												
1980	88,035	1,308	4,772	13,317	16,554	14,739	10,284	9,229	8,803	5,906	2,519	603
1990	91,743	1,351	5,181	12,525	13,219	15,967	14,481	9,875	8,303	6,837	3,275	729
2000	96,551	1,163	4,761	13,238	12,628	12,958	16,088	14,223	9,312	6,894	4,225	1,062
2001	96,966	1,228	4,719	13,082	12,885	12,634	15,816	14,669	9,680	6,836	4,291	1,126
2002	97,329	1,198	4,729	12,941	13,086	12,480	15,534	14,851	10,168	6,793	4,348	1,201
White, not Hispanic or Latino female												
1980	92,872	1,240	4,522	12,647	16,185	14,711	10,468	9,700	9,935	7,707	4,345	1,411
1990	96,557	1,280	4,909	11,846	12,749	15,872	14,520	10,153	9,116	8,674	5,491	1,945
2000	100,774	1,102	4,517	12,529	12,183	12,778	16,089	14,446	9,879	8,188	6,429	2,633
2001	101,070	1,169	4,482	12,385	12,393	12,449	15,810	14,900	10,244	8,059	6,471	2,707
2002	101,363	1,140	4,496	12,263	12,567	12,296	15,531	15,091	10,740	7,970	6,489	2,780

--- Data not available. ¹Population for age group under 5 years. ²Population for age group 75 years and over.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with *Health, United States, 2003*, intercensal population estimates are based on census 2000 and census 2000 counts, and replace estimates for 1991 through 2000 projected from the 1990 Census. Population estimates for 2001 and later years are 2000-based postcensal estimates. Population figures are census counts as of April 1 for 1950, 1960, 1970, 1980, 1990, and 2000; estimates as of July 1 for other years. See [Appendix I, Population Census and Population Estimates](#). Populations for age groups may not sum to the total due to rounding. Although population figures are shown rounded to the nearest 1,000, calculations of birth rates and death rates shown in this volume are based on unrounded population figures for decennial years and for all years starting with 1991. See [Appendix II, Rate](#). Unrounded population figures are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCES: U.S. Bureau of the Census: 1950 Nonwhite Population by Race. Special Report P-E, No. 3B. Washington. U.S. Government Printing Office, 1951; U.S. Census of Population: 1960, Number of Inhabitants, PC(1)-A1, United States Summary, 1964; 1970, Number of Inhabitants, Final Report PC(1)-A1, United States Summary, 1971; U.S. population estimates, by age, sex, race, and Hispanic origin: 1980 to 1991. Current population reports, series P-25, no 1095. Washington. U.S. Government Printing Office, Feb. 1993; National Center for Health Statistics. Estimates of the July 1, 1991–July 1, 1999, April 1, 2000, and July 1, 2001–July 1, 2002 United States resident population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available at www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. 2004.

Table 2 (page 1 of 2). Persons and families below poverty level, according to selected characteristics, race, and Hispanic origin: United States, selected years 1973–2002

[Data are based on household interviews of the civilian noninstitutionalized population]

<i>Selected characteristics, race, and Hispanic origin¹</i>	1973	1980	1985	1990	1995	1999 ²	2000 ³	2001	2002
All persons									
Percent below poverty									
All races	11.1	13.0	14.0	13.5	13.8	11.9	11.3	11.7	12.1
White only	8.4	10.2	11.4	10.7	11.2	9.8	9.5	9.9	10.2
Black or African American only . .	31.4	32.5	31.3	31.9	29.3	23.6	22.5	22.7	24.1
Asian only	---	---	---	12.2	14.6	10.7	9.9	10.2	10.1
Hispanic or Latino	21.9	25.7	29.0	28.1	30.3	22.7	21.5	21.4	21.8
Mexican	---	---	28.8	28.1	31.2	24.1	22.9	22.8	---
Puerto Rican	---	---	43.3	40.6	38.1	25.7	25.6	26.1	---
White only, not Hispanic or Latino.	7.5	9.1	9.7	8.8	8.5	7.7	7.4	7.8	8.0
Related children under 18 years of age in families									
All races	14.2	17.9	20.1	19.9	20.2	16.6	15.6	15.8	16.3
White only	9.7	13.4	15.6	15.1	15.5	13.1	12.4	12.8	13.1
Black or African American only . .	40.6	42.1	43.1	44.2	41.5	32.8	30.9	30.0	32.1
Asian only	---	---	---	17.0	18.6	11.5	12.5	11.1	11.4
Hispanic or Latino	27.8	33.0	39.6	37.7	39.3	29.9	27.6	27.4	28.2
Mexican	---	---	37.4	35.5	39.3	31.1	29.5	28.8	---
Puerto Rican	---	---	58.6	56.7	53.2	37.5	32.1	33.0	---
White only, not Hispanic or Latino.	---	11.3	12.3	11.6	10.6	8.8	8.5	8.9	8.9
Related children under 18 years of age in families with female householder and no spouse present									
All races	---	50.8	53.6	53.4	50.3	42.1	40.1	39.3	39.6
White only	---	41.6	45.2	45.9	42.5	35.7	33.9	34.7	34.7
Black or African American only . .	---	64.8	66.9	64.7	61.6	51.9	49.3	46.6	47.5
Asian only	---	---	---	32.2	42.4	32.6	38.0	26.7	29.8
Hispanic or Latino	---	65.0	72.4	68.4	65.7	52.4	49.8	49.3	47.9
Mexican	---	---	64.4	62.4	65.9	51.3	51.4	50.9	---
Puerto Rican	---	---	85.4	82.7	79.6	63.3	55.3	52.9	---
White only, not Hispanic or Latino.	---	---	---	39.6	33.5	28.9	28.0	29.0	29.2
All persons									
Number below poverty in thousands									
All races	22,973	29,272	33,064	33,585	36,425	32,791	31,581	32,907	34,570
White only	15,142	19,699	22,860	22,326	24,423	22,169	21,645	22,739	23,466
Black or African American only . .	7,388	8,579	8,926	9,837	9,872	8,441	7,982	8,136	8,602
Asian only	---	---	---	858	1,411	1,285	1,258	1,275	1,161
Hispanic or Latino	2,366	3,491	5,236	6,006	8,574	7,876	7,747	7,997	8,555
Mexican	---	---	3,220	3,764	5,608	5,513	5,460	5,698	---
Puerto Rican	---	---	1,011	966	1,183	811	814	839	---
White only, not Hispanic or Latino.	12,864	16,365	17,839	16,622	16,267	14,735	14,366	15,271	15,567
Related children under 18 years of age in families									
All races	9,453	11,114	12,483	12,715	13,999	11,678	11,005	11,175	11,646
White only	5,462	6,817	7,838	7,696	8,474	7,194	6,834	7,086	7,203
Black or African American only . .	3,822	3,906	4,057	4,412	4,644	3,698	3,495	3,423	3,570
Asian only	---	---	---	356	532	367	407	353	302
Hispanic or Latino	1,364	1,718	2,512	2,750	3,938	3,561	3,342	3,433	3,653
Mexican	---	---	1,589	1,733	2,655	2,639	2,537	2,613	---
Puerto Rican	---	---	535	490	610	387	329	319	---
White only, not Hispanic or Latino.	---	5,174	5,421	5,106	4,745	3,832	3,715	3,887	3,848

See footnotes at end of table.

Table 2 (page 2 of 2). Persons and families below poverty level, according to selected characteristics, race, and Hispanic origin: United States, selected years 1973–2002

[Data are based on household interviews of the civilian noninstitutionalized population]

<i>Selected characteristics, race, and Hispanic origin¹</i>	1973	1980	1985	1990	1995	1999 ²	2000 ³	2001	2002
Related children under 18 years of age in families with female householder and no spouse present									
				Number below poverty in thousands					
All races	---	5,866	6,716	7,363	8,364	6,694	6,300	6,341	6,564
White only	---	2,813	3,372	3,597	4,051	3,292	3,090	3,291	3,271
Black or African American only	---	2,944	3,181	3,543	3,954	3,042	2,908	2,741	2,855
Asian only	---	---	---	80	145	141	162	105	85
Hispanic or Latino	---	809	1,247	1,314	1,872	1,555	1,407	1,508	1,501
Mexican	---	---	553	615	1,056	946	938	1,001	---
Puerto Rican	---	---	449	382	459	307	242	236	---
White only, not Hispanic or Latino	---	---	---	2,411	2,299	1,886	1,832	1,953	1,949

--- Data not available.

¹The race groups, white, black, and Asian, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 2002 race-specific estimates are tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The three single race categories shown in the table conform to 1997 Standards. The 2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 2002, data were tabulated according to 1977 Standards in which the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 2002 are based on answers to the Current Population Survey questionnaire which asked respondents to choose only a single race. See [Appendix II, Race](#).

²Estimates for 1999 are revised based on 2000 census population controls and differ from those in *Health, United States, 2002*. See [Appendix I, Population Census and Population Estimates](#).

³Estimates are consistent with 2001 data through implementation of Census 2000-based population controls and a 28,000 household sample expansion.

NOTES: Estimates of poverty for 1991–98 are based on 1990 postcensal population estimates. Estimates for 1999 and later years are based on 2000 census population controls. Poverty status is based on family income and family size using Bureau of the Census poverty thresholds. See [Appendix II, Poverty status](#). The Current Population Survey is not large enough to produce reliable annual estimates for American Indian or Alaska Native persons, or for Native Hawaiians. The 2000–02 average poverty rate for American Indian or Alaskan Native only or in combination was 21.7 percent, representing 802,000 persons; for American Indian or Alaska Native only was 23.2 percent, representing 667,000 persons. Data for additional years are available. See [Appendix III](#).

SOURCES: U.S. Census Bureau, Current Population Survey 2000–2003 Annual Social and Economic Supplements; Proctor B, Dalaker J. Poverty in the United States: 2002. Current population reports, series P–60, no 222. Washington: U.S. Government Printing Office. 2003.

Table 3 (page 1 of 2). Crude birth rates, fertility rates, and birth rates by age of mother, according to race and Hispanic origin: United States, selected years 1950–2002

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	10–14 years	Age of mother									45–54 years ³	
				15–19 years					20–24 years	25–29 years	30–34 years	35–39 years		40–44 years
				Total	15–17 years	18–19 years	Live births per 1,000 women							
All races														
1950	24.1	106.2	1.0	81.6	40.7	132.7	196.6	166.1	103.7	52.9	15.1	1.2		
1960	23.7	118.0	0.8	89.1	43.9	166.7	258.1	197.4	112.7	56.2	15.5	0.9		
1970	18.4	87.9	1.2	68.3	38.8	114.7	167.8	145.1	73.3	31.7	8.1	0.5		
1980	15.9	68.4	1.1	53.0	32.5	82.1	115.1	112.9	61.9	19.8	3.9	0.2		
1985	15.8	66.3	1.2	51.0	31.0	79.6	108.3	111.0	69.1	24.0	4.0	0.2		
1990	16.7	70.9	1.4	59.9	37.5	88.6	116.5	120.2	80.8	31.7	5.5	0.2		
1995	14.6	64.6	1.3	56.0	35.5	87.7	107.5	108.8	81.1	34.0	6.6	0.3		
1998	14.3	64.3	1.0	50.3	29.9	80.9	108.4	110.2	85.2	36.9	7.4	0.4		
1999	14.2	64.4	0.9	48.8	28.2	79.0	107.9	111.2	87.1	37.8	7.4	0.4		
2000	14.4	65.9	0.9	47.7	26.9	78.1	109.7	113.5	91.2	39.7	8.0	0.5		
2001	14.1	65.3	0.8	45.3	24.7	76.1	106.2	113.4	91.9	40.6	8.1	0.5		
2002	13.9	64.8	0.7	43.0	23.2	72.8	103.6	113.6	91.5	41.4	8.3	0.5		
Race of child: ⁴ White														
1950	23.0	102.3	0.4	70.0	31.3	120.5	190.4	165.1	102.6	51.4	14.5	1.0		
1960	22.7	113.2	0.4	79.4	35.5	154.6	252.8	194.9	109.6	54.0	14.7	0.8		
1970	17.4	84.1	0.5	57.4	29.2	101.5	163.4	145.9	71.9	30.0	7.5	0.4		
1980	14.9	64.7	0.6	44.7	25.2	72.1	109.5	112.4	60.4	18.5	3.4	0.2		
Race of mother: ⁵ White														
1980	15.1	65.6	0.6	45.4	25.5	73.2	111.1	113.8	61.2	18.8	3.5	0.2		
1985	15.0	64.1	0.6	43.3	24.4	70.4	104.1	112.3	69.9	23.3	3.7	0.2		
1990	15.8	68.3	0.7	50.8	29.5	78.0	109.8	120.7	81.7	31.5	5.2	0.2		
1995	14.1	63.6	0.8	49.5	29.6	80.2	104.7	111.7	83.3	34.2	6.4	0.3		
1998	13.8	63.6	0.6	44.9	25.6	74.1	105.4	113.6	88.5	37.5	7.3	0.4		
1999	13.7	64.0	0.6	44.0	24.4	73.0	105.0	114.9	90.7	38.5	7.4	0.4		
2000	13.9	65.3	0.6	43.2	23.3	72.3	106.6	116.7	94.6	40.2	7.9	0.4		
2001	13.7	65.0	0.5	41.2	21.4	70.8	103.7	117.0	95.8	41.3	8.0	0.5		
2002	13.5	64.8	0.5	39.4	20.5	68.0	101.6	117.4	95.5	42.4	8.2	0.5		
Race of child: ⁴ Black or African American														
1960	31.9	153.5	4.3	156.1	---	---	295.4	218.6	137.1	73.9	21.9	1.1		
1970	25.3	115.4	5.2	140.7	101.4	204.9	202.7	136.3	79.6	41.9	12.5	1.0		
1980	22.1	88.1	4.3	100.0	73.6	138.8	146.3	109.1	62.9	24.5	5.8	0.3		
Race of mother: ⁵ Black or African American														
1980	21.3	84.9	4.3	97.8	72.5	135.1	140.0	103.9	59.9	23.5	5.6	0.3		
1985	20.4	78.8	4.5	95.4	69.3	132.4	135.0	100.2	57.9	23.9	4.6	0.3		
1990	22.4	86.8	4.9	112.8	82.3	152.9	160.2	115.5	68.7	28.1	5.5	0.3		
1995	17.8	71.0	4.1	94.4	68.5	135.0	133.7	95.6	63.0	28.4	6.0	0.3		
1998	17.1	69.4	2.8	83.5	55.4	124.8	138.4	97.5	63.2	30.0	6.6	0.3		
1999	16.8	68.5	2.5	79.1	50.5	120.6	137.9	97.3	62.7	30.2	6.5	0.3		
2000	17.0	70.0	2.3	77.4	49.0	118.8	141.3	100.3	65.4	31.5	7.2	0.4		
2001	16.3	67.6	2.0	71.8	43.9	114.0	133.2	99.2	64.8	31.6	7.2	0.4		
2002	15.7	65.8	1.8	66.6	40.0	107.6	127.1	99.0	64.4	31.5	7.4	0.4		
American Indian or Alaska Native mothers ⁵														
1980	20.7	82.7	1.9	82.2	51.5	129.5	143.7	106.6	61.8	28.1	8.2	*		
1985	19.8	78.6	1.7	79.2	47.7	124.1	139.1	109.6	62.6	27.4	6.0	*		
1990	18.9	76.2	1.6	81.1	48.5	129.3	148.7	110.3	61.5	27.5	5.9	*		
1995	15.3	63.0	1.6	72.9	44.6	122.2	123.1	91.6	56.5	24.3	5.5	*		
1998	14.8	61.3	1.5	64.7	39.7	106.9	125.1	92.0	56.8	24.6	5.3	*		
1999	14.2	59.0	1.4	59.9	36.5	98.0	120.7	90.6	53.8	24.3	5.7	0.3		
2000	14.0	58.7	1.1	58.3	34.1	97.1	117.2	91.8	55.5	24.6	5.7	0.3		
2001	13.7	58.1	1.0	56.3	31.4	94.8	115.0	90.4	55.9	24.7	5.7	0.3		
2002	13.8	58.0	0.9	53.8	30.7	89.2	112.6	91.8	56.4	25.4	5.8	0.3		

See footnotes at end of table.

Table 3 (page 2 of 2). Crude birth rates, fertility rates, and birth rates by age of mother, according to race and Hispanic origin: United States, selected years 1950–2002

[Data are based on birth certificates]

Race, Hispanic origin, and year	Crude birth rate ¹	Fertility rate ²	10–14 years	Age of mother									45–54 years ³
				15–19 years									
				Total	15–17 years	18–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years		
Asian or Pacific Islander mothers ⁵				Live births per 1,000 women									
1980	19.9	73.2	0.3	26.2	12.0	46.2	93.3	127.4	96.0	38.3	8.5	0.7	
1985	18.7	68.4	0.4	23.8	12.5	40.8	83.6	123.0	93.6	42.7	8.7	1.2	
1990	19.0	69.6	0.7	26.4	16.0	40.2	79.2	126.3	106.5	49.6	10.7	1.1	
1995	16.7	62.6	0.7	25.5	15.6	40.1	64.2	103.7	102.3	50.1	11.8	0.8	
1998	15.9	60.1	0.5	22.2	13.8	34.5	59.2	98.7	101.6	51.4	11.8	0.9	
1999	15.9	60.9	0.4	21.4	12.4	33.9	58.9	100.8	104.3	52.9	11.3	0.9	
2000	17.1	65.8	0.3	20.5	11.6	32.6	60.3	108.4	116.5	59.0	12.6	0.8	
2001	16.4	64.2	0.2	19.8	10.3	32.8	59.1	106.4	112.6	56.7	12.3	0.9	
2002	16.5	64.1	0.3	18.3	9.0	31.5	60.4	105.4	109.6	56.5	12.5	0.9	
Hispanic or Latino mothers ^{5,6,7}				Live births per 1,000 women									
1980	23.5	95.4	1.7	82.2	52.1	126.9	156.4	132.1	83.2	39.9	10.6	0.7	
1990	26.7	107.7	2.4	100.3	65.9	147.7	181.0	153.0	98.3	45.3	10.9	0.7	
1995	24.1	98.8	2.6	99.3	68.3	145.4	171.9	140.4	90.5	43.7	10.7	0.6	
1998	22.7	93.2	1.9	87.9	58.5	131.5	159.3	136.1	90.5	43.4	10.8	0.6	
1999	22.5	93.0	1.9	86.8	56.9	129.5	157.3	135.8	92.3	44.5	10.6	0.6	
2000	23.1	95.9	1.7	87.3	55.5	132.6	161.3	139.9	97.1	46.6	11.5	0.6	
2001	23.0	96.0	1.6	86.4	52.8	135.5	163.5	140.4	97.6	47.9	11.6	0.7	
2002	22.6	94.4	1.4	83.4	50.7	133.0	164.3	139.4	95.1	47.8	11.5	0.7	
White, not Hispanic or Latino mothers ^{5,6,7}				Live births per 1,000 women									
1980	14.2	62.4	0.4	41.2	22.4	67.7	105.5	110.6	59.9	17.7	3.0	0.1	
1990	14.4	62.8	0.5	42.5	23.2	66.6	97.5	115.3	79.4	30.0	4.7	0.2	
1995	12.5	57.5	0.4	39.3	22.0	66.2	90.2	105.1	81.5	32.8	5.9	0.3	
1998	12.2	57.6	0.3	35.3	18.3	60.9	91.2	107.4	87.2	36.4	6.8	0.4	
1999	12.1	57.7	0.3	34.1	17.1	59.4	90.6	108.6	89.5	37.3	6.9	0.4	
2000	12.2	58.5	0.3	32.6	15.8	57.5	91.2	109.4	93.2	38.8	7.3	0.4	
2001	11.8	57.7	0.3	30.3	14.0	54.8	87.1	108.9	94.3	39.8	7.5	0.4	
2002	11.7	57.4	0.2	28.5	13.1	51.9	84.3	109.3	94.4	40.9	7.6	0.5	
Black or African American, not Hispanic or Latino mothers ^{5,6,7}				Live births per 1,000 women									
1980	22.9	90.7	4.6	105.1	77.2	146.5	152.2	111.7	65.2	25.8	5.8	0.3	
1990	23.0	89.0	5.0	116.2	84.9	157.5	165.1	118.4	70.2	28.7	5.6	0.3	
1995	18.2	72.8	4.2	97.2	70.4	139.2	137.8	98.5	64.4	28.8	6.1	0.3	
1998	17.5	70.9	2.9	85.7	56.8	128.2	142.5	99.9	64.4	30.4	6.7	0.3	
1999	17.1	69.9	2.6	81.0	51.7	123.9	142.1	99.8	63.9	30.6	6.5	0.3	
2000	17.3	71.4	2.4	79.2	50.1	121.9	145.4	102.8	66.5	31.8	7.2	0.4	
2001	16.6	69.1	2.1	73.5	44.9	116.7	137.2	102.1	66.2	32.1	7.3	0.4	
2002	16.1	67.4	1.9	68.3	41.0	110.3	131.0	102.1	66.1	32.1	7.5	0.4	

--- Data not available. * Rates based on fewer than 20 births are considered unreliable and are not shown.

¹Live births per 1,000 population.

²Total number of live births regardless of age of mother per 1,000 women 15–44 years of age.

³Prior to 1997 data are for live births to mothers 45–49 years of age per 1,000 women 45–49 years of age. Starting in 1997 data are for live births to mothers 45–54 years of age per 1,000 women 45–49 years of age. See [Appendix II, Age](#).

⁴Live births are tabulated by race of child. See [Appendix II, Race, Birth File](#).

⁵Live births are tabulated by race and/or Hispanic origin of mother. See [Appendix II, Race, Birth File](#).

⁶Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. See [Appendix II, Hispanic origin](#).

⁷Rates in 1985 were not calculated because estimates for the Hispanic and non-Hispanic populations were not available.

NOTES: Data are based on births adjusted for underregistration for 1950 and on registered births for all other years. Beginning in 1970, births to persons who were not residents of the 50 States and the District of Columbia are excluded. Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were computed using Census 2000 counts and rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Birth rates for teenagers 15–17 and 18–19 years for the 1990s were revised and differ from the previous edition of *Health, United States*. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. National vital statistics reports; vol 51, no 12. Hyattsville, Maryland: National Center for Health Statistics, 2003; Ventura SJ. Births of Hispanic parentage, 1980 and 1985. Monthly vital statistics report; vol 32, no 6 and vol 36, no 11, suppl. Public Health Service. Hyattsville, Maryland. 1983 and 1988; Internet release of *Vital statistics of the United States, 1999, vol 1, natality*, tables 1–1 and 1–7 at www.cdc.gov/nchs/datawh/statab/unpubd/natality/natab99.htm. *Vital statistics of the United States, 2000, vol 1, natality*. In preparation.

Table 4. Live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

[Data are based on birth certificates]

<i>Race and Hispanic origin of mother</i>	1970	1975	1980	1985	1990	1995	2000	2001	2002
Total number of live births									
All races	3,731,386	3,144,198	3,612,258	3,760,561	4,158,212	3,899,589	4,058,814	4,025,933	4,021,726
White	3,109,956	2,576,818	2,936,351	3,037,913	3,290,273	3,098,885	3,194,005	3,177,626	3,174,760
Black or African American	561,992	496,829	568,080	581,824	684,336	603,139	622,598	606,156	593,691
American Indian or Alaska Native	22,264	22,690	29,389	34,037	39,051	37,278	41,668	41,872	42,368
Asian or Pacific Islander	---	---	74,355	104,606	141,635	160,287	200,543	200,279	210,907
Chinese	7,044	7,778	11,671	16,405	22,737	27,380	34,271	31,401	33,673
Japanese	7,744	6,725	7,482	8,035	8,674	8,901	8,969	9,048	9,264
Filipino	8,066	10,359	13,968	20,058	25,770	30,551	32,107	32,468	33,016
Hawaiian	---	---	4,669	4,938	6,099	5,787	6,608	6,411	6,772
Other Asian or Pacific Islander	---	---	36,565	55,170	78,355	87,668	118,588	120,951	128,182
Hispanic or Latino ¹	---	---	307,163	372,814	595,073	679,768	815,868	851,851	876,642
Mexican	---	---	215,439	242,976	385,640	469,615	581,915	611,000	627,505
Puerto Rican	---	---	33,671	35,147	58,807	54,824	58,124	57,568	57,465
Cuban	---	---	7,163	10,024	11,311	12,473	13,429	14,017	14,232
Central and South American	---	---	21,268	40,985	83,008	94,996	113,344	121,365	125,981
Other and unknown Hispanic or Latino	---	---	29,622	43,682	56,307	47,860	49,056	47,901	51,459
Not Hispanic or Latino: ¹									
White	---	---	1,245,221	1,394,729	2,626,500	2,382,638	2,362,968	2,326,578	2,298,156
Black or African American	---	---	299,646	336,029	661,701	587,781	604,346	589,917	578,335

--- Data not available.

¹Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See Appendix II, Hispanic origin.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 5. Women 15–44 years of age who have not had at least 1 live birth, by age: United States, selected years 1960–2002

[Data are based on birth certificates]

Year ¹	15–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years
	Percent of women					
1960.....	91.4	47.5	20.0	14.2	12.0	15.1
1965.....	92.7	51.4	19.7	11.7	11.4	11.0
1970.....	93.0	57.0	24.4	11.8	9.4	10.6
1975.....	92.6	62.5	31.1	15.2	9.6	8.8
1980.....	93.4	66.2	38.9	19.7	12.5	9.0
1985.....	93.7	67.7	41.5	24.6	15.4	11.7
1986.....	93.8	68.0	42.0	25.1	16.1	12.2
1987.....	93.8	68.2	42.5	25.5	16.9	12.6
1988.....	93.8	68.4	43.0	25.7	17.7	13.0
1989.....	93.7	68.4	43.3	25.9	18.2	13.5
1990.....	93.3	68.3	43.5	25.9	18.5	13.9
1991.....	93.0	67.9	43.6	26.0	18.7	14.5
1992.....	92.7	67.3	43.7	26.0	18.8	15.2
1993.....	92.6	66.7	43.8	26.1	18.8	15.8
1994.....	92.6	66.1	43.9	26.2	18.7	16.2
1995.....	92.5	65.5	44.0	26.2	18.6	16.5
1996.....	92.5	65.0	43.8	26.2	18.5	16.6
1997.....	92.8	64.9	43.5	26.2	18.4	16.6
1998.....	93.1	65.1	43.0	26.1	18.2	16.5
1999.....	93.4	65.5	42.5	26.1	18.1	16.4
2000.....	93.7	66.0	42.1	25.9	17.9	16.2
2001.....	94.0	66.5	41.6	25.4	17.6	16.0
2002.....	94.3	66.5	41.3	24.8	17.2	15.8

¹As of January 1.

NOTES: Data are based on cohort fertility. See [Appendix II, Cohort fertility](#). Percents are derived from the cumulative childbearing experience of cohorts of women, up to the ages specified. Data on births are adjusted for underregistration and population estimates are corrected for underregistration and misstatement of age. Beginning in 1970 births to persons who were not residents of the 50 States and the District of Columbia are excluded.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Table 1–32 at www.cdc.gov/nchs/datawh/statab/unpubd/natalty/natab99.htm; *Vital statistics of the United States, 2001, vol 1, natality*. In preparation, forthcoming on CD-ROM.

Table 6. Prenatal care for live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

[Data are based on birth certificates]

<i>Prenatal care, race, and Hispanic origin of mother</i>	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Prenatal care began during 1st trimester												
							Percent of live births ¹					
All races	68.0	72.4	76.3	76.2	75.8	81.3	82.5	82.8	83.2	83.2	83.4	83.7
White	72.3	75.8	79.2	79.3	79.2	83.6	84.7	84.8	85.1	85.0	85.2	85.4
Black or African American	44.2	55.5	62.4	61.5	60.6	70.4	72.3	73.3	74.1	74.3	74.5	75.2
American Indian or Alaska Native	38.2	45.4	55.8	57.5	57.9	66.7	68.1	68.8	69.5	69.3	69.3	69.8
Asian or Pacific Islander	---	---	73.7	74.1	75.1	79.9	82.1	83.1	83.7	84.0	84.0	84.8
Chinese	71.8	76.7	82.6	82.0	81.3	85.7	87.4	88.5	88.5	87.6	87.0	87.2
Japanese	78.1	82.7	86.1	84.7	87.0	89.7	89.3	90.2	90.7	91.0	90.1	90.5
Filipino	60.6	70.6	77.3	76.5	77.1	80.9	83.3	84.2	84.2	84.9	85.0	85.4
Hawaiian	---	---	68.8	67.7	65.8	75.9	78.0	78.8	79.6	79.9	79.1	78.1
Other Asian or Pacific Islander	---	---	67.4	69.9	71.9	77.0	79.7	80.9	81.8	82.5	82.7	83.9
Hispanic or Latino ²	---	---	60.2	61.2	60.2	70.8	73.7	74.3	74.4	74.4	75.7	76.7
Mexican	---	---	59.6	60.0	57.8	69.1	72.1	72.8	73.1	72.9	74.6	75.7
Puerto Rican	---	---	55.1	58.3	63.5	74.0	76.5	76.9	77.7	78.5	79.1	79.9
Cuban	---	---	82.7	82.5	84.8	89.2	90.4	91.8	91.4	91.7	91.8	92.0
Central and South American	---	---	58.8	60.6	61.5	73.2	76.9	78.0	77.6	77.6	77.4	78.7
Other and unknown Hispanic or Latino	---	---	66.4	65.8	66.4	74.3	76.0	74.8	74.8	75.8	77.3	76.7
Not Hispanic or Latino: ²												
White	---	---	81.2	81.4	83.3	87.1	87.9	87.9	88.4	88.5	88.5	88.6
Black or African American	---	---	60.7	60.1	60.7	70.4	72.3	73.3	74.1	74.3	74.5	75.2
Prenatal care began during 3d trimester or no prenatal care												
All races	7.9	6.0	5.1	5.7	6.1	4.2	3.9	3.9	3.8	3.9	3.7	3.6
White	6.3	5.0	4.3	4.8	4.9	3.5	3.2	3.3	3.2	3.3	3.2	3.1
Black or African American	16.6	10.5	8.9	10.2	11.3	7.6	7.3	7.0	6.6	6.7	6.5	6.2
American Indian or Alaska Native	28.9	22.4	15.2	12.9	12.9	9.5	8.6	8.5	8.2	8.6	8.2	8.0
Asian or Pacific Islander	---	---	6.5	6.5	5.8	4.3	3.8	3.6	3.5	3.3	3.4	3.1
Chinese	6.5	4.4	3.7	4.4	3.4	3.0	2.4	2.2	2.0	2.2	2.4	2.1
Japanese	4.1	2.7	2.1	3.1	2.9	2.3	2.7	2.1	2.1	1.8	2.0	2.1
Filipino	7.2	4.1	4.0	4.8	4.5	4.1	3.3	3.1	2.8	3.0	3.0	2.8
Hawaiian	---	---	6.7	7.4	8.7	5.1	5.4	4.7	4.0	4.2	4.8	4.7
Other Asian or Pacific Islander	---	---	9.3	8.2	7.1	5.0	4.4	4.2	4.1	3.8	3.8	3.5
Hispanic or Latino ²	---	---	12.0	12.4	12.0	7.4	6.2	6.3	6.3	6.3	5.9	5.5
Mexican	---	---	11.8	12.9	13.2	8.1	6.7	6.8	6.7	6.9	6.2	5.8
Puerto Rican	---	---	16.2	15.5	10.6	5.5	5.4	5.1	5.0	4.5	4.6	4.1
Cuban	---	---	3.9	3.7	2.8	2.1	1.5	1.2	1.4	1.4	1.3	1.3
Central and South American	---	---	13.1	12.5	10.9	6.1	5.0	4.9	5.2	5.4	5.7	4.9
Other and unknown Hispanic or Latino	---	---	9.2	9.4	8.5	6.0	5.3	6.0	6.3	5.9	5.4	5.3
Not Hispanic or Latino: ²												
White	---	---	3.5	4.0	3.4	2.5	2.4	2.4	2.3	2.3	2.2	2.2
Black or African American	---	---	9.7	10.9	11.2	7.6	7.3	7.0	6.6	6.7	6.5	6.2

--- Data not available.

¹Excludes live births for whom trimester when prenatal care began is unknown.

²Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: Data for 1970 and 1975 exclude births that occurred in States not reporting prenatal care. The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. See [Appendix II, Hispanic origin](#); [Prenatal care](#). Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 7 (page 1 of 2). Early prenatal care according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

[Data are based on birth certificates]

Geographic division and State	Not Hispanic or Latino								
	All races			White			Black or African American		
	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
	Percent of live births with early prenatal care (beginning in the 1st trimester)								
United States	81.1	82.9	83.4	87.0	88.1	88.6	70.0	73.2	74.6
New England	88.1	89.2	89.5	90.6	91.6	91.9	76.2	80.0	80.5
Connecticut	88.2	88.8	88.8	92.0	92.4	92.5	77.0	80.6	82.3
Maine	89.5	89.0	88.3	89.9	89.5	88.6	80.1	82.7	76.8
Massachusetts	87.4	89.3	89.6	90.5	92.1	92.5	75.2	79.4	78.9
New Hampshire	89.2	90.0	91.1	89.7	90.5	91.9	77.1	75.8	78.4
Rhode Island	89.5	90.1	90.6	92.1	92.6	93.1	78.8	81.2	83.2
Vermont	86.9	87.8	88.9	87.2	87.9	89.2	*69.6	78.1	73.2
Middle Atlantic	80.2	82.1	81.9	87.5	88.4	88.4	65.4	69.0	69.7
New Jersey	82.3	81.4	80.2	89.9	89.5	89.1	66.0	64.2	63.6
New York	77.5	80.9	81.0	86.5	88.1	88.1	65.6	70.6	71.1
Pennsylvania	83.1	84.6	85.1	87.3	88.0	88.3	64.5	70.1	72.3
East North Central	82.6	83.6	84.4	87.1	87.7	88.5	68.2	70.5	72.6
Illinois	80.9	82.6	83.7	88.5	89.7	90.2	67.2	69.9	72.8
Indiana	80.6	80.2	80.9	82.9	82.8	84.0	65.4	66.2	69.0
Michigan	83.4	84.1	87.2	87.6	88.4	89.4	69.6	70.5	77.1
Ohio	84.7	85.7	84.8	87.4	88.1	89.1	70.3	74.0	70.1
Wisconsin	83.6	84.3	84.1	87.7	88.0	88.0	64.8	68.5	70.3
West North Central	84.7	85.6	86.1	87.4	88.4	89.2	70.5	73.3	76.1
Iowa	87.2	87.5	88.5	88.4	88.9	90.0	72.7	74.4	78.2
Kansas	85.3	85.7	86.8	88.6	89.2	90.3	74.7	76.3	79.4
Minnesota	83.4	84.4	84.9	86.7	87.8	89.2	61.0	65.6	68.1
Missouri	84.9	86.4	87.8	87.6	88.9	89.8	71.3	74.8	79.1
Nebraska	84.0	84.1	83.3	86.7	87.1	86.9	71.1	72.3	68.8
North Dakota	83.8	85.6	86.1	85.5	87.8	89.0	80.5	75.0	79.8
South Dakota	81.8	82.7	78.2	85.6	86.6	82.6	69.5	73.4	63.6
South Atlantic	82.8	84.6	84.4	88.5	89.8	89.9	71.5	75.2	76.2
Delaware	83.9	83.2	86.5	88.9	88.0	90.9	72.5	73.9	80.5
District of Columbia	60.2	70.1	75.4	87.2	90.4	90.7	55.3	65.0	69.8
Florida	82.4	83.8	84.4	87.5	88.8	89.4	71.0	73.0	75.1
Georgia	83.8	86.5	85.9	89.5	91.4	91.2	75.3	79.6	80.1
Maryland	87.5	87.8	84.7	92.6	92.7	90.8	77.6	79.5	76.9
North Carolina	83.0	84.5	84.4	89.2	90.5	90.9	70.5	74.8	75.7
South Carolina	78.0	80.9	79.0	85.8	87.6	85.6	65.4	70.3	70.2
Virginia	83.7	85.2	85.2	89.0	90.2	90.4	71.5	74.1	76.4
West Virginia	81.3	83.6	86.1	81.9	84.2	86.7	65.9	68.7	74.0
East South Central	81.7	83.6	83.7	86.7	88.3	88.6	68.8	71.9	73.6
Alabama	81.6	82.6	82.8	88.2	89.3	89.7	69.2	70.6	72.4
Kentucky	84.0	86.3	86.8	85.4	87.4	88.0	71.5	77.3	79.5
Mississippi	77.2	80.7	82.6	87.0	89.4	89.9	66.4	70.8	74.4
Tennessee	82.6	84.0	82.9	86.5	88.0	87.7	70.6	73.0	72.2
West South Central	77.4	79.4	80.1	84.9	86.2	86.9	70.1	73.3	74.7
Arkansas	75.5	77.5	79.7	80.4	81.8	83.8	61.5	66.5	69.8
Louisiana	80.3	82.1	83.5	88.2	89.4	90.7	69.7	72.1	73.9
Oklahoma	77.6	79.2	77.7	81.1	82.6	81.7	65.4	70.0	69.8
Texas	77.0	79.0	79.9	85.8	87.0	87.8	72.7	75.7	76.7
Mountain	77.3	78.1	77.7	84.1	84.9	85.2	69.2	72.0	71.7
Arizona	72.5	75.5	76.6	82.2	85.3	87.2	69.3	73.1	75.7
Colorado	80.8	82.2	79.8	86.0	88.1	87.1	72.9	76.2	72.9
Idaho	79.2	79.3	81.6	82.0	82.0	83.9	78.4	70.8	78.8
Montana	81.9	82.9	83.2	84.2	85.3	86.2	80.7	79.5	80.8
Nevada	76.1	75.3	75.4	82.6	83.0	85.2	66.0	67.7	68.0
New Mexico	68.7	68.2	68.9	78.3	76.0	76.7	60.3	62.3	66.8
Utah	84.5	82.1	79.4	87.2	85.4	83.5	68.8	65.2	58.9
Wyoming	82.4	82.3	83.5	84.5	83.9	85.0	67.6	74.0	79.1
Pacific	79.5	82.5	84.8	85.5	87.2	88.4	76.9	79.6	82.0
Alaska	83.0	80.4	80.3	85.5	82.9	84.1	84.3	82.7	83.3
California	78.9	82.6	85.4	86.0	88.4	90.1	76.8	79.7	82.5
Hawaii	84.1	84.8	84.5	89.0	90.8	89.4	87.8	90.7	92.5
Oregon	79.3	80.7	81.5	82.0	83.5	84.5	73.5	78.4	76.3
Washington	82.8	83.1	83.1	85.8	86.0	86.0	76.0	76.6	76.5

See footnotes at end of table.

Table 7 (page 2 of 2). Early prenatal care according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

[Data are based on birth certificates]

Geographic division and State	Hispanic or Latino ¹			American Indian or Alaska Native ²			Asian or Pacific Islander ²		
	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
Percent of live births with early prenatal care (beginning in the 1st trimester)									
United States	70.7	74.1	75.7	66.5	68.8	69.5	80.3	83.0	84.3
New England	77.0	79.1	80.9	75.8	78.4	82.9	81.6	84.2	85.6
Connecticut	76.6	78.5	78.3	73.7	78.5	83.8	85.9	86.3	88.0
Maine	77.1	82.0	80.4	78.1	71.0	81.3	81.1	82.2	85.2
Massachusetts	76.1	78.7	81.4	73.6	78.1	84.5	80.5	83.9	84.8
New Hampshire	78.8	79.2	81.9	*75.4	84.5	85.2	85.5	84.5	86.7
Rhode Island	82.9	83.4	86.7	79.0	82.7	80.9	79.3	81.9	84.0
Vermont	83.3	79.1	82.5	*78.6	*82.8	*80.0	75.0	77.5	85.9
Middle Atlantic	66.4	71.5	72.1	72.4	76.0	77.4	75.7	78.6	79.0
New Jersey	70.7	70.7	68.2	77.2	71.9	72.9	83.1	83.6	83.6
New York	64.5	71.7	73.7	70.2	75.3	75.4	72.5	76.0	76.3
Pennsylvania	69.1	72.6	73.0	70.8	79.7	83.5	76.3	79.1	80.9
East North Central	70.6	72.6	74.1	71.3	73.5	75.5	79.1	82.9	84.2
Illinois	70.3	73.0	76.0	73.0	72.8	80.9	82.1	85.9	85.6
Indiana	67.6	65.2	63.5	68.2	70.7	72.6	81.4	81.7	81.3
Michigan	72.2	72.8	76.9	74.4	74.7	80.7	83.7	85.9	89.5
Ohio	75.5	77.3	73.5	77.8	80.2	77.4	86.8	86.5	88.0
Wisconsin	69.4	71.6	69.3	66.4	70.9	71.8	56.5	63.6	67.2
West North Central	67.0	68.5	70.8	65.5	67.2	65.4	70.8	75.0	79.3
Iowa	71.1	71.7	74.4	69.0	73.0	73.6	82.2	82.7	85.5
Kansas	64.3	67.0	70.7	77.7	77.0	80.9	80.6	83.3	85.6
Minnesota	60.5	62.4	65.2	59.0	61.6	62.3	57.3	64.2	71.2
Missouri	77.6	76.8	78.4	76.0	77.1	78.4	83.4	85.3	87.9
Nebraska	66.3	68.3	68.3	68.5	67.1	67.1	79.4	82.9	81.4
North Dakota	76.8	76.7	78.4	69.7	69.9	65.3	74.1	81.9	87.9
South Dakota	72.8	71.1	67.0	62.7	65.0	59.7	74.1	77.3	78.0
South Atlantic	76.7	78.3	77.1	74.3	73.6	74.9	83.0	86.4	86.2
Delaware	68.1	70.3	73.6	82.8	73.1	84.9	85.7	85.5	91.0
District of Columbia	55.9	65.6	73.4	*	*	*	50.7	75.1	81.1
Florida	79.6	81.6	82.2	70.2	67.0	66.0	84.6	87.8	88.3
Georgia	73.3	78.1	75.8	83.8	83.6	79.8	83.5	88.8	89.9
Maryland	82.0	81.5	73.8	83.6	81.8	82.5	89.2	89.8	84.8
North Carolina	67.8	68.8	69.6	73.3	73.6	77.9	80.9	82.4	83.8
South Carolina	65.9	64.3	61.3	70.8	77.8	77.9	76.7	77.7	77.4
Virginia	70.2	73.3	70.5	80.6	79.4	84.1	80.9	85.1	85.3
West Virginia	75.7	74.9	69.7	*65.8	*82.9	*66.7	79.9	81.6	83.3
East South Central	69.3	65.9	60.0	74.7	77.7	77.9	81.5	84.4	84.5
Alabama	65.1	61.8	53.9	78.5	78.6	80.4	82.5	84.3	87.6
Kentucky	76.2	72.5	69.6	79.3	81.1	85.5	82.2	86.3	86.0
Mississippi	76.4	75.4	73.7	74.2	76.3	74.6	77.7	80.9	84.5
Tennessee	67.6	64.0	57.4	70.8	76.8	76.4	82.0	84.6	82.6
West South Central	68.7	72.0	73.3	68.8	70.7	70.9	83.8	86.3	87.4
Arkansas	58.3	61.9	67.6	69.9	69.8	74.3	74.2	74.6	79.0
Louisiana	81.4	85.0	84.2	80.1	77.9	82.0	81.2	84.4	86.0
Oklahoma	67.7	68.2	65.1	67.4	69.5	69.1	78.9	81.8	80.3
Texas	68.7	72.0	73.6	71.8	74.8	75.3	84.8	87.3	88.4
Mountain	63.4	65.4	65.4	58.5	62.1	63.8	76.4	78.7	78.9
Arizona	60.9	64.9	66.3	57.8	62.9	65.8	79.1	83.3	85.0
Colorado	66.2	67.9	65.5	67.9	72.2	66.4	76.7	81.5	82.0
Idaho	60.1	62.8	68.6	59.8	61.6	69.1	81.3	80.0	80.6
Montana	74.1	77.5	80.2	65.6	66.2	65.1	73.1	84.1	79.3
Nevada	63.1	62.8	62.3	67.7	68.3	68.6	78.1	78.9	79.4
New Mexico	65.2	65.6	66.2	53.8	56.7	59.2	72.3	75.7	75.5
Utah	66.2	63.9	61.2	58.9	57.8	56.1	71.0	68.1	64.4
Wyoming	69.2	72.9	75.2	65.2	68.0	71.7	83.5	83.6	83.8
Pacific	73.0	77.9	81.7	71.3	72.9	72.8	81.8	84.1	86.1
Alaska	80.3	79.5	79.7	76.6	74.9	70.6	80.6	74.6	77.2
California	73.3	78.4	82.4	68.5	72.5	75.0	82.0	84.9	87.2
Hawaii	81.8	83.1	83.2	83.8	83.2	82.5	82.2	82.8	82.9
Oregon	63.6	67.5	70.1	64.5	67.6	70.0	77.3	81.2	82.0
Washington	68.8	70.9	72.8	70.9	72.1	72.4	78.8	80.7	82.6

* Percents preceded by an asterisk are based on fewer than 50 events. Percents not shown are based on fewer than 20 events.

¹Persons of Hispanic origin may be of any race.

²Includes persons of Hispanic and non-Hispanic origin.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

Table 8. Teenage childbearing, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

[Data are based on birth certificates]

<i>Maternal age, race, and Hispanic origin of mother</i>	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Age of mother under 18 years	Percent of live births											
All races	6.3	7.6	5.8	4.7	4.7	5.3	4.9	4.6	4.4	4.1	3.8	3.6
White	4.8	6.0	4.5	3.7	3.6	4.3	4.1	3.9	3.7	3.5	3.3	3.1
Black or African American	14.8	16.3	12.5	10.6	10.1	10.8	9.7	8.9	8.2	7.8	7.3	6.9
American Indian or Alaska Native	7.5	11.2	9.4	7.6	7.2	8.7	8.6	8.4	7.9	7.3	6.8	6.6
Asian or Pacific Islander	---	---	1.5	1.6	2.1	2.2	2.0	2.0	1.8	1.5	1.3	1.1
Chinese	1.1	0.4	0.3	0.3	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.2
Japanese	2.0	1.7	1.0	0.9	0.8	0.8	0.8	0.8	0.7	0.6	0.5	0.6
Filipino	3.7	2.4	1.6	1.6	2.0	2.2	2.1	2.1	1.8	1.6	1.5	1.2
Hawaiian	---	---	6.6	5.7	6.5	7.6	6.7	7.8	6.2	5.7	4.9	4.5
Other Asian or Pacific Islander	---	---	1.2	1.8	2.4	2.5	2.3	2.3	2.0	1.7	1.5	1.3
Hispanic or Latino ¹	---	---	7.4	6.4	6.6	7.6	7.2	6.9	6.7	6.3	5.8	5.6
Mexican	---	---	7.7	6.9	6.9	8.0	7.6	7.2	7.0	6.6	6.2	6.0
Puerto Rican	---	---	10.0	8.5	9.1	10.8	9.5	9.2	8.5	7.8	7.4	6.9
Cuban	---	---	3.8	2.2	2.7	2.8	2.7	2.9	2.9	3.1	2.7	2.7
Central and South American	---	---	2.4	2.4	3.2	4.1	3.9	3.6	3.5	3.3	3.1	2.8
Other and unknown Hispanic or Latino	---	---	6.5	7.0	8.0	9.0	8.9	8.8	8.1	7.6	6.8	6.5
Not Hispanic or Latino: ¹												
White	---	---	4.0	3.2	3.0	3.4	3.2	3.0	2.8	2.6	2.3	2.2
Black or African American	---	---	12.7	10.7	10.2	10.8	9.8	9.0	8.3	7.8	7.3	6.9
Age of mother 18–19 years												
All races	11.3	11.3	9.8	8.0	8.1	7.9	7.8	7.9	7.9	7.7	7.5	7.1
White	10.4	10.3	9.0	7.1	7.3	7.2	7.1	7.2	7.2	7.1	6.9	6.6
Black or African American	16.6	16.9	14.5	12.9	13.0	12.4	12.5	12.6	12.4	11.9	11.5	11.1
American Indian or Alaska Native	12.8	15.2	14.6	12.4	12.3	12.7	12.2	12.5	12.3	12.4	12.5	11.9
Asian or Pacific Islander	---	---	3.9	3.4	3.7	3.5	3.2	3.3	3.3	3.0	3.0	2.7
Chinese	3.9	1.7	1.0	0.6	0.8	0.6	0.6	0.6	0.7	0.7	0.8	0.7
Japanese	4.1	3.3	2.3	1.9	2.0	1.7	1.5	1.6	1.4	1.4	1.2	1.1
Filipino	7.1	5.0	4.0	3.7	4.1	4.1	3.8	4.1	4.0	3.7	3.6	3.3
Hawaiian	---	---	13.3	12.3	11.9	11.5	11.9	11.0	11.9	11.7	11.3	10.2
Other Asian or Pacific Islander	---	---	3.8	3.5	3.9	3.8	3.3	3.5	3.5	3.2	3.1	2.8
Hispanic or Latino ¹	---	---	11.6	10.1	10.2	10.3	9.8	10.0	10.0	9.9	9.7	9.3
Mexican	---	---	12.0	10.6	10.7	10.8	10.2	10.3	10.4	10.4	10.3	9.8
Puerto Rican	---	---	13.3	12.4	12.6	12.7	12.7	12.7	12.6	12.2	11.8	10.9
Cuban	---	---	9.2	4.9	5.0	4.9	4.7	4.0	4.8	4.4	4.8	5.5
Central and South American	---	---	6.0	5.8	5.9	6.5	6.5	6.6	6.5	6.5	6.3	5.7
Other and unknown Hispanic or Latino	---	---	10.8	10.5	11.1	11.1	10.9	11.4	11.4	11.3	10.5	10.2
Not Hispanic or Latino: ¹												
White	---	---	8.5	6.6	6.6	6.4	6.3	6.4	6.4	6.1	5.9	5.6
Black or African American	---	---	14.7	12.9	13.0	12.4	12.6	12.7	12.5	12.0	11.6	11.1

--- Data not available.

¹Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 9. Nonmarital childbearing according to detailed race and Hispanic origin of mother, and maternal age: United States, selected years 1970–2002

[Data are based on birth certificates]

<i>Race, Hispanic origin of mother, and maternal age</i>	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Live births per 1,000 unmarried women 15–44 years of age ¹												
All races and origins	26.4	24.5	29.4	32.8	43.8	44.3	42.9	43.3	43.3	44.0	43.8	43.7
White ²	13.9	12.4	18.1	22.5	32.9	37.0	36.3	36.9	37.4	38.2	38.5	38.9
Black or African American ²	95.5	84.2	81.1	77.0	90.5	74.5	71.6	71.6	69.7	70.5	68.2	66.2
Asian or Pacific Islander	---	---	---	---	---	---	---	---	---	20.9	21.2	21.3
Hispanic or Latino ³	---	---	---	---	89.6	88.7	83.2	82.8	84.9	87.2	87.8	87.9
White, not Hispanic or Latino	---	---	---	---	24.4	28.1	27.5	27.9	27.9	28.0	27.8	27.8
Percent of live births to unmarried mothers												
All races	10.7	14.3	18.4	22.0	28.0	32.2	32.4	32.8	33.0	33.2	33.5	34.0
White	5.5	7.1	11.2	14.7	20.4	25.3	25.8	26.3	26.8	27.1	27.7	28.5
Black or African American	37.5	49.5	56.1	61.2	66.5	69.9	69.2	69.1	68.9	68.5	68.4	68.2
American Indian or Alaska Native	22.4	32.7	39.2	46.8	53.6	57.2	58.7	59.3	58.9	58.4	59.7	59.7
Asian or Pacific Islander	---	---	7.3	9.5	13.2	16.3	15.6	15.6	15.4	14.8	14.9	14.9
Chinese	3.0	1.6	2.7	3.0	5.0	7.9	6.5	6.4	6.9	7.6	8.4	9.0
Japanese	4.6	4.6	5.2	7.9	9.6	10.8	10.1	9.7	9.9	9.5	9.2	10.3
Filipino	9.1	6.9	8.6	11.4	15.9	19.5	19.5	19.7	21.1	20.3	20.4	20.0
Hawaiian	---	---	32.9	37.3	45.0	49.0	49.1	51.1	50.4	50.0	50.6	50.4
Other Asian or Pacific Islander	---	---	5.4	8.5	12.6	16.2	15.6	15.2	14.5	13.8	13.7	13.5
Hispanic or Latino ³	---	---	23.6	29.5	36.7	40.8	40.9	41.6	42.2	42.7	42.5	43.5
Mexican	---	---	20.3	25.7	33.3	38.1	38.9	39.6	40.1	40.7	40.8	42.1
Puerto Rican	---	---	46.3	51.1	55.9	60.0	59.4	59.5	59.6	59.6	58.9	59.1
Cuban	---	---	10.0	16.1	18.2	23.8	24.4	24.8	26.4	27.3	27.2	29.8
Central and South American	---	---	27.1	34.9	41.2	44.1	41.8	42.0	43.7	44.7	44.3	44.8
Other and unknown Hispanic or Latino	---	---	22.4	31.1	37.2	44.0	43.6	45.3	45.8	46.2	44.2	44.4
Not Hispanic or Latino: ³												
White	---	---	9.6	12.4	16.9	21.2	21.5	21.9	22.1	22.1	22.5	23.0
Black or African American	---	---	57.3	62.1	66.7	70.0	69.4	69.3	69.1	68.7	68.6	68.4
Number of live births, in thousands												
Live births to unmarried mothers	399	448	666	828	1,165	1,254	1,257	1,294	1,309	1,347	1,349	1,366
Maternal age												
Percent distribution of live births to unmarried mothers												
Under 20 years	50.1	52.1	40.8	33.8	30.9	30.9	30.7	30.1	29.3	28.0	26.6	25.4
20–24 years	31.8	29.9	35.6	36.3	34.7	34.5	34.9	35.6	36.4	37.4	38.2	38.6
25 years and over	18.1	18.0	23.5	29.9	34.4	34.7	34.4	34.3	34.3	34.6	35.2	35.9

--- Data not available.

¹Rates computed by relating births to unmarried mothers, regardless of age of mother, to unmarried women 15–44 years of age. Population data for unmarried American Indian or Alaska Native women are not available for rate calculations. Prior to 2000, population data for unmarried Asian or Pacific Islander women were not available for rate calculations.

²For 1970 and 1975, birth rates are by race of child.

³Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See [Appendix II, Hispanic origin](#).

NOTES: National estimates for 1970 and 1975 for unmarried mothers are based on births occurring in States reporting marital status of mother. Changes in reporting procedures for marital status occurred in some States during the 1990s. Interpretation of trend data should also take into consideration expansion of reporting areas and immigration. See [Appendix II, Marital status](#). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were computed using Census 2000 counts and rates for 2001 and 2002 were computed using 2000-based postcensal estimates. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Hamilton BE, Sutton PD, Ventura SJ. Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States. National vital statistics reports; vol 51, no 12. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1993–96. Monthly vital statistics report. Hyattsville, Maryland; Ventura SJ. Births to unmarried mothers: United States, 1980–92. Vital Health Stat 21(53). 1995.

Table 10. Maternal education for live births, according to detailed race and Hispanic origin of mother: United States, selected years 1970–2002

[Data are based on birth certificates]

<i>Education, race, and Hispanic origin of mother</i>	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
	Percent of live births ¹											
Less than 12 years of education												
All races	30.8	28.6	23.7	20.6	23.8	22.6	22.1	21.9	21.7	21.7	21.7	21.5
White	27.1	25.1	20.8	17.8	22.4	21.6	21.3	21.2	21.3	21.4	21.7	21.6
Black or African American	51.2	45.3	36.4	32.6	30.2	28.7	27.6	26.9	26.0	25.5	24.9	24.4
American Indian or Alaska Native	60.5	52.7	44.2	39.0	36.4	33.0	32.8	32.7	32.2	31.6	31.0	30.8
Asian or Pacific Islander	---	---	21.0	19.4	20.0	16.1	14.0	12.9	12.4	11.6	10.8	10.3
Chinese	23.0	16.5	15.2	15.5	15.8	12.9	12.3	11.4	12.0	11.7	11.9	11.3
Japanese	11.8	9.1	5.0	4.8	3.5	2.6	2.3	2.4	2.0	2.1	1.8	2.2
Filipino	26.4	22.3	16.4	13.9	10.3	8.0	7.3	6.9	6.3	6.2	6.0	5.3
Hawaiian	---	---	20.7	18.7	19.3	17.6	16.8	18.5	16.8	16.7	15.4	14.3
Other Asian or Pacific Islander	---	---	27.6	24.3	26.8	21.2	17.8	15.9	14.8	13.5	12.2	11.6
Hispanic or Latino ²	---	---	51.1	44.5	53.9	52.1	50.3	49.3	49.1	48.9	48.8	48.1
Mexican	---	---	62.8	59.0	61.4	58.6	56.3	55.2	55.2	55.0	55.0	54.2
Puerto Rican	---	---	55.3	46.6	42.7	38.6	37.1	35.9	34.4	33.4	32.3	31.5
Cuban	---	---	24.1	21.1	17.8	14.4	13.7	13.0	12.3	11.9	11.8	11.8
Central and South American	---	---	41.2	37.0	44.2	41.7	39.6	38.5	37.9	37.2	36.5	35.8
Other and unknown Hispanic or Latino	---	---	40.1	36.5	33.3	33.8	32.8	33.6	32.5	31.4	30.4	31.7
Not Hispanic or Latino: ²												
White	---	---	18.3	15.8	15.2	13.3	12.9	12.8	12.6	12.2	12.0	11.7
Black or African American	---	---	37.4	33.5	30.0	28.6	27.5	26.7	25.9	25.3	24.8	24.3
16 years or more of education												
All races	8.6	11.4	14.0	16.7	17.5	21.4	22.8	23.4	24.1	24.7	25.2	25.9
White	9.6	12.7	15.5	18.6	19.3	23.1	24.6	25.1	25.7	26.3	26.7	27.3
Black or African American	2.8	4.3	6.2	7.0	7.2	9.5	10.5	11.0	11.4	11.7	12.1	12.7
American Indian or Alaska Native	2.7	2.2	3.5	3.7	4.4	6.2	6.8	6.8	7.2	7.8	8.2	8.7
Asian or Pacific Islander	---	---	30.8	30.3	31.0	35.0	38.0	39.7	40.9	42.8	44.0	45.7
Chinese	34.0	37.8	41.5	35.2	40.3	49.0	51.1	53.8	54.3	55.6	55.9	57.3
Japanese	20.7	30.6	36.8	38.1	44.1	46.2	48.3	49.1	49.5	51.1	52.0	53.5
Filipino	28.1	36.6	37.1	35.2	34.5	36.7	38.6	39.2	39.6	40.5	41.8	43.3
Hawaiian	---	---	7.9	6.5	6.8	9.7	11.0	11.0	12.7	13.5	13.2	14.6
Other Asian or Pacific Islander	---	---	29.2	30.2	27.3	30.5	34.4	36.7	38.5	40.7	42.6	44.4
Hispanic or Latino ²	---	---	4.2	6.0	5.1	6.1	6.7	7.0	7.4	7.6	7.9	8.3
Mexican	---	---	2.2	3.0	3.3	4.0	4.5	4.7	5.0	5.1	5.3	5.5
Puerto Rican	---	---	3.0	4.6	6.5	8.7	9.2	9.5	10.3	10.4	11.1	11.8
Cuban	---	---	11.6	15.0	20.4	26.5	27.8	28.6	29.9	31.0	30.8	30.5
Central and South American	---	---	6.1	8.1	8.6	10.3	11.9	12.5	13.2	14.1	14.8	15.5
Other and unknown Hispanic or Latino	---	---	5.5	7.2	8.5	10.5	11.7	11.5	12.0	12.5	13.2	13.2
Not Hispanic or Latino: ²												
White	---	---	16.4	19.3	22.6	27.7	29.7	30.4	31.4	32.5	33.3	34.3
Black or African American	---	---	5.7	6.7	7.3	9.5	10.6	11.0	11.4	11.7	12.2	12.7

--- Data not available.

¹Excludes live births for whom education of mother is unknown.

²Prior to 1993, data shown only for States with an Hispanic-origin item and education of mother item on the birth certificate. See [Appendix II, Education; Hispanic origin](#).

NOTES: Starting in 1992, education of mother was reported on the birth certificate by all 50 States and the District of Columbia. Prior to 1992, data from States lacking an education of mother item were excluded. See [Appendix II, Education](#). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Maternal education groups shown in this table generally represent the group at highest risk for unfavorable birth outcomes (less than 12 years of education) and the group at lowest risk (16 years or more of education). Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

Table 11. Mothers who smoked cigarettes during pregnancy, according to mother's detailed race, Hispanic origin, age, and education: Selected States, 1989–2002

[Data are based on birth certificates]

Characteristic of mother	1989	1990	1995	1997	1998	1999	2000	2001	2002
Race of mother									
	Percent of mothers who smoked ^{1,2}								
All races	19.5	18.4	13.9	13.2	12.9	12.6	12.2	12.0	11.4
White	20.4	19.4	15.0	14.3	14.0	13.6	13.2	13.0	12.3
Black or African American	17.1	15.9	10.6	9.7	9.5	9.3	9.1	9.0	8.7
American Indian or Alaska Native	23.0	22.4	20.9	20.8	20.2	20.2	20.0	19.9	19.7
Asian or Pacific Islander ³	5.7	5.5	3.4	3.2	3.1	2.9	2.8	2.8	2.5
Chinese	2.7	2.0	0.8	1.0	0.8	0.5	0.6	0.7	0.5
Japanese	8.2	8.0	5.2	4.7	4.8	4.5	4.2	3.8	4.0
Filipino	5.1	5.3	3.4	3.4	3.3	3.3	3.2	3.2	2.9
Hawaiian	19.3	21.0	15.9	15.8	16.8	14.7	14.4	14.8	13.7
Other Asian or Pacific Islander	4.2	3.8	2.7	2.5	2.4	2.3	2.3	2.3	2.1
Hispanic origin and race of mother ⁴									
Hispanic or Latino	8.0	6.7	4.3	4.1	4.0	3.7	3.5	3.2	3.0
Mexican	6.3	5.3	3.1	2.9	2.8	2.6	2.4	2.4	2.2
Puerto Rican	14.5	13.6	10.4	11.0	10.7	10.5	10.3	9.7	9.0
Cuban	6.9	6.4	4.1	4.2	3.7	3.3	3.3	3.0	2.8
Central and South American	3.6	3.0	1.8	1.8	1.5	1.4	1.5	1.3	1.3
Other and unknown Hispanic or Latino	12.1	10.8	8.2	8.5	8.0	7.7	7.4	6.8	6.5
Not Hispanic or Latino:									
White	21.7	21.0	17.1	16.5	16.2	15.9	15.6	15.5	15.0
Black or African American	17.2	15.9	10.6	9.8	9.6	9.4	9.2	9.1	8.8
Age of mother ¹									
Under 15 years	7.7	7.5	7.3	8.1	7.7	7.8	7.1	6.0	5.8
15–19 years	22.2	20.8	16.8	17.6	17.8	18.1	17.8	17.5	16.7
15–17 years	19.0	17.6	14.6	15.5	15.5	15.5	15.0	14.4	13.4
18–19 years	23.9	22.5	18.1	18.8	19.2	19.5	19.2	19.0	18.2
20–24 years	23.5	22.1	17.1	16.6	16.5	16.7	16.8	17.0	16.7
25–29 years	19.0	18.0	12.8	11.8	11.4	11.0	10.5	10.3	9.9
30–34 years	15.7	15.3	11.4	10.0	9.3	8.6	8.0	7.6	7.1
35–39 years	13.6	13.3	12.0	11.1	10.6	9.9	9.1	8.6	7.8
40–54 years ⁵	13.2	12.3	10.1	10.1	10.0	9.5	9.5	9.3	8.4
Education of mother ⁶									
	Percent of mothers 20 years of age and over who smoked ²								
0–8 years	18.9	17.5	11.0	9.9	9.5	8.9	7.9	7.2	6.8
9–11 years	42.2	40.5	32.0	30.2	29.3	29.0	28.2	27.6	26.8
12 years	22.8	21.9	18.3	17.5	17.1	16.9	16.6	16.5	16.0
13–15 years	13.7	12.8	10.6	9.9	9.6	9.4	9.1	9.2	8.8
16 years or more	5.0	4.5	2.7	2.4	2.2	2.1	2.0	1.9	1.7

¹Data from States that did not require the reporting of mother's tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use increased from 43 States and the District of Columbia (DC) in 1989 to 49 States and DC in 2000–02. See [Appendix II, Tobacco use](#).

²Excludes live births for whom smoking status of mother is unknown.

³Maternal tobacco use during pregnancy was not reported on the birth certificates of California, which in 2002 accounted for 31 percent of the births to Asian or Pacific Islander mothers.

⁴Data from States that did not require the reporting of either Hispanic origin of mother or tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use and Hispanic origin of mother increased from 42 States and DC in 1989 to 49 States and DC in 2000–02. See [Appendix II, Hispanic origin; Tobacco use](#).

⁵Prior to 1997 data are for live births to mothers 45–49 years of age.

⁶Data from States that did not require the reporting of either mother's education or tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use and education of mother increased from 42 States and DC in 1989 to 49 States and DC in 2000–02. See [Appendix II, Education; Tobacco use](#).

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1989–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 12. Low-birthweight live births, according to mother's detailed race, Hispanic origin, and smoking status: United States, selected years 1970–2002

[Data are based on birth certificates]

<i>Birthweight, race, Hispanic origin of mother, and smoking status of mother</i>	1970	1975	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002
Low birthweight (less than 2,500 grams)												
	Percent of live births ¹											
All races	7.93	7.38	6.84	6.75	6.97	7.32	7.51	7.57	7.62	7.57	7.68	7.82
White	6.85	6.27	5.72	5.65	5.70	6.22	6.46	6.52	6.57	6.55	6.68	6.80
Black or African American	13.90	13.19	12.69	12.65	13.25	13.13	13.01	13.05	13.11	12.99	12.95	13.29
American Indian or Alaska Native	7.97	6.41	6.44	5.86	6.11	6.61	6.75	6.81	7.15	6.76	7.33	7.23
Asian or Pacific Islander	---	---	6.68	6.16	6.45	6.90	7.23	7.42	7.45	7.31	7.51	7.78
Chinese	6.67	5.29	5.21	4.98	4.69	5.29	5.06	5.34	5.19	5.10	5.33	5.52
Japanese	9.03	7.47	6.60	6.21	6.16	7.26	6.82	7.50	7.95	7.14	7.28	7.57
Filipino	10.02	8.08	7.40	6.95	7.30	7.83	8.33	8.23	8.30	8.46	8.66	8.61
Hawaiian	---	---	7.23	6.49	7.24	6.84	7.20	7.15	7.69	6.76	7.91	8.14
Other Asian or Pacific Islander	---	---	6.83	6.19	6.65	7.05	7.54	7.76	7.76	7.67	7.76	8.16
Hispanic or Latino ²	---	---	6.12	6.16	6.06	6.29	6.42	6.44	6.38	6.41	6.47	6.55
Mexican	---	---	5.62	5.77	5.55	5.81	5.97	5.97	5.94	6.01	6.08	6.16
Puerto Rican	---	---	8.95	8.69	8.99	9.41	9.39	9.68	9.30	9.30	9.34	9.68
Cuban	---	---	5.62	6.02	5.67	6.50	6.78	6.50	6.80	6.49	6.49	6.50
Central and South American	---	---	5.76	5.68	5.84	6.20	6.26	6.47	6.38	6.34	6.49	6.53
Other and unknown Hispanic or Latino	---	---	6.96	6.83	6.87	7.55	7.93	7.59	7.63	7.84	7.96	7.87
Not Hispanic or Latino: ²												
White	---	---	5.67	5.60	5.61	6.20	6.47	6.55	6.64	6.60	6.76	6.91
Black or African American	---	---	12.71	12.61	13.32	13.21	13.11	13.17	13.23	13.13	13.07	13.39
Cigarette smoker ³	---	---	---	---	11.25	12.18	12.06	12.01	12.06	11.88	11.90	12.15
Nonsmoker ³	---	---	---	---	6.14	6.79	7.07	7.18	7.21	7.19	7.32	7.48
Very low birthweight (less than 1,500 grams)												
All races	1.17	1.16	1.15	1.21	1.27	1.35	1.42	1.45	1.45	1.43	1.44	1.46
White	0.95	0.92	0.90	0.94	0.95	1.06	1.13	1.15	1.15	1.14	1.16	1.17
Black or African American	2.40	2.40	2.48	2.71	2.92	2.97	3.04	3.08	3.14	3.07	3.04	3.13
American Indian or Alaska Native	0.98	0.95	0.92	1.01	1.01	1.10	1.19	1.24	1.26	1.16	1.26	1.28
Asian or Pacific Islander	---	---	0.92	0.85	0.87	0.91	1.05	1.10	1.08	1.05	1.03	1.12
Chinese	0.80	0.52	0.66	0.57	0.51	0.67	0.74	0.75	0.68	0.77	0.69	0.74
Japanese	1.48	0.89	0.94	0.84	0.73	0.87	0.78	0.84	0.86	0.75	0.71	0.97
Filipino	1.08	0.93	0.99	0.86	1.05	1.13	1.29	1.35	1.41	1.38	1.23	1.31
Hawaiian	---	---	1.05	1.03	0.97	0.94	1.41	1.53	1.41	1.39	1.50	1.55
Other Asian or Pacific Islander	---	---	0.96	0.91	0.92	0.91	1.07	1.12	1.09	1.04	1.06	1.17
Hispanic or Latino ²	---	---	0.98	1.01	1.03	1.11	1.13	1.15	1.14	1.14	1.14	1.17
Mexican	---	---	0.92	0.97	0.92	1.01	1.02	1.02	1.04	1.03	1.05	1.06
Puerto Rican	---	---	1.29	1.30	1.62	1.79	1.85	1.86	1.86	1.93	1.85	1.96
Cuban	---	---	1.02	1.18	1.20	1.19	1.36	1.33	1.49	1.21	1.27	1.15
Central and South American	---	---	0.99	1.01	1.05	1.13	1.17	1.23	1.15	1.20	1.19	1.20
Other and unknown Hispanic or Latino	---	---	1.01	0.96	1.09	1.28	1.35	1.38	1.32	1.42	1.27	1.44
Not Hispanic or Latino: ²												
White	---	---	0.86	0.90	0.93	1.04	1.12	1.15	1.15	1.14	1.17	1.17
Black or African American	---	---	2.46	2.66	2.93	2.98	3.05	3.11	3.18	3.10	3.08	3.15
Cigarette smoker ³	---	---	---	---	1.73	1.85	1.83	1.87	1.91	1.91	1.88	1.88
Nonsmoker ³	---	---	---	---	1.18	1.31	1.40	1.44	1.43	1.40	1.42	1.45

--- Data not available.

¹Excludes live births with unknown birthweight. Percent based on live births with known birthweight.

²Prior to 1993, data from States lacking an Hispanic-origin item on the birth certificate were excluded. See Appendix II, Hispanic origin.

³Percent based on live births with known smoking status of mother and known birthweight. Data from States that did not require the reporting of mother's tobacco use during pregnancy on the birth certificate are not included. Reporting area for tobacco use increased from 43 States and the District of Columbia (DC) in 1989 to 49 States and DC in 2000–02. See Appendix II, Tobacco use.

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. National vital statistics reports; vol 52, no 10. Hyattsville, Maryland: National Center for Health Statistics, 2003; Births: Final data for each data year 1997–2001. National vital statistics reports. Hyattsville, Maryland; Final natality statistics for each data year 1970–96. Monthly vital statistics report. Hyattsville, Maryland.

Table 13. Low-birthweight live births among mothers 20 years of age and over, by mother's detailed race, Hispanic origin, and education: United States, selected years 1989–2002

[Data are based on birth certificates]

<i>Education, race, and Hispanic origin of mother</i>	1989	1990	1995	1997	1998	1999	2000	2001	2002
Percent of live births weighing less than 2,500 grams ¹									
Less than 12 years of education									
All races	9.0	8.6	8.4	8.4	8.4	8.3	8.2	8.2	8.2
White	7.3	7.0	7.1	7.2	7.2	7.2	7.1	7.1	7.1
Black or African American	17.0	16.5	16.0	15.4	15.0	15.0	14.8	14.6	15.0
American Indian or Alaska Native	7.3	7.4	8.0	7.7	8.0	8.1	7.2	8.3	8.4
Asian or Pacific Islander	6.6	6.4	6.7	6.8	7.4	7.1	7.2	7.5	7.4
Chinese	5.4	5.2	5.3	5.1	5.9	5.2	5.3	4.9	4.4
Japanese	4.0	10.6	11.0	2.6	5.0	11.0	6.8	8.4	4.7
Filipino	6.9	7.2	7.5	7.8	7.9	8.4	8.6	8.5	9.0
Hawaiian	11.0	10.7	9.8	7.4	8.5	7.2	9.4	8.9	7.8
Other Asian or Pacific Islander	6.8	6.4	6.7	7.1	7.8	7.5	7.5	8.1	8.1
Hispanic or Latino ²	6.0	5.7	5.8	5.9	5.9	5.9	6.0	6.0	6.0
Mexican	5.3	5.2	5.4	5.6	5.6	5.5	5.6	5.7	5.7
Puerto Rican	11.3	10.3	10.5	10.6	10.7	10.5	10.9	10.4	10.4
Cuban	9.4	7.9	9.2	9.5	7.4	6.7	8.4	6.7	7.5
Central and South American	5.8	5.8	6.2	5.8	6.2	6.0	6.2	6.4	6.2
Other and unknown Hispanic or Latino	8.2	8.0	7.7	8.3	7.7	8.0	8.6	8.2	7.8
Not Hispanic or Latino: ²									
White	8.4	8.3	8.9	9.1	9.1	9.2	9.0	9.1	9.3
Black or African American	17.6	16.7	16.2	15.6	15.3	15.2	15.2	14.9	15.3
12 years of education									
All races	7.1	7.1	7.6	7.7	7.9	8.0	7.9	8.1	8.2
White	5.7	5.8	6.4	6.6	6.7	6.8	6.8	7.0	7.0
Black or African American	13.4	13.1	13.3	13.1	13.1	13.3	13.0	13.1	13.4
American Indian or Alaska Native	5.6	6.1	6.5	6.4	6.9	6.9	6.7	7.2	7.1
Asian or Pacific Islander	6.4	6.5	7.0	7.2	7.2	7.4	7.4	7.5	7.9
Chinese	5.1	4.9	5.7	5.2	4.7	5.8	5.6	5.4	5.2
Japanese	7.4	6.2	7.4	7.9	8.0	8.9	7.2	8.6	7.1
Filipino	6.8	7.6	7.7	8.2	8.0	8.0	8.1	9.2	8.7
Hawaiian	7.0	6.7	6.6	7.2	6.7	8.7	6.8	7.5	8.3
Other Asian or Pacific Islander	6.5	6.7	7.1	7.3	7.6	7.3	7.7	7.4	8.2
Hispanic or Latino ²	5.9	6.0	6.1	6.2	6.4	6.2	6.2	6.4	6.5
Mexican	5.2	5.5	5.6	5.7	6.0	5.8	5.8	6.0	6.1
Puerto Rican	8.8	8.3	8.7	8.7	9.4	8.6	8.8	9.3	9.3
Cuban	5.3	5.2	6.7	6.9	6.0	6.5	6.5	5.8	6.0
Central and South American	5.7	5.8	5.9	6.3	6.2	6.2	6.0	6.3	6.4
Other and unknown Hispanic or Latino	6.1	6.6	7.1	7.4	7.3	7.1	7.3	7.7	7.7
Not Hispanic or Latino: ²									
White	5.7	5.7	6.5	6.7	6.8	7.0	6.9	7.2	7.3
Black or African American	13.6	13.2	13.4	13.2	13.3	13.4	13.1	13.3	13.5
13 years or more of education									
All races	5.5	5.4	6.0	6.4	6.5	6.6	6.6	6.7	7.0
White	4.6	4.6	5.3	5.7	5.8	5.8	5.8	6.0	6.2
Black or African American	11.2	11.1	11.4	11.4	11.5	11.6	11.6	11.6	12.0
American Indian or Alaska Native	5.6	4.7	5.7	6.2	5.9	6.1	6.5	6.7	7.0
Asian or Pacific Islander	6.1	6.0	6.6	7.0	7.2	7.2	7.0	7.3	7.6
Chinese	4.5	4.4	5.1	4.9	5.3	4.9	4.8	5.3	5.7
Japanese	6.6	6.0	7.1	6.6	7.4	7.6	7.0	6.9	7.7
Filipino	7.2	7.0	7.6	8.1	8.0	8.0	8.3	8.3	8.4
Hawaiian	6.3	4.7	5.0	6.6	6.6	6.3	4.5	7.7	7.2
Other Asian or Pacific Islander	6.1	6.2	6.7	7.3	7.5	7.6	7.4	7.6	7.9
Hispanic or Latino ²	5.5	5.5	5.9	6.2	6.3	6.2	6.2	6.4	6.6
Mexican	5.1	5.2	5.6	5.8	5.8	5.6	5.8	6.0	6.2
Puerto Rican	7.4	7.4	7.9	8.2	8.2	8.2	7.9	8.0	8.9
Cuban	4.9	5.0	5.6	6.0	6.3	6.9	5.9	6.7	6.4
Central and South American	5.2	5.6	5.8	6.1	6.5	6.3	6.3	6.3	6.5
Other and unknown Hispanic or Latino	5.4	5.2	6.1	6.7	6.8	6.4	6.6	7.0	7.0
Not Hispanic or Latino: ²									
White	4.6	4.5	5.2	5.6	5.7	5.8	5.8	6.0	6.2
Black or African American	11.2	11.1	11.5	11.5	11.6	11.7	11.7	11.7	12.1

¹Excludes live births with unknown birthweight. Percent based on live births with known birthweight.

²Prior to 1993, data shown only for States with an Hispanic-origin item and education of mother item on the birth certificate. See [Appendix II, Education; Hispanic origin](#).

NOTES: Starting in 1992, education of mother was reported on the birth certificate by all 50 States and the District of Columbia. Prior to 1992, data from States lacking an education of mother item were excluded. See [Appendix II, Education](#). The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

Table 14 (page 1 of 2). Low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

[Data are based on birth certificates]

Geographic division and State	Not Hispanic or Latino								
	All races			White			Black or African American		
	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
	Percent of live births weighing less than 2,500 grams ¹								
United States	7.33	7.57	7.69	6.20	6.56	6.75	13.22	13.17	13.19
New England	6.41	6.96	7.14	5.64	6.25	6.46	11.97	11.92	11.83
Connecticut	7.07	7.56	7.52	5.71	6.31	6.48	12.73	12.94	12.28
Maine	5.89	5.93	6.12	5.91	6.00	6.13	*	*12.07	*9.47
Massachusetts	6.37	6.99	7.26	5.63	6.35	6.56	11.51	11.31	11.54
New Hampshire	5.15	5.91	6.40	4.99	5.75	6.24	*8.53	*7.81	10.58
Rhode Island	6.71	7.43	7.47	5.96	6.65	6.75	11.69	11.23	12.32
Vermont	5.85	6.15	6.15	5.77	6.08	6.12	*	*	*
Middle Atlantic	7.57	7.83	7.84	5.95	6.42	6.62	13.23	13.03	12.69
New Jersey	7.60	8.01	7.89	5.94	6.44	6.59	13.64	14.02	13.20
New York	7.63	7.83	7.76	5.79	6.34	6.48	12.63	12.26	12.02
Pennsylvania	7.44	7.69	7.93	6.13	6.49	6.78	14.25	13.93	13.79
East North Central	7.52	7.72	7.79	6.24	6.54	6.71	14.03	13.80	13.78
Illinois	7.92	7.96	8.04	6.17	6.47	6.74	14.62	14.12	14.04
Indiana	7.32	7.84	7.54	6.64	7.20	6.95	13.07	13.33	12.89
Michigan	7.72	7.84	7.94	6.23	6.34	6.55	13.96	13.89	14.24
Ohio	7.54	7.78	8.07	6.46	6.75	7.08	13.60	13.47	13.45
Wisconsin	6.22	6.53	6.58	5.34	5.71	5.83	13.61	13.43	13.25
West North Central	6.49	6.75	6.87	5.90	6.24	6.36	13.04	12.94	12.44
Iowa	6.06	6.31	6.39	5.77	6.05	6.19	13.02	11.99	11.77
Kansas	6.61	7.01	6.96	6.12	6.58	6.66	12.72	12.80	12.37
Minnesota	5.78	5.92	6.23	5.34	5.62	5.80	12.28	11.08	10.54
Missouri	7.57	7.75	7.74	6.47	6.70	6.79	13.47	13.77	13.27
Nebraska	6.25	6.75	6.88	5.86	6.42	6.52	11.92	12.33	13.07
North Dakota	5.48	6.31	6.28	5.29	6.36	6.13	*10.91	*9.35	*9.02
South Dakota	5.75	5.75	6.58	5.62	5.75	6.37	*9.09	*10.81	*11.51
South Atlantic	8.32	8.53	8.63	6.52	6.87	7.09	13.11	13.13	13.15
Delaware	8.09	8.57	9.29	6.54	6.53	7.80	12.97	14.32	14.08
District of Columbia	13.94	13.21	11.85	5.78	6.05	6.35	16.45	16.05	14.60
Florida	7.76	8.09	8.18	6.44	6.93	6.98	12.36	12.31	12.58
Georgia	8.63	8.68	8.79	6.47	6.69	6.92	12.87	12.84	12.98
Maryland	8.53	8.82	8.88	6.24	6.50	6.79	13.40	13.41	13.00
North Carolina	8.69	8.84	8.90	6.83	7.22	7.49	13.77	13.77	13.83
South Carolina	9.22	9.52	9.74	6.84	7.09	7.40	13.37	14.11	14.29
Virginia	7.62	7.80	7.90	6.09	6.39	6.54	12.55	12.44	12.56
West Virginia	7.78	8.12	8.60	7.57	7.97	8.39	13.75	12.88	13.81
East South Central	8.82	9.07	9.45	7.17	7.52	7.88	13.43	13.61	14.24
Alabama	9.11	9.28	9.75	7.08	7.37	7.77	13.30	13.34	14.10
Kentucky	7.71	8.06	8.38	7.24	7.58	7.84	12.65	13.15	13.84
Mississippi	9.85	10.18	10.82	7.02	7.35	7.97	13.07	13.63	14.48
Tennessee	8.78	9.01	9.20	7.24	7.65	7.95	14.26	14.06	14.23
West South Central	7.57	7.81	8.00	6.43	6.81	7.07	13.13	13.30	13.51
Arkansas	8.29	8.62	8.64	6.95	7.45	7.48	13.17	13.21	13.81
Louisiana	9.73	10.09	10.40	6.64	7.00	7.56	14.12	14.57	14.44
Oklahoma	7.12	7.28	7.75	6.60	6.91	7.35	12.59	12.22	13.57
Texas	7.11	7.35	7.54	6.24	6.61	6.81	12.48	12.58	12.82
Mountain	7.16	7.36	7.36	6.85	7.11	7.09	13.89	13.45	13.65
Arizona	6.75	6.86	6.91	6.63	6.60	6.78	12.96	12.83	13.16
Colorado	8.59	8.60	8.60	8.10	8.18	8.24	15.52	14.12	14.59
Idaho	5.72	6.15	6.41	5.56	6.01	6.29	*	*9.68	*
Montana	6.16	6.71	6.65	5.94	6.56	6.60	*	*	*
Nevada	7.49	7.59	7.44	7.05	7.42	7.19	14.03	13.32	13.40
New Mexico	7.46	7.68	7.99	7.43	7.83	7.89	10.80	13.30	13.88
Utah	6.28	6.72	6.48	6.09	6.55	6.28	12.87	14.76	13.09
Wyoming	8.21	8.75	8.35	7.92	8.77	8.12	*13.22	*16.76	*13.29
Pacific	6.01	6.09	6.22	5.40	5.50	5.70	12.04	11.69	11.50
Alaska	5.45	5.90	5.71	5.01	5.36	4.84	11.94	11.24	10.70
California	6.11	6.17	6.29	5.55	5.61	5.86	12.19	11.87	11.66
Hawaii	7.17	7.44	7.98	5.24	5.48	6.17	10.73	10.34	11.01
Oregon	5.37	5.41	5.65	5.15	5.21	5.44	10.71	10.51	10.32
Washington	5.45	5.72	5.75	5.09	5.33	5.43	10.61	10.10	10.34

See footnotes at end of table.

Table 14 (page 2 of 2). Low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

[Data are based on birth certificates]

Geographic division and State	Hispanic or Latino ²			American Indian or Alaska Native ³			Asian or Pacific Islander ³		
	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
Percent of live births weighing less than 2,500 grams ¹									
United States	6.27	6.41	6.48	6.51	6.90	7.11	6.93	7.37	7.54
New England	8.06	8.33	8.08	7.68	8.59	7.93	7.06	7.39	7.64
Connecticut	8.85	9.05	8.25	*10.10	*9.63	10.06	8.28	7.59	8.07
Maine	*7.78	*	*6.03	*	*	*	*6.78	*4.79	*5.46
Massachusetts	7.71	8.11	8.37	*5.31	*7.74	*7.11	6.70	7.26	7.57
New Hampshire	*5.88	6.80	4.84	*	*	*	*7.07	*7.27	5.95
Rhode Island	7.39	7.57	7.20	*9.23	11.76	*10.32	6.75	9.19	9.31
Vermont	*	*	*	*	*	*	*	*	*
Middle Atlantic	7.67	7.71	7.47	8.66	8.34	8.66	7.00	7.52	7.42
New Jersey	7.30	7.33	7.15	10.22	9.87	11.09	7.22	7.71	7.57
New York	7.62	7.66	7.38	7.51	7.56	7.81	6.86	7.43	7.33
Pennsylvania	9.15	9.23	8.97	9.33	9.03	9.15	7.23	7.54	7.48
East North Central	6.08	6.46	6.33	6.36	6.87	7.17	7.24	7.75	7.92
Illinois	5.90	6.29	6.31	8.45	8.08	8.60	8.02	8.02	8.49
Indiana	6.40	6.77	6.09	*7.20	*10.65	*7.74	6.01	7.06	7.41
Michigan	6.24	6.67	6.26	6.24	6.75	7.26	6.79	7.94	7.46
Ohio	7.20	7.57	7.20	9.66	7.23	8.86	6.75	7.44	7.86
Wisconsin	6.43	6.42	6.13	4.79	6.08	6.12	6.37	7.21	6.97
West North Central	6.24	6.07	6.10	6.27	6.33	6.99	6.97	7.32	7.29
Iowa	6.13	6.10	6.01	*6.52	8.53	7.23	7.97	7.64	7.13
Kansas	5.78	6.01	5.93	7.76	6.42	6.20	5.74	7.87	6.69
Minnesota	6.24	6.15	6.02	6.60	6.57	7.10	6.80	7.23	7.28
Missouri	6.68	6.07	6.18	*6.00	8.58	8.67	7.49	6.83	7.34
Nebraska	6.63	6.19	6.30	*4.63	6.89	7.27	7.13	8.03	8.05
North Dakota	*6.50	*4.98	*8.10	6.23	6.03	6.62	*8.70	*	*
South Dakota	*8.05	*5.29	6.89	6.13	5.47	6.84	*6.34	*6.86	*11.39
South Atlantic	6.29	6.35	6.39	8.84	9.24	9.17	7.16	7.53	7.95
Delaware	7.18	7.52	6.81	*	*	*	8.53	7.89	9.89
District of Columbia	7.01	6.06	8.04	*	*	*	7.22	*8.67	*7.00
Florida	6.36	6.55	6.61	8.01	7.52	7.11	7.66	8.29	8.35
Georgia	5.79	5.51	5.77	*5.27	8.43	9.29	6.57	7.54	8.18
Maryland	6.15	6.65	6.73	*6.76	9.48	9.74	6.99	7.19	7.42
North Carolina	6.10	6.24	6.13	9.79	10.35	10.30	7.46	7.26	8.20
South Carolina	6.60	5.71	6.87	*8.81	*8.88	10.22	7.60	7.66	8.02
Virginia	6.31	6.23	6.07	*7.22	*7.58	*10.73	6.84	7.08	7.50
West Virginia	*6.23	*	*	*	*	*	*5.87	*7.16	*9.16
East South Central	6.32	6.47	6.74	7.57	7.73	7.84	6.88	7.92	7.95
Alabama	5.56	6.57	6.95	*6.89	*7.03	9.68	7.66	8.24	7.38
Kentucky	7.08	6.76	7.73	*	*9.51	*7.17	4.94	7.37	7.75
Mississippi	*5.89	5.41	6.61	*7.93	*6.44	7.30	7.09	7.70	6.83
Tennessee	6.57	6.49	6.28	*7.69	*9.37	*7.11	7.22	8.13	8.60
West South Central	6.47	6.62	6.85	5.91	6.33	6.71	7.16	7.80	7.80
Arkansas	5.78	6.28	5.79	7.75	*5.60	8.11	7.77	8.55	7.73
Louisiana	7.20	6.37	6.56	6.23	8.00	9.06	6.97	8.39	7.89
Oklahoma	6.58	5.86	6.41	5.80	6.19	6.48	6.76	6.52	7.87
Texas	6.47	6.65	6.88	5.83	6.68	6.67	7.20	7.82	7.78
Mountain	7.16	7.18	7.23	6.38	6.97	7.01	8.21	8.70	8.27
Arizona	6.44	6.64	6.56	6.18	6.83	6.85	7.50	7.67	7.95
Colorado	8.53	8.54	8.33	8.72	8.85	9.05	9.41	10.05	10.17
Idaho	6.43	6.71	6.95	7.62	7.18	6.15	*6.44	*6.47	7.38
Montana	8.19	6.69	7.44	6.20	7.37	7.14	*8.71	*7.38	*5.95
Nevada	6.19	6.23	6.34	7.78	6.87	6.80	8.76	9.11	7.56
New Mexico	7.68	7.66	8.13	6.05	6.55	6.88	9.05	8.83	7.67
Utah	7.66	7.08	7.20	5.93	7.54	6.37	6.85	7.95	7.23
Wyoming	10.12	7.09	8.81	8.58	7.39	9.55	*	*16.31	*12.04
Pacific	5.49	5.58	5.66	6.08	6.28	6.36	6.67	6.99	7.27
Alaska	5.68	6.69	6.07	5.37	5.89	5.81	6.03	6.88	7.33
California	5.48	5.57	5.66	6.58	6.06	6.21	6.55	6.86	7.15
Hawaii	6.79	7.71	8.00	*8.38	*7.65	*4.99	7.71	7.96	8.45
Oregon	5.86	5.47	5.54	5.61	6.13	7.23	5.54	6.07	6.78
Washington	5.21	5.46	5.31	5.99	7.13	7.08	5.91	6.61	6.37

* Percents preceded by an asterisk are based on fewer than 50 events. Percents not shown are based on fewer than 20 events.

¹Excludes live births with unknown birthweight.

²Persons of Hispanic origin may be of any race.

³Includes persons of Hispanic and non-Hispanic origin.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

Table 15 (page 1 of 2). Very low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

[Data are based on birth certificates]

Geographic division and State	Not Hispanic or Latino								
	All races			White			Black or African American		
	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
	Percent of live births weighing less than 1,500 grams ¹								
United States	1.35	1.44	1.44	1.04	1.14	1.16	3.00	3.11	3.11
New England	1.17	1.37	1.38	0.94	1.13	1.15	3.09	3.13	3.19
Connecticut	1.41	1.59	1.56	0.97	1.18	1.18	3.44	3.53	3.53
Maine	1.12	1.01	1.16	1.13	1.02	1.16	*	*	*
Massachusetts	1.15	1.33	1.35	0.94	1.13	1.11	2.95	2.90	2.98
New Hampshire	0.83	1.14	1.17	0.79	1.05	1.12	*	*	*
Rhode Island	1.07	1.55	1.58	0.88	1.33	1.35	2.33	2.69	3.11
Vermont	0.88	1.12	1.09	0.82	1.09	1.08	*	*	*
Middle Atlantic	1.46	1.55	1.52	1.02	1.14	1.15	3.15	3.23	3.11
New Jersey	1.54	1.67	1.56	1.09	1.19	1.13	3.40	3.67	3.42
New York	1.47	1.53	1.50	0.95	1.07	1.10	3.04	3.02	2.94
Pennsylvania	1.38	1.51	1.53	1.06	1.19	1.21	3.17	3.28	3.24
East North Central	1.42	1.49	1.51	1.09	1.16	1.20	3.09	3.17	3.23
Illinois	1.52	1.60	1.61	1.10	1.18	1.25	3.13	3.26	3.34
Indiana	1.31	1.39	1.39	1.12	1.21	1.22	2.85	2.90	2.81
Michigan	1.50	1.56	1.57	1.11	1.13	1.18	3.19	3.36	3.39
Ohio	1.40	1.47	1.53	1.11	1.20	1.25	3.05	3.01	3.08
Wisconsin	1.17	1.22	1.24	0.94	1.03	1.02	2.95	2.87	3.26
West North Central	1.17	1.24	1.27	1.01	1.11	1.12	2.79	3.00	2.93
Iowa	1.11	1.20	1.19	1.03	1.12	1.13	3.01	2.98	2.61
Kansas	1.24	1.28	1.30	1.09	1.18	1.18	3.23	2.82	2.95
Minnesota	1.08	1.07	1.16	0.98	1.02	1.03	2.64	2.63	2.61
Missouri	1.29	1.43	1.45	1.02	1.12	1.17	2.75	3.17	3.10
Nebraska	1.11	1.26	1.26	1.07	1.21	1.18	2.18	2.99	2.93
North Dakota	0.97	1.15	1.12	0.88	1.15	1.07	*	*	*
South Dakota	1.00	1.08	0.96	0.89	1.01	0.89	*	*	*
South Atlantic	1.65	1.74	1.73	1.11	1.22	1.24	3.09	3.18	3.15
Delaware	1.62	1.82	1.86	1.23	1.17	1.40	2.91	3.66	3.20
District of Columbia	3.48	3.29	2.67	*0.80	*1.08	*0.98	4.32	4.13	3.44
Florida	1.47	1.58	1.57	1.07	1.22	1.15	2.84	2.84	2.97
Georgia	1.71	1.75	1.74	1.07	1.15	1.17	2.95	2.99	2.98
Maryland	1.80	1.92	1.89	1.07	1.10	1.25	3.37	3.55	3.21
North Carolina	1.79	1.89	1.88	1.24	1.36	1.40	3.29	3.51	3.54
South Carolina	1.81	1.96	1.92	1.16	1.24	1.27	2.94	3.31	3.22
Virginia	1.50	1.59	1.61	1.04	1.18	1.19	3.03	2.97	3.13
West Virginia	1.26	1.42	1.47	1.22	1.37	1.41	2.27	2.81	3.17
East South Central	1.65	1.76	1.81	1.17	1.30	1.35	2.97	3.12	3.26
Alabama	1.84	1.95	2.00	1.21	1.32	1.36	3.10	3.29	3.42
Kentucky	1.32	1.52	1.51	1.19	1.38	1.36	2.67	3.04	2.99
Mississippi	1.81	2.03	2.16	1.03	1.31	1.36	2.70	2.91	3.17
Tennessee	1.63	1.64	1.69	1.19	1.21	1.31	3.22	3.19	3.25
West South Central	1.34	1.43	1.42	1.05	1.15	1.14	2.80	3.05	3.05
Arkansas	1.56	1.59	1.57	1.25	1.29	1.21	2.67	2.80	3.07
Louisiana	1.91	2.07	2.10	1.08	1.17	1.18	3.11	3.39	3.40
Oklahoma	1.16	1.26	1.29	1.01	1.19	1.17	2.68	2.55	2.73
Texas	1.23	1.31	1.31	1.01	1.11	1.11	2.63	2.92	2.84
Mountain	1.09	1.13	1.13	1.01	1.07	1.05	2.73	2.68	2.67
Arizona	1.09	1.12	1.10	1.03	1.06	1.06	2.74	2.68	2.61
Colorado	1.24	1.30	1.27	1.13	1.21	1.15	3.01	2.79	2.90
Idaho	0.85	0.97	0.98	0.80	0.92	0.91	*	*	*
Montana	0.99	1.06	1.08	0.93	0.97	1.08	*	*	*
Nevada	1.13	1.18	1.20	1.05	1.04	1.11	2.55	2.66	2.57
New Mexico	1.09	1.07	1.21	1.09	1.21	1.17	*1.99	*1.93	*3.21
Utah	0.97	1.04	1.00	0.91	1.00	0.94	*3.36	*2.77	*
Wyoming	1.06	1.13	1.06	1.03	1.12	1.04	*	*	*
Pacific	1.04	1.11	1.12	0.89	0.95	0.98	2.59	2.73	2.67
Alaska	0.97	1.15	1.00	0.86	1.06	0.74	*3.00	*2.55	*2.12
California	1.08	1.14	1.14	0.91	0.98	1.02	2.64	2.79	2.75
Hawaii	1.02	1.23	1.31	0.88	1.03	1.17	*2.90	*2.62	*2.33
Oregon	0.88	0.90	0.98	0.83	0.86	0.95	*1.69	*1.68	2.00
Washington	0.89	1.00	0.99	0.83	0.90	0.91	2.13	2.32	2.19

See footnotes at end of table.

Table 15 (page 2 of 2). Very low-birthweight live births, according to race and Hispanic origin of mother, geographic division, and State: United States, average annual 1994–96, 1997–99, and 2000–2002

[Data are based on birth certificates]

Geographic division and State	Hispanic or Latino ²			American Indian or Alaska Native ³			Asian or Pacific Islander ³		
	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002	1994–96	1997–99	2000–2002
	Percent of live births weighing less than 1,500 grams ¹								
United States	1.10	1.14	1.15	1.14	1.23	1.23	0.94	1.08	1.07
New England	1.53	1.76	1.71	*	*2.15	*1.29	0.99	1.05	1.13
Connecticut	1.78	1.96	1.84	*	*	*	*1.34	*1.02	1.02
Maine	*	*	*	*	*	*	*	*	*
Massachusetts	1.42	1.70	1.68	*	*	*	0.86	0.94	1.20
New Hampshire	*	*	*	*	*	*	*	*	*
Rhode Island	1.35	1.51	1.67	*	*	*	*	*1.85	*1.66
Vermont	*	*	*	*	*	*	*	*	*
Middle Atlantic	1.41	1.46	1.48	*1.29	*1.38	1.42	0.94	1.04	0.97
New Jersey	1.37	1.47	1.43	*	*	*	0.94	1.07	0.97
New York	1.41	1.42	1.46	*1.19	*1.29	*1.37	0.94	1.03	0.98
Pennsylvania	1.58	1.78	1.77	*	*	*	0.94	1.04	0.89
East North Central	1.18	1.26	1.19	1.20	1.36	1.20	1.00	1.16	1.07
Illinois	1.10	1.25	1.17	*	*	*	1.11	1.29	1.24
Indiana	1.26	1.30	1.20	*	*	*	*	*1.14	*0.89
Michigan	1.23	1.14	1.20	*1.22	*1.64	*1.20	0.86	1.09	0.86
Ohio	1.53	1.49	1.33	*	*	*	0.91	0.89	0.98
Wisconsin	1.61	1.27	1.18	*0.80	*1.02	*1.08	1.01	1.18	1.02
West North Central	1.12	1.10	1.23	1.40	1.24	1.27	0.89	1.00	1.12
Iowa	*1.23	1.18	1.32	*	*	*	*1.15	*1.32	*1.24
Kansas	0.93	1.14	1.21	*	*	*	*0.83	*0.83	*1.08
Minnesota	1.22	1.16	1.22	*1.49	*1.09	1.46	0.91	0.99	1.17
Missouri	1.27	1.05	1.38	*	*	*	*0.77	*0.98	*0.99
Nebraska	1.15	0.94	1.06	*	*	*1.58	*	*	*
North Dakota	*	*	*	*1.37	*1.07	*1.29	*	*	*
South Dakota	*	*	*	1.56	1.34	1.20	*	*	*
South Atlantic	1.11	1.16	1.13	1.99	1.83	1.64	0.98	1.12	1.15
Delaware	*1.30	*1.51	1.52	*	*	*	*	*	*
District of Columbia	*1.08	*1.36	*1.72	*	*	*	*	*	*
Florida	1.13	1.19	1.17	*1.26	*0.93	*1.05	0.99	1.05	1.20
Georgia	0.99	0.94	0.97	*	*	*	0.97	1.04	1.10
Maryland	1.10	1.23	1.22	*	*	*	0.89	1.27	1.03
North Carolina	0.92	1.10	1.08	2.54	2.38	2.11	1.01	1.17	1.38
South Carolina	*1.47	*0.94	1.03	*	*	*	*	*0.98	*1.08
Virginia	1.12	1.28	1.12	*	*	*	0.93	1.11	1.07
West Virginia	*	*	*	*	*	*	*	*	*
East South Central	1.03	1.03	0.97	*1.58	*1.81	*1.06	1.00	1.09	1.12
Alabama	*1.50	*0.95	1.13	*	*	*	*1.57	*1.63	*
Kentucky	*	*1.20	1.33	*	*	*	*	*	*1.41
Mississippi	*	*	*	*	*	*	*	*	*
Tennessee	*0.71	0.98	0.78	*	*	*	*0.95	*1.23	*1.01
West South Central	1.07	1.09	1.12	0.90	1.00	1.09	0.89	1.00	1.06
Arkansas	*1.13	1.01	1.16	*	*	*	*	*	*
Louisiana	*1.12	1.21	*1.10	*	*	*	*0.95	*0.97	*1.52
Oklahoma	0.91	0.96	0.92	0.91	0.88	1.10	*	*	*1.15
Texas	1.07	1.10	1.13	*0.91	*1.73	*1.04	0.87	1.02	1.02
Mountain	1.10	1.10	1.13	0.95	1.13	1.15	1.06	1.12	1.14
Arizona	1.09	1.06	1.03	0.88	1.11	1.10	*0.81	1.03	0.99
Colorado	1.20	1.30	1.25	*	*1.11	*1.38	1.14	1.00	1.46
Idaho	0.94	1.16	1.30	*	*	*	*	*	*
Montana	*	*	*	*0.84	1.63	1.37	*	*	*
Nevada	0.88	1.02	1.02	*	*	*1.44	*1.00	1.45	0.86
New Mexico	1.11	1.01	1.21	0.88	0.89	1.02	*	*	*
Utah	1.24	1.12	1.23	*1.47	*1.54	*1.42	*1.13	*1.08	1.14
Wyoming	*1.31	*	*1.19	*	*	*	*	*	*
Pacific	0.99	1.02	1.03	1.08	1.14	1.28	0.92	1.08	1.06
Alaska	*	*1.56	*1.08	0.99	1.06	1.22	*	*	*1.22
California	1.00	1.03	1.04	1.14	1.12	1.17	0.93	1.04	1.02
Hawaii	0.97	0.97	1.24	*	*	*	1.00	1.26	1.32
Oregon	0.98	0.96	0.95	*1.04	*1.14	*1.29	*0.96	0.98	1.04
Washington	0.78	0.93	0.97	1.07	1.30	1.52	0.67	1.05	0.98

* Percents preceded by an asterisk are based on fewer than 50 events. Percents not shown are based on fewer than 20 events.

¹Excludes live births with unknown birthweight.

²Persons of Hispanic origin may be of any race.

³Includes persons of Hispanic and non-Hispanic origin.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Birth File.

Table 16. Legal abortions and legal abortion ratios, according to selected patient characteristics: United States, selected years 1973–2001

[Data are based on reporting by State health departments and by hospitals and other medical facilities]

Characteristic	1973	1975	1980	1985	1990	1995	1997	1998 ¹	1999 ¹	2000 ²	2001 ²
Number of legal abortions reported in thousands											
Centers for Disease Control and Prevention	616	855	1,298	1,329	1,429	1,211	1,186	884	862	857	853
Alan Guttmacher Institute ³	745	1,034	1,554	1,589	1,609	1,359	1,335	1,319	1,315	1,313	---
Abortions per 100 live births ⁴											
Total	19.6	27.2	35.9	35.4	34.4	31.1	30.6	26.4	25.6	24.5	24.6
Age											
Under 15 years	123.7	119.3	139.7	137.6	81.8	66.4	72.9	75.0	70.9	70.8	74.4
15–19 years	53.9	54.2	71.4	68.8	51.1	39.9	40.7	39.1	37.5	36.1	36.6
20–24 years	29.4	28.9	39.5	38.6	37.8	34.8	34.5	32.9	31.6	30.0	30.4
25–29 years	20.7	19.2	23.7	21.7	21.8	22.0	22.4	21.6	20.8	19.8	20.0
30–34 years	28.0	25.0	23.7	19.9	19.0	16.4	16.1	15.7	15.2	14.5	14.7
35–39 years	45.1	42.2	41.0	33.6	27.3	22.3	20.9	20.0	19.3	18.1	18.0
40 years and over	68.4	66.8	80.7	62.3	50.6	38.5	35.2	33.8	32.9	30.1	30.4
Race											
White ⁵	32.6	27.7	33.2	27.7	25.8	20.3	19.4	18.9	17.7	16.7	16.5
Black or African American ⁶	42.0	47.6	54.3	47.2	53.7	53.1	54.3	51.2	52.9	50.3	49.1
Hispanic origin ⁷											
Hispanic or Latino	---	---	---	---	---	27.1	26.8	27.3	26.1	22.5	23.0
Not Hispanic or Latino	---	---	---	---	---	27.9	27.2	27.1	25.2	23.3	23.2
Marital status											
Married	7.6	9.6	10.5	8.0	8.7	7.6	7.4	7.1	7.0	6.5	6.5
Unmarried	139.8	161.0	147.6	117.4	86.3	64.5	65.9	62.7	60.4	57.0	57.2
Previous live births ⁸											
0.	43.7	38.4	45.7	45.1	36.0	28.6	26.4	25.5	24.3	22.6	26.4
1.	23.5	22.0	20.2	21.6	22.7	22.0	22.3	21.4	20.6	19.4	18.0
2.	36.8	36.8	29.5	29.9	31.5	30.6	31.0	30.0	29.0	27.4	25.5
3.	46.9	47.7	29.8	18.2	30.1	30.7	31.1	30.5	29.8	28.5	26.4
4 or more ⁹	44.7	43.5	24.3	21.5	26.6	23.7	24.5	24.3	24.2	23.7	21.9
Percent distribution ¹⁰											
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Period of gestation											
Under 9 weeks.	36.1	44.6	51.7	50.3	51.6	54.0	55.4	55.7	57.6	58.1	59.1
9–10 weeks	29.4	28.4	26.2	26.6	25.3	23.1	22.0	21.5	20.2	19.8	19.0
11–12 weeks	17.9	14.9	12.2	12.5	11.7	10.9	10.7	10.9	10.2	10.2	10.0
13–15 weeks	6.9	5.0	5.1	5.9	6.4	6.3	6.2	6.4	6.2	6.2	6.2
16–20 weeks	8.0	6.1	3.9	3.9	4.0	4.3	4.3	4.1	4.3	4.3	4.3
21 weeks and over	1.7	1.0	0.9	0.8	1.0	1.4	1.4	1.4	1.5	1.4	1.4
Previous induced abortions											
0.	---	81.9	67.6	60.1	57.1	55.1	53.4	53.8	53.7	54.7	55.5
1.	---	14.9	23.5	25.7	26.9	26.9	27.5	27.0	27.1	26.4	25.8
2.	---	2.5	6.6	9.8	10.1	10.9	11.5	11.4	11.5	11.3	11.0
3 or more	---	0.7	2.3	4.4	5.9	7.1	7.6	7.8	7.7	7.6	7.7

--- Data not available.

¹In 1998 and 1999 Alaska, California, New Hampshire, and Oklahoma did not report abortion data to CDC. For comparison, in 1997 the 48 corresponding reporting areas reported about 900,000 legal abortions.

²In 2000 and 2001 Alaska, California, and New Hampshire did not report abortion data to CDC.

³No surveys were conducted in 1983, 1986, 1989, 1990, 1993, 1994, 1997, or 1998. Data for these years were estimated by interpolation.

⁴For calculation of ratios by each characteristic, abortions with characteristic unknown were distributed in proportion to abortions with characteristic known.

⁵For 1989 and later years, white race includes women of Hispanic ethnicity.

⁶Before 1989 black race includes races other than white.

⁷Reporting area increased from 20–22 States, the District of Columbia (DC), and New York City (NYC) in 1991–95 to 31 States and NYC in 2001. California, Florida, Illinois, and Arizona, States with large Hispanic populations, do not report Hispanic ethnicity.

⁸For 1973–75 data indicate number of living children.

⁹For 1975 data refer to four previous live births, not four or more. For five or more previous live births, the ratio is 47.3.

¹⁰For calculation of percent distribution by each characteristic, abortions with characteristic unknown were excluded.

NOTES: See [Appendix I, Abortion Surveillance and Alan Guttmacher Institute Abortion Provider Survey](#), for methodological differences between these two data sources. The number of areas reporting adequate data (less than or equal to 15 percent missing) for each characteristic varies from year to year. See [Appendix I, Abortion Surveillance](#). Some data for 2000 have been revised and differ from the previous edition of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion: Abortion Surveillance, 1973, 1975, 1979–80. Public Health Service, Atlanta, Ga., 1975, 1977, 1983; CDC MMWR Surveillance Summaries. Abortion Surveillance, United States, 1984 and 1985, Vol. 38, No. SS–2, 1989; 1990, Vol. 42, No. SS–6, 1993; 1995, Vol. 47, No. SS–2, 1998; 1997, Vol. 49, No. SS–11, 2000; 1998, Vol. 51, No. SS–3, 2002; 1999, Vol. 51, No. SS–9, 2002; 2000, Vol. 52, No. SS–12, 2003; 2001, Vol. 53, No. SS–9, 2004.

Alan Guttmacher Institute Abortion Provider Survey. Finer LB and Henshaw SK: Abortion incidence and services in the United States in 2000. Perspectives on Sexual and Reproductive Health. 35(1), 2003.

Table 17 (page 1 of 3). Contraceptive use among women 15–44 years of age, according to age, race, Hispanic origin, and method of contraception: United States, 1982, 1988, and 1995

[Data are based on household interviews of samples of women in the childbearing ages]

Race, Hispanic origin, and year	Age in years				
	15–44	15–19	20–24	25–34	35–44
Number of women in population in thousands					
All women:					
1982	54,099	9,521	10,629	19,644	14,305
1988	57,900	9,179	9,413	21,726	17,582
1995	60,201	8,961	9,041	20,758	21,440
Not Hispanic or Latino:					
White:					
1982	41,279	7,010	8,081	14,945	11,243
1988	42,575	6,531	6,630	15,929	13,486
1995	42,522	5,962	6,062	14,565	15,933
Black or African American:					
1982	6,825	1,383	1,456	2,392	1,593
1988	7,408	1,362	1,322	2,760	1,965
1995	8,210	1,392	1,328	2,801	2,689
Hispanic or Latino: ¹					
1982	4,393	886	811	1,677	1,018
1988	5,557	999	1,003	2,104	1,451
1995	6,702	1,150	1,163	2,450	1,940
Percent of women in population using contraception					
All women:					
1982	55.7	24.2	55.8	66.7	61.6
1988	60.3	32.1	59.0	66.3	68.3
1995	64.2	29.8	63.5	71.1	72.3
Not Hispanic or Latino:					
White:					
1982	57.3	23.6	58.7	67.8	63.5
1988	62.9	34.0	62.6	67.7	71.5
1995	66.1	30.5	65.3	72.9	73.6
Black or African American:					
1982	51.6	29.8	52.2	63.5	52.0
1988	56.8	35.7	61.8	63.5	58.7
1995	62.1	34.8	67.9	66.8	68.5
Hispanic or Latino: ¹					
1982	50.6	*	*36.8	67.2	59.0
1988	50.4	*18.3	40.8	67.4	54.3
1995	59.0	26.1	50.6	69.2	70.8

See footnotes at end of table.

Table 17 (page 2 of 3). Contraceptive use among women 15–44 years of age, according to age, race, Hispanic origin, and method of contraception: United States, 1982, 1988, and 1995

[Data are based on household interviews of samples of women in the childbearing ages]

Method of contraception and year	Age in years				
	15–44	15–19	20–24	25–34	35–44
Female sterilization					
Percent of contracepting women					
1982	23.2	0.0	*4.5	22.1	43.5
1988	27.5	*	*4.6	25.0	47.6
1995	27.8	*	4.0	23.8	45.0
Male sterilization					
1982	10.9	*	*3.6	10.1	19.9
1988	11.7	*	*	10.2	20.8
1995	10.9	—	*	7.8	19.4
Implant ²					
1982 .....	...	...	...	...	...
1988 .....	...	...	...	...	...
1995	1.3	*	3.7	1.3	*
Injectable ²					
1982 .....	...	...	...	...	...
1988 .....	...	...	...	...	...
1995	3.0	9.7	6.1	2.8	*0.8
Birth control pill					
1982	28.0	63.9	55.1	25.7	*3.7
1988	30.7	58.8	68.2	32.6	4.3
1995	26.9	43.8	52.1	33.3	8.7
Intrauterine device					
1982	7.1	*	*4.2	9.7	6.9
1988	2.0	0.0	*	2.1	3.1
1995	0.8	—	*	*0.8	*1.1
Diaphragm					
1982	8.1	*6.0	10.2	10.3	4.0
1988	5.7	*	*3.7	7.3	6.0
1995	1.9	*	*	1.7	2.8
Condom					
1982	12.0	20.8	10.7	11.4	11.3
1988	14.6	32.8	14.5	13.7	11.2
1995	20.4	36.7	26.4	21.1	14.7

See footnotes at end of table.

Table 17 (page 3 of 3). Contraceptive use among women 15–44 years of age, according to age, race, Hispanic origin, and method of contraception: United States, 1982, 1988, and 1995

[Data are based on household interviews of samples of women in the childbearing ages]

Method of contraception and year	Not Hispanic or Latino		
	White	Black or African American	Hispanic or Latino ¹
Female sterilization			
Percent of contracepting women			
1982	21.9	30.0	23.0
1988	25.6	37.8	31.7
1995	24.6	40.1	36.6
Male sterilization			
1982	13.0	*1.5	*
1988	14.3	*0.9	*
1995	13.6	*1.7	4.0
Implant ²			
1982 .....	...	...	...
1988 .....	...	...	...
1995	1.0	*2.3	*2.0
Injectable ²			
1982 .....	...	...	...
1988 .....	...	...	...
1995	2.4	5.3	4.7
Birth control pill			
1982	26.4	37.8	30.2
1988	29.5	38.1	33.4
1995	28.5	23.8	23.0
Intrauterine device			
1982	5.8	9.3	19.2
1988	1.5	3.2	*5.0
1995	0.7	*	*1.5
Diaphragm			
1982	9.2	*3.2	*
1988	6.6	*2.0	*
1995	2.3	*	*
Condom			
1982	13.1	6.3	*6.9
1988	15.2	10.1	13.6
1995	19.7	20.2	20.5

0.0 Quantity more than zero but less than 0.05.

– Quantity zero.

* Estimates with relative standard error of 20–30 percent are preceded by an asterisk and may have low reliability; those with relative standard error greater than 30 percent are considered unreliable and are not shown.

... Data not applicable.

¹Persons of Hispanic origin may be of any race.

²Data collected in 1995 survey only.

NOTES: Method of contraception used in the month of interview. If multiple methods were reported, only the most effective method is shown. Methods are listed in the table in order of effectiveness. Some data for 1982 were revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth.

Table 18. Breastfeeding by mothers 15–44 years of age by year of baby’s birth, according to selected characteristics of mother: United States, average annual 1972–74 to 1993–94

[Data are based on household interviews of samples of women in the childbearing ages]

<i>Selected characteristics of mother</i>	1972–74	1975–77	1978–80	1981–83	1984–86	1987–89	1990–92	1993–94
Percent of babies breastfed								
Total	30.1	36.7	47.5	58.1	54.5	52.3	54.2	58.1
Race and Hispanic origin ¹								
Not Hispanic or Latino:								
White	32.5	38.9	53.2	64.3	59.7	58.3	59.1	61.2
Black or African American	12.5	16.8	19.6	26.0	22.9	21.0	22.9	27.5
Hispanic or Latino	33.1	42.9	46.3	52.8	58.9	51.3	58.8	67.4
Education ²								
No high school diploma or GED ³	14.0	19.4	27.6	31.4	36.8	30.0	38.6	43.0
High school diploma or GED ³	25.0	33.6	40.2	54.3	46.7	46.6	46.0	51.2
Some college, no bachelor’s degree	35.2	43.5	63.2	66.7	66.1	57.8	60.7	65.9
Bachelor’s degree or higher	65.5	66.9	71.3	83.2	75.3	79.2	80.8	80.6
Geographic region								
Northeast	29.9	34.7	49.3	68.2	55.3	49.9	54.0	56.7
Midwest	22.3	30.9	34.4	46.0	50.9	50.4	51.6	49.7
South	30.6	33.1	49.5	57.9	45.3	42.5	43.6	49.7
West	47.1	54.5	66.6	69.9	70.9	69.1	70.5	79.3
Age at baby’s birth								
Under 20 years	17.0	22.1	31.4	31.0	30.6	26.2	35.2	45.3
20–24 years	28.7	33.5	44.7	50.8	50.2	46.7	44.7	50.9
25–29 years	38.7	45.9	53.6	62.2	59.8	57.1	56.5	55.9
30–44 years	43.1	47.5	55.2	73.1	65.9	65.3	67.5	71.1
Percent of breastfed babies who were breastfed 3 months or more ⁴								
Total	62.3	66.2	64.7	68.3	63.2	61.5	61.0	56.2
Race and Hispanic origin ¹								
Not Hispanic or Latino:								
White	62.1	66.7	67.6	68.1	62.5	62.3	62.6	56.8
Black or African American	47.8	60.7	58.5	61.1	56.8	46.9	56.7	45.4
Hispanic or Latino	64.7	62.7	46.3	65.6	66.4	64.3	58.2	55.5
Education ²								
No high school diploma or GED ³	54.4	54.7	53.7	50.5	59.8	57.3	55.5	44.5
High school diploma or GED ³	53.7	62.5	59.4	59.6	58.0	58.3	58.2	49.7
Some college, no bachelor’s degree	69.5	77.2	63.8	73.3	63.4	60.7	53.8	60.2
Bachelor’s degree or higher	69.2	65.3	79.8	80.9	72.2	68.1	73.8	68.1
Geographic region								
Northeast	64.6	68.2	71.2	75.0	64.8	59.7	72.7	58.7
Midwest	44.4	54.3	53.1	64.4	60.4	58.6	63.1	56.7
South	72.6	74.1	67.6	65.0	60.3	55.2	50.8	50.9
West	69.0	70.6	66.8	69.6	66.9	69.9	60.4	59.0
Age at baby’s birth								
Under 20 years	50.0	61.0	48.2	49.1	62.5	56.3	31.9	22.6
20–24 years	57.7	59.4	60.0	63.7	51.9	51.6	54.0	50.6
25–29 years	68.3	71.5	65.1	70.8	65.6	58.3	59.7	63.7
30–44 years	79.4	72.8	81.5	72.8	73.2	73.5	71.8	62.3

¹Persons of Hispanic origin may be of any race.

²For women 22–44 years of age. Education is as of year of interview. See NOTES below.

³General equivalency diploma.

⁴For mothers interviewed in the first 3 months of 1995, only babies age 3 months and over are included so they would be eligible for breastfeeding for 3 months or more.

NOTES: Data on breastfeeding during 1972–83 are based on responses to questions in the National Survey of Family Growth (NSFG) Cycle 4, conducted in 1988. Data for 1984–94 are based on the NSFG Cycle 5, conducted in 1995. Data are based on all births to mothers 15–44 years of age at interview, including those births that occurred when the mothers were younger than 15 years of age.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth, Cycle 4 1988, Cycle 5 1995.

Table 19 (page 1 of 2). Infant, neonatal, and postneonatal mortality rates, according to detailed race and Hispanic origin of mother: United States, selected years 1983–2002

[Data are based on linked birth and death certificates for infants]

<i>Race and Hispanic origin of mother</i>	1983 ¹	1985 ¹	1990 ¹	1995 ²	1998 ²	1999 ²	2000 ²	2001 ²	2002 ²
Infant ³ deaths per 1,000 live births									
All mothers	10.9	10.4	8.9	7.6	7.2	7.0	6.9	6.8	7.0
White	9.3	8.9	7.3	6.3	6.0	5.8	5.7	5.7	5.8
Black or African American	19.2	18.6	16.9	14.6	13.8	14.0	13.5	13.3	13.8
American Indian or Alaska Native	15.2	13.1	13.1	9.0	9.3	9.3	8.3	9.7	8.6
Asian or Pacific Islander	8.3	7.8	6.6	5.3	5.5	4.8	4.9	4.7	4.8
Chinese	9.5	5.8	4.3	3.8	4.0	2.9	3.5	3.2	3.0
Japanese	*5.6	*6.0	*5.5	*5.3	*3.4	*3.5	*4.5	*4.0	*4.9
Filipino	8.4	7.7	6.0	5.6	6.2	5.8	5.7	5.5	5.7
Hawaiian	11.2	*9.9	*8.0	*6.5	9.9	*7.0	9.0	*7.3	9.6
Other Asian or Pacific Islander	8.1	8.5	7.4	5.5	5.7	5.1	4.8	4.8	4.7
Hispanic or Latino ^{4,5}	9.5	8.8	7.5	6.3	5.8	5.7	5.6	5.4	5.6
Mexican	9.1	8.5	7.2	6.0	5.6	5.5	5.4	5.2	5.4
Puerto Rican	12.9	11.2	9.9	8.9	7.8	8.3	8.2	8.5	8.2
Cuban	7.5	8.5	7.2	5.3	*3.7	4.6	4.6	4.2	3.7
Central and South American	8.5	8.0	6.8	5.5	5.3	4.7	4.6	5.0	5.1
Other and unknown Hispanic or Latino	10.6	9.5	8.0	7.4	6.5	7.2	6.9	6.0	7.1
Not Hispanic or Latino:									
White ⁵	9.2	8.6	7.2	6.3	6.0	5.8	5.7	5.7	5.8
Black or African American ⁵	19.1	18.3	16.9	14.7	13.9	14.1	13.6	13.5	13.9
Neonatal ³ deaths per 1,000 live births									
All mothers	7.1	6.8	5.7	4.9	4.8	4.7	4.6	4.5	4.7
White	6.1	5.8	4.6	4.1	4.0	3.9	3.8	3.8	3.9
Black or African American	12.5	12.3	11.1	9.6	9.4	9.5	9.1	8.9	9.3
American Indian or Alaska Native	7.5	6.1	6.1	4.0	5.0	5.0	4.4	4.2	4.6
Asian or Pacific Islander	5.2	4.8	3.9	3.4	3.9	3.2	3.4	3.1	3.4
Chinese	5.5	3.3	2.3	2.3	2.7	1.8	2.5	1.9	2.4
Japanese	*3.7	*3.1	*3.5	*3.3	*2.5	*2.8	*2.6	*2.5	*3.7
Filipino	5.6	5.1	3.5	3.4	4.6	3.9	4.1	4.0	4.1
Hawaiian	*7.0	*5.7	*4.3	*4.0	*7.2	*4.9	*6.2	*3.6	*5.6
Other Asian or Pacific Islander	5.0	5.4	4.4	3.7	3.9	3.3	3.4	3.2	3.3
Hispanic or Latino ^{4,5}	6.2	5.7	4.8	4.1	3.9	3.9	3.8	3.6	3.8
Mexican	5.9	5.4	4.5	3.9	3.7	3.7	3.6	3.5	3.6
Puerto Rican	8.7	7.6	6.9	6.1	5.2	5.9	5.8	6.0	5.8
Cuban	*5.0	6.2	5.3	*3.6	*2.7	*3.5	*3.2	*2.5	*3.2
Central and South American	5.8	5.6	4.4	3.7	3.6	3.3	3.3	3.4	3.5
Other and unknown Hispanic or Latino	6.4	5.6	5.0	4.8	4.5	4.8	4.6	3.9	5.1
Not Hispanic or Latino:									
White ⁵	5.9	5.6	4.5	4.0	3.9	3.8	3.8	3.8	3.9
Black or African American ⁵	12.0	11.9	11.0	9.6	9.4	9.6	9.2	9.0	9.3
Postneonatal ³ deaths per 1,000 live births									
All mothers	3.8	3.6	3.2	2.6	2.4	2.3	2.3	2.3	2.3
White	3.2	3.1	2.7	2.2	2.0	1.9	1.9	1.9	1.9
Black or African American	6.7	6.3	5.9	5.0	4.4	4.5	4.3	4.4	4.5
American Indian or Alaska Native	7.7	7.0	7.0	5.1	4.4	4.3	3.9	5.4	4.0
Asian or Pacific Islander	3.1	2.9	2.7	1.9	1.7	1.7	1.4	1.6	1.4
Chinese	4.0	*2.5	*2.0	*1.5	*1.3	*1.2	*1.0	*1.3	*0.7
Japanese	*	*2.9	*	*	*	*	*	*	*
Filipino	*2.8	2.7	2.5	2.2	1.6	1.9	1.6	*1.5	1.7
Hawaiian	*4.2	*4.3	*3.8	*	*	*	*	*3.7	*4.0
Other Asian or Pacific Islander	3.0	3.0	3.0	1.9	1.8	1.8	1.4	1.6	1.4
Hispanic or Latino ^{4,5}	3.3	3.2	2.7	2.1	1.9	1.8	1.8	1.8	1.8
Mexican	3.2	3.2	2.7	2.1	1.9	1.8	1.8	1.7	1.8
Puerto Rican	4.2	3.5	3.0	2.8	2.6	2.4	2.4	2.5	2.4
Cuban	*2.5	*2.3	*1.9	*1.7	*	*	*	*1.7	*
Central and South American	2.6	2.4	2.4	1.9	1.7	1.4	1.4	1.6	1.6
Other and unknown Hispanic or Latino	4.2	3.9	3.0	2.6	2.0	2.5	2.3	2.1	2.0
Not Hispanic or Latino:									
White ⁵	3.2	3.0	2.7	2.2	2.0	1.9	1.9	1.9	1.9
Black or African American ⁵	7.0	6.4	5.9	5.0	4.5	4.6	4.4	4.5	4.6

See footnotes at end of table.

Table 19 (page 2 of 2). Infant, neonatal, and postneonatal mortality rates, according to detailed race and Hispanic origin of mother: United States, selected years 1983–2002

[Data are based on linked birth and death certificates for infants]

<i>Race and Hispanic origin of mother</i>	1983–85 ^{1,6}	1986–88 ^{1,6}	1989–91 ^{1,6}	1996–98 ^{2,6}	1997–99 ^{2,6}	2000–2002 ^{2,6}
Infant ³ deaths per 1,000 live births						
All mothers	10.6	9.8	9.0	7.2	7.1	6.9
White	9.0	8.2	7.4	6.0	5.9	5.7
Black or African American	18.7	17.9	17.1	13.9	13.8	13.5
American Indian or Alaska Native	13.9	13.2	12.6	9.3	9.1	8.9
Asian or Pacific Islander	8.3	7.3	6.6	5.2	5.1	4.8
Chinese	7.4	5.8	5.1	3.4	3.3	3.2
Japanese	6.0	6.9	5.3	4.3	4.1	4.5
Filipino	8.2	6.9	6.4	5.9	6.0	5.7
Hawaiian	11.3	11.1	9.0	8.2	8.6	8.7
Other Asian or Pacific Islander	8.6	7.6	7.0	5.5	5.2	4.8
Hispanic or Latino ^{4,5}	9.2	8.3	7.5	5.9	5.8	5.5
Mexican	8.8	7.9	7.2	5.8	5.6	5.4
Puerto Rican	12.3	11.1	10.4	8.1	8.0	8.3
Cuban	8.0	7.3	6.2	4.7	4.6	4.2
Central and South American	8.2	7.5	6.6	5.2	5.1	4.9
Other and unknown Hispanic or Latino	9.8	9.0	8.2	6.8	6.7	6.7
Not Hispanic or Latino:						
White ⁵	8.8	8.1	7.3	6.0	5.9	5.7
Black or African American ⁵	18.5	17.9	17.2	13.9	13.9	13.6
Neonatal ³ deaths per 1,000 live births						
All mothers	6.9	6.3	5.7	4.8	4.8	4.6
White	5.9	5.2	4.7	4.0	3.9	3.8
Black or African American	12.2	11.7	11.1	9.3	9.4	9.1
American Indian or Alaska Native	6.7	5.9	5.9	4.7	4.8	4.4
Asian or Pacific Islander	5.2	4.5	3.9	3.5	3.4	3.3
Chinese	4.3	3.3	2.7	2.3	2.2	2.3
Japanese	3.4	4.4	3.0	2.6	2.8	2.9
Filipino	5.3	4.5	4.0	4.1	4.0	4.1
Hawaiian	7.4	7.1	4.8	5.6	6.1	5.2
Other Asian or Pacific Islander	5.5	4.7	4.2	3.6	3.5	3.3
Hispanic or Latino ^{4,5}	6.0	5.3	4.8	3.9	3.9	3.8
Mexican	5.7	5.0	4.5	3.8	3.8	3.6
Puerto Rican	8.3	7.2	7.0	5.4	5.5	5.9
Cuban	5.9	5.3	4.6	3.5	3.4	3.0
Central and South American	5.7	4.9	4.4	3.6	3.6	3.4
Other and unknown Hispanic or Latino	6.1	5.8	5.2	4.5	4.3	4.5
Not Hispanic or Latino:						
White ⁵	5.7	5.1	4.6	3.9	3.9	3.8
Black or African American ⁵	11.8	11.4	11.1	9.3	9.4	9.2
Postneonatal ³ deaths per 1,000 live births						
All mothers	3.7	3.5	3.3	2.5	2.4	2.3
White	3.1	3.0	2.7	2.1	2.0	1.9
Black or African American	6.4	6.2	6.0	4.6	4.5	4.4
American Indian or Alaska Native	7.2	7.3	6.7	4.6	4.3	4.5
Asian or Pacific Islander	3.1	2.8	2.6	1.8	1.7	1.5
Chinese	3.1	2.5	2.4	1.2	1.1	1.0
Japanese	2.6	2.5	2.2	*1.7	*1.3	*1.6
Filipino	2.9	2.4	2.3	1.9	1.9	1.6
Hawaiian	3.9	4.0	4.1	*2.6	*2.5	3.5
Other Asian or Pacific Islander	3.1	2.9	2.8	1.8	1.8	1.5
Hispanic or Latino ^{4,5}	3.2	3.0	2.7	2.0	1.9	1.8
Mexican	3.2	2.9	2.7	2.0	1.9	1.8
Puerto Rican	4.0	3.9	3.4	2.7	2.5	2.4
Cuban	2.2	2.0	1.6	*1.3	*1.2	*1.2
Central and South American	2.5	2.6	2.2	1.6	1.5	1.5
Other and unknown Hispanic or Latino	3.7	3.2	3.0	2.3	2.3	2.1
Not Hispanic or Latino:						
White ⁵	3.1	3.0	2.7	2.1	2.0	1.9
Black or African American ⁵	6.7	6.5	6.1	4.6	4.5	4.5

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator. Rates not shown are based on fewer than 20 deaths in the numerator. ¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data. See [Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set](#).

³Infant (under 1 year of age), neonatal (under 28 days), and postneonatal (28 days–11 months).

⁴Persons of Hispanic origin may be of any race.

⁵Prior to 1995, data shown only for States with an Hispanic-origin item on their birth certificates. See [Appendix II, Hispanic origin](#). ⁶Average annual mortality rate.

NOTES: The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. National linked files do not exist for 1992–94. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

Table 20. Infant mortality rates for mothers 20 years of age and over, according to mother's education, detailed race, and Hispanic origin: United States, selected years 1983–2002

[Data are based on linked birth and death certificates for infants]

<i>Education, race, and Hispanic origin of mother</i>	1983 ¹	1990 ¹	1995 ²	2001 ²	2002 ²	1983–85 ^{1,3}	1986–88 ^{1,3}	1989–91 ^{1,3}	1997–99 ^{2,3}	2000–2002 ^{2,3}
Infant deaths per 1,000 live births										
Less than 12 years of education										
All mothers	15.0	10.8	8.9	7.6	7.9	14.6	13.8	11.1	8.2	7.8
White	12.5	9.0	7.6	6.5	6.7	12.4	11.4	9.2	7.1	6.7
Black or African American	23.4	19.5	17.0	14.0	15.6	21.8	21.1	20.3	14.7	14.8
American Indian or Alaska Native	14.5	14.3	12.7	12.9	8.6	15.2	16.8	13.8	10.2	10.5
Asian or Pacific Islander ⁴	9.7	6.6	5.7	5.5	4.5	9.5	8.2	6.9	5.5	5.3
Hispanic or Latino ^{5,6}	10.9	7.3	6.0	5.1	5.3	10.6	9.9	7.5	5.6	5.2
Mexican	8.7	7.0	5.8	4.9	5.0	9.5	8.3	7.1	5.5	5.0
Puerto Rican	15.3	10.1	10.6	7.8	10.1	14.1	12.8	11.7	8.7	9.2
Cuban	*14.5	*	*	*	*	*10.5	*9.4	*8.2	*6.4	*
Central and South American	9.8	7.0	5.1	5.0	5.7	8.6	9.2	6.8	5.4	5.2
Other and unknown Hispanic or Latino	9.2	9.9	7.3	5.8	6.0	10.1	10.6	10.0	6.8	6.4
Not Hispanic or Latino:										
White ⁶	12.8	10.9	9.9	9.0	9.4	12.6	11.8	11.0	9.2	9.2
Black or African American ⁶	24.7	19.7	17.3	14.3	15.9	22.6	21.6	20.6	15.0	15.1
12 years of education										
All mothers	10.2	8.8	7.8	7.3	7.6	10.0	9.6	8.9	7.5	7.4
White	8.7	7.1	6.4	6.0	6.3	8.5	8.0	7.2	6.1	6.1
Black or African American	17.8	16.0	14.7	12.9	13.6	17.7	17.1	16.4	14.0	13.3
American Indian or Alaska Native	15.5	13.4	7.9	9.6	8.8	13.4	11.6	12.3	8.8	8.7
Asian or Pacific Islander ⁴	10.0	7.5	5.5	5.9	5.3	9.3	7.9	7.5	5.7	5.4
Hispanic or Latino ^{5,6}	8.4	7.0	5.9	5.1	5.4	9.1	8.3	6.8	5.5	5.2
Mexican	6.9	6.8	5.7	4.7	5.2	7.8	8.2	6.5	5.2	4.9
Puerto Rican	9.5	8.5	6.5	9.2	8.1	10.8	10.1	8.6	7.9	8.1
Cuban	*6.9	*8.0	*	*	*	8.6	6.6	7.6	4.5	*3.6
Central and South American	8.7	6.5	6.1	4.8	4.6	8.7	7.4	6.3	5.1	4.5
Other and unknown Hispanic or Latino	8.8	7.4	6.5	5.6	7.2	8.8	7.7	7.0	6.1	6.2
Not Hispanic or Latino:										
White ⁶	8.7	7.1	6.5	6.2	6.7	8.3	7.9	7.3	6.3	6.4
Black or African American ⁶	17.8	16.1	14.8	13.1	13.7	17.9	17.4	16.5	14.1	13.4
13 years or more of education										
All mothers	8.1	6.4	5.4	5.1	5.0	7.8	7.2	6.4	5.2	5.0
White	7.2	5.4	4.7	4.3	4.2	6.9	6.2	5.5	4.4	4.2
Black or African American	15.3	13.7	11.9	11.7	11.1	15.3	14.9	13.7	11.3	11.4
American Indian or Alaska Native	12.5	6.8	5.9	6.7	7.3	10.4	8.4	8.1	7.0	6.9
Asian or Pacific Islander ⁴	6.6	5.1	4.4	3.7	4.0	6.7	5.9	5.1	4.2	3.9
Hispanic or Latino ^{5,6}	9.0	5.7	5.0	4.6	4.5	7.4	7.0	5.8	4.8	4.6
Mexican	*8.3	5.5	5.2	4.7	4.7	7.6	6.4	5.7	4.9	4.6
Puerto Rican	10.9	7.3	6.3	5.9	5.4	8.1	6.9	7.8	6.0	5.9
Cuban	*	*5.3	*5.3	*4.0	*3.0	5.5	5.9	4.2	3.9	3.9
Central and South American	*7.1	5.6	3.7	4.1	4.2	7.2	7.6	5.4	4.1	4.0
Other and unknown Hispanic or Latino	11.6	5.4	5.2	3.8	3.9	7.9	7.5	5.6	4.3	4.0
Not Hispanic or Latino:										
White ⁶	7.0	5.4	4.6	4.3	4.2	6.8	6.1	5.4	4.4	4.2
Black or African American ⁶	14.8	13.7	12.0	11.8	11.2	14.7	14.9	13.8	11.4	11.5

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths. Rates not shown are based on fewer than 20 deaths.

¹Rates based on unweighted birth cohort data.

²Rates based on a period file using weighted data. See [Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set](#).

³Average annual mortality rate.

⁴The States not reporting maternal education on the birth certificate accounted for 49–51 percent of the Asian or Pacific Islander births in the United States in 1983–87, 59 percent in 1988, and 12 percent in 1989–91. Starting in 1992 maternal education was reported by all 50 States and the District of Columbia.

⁵Persons of Hispanic origin may be of any race.

⁶Prior to 1995, data shown only for States with an Hispanic-origin item and education of mother on their birth certificates. See [Appendix II, Education; Hispanic origin](#). The Hispanic-reporting States that did not report maternal education on the birth certificate during 1983–88 together accounted for 28–85 percent of the births in each Hispanic subgroup (except Cuban, 11–16 percent, and Puerto Rican, 6–7 percent in 1983–87); and in 1989–91 accounted for 27–39 percent of Central and South American and Puerto Rican births and 2–9 percent of births in other Hispanic subgroups.

NOTES: Prior to 1995, data for all mothers and by race are shown only for States reporting education of mother on their birth certificates. See [Appendix II, Education](#). The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. National linked files do not exist for 1992–94. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

Table 21. Infant mortality rates according to birthweight: United States, selected years 1983–2002

[Data are based on linked birth and death certificates for infants]

<i>Birthweight</i>	1983 ¹	1985 ¹	1990 ¹	1995 ²	1998 ²	1999 ²	2000 ²	2001 ²	2002 ²
	Infant deaths per 1,000 live births ³								
All birthweights	10.9	10.4	8.9	7.6	7.2	7.0	6.9	6.8	7.0
Less than 2,500 grams	95.9	93.9	78.1	65.3	62.3	61.3	60.2	59.4	60.3
Less than 1,500 grams	400.6	387.7	317.6	270.7	252.4	249.5	246.9	246.9	253.2
Less than 500 grams	890.3	895.9	898.2	904.9	869.6	857.7	847.9	856.8	863.6
500–999 grams	584.2	559.2	440.1	351.0	319.4	318.6	313.8	313.0	321.5
1,000–1,499 grams	162.3	145.4	97.9	69.6	60.6	59.2	60.9	59.4	57.7
1,500–1,999 grams	58.4	54.0	43.8	33.5	29.0	29.1	28.7	27.6	26.9
2,000–2,499 grams	22.5	20.9	17.8	13.7	12.7	12.0	11.9	11.4	11.7
2,500 grams or more	4.7	4.3	3.7	3.0	2.7	2.6	2.5	2.5	2.4
2,500–2,999 grams	8.8	7.9	6.7	5.5	4.9	4.7	4.6	4.5	4.5
3,000–3,499 grams	4.4	4.3	3.7	2.9	2.6	2.5	2.4	2.3	2.3
3,500–3,999 grams	3.2	3.0	2.6	2.0	1.8	1.7	1.7	1.7	1.6
4,000 grams or more	3.3	3.2	2.4	2.0	1.7	1.8	1.6	1.6	1.5
4,000–4,499 grams	2.9	2.9	2.2	1.8	1.7	1.6	1.5	1.5	1.4
4,500–4,999 grams	3.9	3.8	2.5	2.2	2.0	1.9	2.1	2.0	2.0
5,000 grams or more ⁴	14.4	14.7	9.8	8.5	*4.3	*7.9	*6.1	*6.5	*5.1

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths in the numerator.

¹Rates based on unweighted birth cohort data.²Rates based on a period file using weighted data; unknown birthweight imputed when period of gestation is known and proportionately distributed when period of gestation is unknown. See [Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set](#).³For calculation of birthweight-specific infant mortality rates, unknown birthweight has been distributed in proportion to known birthweight separately for live births (denominator) and infant deaths (numerator).⁴In 1989 a birthweight-gestational age consistency check instituted for the natality file resulted in a decrease in the number of deaths to infants coded with birthweights of 5,000 grams or more and a discontinuity in the mortality trend for infants weighing 5,000 grams or more at birth. Starting with 1989 the rates are believed to be more accurate.NOTES: National linked files do not exist for 1992–94. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

Table 22. Infant mortality rates, fetal mortality rates, and perinatal mortality rates, according to race: United States, selected years 1950–2002

[Data are based on death certificates, fetal death records, and birth certificates]

Race and year	Neonatal ¹				Fetal mortality rate ²	Late fetal mortality rate ³	Perinatal mortality rate ⁴
	Infant ¹	Under 28 days	Under 7 days	Postneonatal ¹			
All races							
Deaths per 1,000 live births							
1950 ⁵	29.2	20.5	17.8	8.7	18.4	14.9	32.5
1960 ⁵	26.0	18.7	16.7	7.3	15.8	12.1	28.6
1970	20.0	15.1	13.6	4.9	14.0	9.5	23.0
1980	12.6	8.5	7.1	4.1	9.1	6.2	13.2
1985	10.6	7.0	5.8	3.7	7.8	4.9	10.7
1990	9.2	5.8	4.8	3.4	7.5	4.3	9.1
1995	7.6	4.9	4.0	2.7	7.0	3.6	7.6
1996	7.3	4.8	3.8	2.5	6.9	3.6	7.4
1997	7.2	4.8	3.8	2.5	6.8	3.5	7.3
1998	7.2	4.8	3.8	2.4	6.7	3.4	7.2
1999	7.1	4.7	3.8	2.3	6.7	3.4	7.1
2000	6.9	4.6	3.7	2.3	6.6	3.3	7.0
2001	6.8	4.5	3.6	2.3	6.5	3.3	6.9
2002	7.0	4.7	3.7	2.3	6.4	3.2	6.9
Race of child: ⁶ White							
1950 ⁵	26.8	19.4	17.1	7.4	16.6	13.3	30.1
1960 ⁵	22.9	17.2	15.6	5.7	13.9	10.8	26.2
1970	17.8	13.8	12.5	4.0	12.3	8.6	21.0
1980	11.0	7.5	6.2	3.5	8.1	5.7	11.9
Race of mother: ⁷ White							
1980	10.9	7.4	6.1	3.5	8.1	5.7	11.8
1985	9.2	6.0	5.0	3.2	6.9	4.5	9.5
1990	7.6	4.8	3.9	2.8	6.4	3.8	7.7
1995	6.3	4.1	3.3	2.2	5.9	3.3	6.5
1996	6.1	4.0	3.2	2.1	5.9	3.3	6.4
1997	6.0	4.0	3.2	2.0	5.8	3.2	6.3
1998	6.0	4.0	3.1	2.0	5.7	3.1	6.2
1999	5.8	3.9	3.1	1.9	5.7	3.0	6.1
2000	5.7	3.8	3.0	1.9	5.6	2.9	5.9
2001	5.7	3.8	3.0	1.9	5.5	2.9	5.9
2002	5.8	3.9	3.1	1.9	5.5	2.8	5.9
Race of child: ⁶ Black or African American							
1950 ⁵	43.9	27.8	23.0	16.1	32.1	---	---
1960 ⁵	44.3	27.8	23.7	16.5	---	---	---
1970	32.6	22.8	20.3	9.9	23.2	---	34.5
1980	21.4	14.1	11.9	7.3	14.4	8.9	20.7
Race of mother: ⁷ Black or African American							
1980	22.2	14.6	12.3	7.6	14.7	9.1	21.3
1985	19.0	12.6	10.8	6.4	12.8	7.2	17.9
1990	18.0	11.6	9.7	6.4	13.3	6.7	16.4
1995	15.1	9.8	8.2	5.3	12.7	5.7	13.8
1996	14.7	9.6	7.8	5.1	12.5	5.5	13.3
1997	14.2	9.4	7.8	4.8	12.5	5.5	13.2
1998	14.3	9.5	7.8	4.8	12.3	5.3	13.1
1999	14.6	9.8	7.9	4.8	12.6	5.4	13.2
2000	14.1	9.4	7.6	4.7	12.4	5.4	13.0
2001	14.0	9.2	7.6	4.8	12.1	5.3	12.8
2002	14.4	9.5	7.8	4.8	11.9	5.2	12.8

--- Data not available.

¹Infant (under 1 year of age), neonatal (under 28 days), early neonatal (under 7 days), and postneonatal (28 days–11 months).

²Number of fetal deaths of 20 weeks or more gestation per 1,000 live births plus fetal deaths.

³Number of fetal deaths of 28 weeks or more gestation per 1,000 live births plus late fetal deaths.

⁴Number of late fetal deaths plus infant deaths within 7 days of birth per 1,000 live births plus late fetal deaths.

⁵Includes births and deaths of persons who were not residents of the 50 States and the District of Columbia.

⁶Infant deaths are tabulated by race of decedent; live births and fetal deaths are tabulated by race of child. See [Appendix II, Race](#).

⁷Infant deaths are tabulated by race of decedent; fetal deaths and live births are tabulated by race of mother. See [Appendix II, Race](#).

NOTES: Infant mortality rates in this table are based on infant deaths from the mortality file (numerator) and live births from the natality file (denominator). Inconsistencies in reporting race for the same infant between the birth and death certificate can result in underestimated infant mortality rates for races other than white or black. Infant mortality rates for minority population groups are available from the Linked Birth/Infant Death Data Set and are presented in tables 19–20 and 23–24. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System: Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 23 (page 1 of 2). Infant mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002

[Data are based on linked birth and death certificates for infants]

Geographic division and State	Not Hispanic or Latino								
	All races			White			Black or African American		
	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²
	Infant ³ deaths per 1,000 live births								
United States	9.0	7.1	6.9	7.3	5.9	5.7	17.2	13.9	13.6
New England ⁴	7.3	5.7	5.4	6.2	4.7	4.5	15.1	11.8	12.1
Connecticut	7.9	6.7	6.4	5.9	4.8	4.9	17.0	13.4	14.3
Maine	6.6	5.5	5.1	6.2	5.6	5.0	*	*	*
Massachusetts	7.0	5.2	4.8	5.9	4.4	4.0	14.2	10.8	10.5
New Hampshire ⁴	7.1	4.8	4.9	7.2	4.4	4.5	*	*	*
Rhode Island	8.7	6.7	6.7	7.5	4.8	5.3	*13.6	*12.4	*12.6
Vermont	6.6	6.2	5.5	6.3	6.0	5.5	*	*	*
Middle Atlantic	9.2	6.7	6.4	6.6	5.0	5.0	18.5	13.3	12.5
New Jersey	8.4	6.5	6.1	6.1	4.3	4.0	17.8	13.9	13.6
New York	9.5	6.4	6.1	6.3	4.6	4.8	18.4	11.9	11.2
Pennsylvania	9.2	7.4	7.3	7.2	5.8	5.9	19.1	16.0	14.4
East North Central	9.8	8.0	7.7	7.7	6.4	6.2	19.1	16.0	15.9
Illinois	10.7	8.5	7.8	7.6	6.2	5.9	20.5	17.1	15.8
Indiana	9.4	7.9	7.7	8.4	7.0	7.0	17.3	15.2	13.9
Michigan	10.5	8.1	8.1	7.7	6.1	6.0	20.7	16.1	16.9
Ohio	9.0	8.0	7.7	7.7	6.8	6.3	16.2	14.5	15.3
Wisconsin	8.4	6.8	6.9	7.4	5.6	5.6	17.0	15.7	17.9
West North Central	8.5	6.9	6.6	7.4	6.1	5.8	17.5	15.2	14.1
Iowa	8.2	6.1	5.8	7.8	5.7	5.5	15.8	17.2	*11.4
Kansas	8.5	7.3	7.0	7.8	7.1	6.4	15.4	12.0	14.7
Minnesota	7.3	6.0	5.5	6.4	5.4	4.7	18.5	12.5	10.8
Missouri	9.7	7.6	7.7	8.0	6.1	6.3	18.0	16.4	15.6
Nebraska	8.1	7.2	7.0	7.2	6.3	6.2	18.3	17.0	15.0
North Dakota	8.0	7.3	7.8	7.3	6.7	6.8	*	*	*
South Dakota	9.5	8.5	6.4	7.5	7.1	5.4	*	*	*
South Atlantic	10.4	8.3	8.0	7.6	6.2	6.0	17.2	14.1	13.7
Delaware	11.2	8.3	9.6	8.2	6.0	7.9	20.1	16.1	14.9
District of Columbia	20.3	14.1	11.4	*8.2	*	*	23.9	17.4	15.3
Florida	9.4	7.2	7.2	7.2	6.0	5.7	16.2	12.5	13.0
Georgia	11.9	8.4	8.7	8.4	6.0	6.3	17.9	13.3	13.4
Maryland	9.1	8.6	7.7	6.3	5.5	5.3	15.0	14.8	12.7
North Carolina	10.7	9.2	8.4	8.0	6.9	6.4	16.9	15.9	15.1
South Carolina	11.8	9.8	9.0	8.4	6.5	6.0	17.2	15.8	14.9
Virginia	9.9	7.5	7.2	7.4	5.8	5.5	18.0	13.3	13.6
West Virginia	9.1	8.3	7.9	8.8	8.2	7.7	*15.7	*12.7	*11.7
East South Central	10.4	8.8	8.8	8.1	6.8	6.8	16.5	14.6	15.0
Alabama	11.4	9.8	9.3	8.6	7.3	6.8	16.8	14.8	14.7
Kentucky	8.7	7.4	6.7	8.1	6.9	6.4	14.4	12.2	10.8
Mississippi	11.5	10.3	10.5	7.9	6.7	7.0	15.2	14.5	14.7
Tennessee	10.2	8.2	9.0	7.8	6.2	7.0	18.2	15.0	17.0
West South Central ⁴	8.4	7.0	6.8	7.2	6.4	6.2	14.2	12.3	12.3
Arkansas	9.8	8.5	8.3	8.1	7.5	7.5	15.2	12.8	12.8
Louisiana ⁴	10.2	9.3	9.8	7.5	6.4	6.9	14.3	13.7	13.7
Oklahoma ⁴	8.0	8.2	8.0	7.3	7.9	7.4	12.7	13.4	14.5
Texas	7.9	6.3	5.9	6.9	5.8	5.5	14.1	11.1	11.1
Mountain	8.4	6.7	6.2	7.9	6.2	5.7	16.9	12.7	13.5
Arizona	8.8	7.1	6.7	8.2	6.5	6.5	17.3	13.7	14.4
Colorado	8.7	6.8	6.0	8.0	6.3	5.2	16.7	13.7	13.7
Idaho	8.9	6.8	6.6	8.9	6.6	6.2	*	*	*
Montana	9.0	7.0	6.9	8.0	6.2	6.4	*	*	*
Nevada	8.6	6.8	6.0	7.8	6.8	5.1	16.9	11.8	13.7
New Mexico	8.4	6.7	6.4	8.1	6.7	6.0	*17.2	*	*15.8
Utah	7.0	5.4	5.3	6.8	5.3	5.0	*	*	*
Wyoming	8.4	6.7	6.5	8.0	6.3	6.3	*	*	*
Pacific	7.7	5.7	5.5	7.0	5.1	4.9	15.4	12.0	11.2
Alaska	9.2	6.5	6.8	7.2	5.5	5.1	*	*	*
California	7.6	5.7	5.4	6.9	5.0	4.7	15.4	12.2	11.4
Hawaii	7.0	6.9	7.2	5.5	5.8	6.3	*13.6	*	*
Oregon	8.0	5.6	5.5	7.4	5.4	5.6	21.3	*8.8	*10.4
Washington	8.0	5.4	5.5	7.4	4.9	5.2	15.1	11.4	9.5

See footnotes at end of table.

Table 23 (page 2 of 2). Infant mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002

[Data are based on linked birth and death certificates for infants]

Geographic division and State	Hispanic or Latino ⁵			American Indian or Alaska Native ⁶			Asian or Pacific Islander ⁶		
	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²
	Infant ³ deaths per 1,000 live births								
United States	7.5	5.8	5.5	12.6	9.1	8.9	6.6	5.1	4.8
New England ⁷	8.1	7.6	6.5	*	*	*	5.8	3.8	3.9
Connecticut	7.9	8.9	7.1	*	*	*	*	*	*3.7
Maine	*	*	*	*	*	*	*	*	*
Massachusetts	8.3	6.3	6.0	*	*	*	5.7	*3.5	3.7
New Hampshire ⁷	---	*	*	*	*	*	*	*	*
Rhode Island	*7.2	*8.3	8.0	*	*	*	*	*	*
Vermont	*	*	*	*	*	*	*	*	*
Middle Atlantic	9.1	6.3	6.0	*11.6	*	*7.9	6.4	4.2	3.4
New Jersey	7.5	6.4	6.3	*	*	*	5.6	4.4	3.3
New York	9.4	5.9	5.5	*15.2	*	*	6.4	4.0	3.4
Pennsylvania	10.9	8.2	8.6	*	*	*	7.8	*4.7	*4.0
East North Central	8.7	7.2	6.5	11.6	8.4	9.7	6.1	6.0	5.6
Illinois	9.2	6.9	6.4	*	*	*	6.0	6.3	6.5
Indiana	*7.2	7.4	6.4	*	*	*	*	*6.4	*
Michigan	7.9	7.0	6.7	*10.7	*	*	*6.1	6.0	4.9
Ohio	8.0	8.8	7.6	*	*	*	*4.8	*4.9	*4.8
Wisconsin	*7.3	9.2	6.2	*11.9	*9.2	*11.5	*6.7	*5.7	*5.2
West North Central	9.3	6.5	7.0	17.1	12.3	10.9	7.4	6.6	5.6
Iowa	*11.9	*5.6	*6.7	*	*	*	*	*	*
Kansas	8.7	5.8	7.1	*	*	*	*	*	*
Minnesota	*8.4	7.0	6.5	17.3	*10.9	*10.3	*5.1	7.0	6.1
Missouri	*9.1	*5.6	7.2	*	*	*	*9.1	*5.7	*4.5
Nebraska	*8.8	8.7	7.2	*18.2	*	*15.8	*	*	*
North Dakota	*	*	*	*13.8	*13.8	*13.4	*	*	*
South Dakota	*	*	*	19.9	15.2	11.6	*	*	*
South Atlantic	7.4	5.1	5.4	12.7	10.7	8.5	6.8	5.2	5.3
Delaware	*	*	*7.9	*	*	*	*	*	*
District of Columbia	*8.8	*	*7.5	*	*	*	*	*	*
Florida	7.1	4.7	5.2	*	*8.5	*5.8	*6.2	4.5	5.1
Georgia	9.0	4.9	6.0	*	*	*	*8.2	*5.0	6.8
Maryland	7.2	5.4	5.7	*	*	*	7.5	*5.2	*4.5
North Carolina	*7.5	6.7	5.6	12.2	13.7	10.6	*6.3	*5.8	5.9
South Carolina	*	*7.5	*4.6	*	*	*	*	*	*
Virginia	7.6	5.0	4.8	*	*	*	6.0	5.2	4.6
West Virginia	*	*	*	*	*	*	*	*	*
East South Central	*5.9	6.7	6.2	*	*	*10.1	*7.7	*6.2	*5.4
Alabama	*	*7.5	*7.0	*	*	*	*	*	*
Kentucky	*	*	*4.8	*	*	*	*	*	*
Mississippi	*	*	*	*	*	*	*	*	*
Tennessee	*	*7.0	6.2	*	*	*	*	*	*
West South Central ⁷	7.0	5.5	5.1	8.4	7.9	7.5	6.7	4.4	4.4
Arkansas	*	*6.2	*4.5	*	*	*	*	*	*
Louisiana ⁷	---	*	*6.0	*	*	*	*	*	*8.1
Oklahoma ⁷	---	5.1	5.7	7.8	8.0	7.6	*	*	*
Texas	7.0	5.5	5.1	*	*8.6	*	6.8	4.4	4.0
Mountain	7.9	6.7	6.2	11.6	8.8	8.6	8.1	5.7	5.9
Arizona	8.0	7.1	6.0	11.4	8.6	9.4	*8.5	*6.1	*5.3
Colorado	8.5	7.0	6.2	*16.5	*	*11.8	*7.8	*5.9	*6.2
Idaho	*7.2	7.0	8.8	*	*	*	*	*	*
Montana	*	*	*	16.7	*12.0	*9.9	*	*	*
Nevada	7.0	5.6	5.1	*	*	*	*	*4.7	*4.7
New Mexico	7.8	6.5	6.3	9.8	7.7	6.8	*	*	*
Utah	*7.0	5.9	6.5	*10.0	*	*	*10.7	*6.5	*8.4
Wyoming	*	*	*	*	*	*	*	*	*
Pacific	7.1	5.3	5.1	14.6	8.9	9.3	6.5	5.3	4.9
Alaska	*	*	*	15.7	9.1	11.2	*	*	*
California	7.0	5.3	5.1	11.0	8.9	7.6	6.4	4.9	4.5
Hawaii	10.7	*7.0	*6.0	*	*	*	7.1	7.4	7.3
Oregon	8.5	6.2	5.1	*15.7	*	*	*8.4	*5.2	*3.7
Washington	7.6	5.0	5.1	19.6	9.6	10.6	6.2	4.9	4.8

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths. Rates not shown are based on fewer than 20 deaths.

--- Data not available. ¹Rates based on unweighted birth cohort data.

²Rates based on period file using weighted data. See [Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set](#).

³Under 1 year of age.

⁴Rates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana 1989, Oklahoma 1989–90, and New Hampshire 1989–91.

⁵Persons of Hispanic origin may be of any race.

⁶Includes persons of Hispanic origin.

⁷Rates for Hispanic origin exclude data from States not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.

NOTE: National linked files do not exist for 1992–94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

Table 24 (page 1 of 2). Neonatal mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002

[Data are based on linked birth and death certificates for infants]

Geographic division and State	Not Hispanic or Latino								
	All races			White			Black or African American		
	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²
	Neonatal ³ deaths per 1,000 live births								
United States	5.7	4.8	4.6	4.6	3.9	3.8	11.1	9.4	9.2
New England ⁴	5.1	4.4	4.0	4.2	3.6	3.3	11.0	8.8	9.0
Connecticut	5.7	5.1	4.8	4.2	3.7	3.8	12.5	10.0	10.1
Maine	4.5	3.9	3.8	4.2	3.9	3.7	*	*	*
Massachusetts	4.9	4.0	3.7	4.1	3.4	3.0	10.4	8.3	8.0
New Hampshire ⁴	4.3	3.6	3.4	4.4	3.4	3.1	*	*	*
Rhode Island	6.4	5.0	5.1	5.3	3.9	3.8	*9.8	*	*10.2
Vermont	4.1	4.4	3.5	3.9	4.4	3.6	*	*	*
Middle Atlantic	6.3	4.7	4.5	4.6	3.5	3.6	12.3	9.2	8.6
New Jersey	5.8	4.6	4.3	4.5	3.2	2.9	11.4	9.6	9.3
New York	6.5	4.5	4.3	4.3	3.2	3.4	12.6	8.2	7.8
Pennsylvania	6.2	5.1	5.2	4.9	4.0	4.3	12.5	11.1	9.6
East North Central	6.3	5.4	5.3	4.9	4.3	4.2	12.1	10.6	10.4
Illinois	7.0	5.7	5.3	5.1	4.3	4.2	12.7	11.1	10.0
Indiana	6.0	5.2	5.1	5.2	4.6	4.6	11.5	10.3	8.6
Michigan	6.9	5.5	5.6	4.9	4.0	4.2	14.0	11.0	11.4
Ohio	5.5	5.3	5.3	4.8	4.6	4.2	9.8	9.4	10.4
Wisconsin	5.1	4.6	4.6	4.6	3.7	3.9	9.1	10.5	11.3
West North Central	5.0	4.5	4.3	4.5	4.0	3.7	10.2	10.0	9.6
Iowa	4.8	4.0	3.7	4.5	3.7	3.5	*10.5	*11.3	*8.4
Kansas	4.9	4.8	4.6	4.6	4.7	4.0	8.3	8.1	10.3
Minnesota	4.3	3.9	3.6	3.9	3.6	3.2	10.7	8.1	6.4
Missouri	6.0	4.9	5.1	5.0	3.9	4.1	10.6	10.8	10.7
Nebraska	4.5	4.9	4.8	4.2	4.3	4.3	*9.8	*11.6	*10.9
North Dakota	5.0	4.4	5.1	4.7	4.5	4.5	*	*	*
South Dakota	5.1	4.6	3.4	4.5	4.2	3.0	*	*	*
South Atlantic	6.9	5.7	5.5	4.9	4.1	4.0	11.7	10.0	9.6
Delaware	7.5	5.9	7.0	5.8	3.8	5.8	12.4	12.8	11.1
District of Columbia	14.1	9.8	8.3	*5.2	*	*	16.7	12.4	10.9
Florida	6.2	4.8	4.8	4.7	3.9	3.6	10.5	8.3	8.7
Georgia	7.9	5.8	5.8	5.5	4.0	4.1	12.0	9.4	9.2
Maryland	5.9	6.2	5.6	3.9	3.8	3.8	10.2	10.8	9.2
North Carolina	7.3	6.5	5.9	5.3	4.8	4.4	11.9	11.5	11.0
South Carolina	7.7	6.9	6.2	5.4	4.3	3.9	11.3	11.6	10.6
Virginia	6.8	5.3	4.9	4.8	3.9	3.6	13.0	9.8	9.6
West Virginia	5.8	5.3	5.1	5.6	5.2	5.0	*9.7	*8.1	*9.8
East South Central	6.6	5.6	5.6	5.0	4.2	4.2	10.6	9.5	9.8
Alabama	7.5	6.3	5.9	5.7	4.6	4.2	11.1	9.9	9.4
Kentucky	5.0	4.7	4.2	4.6	4.4	4.0	8.9	7.6	6.3
Mississippi	7.1	6.2	6.6	4.9	3.9	4.2	9.5	9.0	9.5
Tennessee	6.5	5.2	5.8	4.9	3.9	4.3	11.8	9.9	11.4
West South Central ⁴	5.0	4.4	4.2	4.2	3.9	3.7	8.4	7.6	7.7
Arkansas	5.4	5.1	4.9	4.5	4.4	4.2	8.5	7.5	8.1
Louisiana ⁴	6.3	6.0	6.3	4.8	4.1	4.3	8.5	8.9	8.9
Oklahoma ⁴	4.4	5.0	4.8	4.1	4.9	4.6	6.3	8.1	8.5
Texas	4.7	3.9	3.6	4.1	3.5	3.3	8.5	6.7	6.7
Mountain	4.8	4.2	4.1	4.4	3.9	3.7	10.1	8.2	8.9
Arizona	5.3	4.6	4.3	4.9	4.3	4.2	11.0	9.0	9.6
Colorado	5.0	4.5	4.2	4.7	4.0	3.5	10.9	9.8	10.5
Idaho	5.3	4.4	4.5	5.2	4.3	4.1	*	*	*
Montana	4.6	3.7	4.5	4.2	3.2	4.3	*	*	*
Nevada	4.3	3.8	3.6	3.8	3.5	2.9	*8.3	*	7.4
New Mexico	5.0	3.9	4.0	4.8	4.3	3.5	*	*	*
Utah	3.7	3.5	3.5	3.6	3.3	3.4	*	*	*
Wyoming	3.9	3.8	4.3	3.8	3.5	4.3	*	*	*
Pacific	4.6	3.7	3.6	4.0	3.3	3.2	9.2	7.5	7.2
Alaska	4.1	3.1	3.1	3.7	2.9	*2.9	*	*	*
California	4.6	3.8	3.6	4.1	3.3	3.1	9.2	7.7	7.5
Hawaii	4.3	4.7	5.0	3.5	*3.9	5.3	*	*	*
Oregon	4.4	3.6	3.6	4.0	3.4	3.6	*11.6	*	*
Washington	4.3	3.4	3.5	3.8	3.0	3.3	9.7	7.1	6.0

See footnotes at end of table.

Table 24 (page 2 of 2). Neonatal mortality rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1989–91, 1997–99, and 2000–2002

[Data are based on linked birth and death certificates for infants]

Geographic division and State	Hispanic or Latino ⁵			American Indian or Alaska Native ⁶			Asian or Pacific Islander ⁶		
	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²	1989–91 ¹	1997–99 ²	2000–2002 ²
Neonatal ³ deaths per 1,000 live births									
United States	4.8	3.9	3.8	5.9	4.8	4.4	3.9	3.4	3.3
New England ⁷	5.5	5.7	4.9	*	*	*	4.4	*2.6	3.1
Connecticut	5.3	6.5	5.3	*	*	*	*	*	*
Maine	*	*	*	*	*	*	*	*	*
Massachusetts	5.8	5.1	4.6	*	*	*	*3.9	*2.5	*2.7
New Hampshire ⁷	---	*	*	*	*	*	*	*	*
Rhode Island	*4.9	*5.4	*6.0	*	*	*	*	*	*
Vermont	*	*	*	*	*	*	*	*	*
Middle Atlantic	6.2	4.5	4.2	*	*	*	4.1	3.0	2.3
New Jersey	5.1	4.6	4.3	*	*	*	*3.4	3.1	2.2
New York	6.4	4.2	3.9	*	*	*	4.1	2.9	2.3
Pennsylvania	7.3	5.5	5.8	*	*	*	*5.2	*3.4	*2.7
East North Central	5.9	5.1	4.5	*6.2	*5.3	*5.0	3.6	4.1	4.3
Illinois	6.4	4.8	4.4	*	*	*	3.9	4.4	4.8
Indiana	*4.7	5.2	4.8	*	*	*	*	*	*
Michigan	5.2	4.8	4.7	*	*	*	*	*3.9	*3.8
Ohio	*5.4	6.7	5.3	*	*	*	*	*3.0	*4.0
Wisconsin	*3.9	7.3	4.4	*	*	*	*	*4.2	*3.8
West North Central	5.3	4.5	4.9	6.1	5.3	5.3	4.6	4.5	3.9
Iowa	*	*3.9	*4.9	*	*	*	*	*	*
Kansas	*5.4	*3.7	4.9	*	*	*	*	*	*
Minnesota	*	*4.7	4.6	*4.9	*	*	*3.2	*4.5	*4.2
Missouri	*	*4.6	*5.2	*	*	*	*	*	*
Nebraska	*	*6.5	*4.6	*	*	*	*	*	*
North Dakota	*	*	*	*	*	*	*	*	*
South Dakota	*	*	*	*8.2	*6.1	*4.7	*	*	*
South Atlantic	5.2	3.6	3.7	7.4	8.0	5.8	4.6	3.5	4.0
Delaware	*	*	*	*	*	*	*	*	*
District of Columbia	*	*	*	*	*	*	*	*	*
Florida	5.1	3.2	3.6	*	*	*	*4.4	*2.9	3.8
Georgia	*5.7	3.3	4.0	*	*	*	*5.3	*3.2	5.4
Maryland	*4.7	*4.4	4.2	*	*	*	*4.5	*4.0	*3.6
North Carolina	*5.5	4.8	3.8	*7.7	11.2	*8.1	*	*3.6	*4.4
South Carolina	*	*5.5	*3.6	*	*	*	*	*	*
Virginia	*4.8	3.8	3.5	*	*	*	*4.1	4.0	3.2
West Virginia	*	*	*	*	*	*	*	*	*
East South Central	*	4.3	3.9	*	*	*	*	*4.7	*3.6
Alabama	*	*	*4.6	*	*	*	*	*	*
Kentucky	*	*	*	*	*	*	*	*	*
Mississippi	*	*	*	*	*	*	*	*	*
Tennessee	*	*4.9	*3.8	*	*	*	*	*	*
West South Central ⁷	4.2	3.5	3.2	4.3	4.4	3.7	4.1	2.7	2.9
Arkansas	*	*4.1	*3.1	*	*	*	*	*	*
Louisiana ⁷	---	*	*	*	*	*	*	*	*7.1
Oklahoma ⁷	---	*3.1	*3.3	*3.7	4.5	3.9	*	*	*
Texas	4.2	3.5	3.2	*	*	*	4.0	2.8	2.5
Mountain	4.7	4.3	4.2	5.8	4.4	4.3	4.6	3.6	3.7
Arizona	5.0	4.6	4.1	5.4	4.4	4.4	*	*	*
Colorado	4.4	4.8	4.6	*	*	*	*	*	*4.7
Idaho	*	*4.3	6.8	*	*	*	*	*	*
Montana	*	*	*	*7.6	*5.3	*5.9	*	*	*
Nevada	*4.1	3.4	3.3	*	*4.1	*	*	*	*
New Mexico	4.9	3.6	4.3	4.9	*3.6	*3.5	*	*	*
Utah	*3.6	4.0	4.1	*	*	*	*	*	*5.0
Wyoming	*	*	*	*	*	*	*	*	*
Pacific	4.5	3.6	3.5	6.5	4.3	4.1	3.7	3.4	3.3
Alaska	*	*	*	*5.7	*3.3	*3.9	*	*	*
California	4.4	3.6	3.5	6.3	*4.6	*4.0	3.6	3.1	3.0
Hawaii	*6.6	*4.3	*3.8	*	*	*	4.2	5.0	4.9
Oregon	6.5	4.7	3.6	*	*	*	*5.3	*3.8	*
Washington	4.9	3.4	3.2	*8.5	*5.6	*4.1	*2.7	3.1	3.2

* Estimates are considered unreliable. Rates preceded by an asterisk are based on fewer than 50 deaths. Rates not shown are based on fewer than 20 deaths.
 --- Data not available. ¹Rates based on unweighted birth cohort data.
²Rates based on period file using weighted data. See [Appendix I, National Vital Statistics System, Linked Birth/Infant Death Data Set](#).
³Infants under 28 days of age.
⁴Rates for white and black are substituted for non-Hispanic white and non-Hispanic black for Louisiana 1989, Oklahoma 1989–90, and New Hampshire 1989–91.
⁵Persons of Hispanic origin may be of any race. ⁶Includes persons of Hispanic origin.
⁷Rates for Hispanic origin exclude data from States not reporting Hispanic origin on the birth certificate for 1 or more years in a 3-year period.

NOTE: National linked files do not exist for 1992–94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth/Infant Death Data Set.

Table 25. Infant mortality rates and international rankings: Selected countries, selected years 1960–2000

[Data are based on reporting by countries]

Country ²	1960	1970	1980	1990	1995	1999 ³	2000	International rankings ¹	
								1960	2000
Infant ³ deaths per 1,000 live births									
Australia	20.2	17.9	10.7	8.2	5.7	5.7	5.2	5	17
Austria	37.5	25.9	14.3	7.8	5.4	4.4	4.8	24	12
Belgium	31.2	21.1	12.1	8.0	6.1	4.9	4.8	20	12
Bulgaria	45.1	27.3	20.2	14.8	14.8	14.6	13.3	30	35
Canada	27.3	18.8	10.4	6.8	6.0	5.3	5.3	14	18
Chile	125.1	78.8	33.0	16.0	11.1	10.0	8.9	36	31
Costa Rica	67.8	65.4	20.3	15.3	13.3	11.8	10.2	33	34
Cuba	37.3	38.7	19.6	10.7	9.4	6.4	7.2	23	28
Czech Republic	20.0	20.2	16.9	10.8	7.7	4.6	4.1	4	8
Denmark	21.5	14.2	8.4	7.5	5.1	4.2	5.3	8	18
England and Wales	22.4	18.5	12.1	7.9	6.2	5.8	5.6	9	22
Finland	21.0	13.2	7.6	5.6	3.9	3.6	3.8	6	5
France	27.5	18.2	10.0	7.3	4.9	4.3	4.6	15	11
Germany ⁴	35.0	22.5	12.4	7.0	5.3	4.5	4.4	22	9
Greece	40.1	29.6	17.9	9.7	8.1	6.2	6.1	25	24
Hong Kong	41.5	19.2	11.2	6.2	4.6	3.1	3.0	26	2
Hungary	47.6	35.9	23.2	14.8	10.7	8.4	9.2	31	32
Ireland	29.3	19.5	11.1	8.2	6.4	5.9	6.2	17	25
Israel ⁵	31.0	18.9	15.6	9.9	6.8	5.8	5.4	19	20
Italy	43.9	29.6	14.6	8.2	6.2	5.1	4.5	29	10
Japan	30.7	13.1	7.5	4.6	4.3	3.4	3.2	18	3
Netherlands	17.9	12.7	8.6	7.1	5.5	5.2	5.1	2	15
New Zealand	22.6	16.7	13.0	8.4	6.7	5.8	6.3	10	26
Northern Ireland	27.2	22.9	13.4	7.5	7.1	6.4	5.1	13	15
Norway	18.9	12.7	8.1	7.0	4.0	3.9	3.8	3	5
Poland	56.1	36.7	25.4	19.4	13.6	8.9	8.1	32	29
Portugal	77.5	55.5	24.3	11.0	7.5	5.6	5.5	35	21
Puerto Rico	43.3	27.9	18.5	13.4	12.7	10.6	9.9	27	33
Romania	75.7	49.4	29.3	26.9	21.2	18.6	18.6	34	37
Russian Federation ⁶	---	---	22.0	17.6	18.2	17.0	15.2	---	36
Scotland	26.4	19.6	12.1	7.7	6.2	5.0	5.7	12	23
Singapore	34.8	21.4	11.7	6.7	4.0	3.3	2.5	21	1
Slovakia	28.6	25.7	20.9	12.0	11.0	8.3	8.6	16	30
Spain	43.7	28.1	12.3	7.6	5.5	4.5	3.9	28	7
Sweden	16.6	11.0	6.9	6.0	4.1	3.4	3.4	1	4
Switzerland	21.1	15.1	9.1	6.8	5.0	4.6	4.9	7	14
United States	26.0	20.0	12.6	9.2	7.6	7.1	6.9	11	27

--- Data not available.

¹Rankings are from lowest to highest infant mortality rates (IMR). Countries with the same IMR receive the same rank. The country with the next highest IMR is assigned the rank it would have received had the lower-ranked countries not been tied, i.e., skip a rank. Some of the variation in IMRs is due to differences among countries in distinguishing between fetal and infant deaths.

²Refers to countries, territories, cities, or geographic areas with at least 1 million population and with “complete” counts of live births and infant deaths as indicated in the United Nations Demographic Yearbook.

³Under 1 year of age.

⁴Rates for 1990 and earlier years were calculated by combining information from the Federal Republic of Germany and the German Democratic Republic.

⁵Includes data for East Jerusalem and Israeli residents in certain other territories under occupation by Israeli military forces since June 1967.

⁶Excludes infants born alive after less than 28 weeks' gestation, of less than 1,000 grams in weight and 35 centimeters in length, who die within 7 days of birth.

NOTE: Some rates were revised and differ from the previous edition of *Health, United States*.

SOURCES: Organization for Economic Cooperation and Development (OECD): OECD Health Data 2003, A Comparative Analysis of 30 Countries, www.oecd.org/els/health/; United Nations: 2000 Demographic Yearbook, United Nations Publication, Sales No. E/F.02.XIII.1, New York, 2002; World Health Organization Statistical Information System (WHOSIS), www3.who.int/whosis/; United States and Puerto Rico: Centers for Disease Control and Prevention, National Center for Health Statistics. Vital Statistics of the United States, vol. II, mortality part A (selected years). Public Health Service. Washington; Sweden: Statistics Sweden; Costa Rica: Dirección General de Estadísticas y Censos. Elaboración y estimación, Centro Centroamericano de Población, Universidad de Costa Rica, <http://populi.eest.ucr.ac.cr/observa/index1.htm>; Russian Federation: Goskomstat, <http://www.gks.ru/eng/>; Israel: Central Bureau Statistics of Israel www.cbs.gov.il/engindex.htm.

Table 26 (page 1 of 2). Life expectancy at birth and at 65 years of age, according to sex: Selected countries, selected years 1980–1999

[Data are based on reporting by countries]

Country	Male						Female					
	1980	1990	1995	1998	1999	1999	1980	1990	1995	1998	1999	1999
	At birth						At birth					
	Life expectancy in years						Life expectancy in years					
	Rank						Rank					
Australia	71.0	73.9	75.0	75.9	76.2	7	78.1	80.1	80.8	81.5	81.8	8
Austria	69.0	72.4	73.6	74.7	75.1	15	76.1	78.9	80.1	80.9	81.0	11
Belgium	70.0	72.7	73.4	74.3	74.4	20	76.8	79.4	80.2	80.5	80.8	13
Bulgaria	68.5	68.3	67.4	67.4	67.4	34	73.9	75.0	74.9	74.7	74.9	35
Canada	71.7	74.4	75.1	76.0	76.3	6	78.9	80.8	81.1	81.5	81.7	9
Chile	---	71.1	71.8	72.3	72.4	28	---	76.9	77.8	78.3	78.4	28
Costa Rica	71.8	74.7	74.0	74.8	74.9	18	77.0	79.1	78.6	79.3	79.8	20
Cuba	72.2	74.6	75.4	75.8	73.3	26	---	76.9	77.7	78.2	77.5	31
Czech Republic ¹	66.8	67.6	69.7	71.1	71.4	30	73.9	75.4	76.6	78.1	78.2	29
Denmark	71.2	72.0	72.7	73.9	74.2	22	77.3	77.7	77.8	78.8	79.0	27
England and Wales	70.8	73.1	74.2	75.1	75.3	13	76.8	78.8	79.5	80.0	80.1	19
Finland	69.2	70.9	72.8	73.5	73.8	25	77.6	78.9	80.2	80.8	81.0	11
France	70.2	72.8	73.9	74.8	75.0	17	78.4	80.9	81.8	82.4	82.5	3
Germany ²	69.6	72.0	73.3	74.5	74.7	19	76.1	78.4	79.7	80.6	80.7	15
Greece	72.2	74.6	75.0	75.5	75.5	12	76.8	79.5	80.3	80.6	80.6	16
Hong Kong	71.6	74.6	76.0	77.4	77.7	1	77.9	80.3	81.5	83.0	83.2	2
Hungary	65.5	65.1	65.3	66.1	66.4	36	72.7	73.7	74.5	75.2	75.2	34
Ireland	70.1	72.1	72.9	73.5	73.9	23	75.6	77.6	78.4	79.1	79.1	26
Israel	72.2	75.1	75.5	76.2	76.6	5	75.8	78.5	79.5	80.6	80.6	16
Italy	70.6	73.6	74.9	75.5	75.6	9	77.4	80.1	81.3	81.8	82.3	5
Japan	73.4	75.9	76.4	77.2	77.1	2	78.8	81.9	82.9	84.0	84.0	1
Netherlands	72.5	73.8	74.6	75.2	75.3	13	79.2	80.9	80.4	80.6	80.5	18
New Zealand	70.0	72.4	74.2	75.2	75.7	8	76.3	78.3	79.5	80.4	80.8	13
Northern Ireland	68.3	72.2	73.3	74.3	74.3	21	75.0	77.9	78.8	79.8	79.2	24
Norway	72.3	73.4	74.8	75.6	75.6	9	79.2	79.8	80.8	81.3	81.1	10
Poland	66.0	66.7	67.6	68.9	68.2	33	74.4	76.3	76.4	77.3	77.2	32
Portugal	67.7	70.4	71.2	71.7	72.2	29	75.2	77.4	78.6	78.9	79.2	24
Puerto Rico	70.8	69.1	69.6	71.4	70.7	31	76.9	77.2	78.9	79.3	79.8	20
Romania	66.6	66.6	65.5	65.5	67.1	35	71.9	73.1	73.1	73.3	74.2	36
Russian Federation	61.4	63.8	58.3	61.4	59.4	37	73.0	74.4	71.7	73.3	72.0	37
Scotland	69.0	71.2	72.1	72.6	72.7	27	75.2	76.9	77.6	78.1	78.1	30
Singapore	69.8	73.1	74.2	75.3	75.6	9	74.7	77.6	78.6	79.4	79.7	22
Slovakia ¹	66.8	66.6	68.4	68.6	69.0	32	74.3	75.4	76.3	76.7	77.2	32
Spain	72.5	73.3	74.3	75.1	75.1	15	78.6	80.3	81.5	82.1	82.1	6
Sweden	72.8	74.8	76.2	76.9	77.1	2	78.8	80.4	81.4	81.9	81.9	7
Switzerland	72.8	74.0	75.3	76.3	76.8	4	79.6	80.7	81.7	82.4	82.5	3
United States	70.0	71.8	72.5	73.8	73.9	23	77.4	78.8	78.9	79.5	79.4	23

See footnotes at end of table.

Table 26 (page 2 of 2). Life expectancy at birth and at 65 years of age, according to sex: Selected countries, selected years 1980–1999

[Data are based on reporting by countries]

Country	Male						Female							
	1980	1990	1995	1998	1999	1999	1980	1990	1995	1998	1999	1999		
At 65 years	Life expectancy in years						Rank	Life expectancy in years						Rank
Australia	13.7	15.2	15.7	16.3	16.6	5	17.9	19.0	19.5	20.0	20.2	7		
Austria	12.9	14.4	15.1	15.6	15.8	15	16.3	18.0	18.7	19.3	19.4	12		
Belgium	13.0	14.3	14.8	15.2	15.4	20	16.9	18.5	19.1	19.3	19.4	12		
Bulgaria	12.7	12.9	12.8	12.5	12.5	33	14.7	15.4	15.4	15.1	15.6	34		
Canada	14.5	15.7	16.0	16.3	16.5	7	18.9	19.9	20.0	20.1	20.3	6		
Chile	---	14.6	14.9	15.1	15.2	23	---	17.6	18.1	18.4	18.5	22		
Costa Rica	---	---	---	---	17.1	2	---	---	---	---	19.3	14		
Cuba	---	---	---	---	15.6	16	---	---	---	---	17.5	28		
Czech Republic ¹	11.2	11.6	12.7	13.4	13.6	30	14.3	15.2	16.1	16.0	16.9	31		
Denmark	13.6	14.0	14.1	14.8	14.9	26	17.6	17.8	17.5	18.1	18.1	24		
England and Wales	12.9	14.2	14.8	15.5	15.5	18	16.9	18.1	18.5	18.7	18.7	20		
Finland	12.5	13.7	14.5	14.9	15.1	24	16.5	17.7	18.6	19.1	19.2	15		
France	13.6	15.5	16.1	16.4	16.5	7	18.2	19.8	20.6	20.9	20.9	3		
Germany ²	13.0	14.0	14.7	15.3	15.5	18	16.7	17.6	18.5	19.0	19.2	15		
Greece	14.6	15.7	16.1	16.4	16.3	12	16.8	18.0	18.4	18.7	18.7	20		
Hong Kong	13.9	15.3	16.2	17.1	17.2	1	13.9	18.8	19.5	20.7	21.0	2		
Hungary	11.6	12.0	12.1	12.2	12.2	35	14.6	15.3	15.8	16.0	15.9	33		
Ireland	12.6	13.3	13.6	14.2	14.2	28	15.7	16.9	17.3	17.7	17.7	27		
Israel	14.4	15.9	16.0	16.6	16.6	5	15.8	17.8	18.0	18.9	18.9	19		
Italy	13.9	15.1	16.0	16.1	16.5	7	17.4	19.1	20.0	20.4	20.4	5		
Japan	14.6	16.2	16.5	17.1	17.0	3	17.7	20.0	20.9	22.0	21.9	1		
Netherlands	13.7	14.4	14.7	15.1	15.1	24	18.0	18.9	19.0	19.2	19.1	17		
New Zealand	13.2	14.7	15.4	16.1	16.4	10	17.0	18.3	19.0	19.5	19.8	10		
Northern Ireland	11.9	13.4	14.5	14.9	15.3	22	15.8	17.5	18.0	18.5	18.2	23		
Norway	14.3	14.6	15.1	15.7	15.6	16	18.0	18.5	19.1	19.6	19.5	11		
Poland	12.0	12.7	12.9	13.4	13.2	31	15.5	16.9	16.6	17.0	17.0	30		
Portugal	12.9	13.9	14.3	14.3	14.5	27	16.5	17.0	17.7	17.9	18.0	25		
Puerto Rico	---	---	---	---	---	---	---	---	---	---	---	---		
Romania	12.6	13.3	12.9	13.0	12.5	33	14.2	15.3	15.4	15.5	15.0	35		
Russian Federation	11.6	12.1	11.0	11.6	10.9	36	15.6	15.9	15.1	15.5	14.7	36		
Scotland	12.3	13.1	13.7	14.2	14.2	28	16.2	16.8	17.1	17.4	17.3	29		
Singapore	12.6	14.5	14.6	15.2	15.4	20	15.4	16.9	17.3	17.7	17.9	26		
Slovakia ¹	12.3	12.2	12.7	12.9	13.0	32	15.4	15.7	16.1	16.6	16.6	32		
Spain	14.8	15.4	16.0	16.1	16.1	13	17.9	19.1	19.8	20.3	20.1	8		
Sweden	14.3	15.3	16.0	16.3	16.4	10	17.9	19.0	19.7	20.0	19.9	9		
Switzerland	14.4	15.3	16.1	16.6	16.8	4	17.9	19.4	20.2	20.5	20.6	4		
United States	14.1	15.1	15.6	16.0	16.1	13	18.3	18.9	18.9	19.2	19.1	17		

--- Data not available.

¹In 1993 Czechoslovakia was divided into two Nations, the Czech Republic and Slovakia. Data for years prior to 1993 are from the Czech and Slovak regions of Czechoslovakia.

²Until 1990 estimates refer to the Federal Republic of Germany; from 1995 onwards data refer to Germany after reunification.

NOTES: Rankings are from highest to lowest life expectancy (LE) for the most recent year available. Since calculation of LE estimates varies among countries, comparisons among them and their interpretation should be made with caution. See [Appendix II, Life expectancy](#). Countries with the same LE receive the same rank. The country with the next lower LE is assigned the rank it would have received had the higher-ranked countries not been tied, i.e., skip a rank. Some estimates for selected countries and selected years were revised and differ from the previous edition of *Health, United States*.

SOURCES: Organization for Economic Cooperation and Development (OECD) Health Data 2003, A Comparative Analysis of 30 Countries, www.oecd.org/els/health/; European health for all database, World Health Organization Regional Office for Europe, <http://who.dk/hfad/>; Centers for Disease Control and Prevention, National Center for Health Statistics. Vital statistics of the United States (selected years). Public Health Service. Washington, DC. www.cdc.gov/nchs/fastats/lifexpec.htm; Puerto Rico: Commonwealth of Puerto Rico, Department of Health, Auxiliary Secretariat for Planning, Evaluation, Statistics, and Information Systems: Unpublished data; Singapore: Singapore Department of Statistics, Population Statistics Section, www.singstat.gov.sg/stats/singstat/internet.html; England and Wales, Northern Ireland, and Scotland: Government Actuary's Department, London, <http://www.gad.gov.uk>; Hong Kong: Government of Hong Kong, Special Administrative Region, Department of Health, <http://info.gov.hk/dh/index.htm>; Costa Rica: Instituto Nacional de Estadística y Censos (INEC) y Centro Centroamericano de Población (CCP), <http://ccp.ucr.ac.cr/observa/series/serie3.htm>; Chile: Instituto Nacional de Estadísticas, Departamento de Demografía. Gobierno de Chile. Ministerio de Salud Departamento de Estadísticas e Información de Salud; Cuba: Pan American Health Organization, Special Program for Health Analysis. Regional Initiative for Health Basic Data, Technical Information Health System, Washington, DC 2001.

Table 27. Life expectancy at birth, at 65 years of age, and at 75 years of age, according to race and sex: United States, selected years 1900–2002

[Data are based on death certificates]

Specified age and year	All races			White			Black or African American ¹		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth				Remaining life expectancy in years					
1900 ^{2,3}	47.3	46.3	48.3	47.6	46.6	48.7	33.0	32.5	33.5
1950 ³	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9
1960 ³	69.7	66.6	73.1	70.6	67.4	74.1	63.6	61.1	66.3
1970	70.8	67.1	74.7	71.7	68.0	75.6	64.1	60.0	68.3
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1991	75.5	72.0	78.9	76.3	72.9	79.6	69.3	64.6	73.8
1992	75.8	72.3	79.1	76.5	73.2	79.8	69.6	65.0	73.9
1993	75.5	72.2	78.8	76.3	73.1	79.5	69.2	64.6	73.7
1994	75.7	72.4	79.0	76.5	73.3	79.6	69.5	64.9	73.9
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
1996	76.1	73.1	79.1	76.8	73.9	79.7	70.2	66.1	74.2
1997	76.5	73.6	79.4	77.1	74.3	79.9	71.1	67.2	74.7
1998	76.7	73.8	79.5	77.3	74.5	80.0	71.3	67.6	74.8
1999	76.7	73.9	79.4	77.3	74.6	79.9	71.4	67.8	74.7
2000 ⁴	77.0	74.3	79.7	77.6	74.9	80.1	71.9	68.3	75.2
2001	77.2	74.4	79.8	77.7	75.0	80.2	72.2	68.6	75.5
2002	77.3	74.5	79.9	77.7	75.1	80.3	72.3	68.8	75.6
At 65 years									
1950 ³	13.9	12.8	15.0	---	12.8	15.1	13.9	12.9	14.9
1960 ³	14.3	12.8	15.8	14.4	12.9	15.9	13.9	12.7	15.1
1970	15.2	13.1	17.0	15.2	13.1	17.1	14.2	12.5	15.7
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1991	17.4	15.3	19.1	17.5	15.4	19.2	15.5	13.4	17.2
1992	17.5	15.4	19.2	17.6	15.5	19.3	15.7	13.5	17.4
1993	17.3	15.3	18.9	17.4	15.4	19.0	15.5	13.4	17.1
1994	17.4	15.5	19.0	17.5	15.6	19.1	15.7	13.6	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
1996	17.5	15.7	19.0	17.6	15.8	19.1	15.8	13.9	17.2
1997	17.7	15.9	19.2	17.8	16.0	19.3	16.1	14.2	17.6
1998	17.8	16.0	19.2	17.8	16.1	19.3	16.1	14.3	17.4
1999	17.7	16.1	19.1	17.8	16.1	19.2	16.0	14.3	17.3
2000 ⁴	18.0	16.2	19.3	18.0	16.3	19.4	16.2	14.2	17.7
2001	18.1	16.4	19.4	18.2	16.5	19.5	16.4	14.4	17.9
2002	18.2	16.6	19.5	18.2	16.6	19.5	16.6	14.6	18.0
At 75 years									
1980	10.4	8.8	11.5	10.4	8.8	11.5	9.7	8.3	10.7
1985	10.6	9.0	11.7	10.6	9.0	11.7	10.1	8.7	11.1
1990	10.9	9.4	12.0	11.0	9.4	12.0	10.2	8.6	11.2
1991	11.1	9.5	12.1	11.1	9.5	12.1	10.2	8.7	11.2
1992	11.2	9.6	12.2	11.2	9.6	12.2	10.4	8.9	11.4
1993	10.9	9.5	11.9	11.0	9.5	12.0	10.2	8.7	11.1
1994	11.0	9.6	12.0	11.1	9.6	12.0	10.3	8.9	11.2
1995	11.0	9.7	11.9	11.1	9.7	12.0	10.2	8.8	11.1
1996	11.1	9.8	12.0	11.1	9.8	12.0	10.3	9.0	11.2
1997	11.2	9.9	12.1	11.2	9.9	12.1	10.7	9.3	11.5
1998	11.3	10.0	12.2	11.3	10.0	12.2	10.5	9.2	11.3
1999	11.2	10.0	12.1	11.2	10.0	12.1	10.4	9.2	11.1
2000 ⁴	11.4	10.1	12.3	11.4	10.1	12.3	10.7	9.2	11.6
2001	11.5	10.2	12.4	11.5	10.2	12.3	10.8	9.3	11.7
2002	11.5	10.3	12.4	11.5	10.3	12.3	10.9	9.5	11.7

--- Data not available.

¹Data shown for 1900–60 are for the nonwhite population.

²Death registration area only. The death registration area increased from 10 States and the District of Columbia in 1900 to the coterminous United States in 1933. See [Appendix II, Registration area](#).

³Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

⁴Life expectancies (LEs)

for 2000 were revised and may differ from those shown previously. LEs for 2000 were computed using population counts from census 2000 and replace LEs for 2000 using 1990-based postcensal estimates.

NOTES: Populations for computing life expectancy for 1991–99 are 1990-based postcensal estimates of U.S. resident population. See [Appendix I, Population Census and Population Estimates](#). In 1997 life table methodology was revised to construct complete life tables by single years of age that extend to age 100 (Anderson RN. Method for Constructing Complete Annual U.S. Life Tables. National Center for Health Statistics. Vital Health Stat 2(129). 1999). Previously abridged life tables were constructed for 5-year age groups ending with 85 years and over. Life table values for 2000 and later years were computed using a slight modification of the new life table method due to a change in the age detail of populations received from the U.S. Census Bureau. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office, 1968; life expectancy trend data available at www.cdc.gov/nchs/about/major/dvs/mortdata.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 28 (page 1 of 2). Age-adjusted death rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1979–81, 1989–91, and 2000–2002

[Data are based on death certificates]

Geographic division and State	<i>All persons</i>		<i>White</i>	<i>Black or African American</i>	<i>American Indian or Alaska Native</i>	<i>Asian or Pacific Islander</i>	<i>Hispanic or Latino¹</i>	<i>White, not Hispanic or Latino</i>	
	1979–81	1989–91	2000–02	2000–02	2000–02	2000–02	2000–02	2000–02	
	Age-adjusted death rate per 100,000 population ²								
United States	1,022.8	942.2	853.3	835.7	1,097.7	687.0	486.0	642.7	843.1
New England	979.9	882.4	798.8	798.8	895.1	*	374.6	555.7	795.3
Connecticut	961.5	857.5	773.0	764.1	918.5	*	321.0	580.4	756.5
Maine	1,002.9	918.7	847.9	847.3	773.1	*	494.8	*	845.3
Massachusetts	982.6	884.8	801.8	805.3	878.1	*	379.6	582.0	804.0
New Hampshire	982.3	891.7	796.2	798.4	796.2	*	373.3	392.7	785.8
Rhode Island	990.8	889.6	811.7	811.0	926.3	*	456.6	460.8	810.0
Vermont	990.2	908.6	800.5	803.3	*	*	*	*	805.2
Middle Atlantic	1,059.1	967.8	829.6	819.6	977.7	*	393.8	606.7	819.0
New Jersey	1,047.5	956.0	829.4	810.7	1,077.0	*	372.5	567.6	819.8
New York	1,051.8	973.7	797.2	797.9	870.5	*	401.7	608.0	791.0
Pennsylvania	1,076.4	963.4	873.3	851.2	1,157.9	*	393.9	734.0	850.0
East North Central	1,048.0	957.9	880.0	853.9	1,154.7	*	408.1	552.5	855.2
Illinois	1,063.7	973.8	863.9	829.3	1,163.1	*	413.1	535.2	835.7
Indiana	1,048.3	962.0	910.8	896.6	1,152.1	*	305.7	591.7	899.9
Michigan	1,050.2	966.0	884.0	847.6	1,161.8	*	397.5	658.5	841.5
Ohio	1,070.6	967.4	910.9	889.9	1,143.2	*	404.6	587.5	888.9
Wisconsin	956.4	879.1	807.6	795.3	1,098.9	*	478.7	350.3	798.9
West North Central	951.6	876.6	821.8	807.3	1,138.4	*	455.5	613.3	803.5
Iowa	919.9	848.2	781.4	779.1	1,085.6	*	477.1	631.2	779.2
Kansas	940.1	867.2	843.6	832.4	1,178.3	*	307.5	595.8	825.6
Minnesota	892.9	825.2	749.2	742.2	969.0	1,205.4	532.4	579.0	734.5
Missouri	1,033.7	952.4	914.2	892.5	1,167.9	*	421.3	735.4	892.7
Nebraska	930.6	867.9	799.9	789.7	1,112.3	1,199.8	439.7	554.0	787.3
North Dakota	922.4	818.4	761.8	745.3	*	1,438.4	*	*	724.4
South Dakota	941.9	846.4	786.0	749.9	*	1,471.0	*	*	751.6
South Atlantic	1,033.1	951.3	870.0	829.1	1,106.3	*	388.4	588.2	842.3
Delaware	1,069.7	1,001.9	872.2	843.8	1,061.5	*	388.1	707.1	843.7
District of Columbia	1,243.1	1,255.3	1,035.5	658.4	1,258.3	*	520.4	176.9	697.4
Florida	960.8	870.9	796.4	774.1	1,046.1	*	323.5	623.6	796.1
Georgia	1,094.3	1,037.4	958.9	913.4	1,136.7	*	410.2	366.5	919.9
Maryland	1,063.3	985.2	881.8	828.2	1,094.5	*	402.4	280.2	838.6
North Carolina	1,050.4	986.0	920.2	875.0	1,133.5	946.5	367.5	295.7	879.4
South Carolina	1,104.6	1,030.0	952.5	895.7	1,136.8	*	407.0	332.8	899.2
Virginia	1,054.0	963.1	867.0	833.7	1,085.6	*	441.2	490.4	836.4
West Virginia	1,100.3	1,031.5	998.8	999.6	1,119.6	*	*	342.7	1,002.2
East South Central	1,079.3	1,031.6	996.5	963.2	1,191.2	*	423.0	409.0	965.8
Alabama	1,091.2	1,037.9	996.7	956.8	1,161.5	*	332.0	315.2	961.0
Kentucky	1,088.9	1,024.5	991.7	984.4	1,176.0	*	427.8	843.7	984.1
Mississippi	1,108.7	1,071.4	1,035.2	972.1	1,194.8	*	499.1	221.9	975.3
Tennessee	1,045.5	1,011.8	982.0	948.9	1,236.8	*	443.5	331.7	952.2
West South Central	1,036.8	974.9	915.3	891.2	1,166.6	*	432.7	736.1	912.6
Arkansas	1,017.0	996.3	961.8	935.7	1,191.2	*	609.0	244.2	943.5
Louisiana	1,132.6	1,074.6	1,002.7	933.6	1,205.9	*	492.2	539.0	940.0
Oklahoma	1,025.6	961.4	970.8	969.2	1,165.7	*	455.9	731.0	972.9
Texas	1,014.9	947.6	877.4	861.0	1,140.2	*	418.3	744.5	884.4
Mountain	961.8	878.2	810.1	805.0	990.8	928.6	529.0	745.4	805.3
Arizona	951.5	873.5	795.3	786.0	974.8	979.9	462.7	758.3	782.5
Colorado	941.1	856.1	787.0	787.0	957.8	520.2	499.3	763.7	782.9
Idaho	936.7	856.6	797.8	796.1	1,163.2	960.8	579.1	607.6	797.8
Montana	1,013.6	890.2	842.8	825.0	1,091.9	1,271.6	*	725.7	821.9
Nevada	1,077.4	1,017.4	915.9	920.3	1,082.4	706.0	560.8	532.5	952.3
New Mexico	967.1	891.9	815.0	808.5	881.7	894.7	537.3	795.7	799.8
Utah	924.9	823.2	780.2	779.3	1,020.8	804.8	673.4	642.5	781.8
Wyoming	1,016.1	897.4	854.9	849.1	822.6	1,266.5	*	800.8	848.8

See footnotes at end of table.

Table 28 (page 2 of 2). Age-adjusted death rates, according to race, Hispanic origin, geographic division, and State: United States, average annual 1979–81, 1989–91, and 2000–2002

[Data are based on death certificates]

Geographic division and State	All persons			White	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic or Latino ¹	White, not Hispanic or Latino
	1979–81	1989–91	2000–02	2000–02	2000–02	2000–02	2000–02	2000–02	2000–02
	Age-adjusted death rate per 100,000 population ²								
Pacific	966.5	900.1	776.1	791.6	1,042.5	*	536.4	612.1	813.1
Alaska	1,087.4	944.6	825.4	780.1	841.8	1,143.8	551.6	702.8	781.2
California	975.5	911.0	770.9	786.5	1,053.6	*	506.1	611.8	815.1
Hawaii	801.2	752.2	660.1	686.6	427.7	*	652.4	1,107.2	674.0
Oregon	953.9	893.0	828.8	831.7	1,038.2	*	504.3	496.0	837.8
Washington	947.7	869.4	792.3	796.4	982.5	943.4	534.1	535.4	799.9

* Data for States with population under 10,000 in the middle year of a 3-year period or fewer than 50 deaths for the 3-year period are considered unreliable and are not shown. Data for American Indian or Alaska Native in States with more than 10 percent misclassification of American Indian or Alaska Native deaths on death certificates or without information on misclassification are also not shown. (Support Services International, Inc. Methodology for adjusting IHS mortality data for miscoding race-ethnicity of American Indians and Alaska Natives on State death certificates. Report submitted to Indian Health Service. 1996.) Division death rates for American Indian or Alaska Native are not shown when any State within the division does not meet reliability criteria.

¹Caution should be used when comparing death rates by Hispanic origin and race among States. Estimates of death rates may be affected by several factors including possible misreporting of race and Hispanic origin on the death certificate, migration patterns between United States and country of origin for persons who were born outside the United States, and possible biases in population estimates. See [Appendix I, National Vital Statistics System, Mortality File](#) and [Appendix II, Hispanic origin; Race](#).

²Average annual death rates, age-adjusted using the year 2000 standard population. See [Appendix II, Age adjustment](#). Denominators for rates are resident population estimates for the middle year of each 3-year period, multiplied by 3. The 2001 populations used to compute rates for 2000–02 are based on census 2000. See [Appendix I, Population Census and Population Estimates](#).

NOTES: The race groups, white, black, American Indian or Alaska Native, and Asian or Pacific Islander, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from State population estimates prepared by the U.S. Bureau of the Census: 1980 from April 1, 1980 MARS Census File; 1990 from April 1, 1990 MARS Census File; 2001 from National Center for Health Statistics. Estimates of the July 1, 2001 resident populations of the United States by State and county, race, age, sex, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available at: www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. 2003.

Table 29 (page 1 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death</i> ¹	1950 ²	1960 ²	1970	1980	1990	1995	2000 ³	2001	2002
All persons									
Age-adjusted death rate per 100,000 population ⁴									
All causes	1,446.0	1,339.2	1,222.6	1,039.1	938.7	909.8	869.0	854.5	845.3
Diseases of heart	586.8	559.0	492.7	412.1	321.8	293.4	257.6	247.8	240.8
Ischemic heart disease	---	---	---	345.2	249.6	219.7	186.8	177.8	170.8
Cerebrovascular diseases	180.7	177.9	147.7	96.2	65.3	63.1	60.9	57.9	56.2
Malignant neoplasms	193.9	193.9	198.6	207.9	216.0	209.9	199.6	196.0	193.5
Trachea, bronchus, and lung	15.0	24.1	37.1	49.9	59.3	58.4	56.1	55.3	54.9
Colon, rectum, and anus	---	30.3	28.9	27.4	24.5	22.5	20.8	20.1	19.7
Prostate ⁵	28.6	28.7	28.8	32.8	38.4	37.0	30.4	29.1	27.9
Breast ⁶	31.9	31.7	32.1	31.9	33.3	30.5	26.8	26.0	25.6
Chronic lower respiratory diseases	---	---	---	28.3	37.2	40.1	44.2	43.7	43.5
Influenza and pneumonia	48.1	53.7	41.7	31.4	36.8	33.4	23.7	22.0	22.6
Chronic liver disease and cirrhosis	11.3	13.3	17.8	15.1	11.1	9.9	9.5	9.5	9.4
Diabetes mellitus	23.1	22.5	24.3	18.1	20.7	23.2	25.0	25.3	25.4
Human immunodeficiency virus (HIV) disease	---	---	---	---	10.2	16.2	5.2	5.0	4.9
Unintentional injuries	78.0	62.3	60.1	46.4	36.3	34.4	34.9	35.7	36.9
Motor vehicle-related injuries	24.6	23.1	27.6	22.3	18.5	16.3	15.4	15.3	15.7
Suicide ⁷	13.2	12.5	13.1	12.2	12.5	11.8	10.4	10.7	10.9
Homicide ⁷	5.1	5.0	8.8	10.4	9.4	8.3	5.9	7.1	6.1
Male									
All causes	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,143.9	1,053.8	1,029.1	1,013.7
Diseases of heart	697.0	687.6	634.0	538.9	412.4	371.0	320.0	305.4	297.4
Ischemic heart disease	---	---	---	459.7	328.2	286.5	241.4	228.5	220.4
Cerebrovascular diseases	186.4	186.1	157.4	102.2	68.5	65.9	62.4	59.0	56.5
Malignant neoplasms	208.1	225.1	247.6	271.2	280.4	267.5	248.9	243.7	238.9
Trachea, bronchus, and lung	24.6	43.6	67.5	85.2	91.1	84.2	76.7	75.2	73.2
Colon, rectum, and anus	---	31.8	32.3	32.8	30.4	27.4	25.1	24.2	23.7
Prostate	28.6	28.7	28.8	32.8	38.4	37.0	30.4	29.1	27.9
Chronic lower respiratory diseases	---	---	---	49.9	55.4	54.8	55.8	54.0	53.5
Influenza and pneumonia	55.0	65.8	54.0	42.1	47.8	42.8	28.9	26.6	27.0
Chronic liver disease and cirrhosis	15.0	18.5	24.8	21.3	15.9	14.2	13.4	13.2	12.9
Diabetes mellitus	18.8	19.9	23.0	18.1	21.7	25.0	27.8	28.1	28.6
Human immunodeficiency virus (HIV) disease	---	---	---	---	18.5	27.3	7.9	7.5	7.4
Unintentional injuries	101.8	85.5	87.4	69.0	52.9	49.6	49.3	50.2	51.5
Motor vehicle-related injuries	38.5	35.4	41.5	33.6	26.5	22.8	21.7	21.8	22.1
Suicide ⁷	21.2	20.0	19.8	19.9	21.5	20.3	17.7	18.2	18.4
Homicide ⁷	7.9	7.5	14.3	16.6	14.8	12.8	9.0	10.8	9.4
Female									
All causes	1,236.0	1,105.3	971.4	817.9	750.9	739.4	731.4	721.8	715.2
Diseases of heart	484.7	447.0	381.6	320.8	257.0	236.6	210.9	203.9	197.2
Ischemic heart disease	---	---	---	263.1	193.9	171.3	146.5	139.9	133.6
Cerebrovascular diseases	175.8	170.7	140.0	91.7	62.6	60.5	59.1	56.4	55.2
Malignant neoplasms	182.3	168.7	163.2	166.7	175.7	173.6	167.6	164.7	163.1
Trachea, bronchus, and lung	5.8	7.5	13.1	24.4	37.1	40.4	41.3	41.0	41.6
Colon, rectum, and anus	---	29.1	26.5	23.8	20.6	19.1	17.7	17.2	16.7
Breast	31.9	31.7	32.1	31.9	33.3	30.5	26.8	26.0	25.6
Chronic lower respiratory diseases	---	---	---	14.9	26.6	31.8	37.4	37.6	37.4
Influenza and pneumonia	41.9	43.8	32.7	25.1	30.5	28.1	20.7	19.2	19.9
Chronic liver disease and cirrhosis	7.8	8.7	11.9	9.9	7.1	6.2	6.2	6.2	6.3
Diabetes mellitus	27.0	24.7	25.1	18.0	19.9	21.8	23.0	23.1	23.0
Human immunodeficiency virus (HIV) disease	---	---	---	---	2.2	5.3	2.5	2.5	2.5
Unintentional injuries	54.0	40.0	35.1	26.1	21.5	21.0	22.0	22.5	23.5
Motor vehicle-related injuries	11.5	11.7	14.9	11.8	11.0	10.3	9.5	9.3	9.6
Suicide ⁷	5.6	5.6	7.4	5.7	4.8	4.3	4.0	4.0	4.2
Homicide ⁷	2.4	2.6	3.7	4.4	4.0	3.7	2.8	3.3	2.8

See footnotes at end of table.

Table 29 (page 2 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death¹</i>	<i>1950²</i>	<i>1960²</i>	<i>1970</i>	<i>1980</i>	<i>1990</i>	<i>1995</i>	<i>2000³</i>	<i>2001</i>	<i>2002</i>
Age-adjusted death rate per 100,000 population ⁴									
White ⁸									
All causes	1,410.8	1,311.3	1,193.3	1,012.7	909.8	882.3	849.8	836.5	829.0
Diseases of heart	584.8	559.0	492.2	409.4	317.0	288.6	253.4	243.5	236.7
Ischemic heart disease	---	---	---	347.6	249.7	219.1	185.6	176.5	169.8
Cerebrovascular diseases	175.5	172.7	143.5	93.2	62.8	60.7	58.8	55.8	54.2
Malignant neoplasms	194.6	193.1	196.7	204.2	211.6	206.2	197.2	193.9	191.7
Trachea, bronchus, and lung	15.2	24.0	36.7	49.2	58.6	58.1	56.2	55.6	55.3
Colon, rectum, and anus	---	30.9	29.2	27.4	24.1	22.0	20.3	19.6	19.2
Prostate ⁵	28.4	27.7	27.4	30.5	35.5	34.2	27.8	26.6	25.7
Breast ⁶	32.4	32.0	32.5	32.1	33.2	30.1	26.3	25.5	25.0
Chronic lower respiratory diseases	---	---	---	29.3	38.3	41.5	46.0	45.6	45.4
Influenza and pneumonia	44.8	50.4	39.8	30.9	36.4	33.0	23.5	21.7	22.6
Chronic liver disease and cirrhosis	11.5	13.2	16.6	13.9	10.5	9.7	9.6	9.6	9.6
Diabetes mellitus	22.9	21.7	22.9	16.7	18.8	20.9	22.8	23.0	23.1
Human immunodeficiency virus (HIV) disease	---	---	---	---	8.3	11.4	2.8	2.6	2.6
Unintentional injuries	77.0	60.4	57.8	45.3	35.5	33.9	35.1	36.0	37.5
Motor vehicle-related injuries	24.4	22.9	27.1	22.6	18.5	16.3	15.6	15.6	16.0
Suicide ⁷	13.9	13.1	13.8	13.0	13.4	12.6	11.3	11.7	12.0
Homicide ⁷	2.6	2.7	4.7	6.7	5.5	5.0	3.6	4.9	3.7
Black or African American ⁸									
All causes	1,722.1	1,577.5	1,518.1	1,314.8	1,250.3	1,213.9	1,121.4	1,101.2	1,083.3
Diseases of heart	586.7	548.3	512.0	455.3	391.5	363.8	324.8	316.9	308.4
Ischemic heart disease	---	---	---	334.5	267.0	244.9	218.3	211.6	203.0
Cerebrovascular diseases	233.6	235.2	197.1	129.1	91.6	86.9	81.9	78.8	76.3
Malignant neoplasms	176.4	199.1	225.3	256.4	279.5	267.7	248.5	243.1	238.8
Trachea, bronchus, and lung	11.1	23.7	41.3	59.7	72.4	69.0	64.0	62.5	61.9
Colon, rectum, and anus	---	22.8	26.1	28.3	30.6	29.3	28.2	27.6	26.8
Prostate ⁵	30.9	41.2	48.5	61.1	77.0	76.6	68.1	66.1	62.0
Breast ⁶	25.3	27.9	28.9	31.7	38.1	38.0	34.5	34.4	34.0
Chronic lower respiratory diseases	---	---	---	19.2	28.1	30.1	31.6	30.9	31.2
Influenza and pneumonia	76.7	81.1	57.2	34.4	39.4	36.4	25.6	24.1	24.0
Chronic liver disease and cirrhosis	9.0	13.6	28.1	25.0	16.5	12.0	9.4	9.3	8.5
Diabetes mellitus	23.5	30.9	38.8	32.7	40.5	46.7	49.5	49.2	49.5
Human immunodeficiency virus (HIV) disease	---	---	---	---	26.7	54.2	23.3	22.8	22.5
Unintentional injuries	79.9	74.0	78.3	57.6	43.8	41.0	37.7	37.6	36.9
Motor vehicle-related injuries	26.0	24.2	31.1	20.2	18.8	16.7	15.7	15.4	15.0
Suicide ⁷	4.5	5.0	6.2	6.5	7.1	6.8	5.5	5.5	5.3
Homicide ⁷	28.3	26.0	44.0	39.0	36.3	29.7	20.5	21.2	21.0
American Indian or Alaska Native ⁹									
All causes	---	---	---	867.0	716.3	771.2	709.3	686.7	677.4
Diseases of heart	---	---	---	240.6	200.6	204.6	178.2	159.6	157.4
Ischemic heart disease	---	---	---	173.6	139.1	141.4	129.1	114.0	114.0
Cerebrovascular diseases	---	---	---	57.8	40.7	48.6	45.0	41.3	37.5
Malignant neoplasms	---	---	---	113.7	121.8	138.2	127.8	131.0	125.4
Trachea, bronchus, and lung	---	---	---	20.7	30.9	37.4	32.3	34.2	33.1
Colon, rectum, and anus	---	---	---	9.5	12.0	14.9	13.4	12.0	14.2
Prostate ⁵	---	---	---	20.7	17.8	21.7	19.6	19.0	15.2
Breast ⁶	---	---	---	10.8	13.7	15.0	13.6	11.8	13.8
Chronic lower respiratory diseases	---	---	---	14.2	25.4	27.6	32.8	30.0	30.1
Influenza and pneumonia	---	---	---	44.4	36.1	36.1	22.3	22.5	20.4
Chronic liver disease and cirrhosis	---	---	---	45.3	24.1	27.4	24.3	22.6	22.8
Diabetes mellitus	---	---	---	29.6	34.1	45.9	41.5	40.4	43.2
Human immunodeficiency virus (HIV) disease	---	---	---	---	1.8	6.5	2.2	2.7	2.2
Unintentional injuries	---	---	---	99.0	62.6	55.3	51.3	51.3	53.8
Motor vehicle-related injuries	---	---	---	54.5	32.5	29.1	27.3	25.9	28.8
Suicide ⁷	---	---	---	11.9	11.7	10.6	9.8	10.5	10.2
Homicide ⁷	---	---	---	15.5	10.4	9.9	6.8	6.8	8.4

See footnotes at end of table.

Table 29 (page 3 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death</i> ¹	1950 ²	1960 ²	1970	1980	1990	1995	2000 ³	2001	2002
Asian or Pacific Islander ⁸									
Age-adjusted death rate per 100,000 population ⁴									
All causes	---	---	---	589.9	582.0	554.8	506.4	492.1	474.4
Diseases of heart	---	---	---	202.1	181.7	171.3	146.0	137.6	134.6
Ischemic heart disease	---	---	---	168.2	139.6	128.0	109.6	103.0	98.6
Cerebrovascular diseases	---	---	---	66.1	56.9	55.2	52.9	51.2	47.7
Malignant neoplasms	---	---	---	126.1	134.2	131.8	121.9	119.5	113.6
Trachea, bronchus, and lung	---	---	---	28.4	30.2	29.9	28.1	28.2	25.6
Colon, rectum, and anus	---	---	---	16.4	14.4	14.0	12.7	13.2	12.5
Prostate ⁵	---	---	---	10.2	16.8	18.0	12.5	11.6	10.2
Breast ⁶	---	---	---	11.9	13.7	13.9	12.3	12.9	12.8
Chronic lower respiratory diseases	---	---	---	12.9	19.4	19.3	18.6	17.7	15.8
Influenza and pneumonia	---	---	---	24.0	31.4	29.1	19.7	19.0	17.5
Chronic liver disease and cirrhosis	---	---	---	6.1	5.2	3.9	3.5	3.5	3.2
Diabetes mellitus	---	---	---	12.6	14.6	16.8	16.4	16.9	17.4
Human immunodeficiency virus (HIV) disease	---	---	---	---	2.2	3.2	0.6	0.7	0.8
Unintentional injuries	---	---	---	27.0	23.9	20.2	17.9	17.4	17.9
Motor vehicle-related injuries	---	---	---	13.9	14.0	11.4	8.6	8.1	8.4
Suicide ⁷	---	---	---	7.8	6.7	6.7	5.5	5.4	5.4
Homicide ⁷	---	---	---	5.9	5.0	4.7	3.0	4.2	2.9
Hispanic or Latino ^{8,9}									
All causes	---	---	---	---	692.0	700.2	665.7	658.7	629.3
Diseases of heart	---	---	---	---	217.1	211.0	196.0	192.2	180.5
Ischemic heart disease	---	---	---	---	173.3	166.4	153.2	149.9	138.3
Cerebrovascular diseases	---	---	---	---	45.2	46.3	46.4	44.9	41.3
Malignant neoplasms	---	---	---	---	136.8	138.5	134.9	132.3	128.4
Trachea, bronchus, and lung	---	---	---	---	26.5	25.9	24.8	23.8	23.7
Colon, rectum, and anus	---	---	---	---	14.7	14.1	14.1	14.1	13.7
Prostate ⁵	---	---	---	---	23.3	27.4	21.6	23.5	21.6
Breast ⁶	---	---	---	---	19.5	18.7	16.9	16.3	15.5
Chronic lower respiratory diseases	---	---	---	---	19.3	22.6	21.1	20.7	20.6
Influenza and pneumonia	---	---	---	---	29.7	26.2	20.6	20.5	19.2
Chronic liver disease and cirrhosis	---	---	---	---	18.3	17.4	16.5	15.8	15.4
Diabetes mellitus	---	---	---	---	28.2	35.7	36.9	36.7	35.6
Human immunodeficiency virus (HIV) disease	---	---	---	---	16.3	24.9	6.7	6.2	5.8
Unintentional injuries	---	---	---	---	34.6	32.2	30.1	30.7	30.7
Motor vehicle-related injuries	---	---	---	---	19.5	16.4	14.7	15.0	15.2
Suicide ⁷	---	---	---	---	7.8	7.2	5.9	5.7	5.7
Homicide ⁷	---	---	---	---	16.2	12.5	7.5	8.3	7.3

See footnotes at end of table.

Table 29 (page 4 of 4). Age-adjusted death rates for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and cause of death</i> ¹	1950 ²	1960 ²	1970	1980	1990	1995	2000 ³	2001	2002
White, not Hispanic or Latino ⁹	Age-adjusted death rate per 100,000 population ⁴								
All causes	---	---	---	---	914.5	882.3	855.5	842.9	837.5
Diseases of heart	---	---	---	---	319.7	289.9	255.5	245.6	239.2
Ischemic heart disease	---	---	---	---	251.9	219.9	186.6	177.5	171.0
Cerebrovascular diseases	---	---	---	---	63.5	60.8	59.0	56.0	54.6
Malignant neoplasms	---	---	---	---	215.4	208.9	200.6	197.4	195.6
Trachea, bronchus, and lung	---	---	---	---	60.3	59.6	58.2	57.7	57.5
Colon, rectum, and anus	---	---	---	---	24.6	22.3	20.5	19.9	19.5
Prostate ⁵	---	---	---	---	36.1	34.4	28.0	26.7	25.8
Breast ⁶	---	---	---	---	33.9	30.6	26.8	26.0	25.6
Chronic lower respiratory diseases	---	---	---	---	39.2	42.1	47.2	47.0	46.9
Influenza and pneumonia	---	---	---	---	36.5	33.0	23.5	21.7	22.6
Chronic liver disease and cirrhosis	---	---	---	---	9.9	9.0	9.0	9.0	9.0
Diabetes mellitus	---	---	---	---	18.3	20.1	21.8	22.1	22.2
Human immunodeficiency virus (HIV) disease	---	---	---	---	7.4	9.8	2.2	2.1	2.1
Unintentional injuries	---	---	---	---	35.0	33.4	35.3	36.2	38.0
Motor vehicle-related injuries	---	---	---	---	18.2	16.1	15.6	15.5	16.0
Suicide ⁷	---	---	---	---	13.8	13.1	12.0	12.5	12.9
Homicide ⁷	---	---	---	---	4.0	3.6	2.8	4.0	2.8

--- Data not available.

¹Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See [Appendix II, tables IV and V](#).

²Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

³Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio and tables V and VI](#).

⁴Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁵Rate for male population only.

⁶Rate for female population only.

⁷Figures for 2001 include September 11-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, table V for terrorism-related ICD–10 codes](#).

⁸The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁹Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables available at www.cdc.gov/nchs/data/wh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 30 (page 1 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude	Age adjusted ¹					
	2002	1980	1990	1995	2000 ³	2001	2002
All persons							
Years lost before age 75 per 100,000 population under 75 years of age							
All causes	7,563.2	10,448.4	9,085.5	8,626.2	7,578.1	7,531.2	7,499.6
Diseases of heart	1,226.7	2,238.7	1,617.7	1,475.4	1,253.0	1,221.1	1,212.7
Ischemic heart disease	802.5	1,729.3	1,153.6	1,013.2	841.8	809.7	792.0
Cerebrovascular diseases	209.8	357.5	259.6	246.5	223.3	211.9	208.1
Malignant neoplasms	1,644.7	2,108.8	2,003.8	1,841.6	1,674.1	1,651.7	1,622.7
Trachea, bronchus, and lung	430.4	548.5	561.4	497.3	443.1	431.2	423.4
Colorectal	143.0	190.0	164.7	152.0	141.9	142.4	141.0
Prostate ⁴	56.9	84.9	96.8	83.5	63.6	61.8	60.1
Breast ⁵	328.4	463.2	451.6	398.6	332.6	328.1	316.8
Chronic lower respiratory diseases	185.9	169.1	187.4	190.4	188.1	185.8	184.5
Influenza and pneumonia	83.2	160.2	141.5	126.9	87.1	82.3	82.7
Chronic liver disease and cirrhosis	162.3	300.3	196.9	173.7	164.1	164.7	160.5
Diabetes mellitus	186.5	134.4	155.9	174.7	178.4	180.5	184.3
Human immunodeficiency virus (HIV) disease	160.8	---	383.8	595.3	174.6	167.8	161.8
Unintentional injuries	1,082.2	1,543.5	1,162.1	1,057.2	1,026.5	1,036.8	1,079.2
Motor vehicle-related injuries	588.9	912.9	716.4	616.3	574.3	572.5	585.8
Suicide ⁶	348.2	392.0	393.1	384.7	334.5	342.6	346.7
Homicide ⁶	276.1	425.5	417.4	378.6	266.5	311.0	274.4
Male							
All causes	9,429.3	13,777.2	11,973.5	11,289.2	9,572.2	9,507.1	9,470.0
Diseases of heart	1,675.5	3,352.1	2,356.0	2,117.4	1,766.0	1,708.3	1,706.9
Ischemic heart disease	1,154.6	2,715.1	1,766.3	1,531.5	1,255.4	1,201.8	1,179.6
Cerebrovascular diseases	222.2	396.7	286.6	276.9	244.6	233.5	227.6
Malignant neoplasms	1,720.0	2,360.8	2,214.6	2,008.5	1,810.8	1,782.4	1,754.2
Trachea, bronchus, and lung	507.3	821.1	764.8	645.6	554.9	535.9	520.5
Colorectal	164.8	214.9	194.3	179.4	167.3	166.6	168.2
Prostate	56.9	84.9	96.8	83.5	63.6	61.8	60.1
Chronic lower respiratory diseases	193.3	235.1	224.8	213.1	206.0	200.7	200.7
Influenza and pneumonia	95.7	202.5	180.0	155.7	102.8	96.9	97.3
Chronic liver disease and cirrhosis	224.8	415.0	283.9	254.8	236.9	233.6	226.6
Diabetes mellitus	213.3	140.4	170.4	194.6	203.8	209.6	217.2
Human immunodeficiency virus (HIV) disease	234.4	---	686.2	991.2	258.9	247.7	237.0
Unintentional injuries	1,561.1	2,342.7	1,715.1	1,531.6	1,475.6	1,490.1	1,542.2
Motor vehicle-related injuries	832.3	1,359.7	1,018.4	851.1	796.4	803.5	817.2
Suicide ⁶	560.6	605.6	634.8	628.4	539.1	552.3	555.7
Homicide ⁶	434.8	675.0	658.0	589.6	410.5	480.5	425.0
Female							
All causes	5,706.1	7,350.3	6,333.1	6,057.5	5,644.6	5,609.2	5,580.0
Diseases of heart	780.1	1,246.0	948.5	883.9	774.6	765.4	748.8
Ischemic heart disease	452.0	852.1	600.3	537.8	457.6	444.3	430.2
Cerebrovascular diseases	197.4	324.0	235.9	218.7	203.9	192.1	190.3
Malignant neoplasms	1,569.7	1,896.8	1,826.6	1,698.9	1,555.3	1,538.4	1,507.7
Trachea, bronchus, and lung	353.9	310.4	382.2	365.2	342.1	336.6	335.4
Colorectal	121.3	168.7	138.7	127.5	118.7	120.4	115.9
Breast	328.4	463.2	451.6	398.6	332.6	328.1	316.8
Chronic lower respiratory diseases	178.6	114.0	155.9	171.0	172.3	172.8	170.0
Influenza and pneumonia	70.7	122.0	106.2	100.2	72.3	68.7	69.1
Chronic liver disease and cirrhosis	100.1	194.5	115.1	96.6	94.5	98.8	97.4
Diabetes mellitus	159.8	128.5	142.3	155.9	154.4	153.0	153.1
Human immunodeficiency virus (HIV) disease	87.5	---	87.8	205.7	92.0	89.4	88.1
Unintentional injuries	605.7	755.3	607.4	580.1	573.2	578.3	610.3
Motor vehicle-related injuries	346.6	470.4	411.6	378.4	348.5	337.2	349.8
Suicide ⁶	136.7	184.2	153.3	140.8	129.1	131.9	136.6
Homicide ⁶	118.1	181.3	174.3	163.2	118.9	137.4	119.6

See footnotes at end of table.

Table 30 (page 2 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude		Age adjusted ¹				
	2002	1980	1990	1995	2000 ³	2001	2002
White ⁷							
Years lost before age 75 per 100,000 population under 75 years of age							
All causes	7,117.6	9,554.1	8,159.5	7,744.9	6,949.5	6,941.6	6,936.6
Diseases of heart	1,168.3	2,100.8	1,490.3	1,353.0	1,149.4	1,115.0	1,111.8
Ischemic heart disease	803.1	1,682.7	1,113.4	975.2	805.3	773.0	759.5
Cerebrovascular diseases	181.4	300.7	213.1	205.2	187.1	175.6	173.5
Malignant neoplasms	1,665.9	2,035.9	1,929.3	1,780.5	1,627.8	1,610.2	1,582.8
Trachea, bronchus, and lung	446.3	529.9	544.2	487.1	436.3	427.5	418.5
Colorectal	141.6	186.8	157.8	145.0	134.1	135.0	134.0
Prostate ⁴	51.6	74.8	86.6	73.0	54.3	53.1	51.3
Breast ⁵	318.8	460.2	441.7	381.5	315.6	309.6	297.5
Chronic lower respiratory diseases	194.2	165.4	182.3	185.7	185.3	184.7	183.5
Influenza and pneumonia	77.4	130.8	116.9	108.3	77.7	72.7	75.1
Chronic liver disease and cirrhosis	169.4	257.3	175.8	164.6	162.7	164.4	162.9
Diabetes mellitus	168.3	115.7	133.7	149.4	155.6	156.2	160.3
Human immunodeficiency virus (HIV) disease	84.8	---	309.0	422.6	94.7	88.4	84.7
Unintentional injuries	1,095.5	1,520.4	1,139.7	1,040.9	1,031.8	1,049.0	1,101.6
Motor vehicle-related injuries	599.7	939.9	726.7	623.6	586.1	585.1	604.0
Suicide ⁶	381.2	414.5	417.7	411.6	362.0	373.5	380.1
Homicide ⁶	158.0	271.7	234.9	220.2	156.6	204.0	159.7
Black or African American ⁷							
All causes	11,640.8	17,873.4	16,593.0	15,809.7	12,897.1	12,579.7	12,401.0
Diseases of heart	1,869.2	3,619.9	2,891.8	2,681.8	2,275.2	2,248.9	2,212.8
Ischemic heart disease	992.5	2,305.1	1,676.1	1,510.2	1,300.1	1,260.6	1,218.7
Cerebrovascular diseases	399.3	883.2	656.4	583.6	507.0	491.3	474.1
Malignant neoplasms	1,834.1	2,946.1	2,894.8	2,597.1	2,294.7	2,228.4	2,196.6
Trachea, bronchus, and lung	451.8	776.0	811.3	683.0	593.0	557.5	561.9
Colorectal	175.4	232.3	241.8	226.9	222.4	219.6	213.7
Prostate ⁴	107.3	200.3	223.5	210.0	171.0	164.1	160.3
Breast ⁵	446.8	524.2	592.9	577.4	500.0	501.7	495.9
Chronic lower respiratory diseases	193.1	203.7	240.6	244.0	232.7	220.5	222.8
Influenza and pneumonia	134.4	384.9	330.8	269.8	161.2	152.1	146.7
Chronic liver disease and cirrhosis	139.8	644.0	371.8	250.3	185.6	181.5	161.3
Diabetes mellitus	330.8	305.3	361.5	400.8	383.4	392.6	396.7
Human immunodeficiency virus (HIV) disease	670.9	---	1,014.7	1,945.4	763.3	743.5	720.6
Unintentional injuries	1,157.8	1,751.5	1,392.7	1,272.1	1,152.8	1,133.4	1,129.3
Motor vehicle-related injuries	581.1	750.2	699.5	621.8	580.8	571.7	558.5
Suicide ⁶	199.6	238.0	261.4	254.2	208.7	201.5	196.5
Homicide ⁶	1,023.9	1,580.8	1,612.9	1,352.8	941.6	963.6	962.2
American Indian or Alaska Native ⁷							
All causes	7,532.8	13,390.9	9,506.2	9,332.5	7,758.2	7,991.8	8,278.0
Diseases of heart	766.9	1,819.9	1,391.0	1,296.3	1,030.1	1,027.7	959.9
Ischemic heart disease	495.2	1,208.2	901.8	877.3	709.3	695.2	648.4
Cerebrovascular diseases	160.9	269.3	223.3	255.3	198.1	193.5	201.7
Malignant neoplasms	850.9	1,101.3	1,141.1	1,099.5	995.7	1,099.5	1,066.0
Trachea, bronchus, and lung	161.9	181.1	268.1	267.7	227.8	238.7	226.3
Colorectal	88.5	78.8	82.4	103.5	93.8	87.9	115.7
Prostate ⁴	23.0	66.7	42.0	51.1	44.5	35.2	36.3
Breast ⁵	159.6	205.5	213.4	195.9	174.1	175.2	187.1
Chronic lower respiratory diseases	99.9	89.3	129.0	145.3	151.8	139.3	137.0
Influenza and pneumonia	87.4	307.9	206.3	199.7	124.0	141.3	100.9
Chronic liver disease and cirrhosis	430.1	1,190.3	535.1	604.8	519.4	506.0	495.8
Diabetes mellitus	262.5	305.5	292.3	360.6	305.6	297.3	344.7
Human immunodeficiency virus (HIV) disease	74.9	---	70.1	246.9	68.4	88.1	79.9
Unintentional injuries	1,833.0	3,541.0	2,183.9	1,980.9	1,700.1	1,632.0	1,764.6
Motor vehicle-related injuries	1,164.5	2,102.4	1,301.5	1,210.3	1,032.2	989.4	1,089.3
Suicide ⁶	451.2	515.0	495.9	445.2	403.1	420.6	420.8
Homicide ⁶	393.1	628.9	434.2	432.7	278.5	287.0	366.5

See footnotes at end of table.

Table 30 (page 3 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude		Age adjusted ¹				
	2002	1980	1990	1995	2000 ³	2001	2002
Asian or Pacific Islander ⁷							
Years lost before age 75 per 100,000 population under 75 years of age							
All causes	3,461.5	5,378.4	4,705.2	4,333.2	3,811.1	3,798.7	3,635.5
Diseases of heart	483.0	952.8	702.2	664.9	567.9	547.1	539.4
Ischemic heart disease	306.6	697.7	486.6	440.6	381.1	369.4	352.0
Cerebrovascular diseases	165.5	266.9	233.5	220.0	199.4	198.8	186.5
Malignant neoplasms	904.7	1,218.6	1,166.4	1,122.1	1,033.8	1,029.6	990.3
Trachea, bronchus, and lung	151.6	238.2	204.7	197.0	185.8	180.8	173.8
Colorectal	83.9	115.9	105.1	99.5	91.6	97.2	92.8
Prostate ⁴	15.8	17.0	32.4	25.3	18.8	13.3	20.8
Breast ⁵	182.1	222.2	216.5	237.8	200.8	205.0	188.4
Chronic lower respiratory diseases	38.5	56.4	72.8	65.8	56.5	52.1	44.8
Influenza and pneumonia	34.6	79.3	74.0	64.3	48.6	45.4	38.0
Chronic liver disease and cirrhosis	37.0	85.6	72.4	48.4	44.8	44.5	40.0
Diabetes mellitus	64.9	83.1	74.0	83.5	77.0	83.8	76.4
Human immunodeficiency virus (HIV) disease	25.6	---	77.0	110.4	19.9	21.6	24.8
Unintentional injuries	443.2	742.7	636.6	525.7	425.7	431.4	431.1
Motor vehicle-related injuries	280.9	472.6	445.5	351.9	263.4	275.9	269.7
Suicide ⁶	175.5	217.1	200.6	211.1	168.6	166.4	162.7
Homicide ⁶	135.5	201.1	205.8	202.3	113.1	165.1	127.5
Hispanic or Latino ^{7,8}							
All causes	5,256.3	---	7,963.3	7,426.7	6,037.6	5,982.2	5,865.9
Diseases of heart	524.0	---	1,082.0	962.0	821.3	791.6	796.9
Ischemic heart disease	324.0	---	756.6	665.8	564.6	539.1	540.1
Cerebrovascular diseases	133.0	---	238.0	232.0	207.8	201.4	193.4
Malignant neoplasms	734.1	---	1,232.2	1,172.0	1,098.2	1,099.1	1,052.9
Trachea, bronchus, and lung	88.7	---	193.7	173.9	152.1	154.9	150.5
Colorectal	61.2	---	100.2	97.9	101.4	95.8	96.7
Prostate ⁴	20.7	---	47.7	60.8	42.9	49.4	44.1
Breast ⁵	150.4	---	299.3	257.7	230.7	233.6	205.1
Chronic lower respiratory diseases	46.0	---	78.8	82.1	68.5	67.6	69.0
Influenza and pneumonia	52.6	---	130.1	108.5	76.0	66.1	65.5
Chronic liver disease and cirrhosis	165.7	---	329.1	281.4	252.1	247.7	237.9
Diabetes mellitus	127.7	---	177.8	228.8	215.6	212.1	207.1
Human immunodeficiency virus (HIV) disease	154.1	---	600.1	865.0	209.4	190.3	179.1
Unintentional injuries	1,030.4	---	1,190.6	1,017.9	920.1	945.8	958.1
Motor vehicle-related injuries	633.4	---	740.8	593.0	540.2	554.0	569.6
Suicide ⁶	193.6	---	256.2	245.1	188.5	185.1	185.6
Homicide ⁶	381.3	---	720.8	575.4	335.1	365.2	330.2

See footnotes at end of table.

Table 30 (page 4 of 4). Years of potential life lost before age 75 for selected causes of death, according to sex, race, and Hispanic origin: United States, selected years 1980–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and cause of death ²	Crude		Age adjusted ¹				
	2002	1980	1990	1995	2000 ³	2001	2002
White, not Hispanic or Latino ⁸	Years lost before age 75 per 100,000 population under 75 years of age						
All causes	7,394.1	---	8,022.5	7,607.5	6,960.5	6,970.9	6,997.9
Diseases of heart	1,282.4	---	1,504.0	1,368.2	1,175.1	1,144.4	1,143.8
Ischemic heart disease	888.4	---	1,127.2	988.7	824.7	794.7	781.3
Cerebrovascular diseases	188.9	---	210.1	199.6	183.0	170.6	169.4
Malignant neoplasms	1,832.4	---	1,974.1	1,814.2	1,668.4	1,652.3	1,629.7
Trachea, bronchus, and lung	513.0	---	566.8	507.0	460.3	451.9	443.7
Colorectal	156.1	---	162.1	147.8	136.2	138.5	137.6
Prostate ⁴	57.5	---	89.2	73.6	54.9	53.2	51.7
Breast ⁵	347.5	---	451.5	389.3	322.3	315.9	305.9
Chronic lower respiratory diseases	221.7	---	188.1	190.6	193.8	194.3	193.3
Influenza and pneumonia	81.3	---	112.3	105.8	76.4	72.9	75.8
Chronic liver disease and cirrhosis	167.4	---	162.4	151.4	150.9	153.0	152.1
Diabetes mellitus	174.0	---	131.2	142.8	150.2	151.0	155.8
Human immunodeficiency virus (HIV) disease	69.1	---	271.2	362.1	76.0	71.0	67.8
Unintentional injuries	1,093.1	---	1,114.7	1,026.1	1,041.4	1,057.2	1,117.4
Motor vehicle-related injuries	585.2	---	715.7	618.0	588.8	584.1	603.3
Suicide ⁶	413.5	---	433.0	427.7	389.2	405.3	413.9
Homicide ⁶	110.9	---	162.0	148.6	113.2	160.1	114.8

--- Data not available.

* Rate based on fewer than 20 deaths is considered unreliable and is not shown.

¹Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

²Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See [Appendix II, tables IV and V](#).

³Starting with 1999 data, cause of death is coded according to ICD–10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. See [Appendix II, Comparability ratio and tables V and VI](#).

⁴Rate for male population only.

⁵Rate for female population only.

⁶Figures for 2001 include September 11 related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II, table V for terrorism-related ICD–10 codes](#).

⁷The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁸Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were revised based on Census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). See [Appendix II](#) for definition of years of potential life lost (YPLL) and method of calculation. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National vital statistics system; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1990–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

Table 31 (page 1 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and rank order</i>	<i>1980</i>		<i>2002</i>	
	<i>Cause of death</i>	<i>Deaths</i>	<i>Cause of death</i>	<i>Deaths</i>
All persons				
...	All causes	1,989,841	All causes	2,443,387
1.	Diseases of heart	761,085	Diseases of heart	696,947
2.	Malignant neoplasms	416,509	Malignant neoplasms	557,271
3.	Cerebrovascular diseases	170,225	Cerebrovascular diseases	162,672
4.	Unintentional injuries	105,718	Chronic lower respiratory diseases	124,816
5.	Chronic obstructive pulmonary diseases	56,050	Unintentional injuries	106,742
6.	Pneumonia and influenza	54,619	Diabetes mellitus	73,249
7.	Diabetes mellitus	34,851	Influenza and pneumonia	65,681
8.	Chronic liver disease and cirrhosis	30,583	Alzheimer's disease	58,866
9.	Atherosclerosis	29,449	Nephritis, nephrotic syndrome and nephrosis	40,974
10.	Suicide	26,869	Septicemia	33,865
Male				
...	All causes	1,075,078	All causes	1,199,264
1.	Diseases of heart	405,661	Diseases of heart	340,933
2.	Malignant neoplasms	225,948	Malignant neoplasms	288,768
3.	Unintentional injuries	74,180	Unintentional injuries	69,257
4.	Cerebrovascular diseases	69,973	Cerebrovascular diseases	62,622
5.	Chronic obstructive pulmonary diseases	38,625	Chronic lower respiratory diseases	60,713
6.	Pneumonia and influenza	27,574	Diabetes mellitus	34,301
7.	Suicide	20,505	Influenza and pneumonia	28,918
8.	Chronic liver disease and cirrhosis	19,768	Suicide	25,409
9.	Homicide	18,779	Nephritis, nephrotic syndrome and nephrosis	19,695
10.	Diabetes mellitus	14,325	Chronic liver disease and cirrhosis	17,401
Female				
...	All causes	914,763	All causes	1,244,123
1.	Diseases of heart	355,424	Diseases of heart	356,014
2.	Malignant neoplasms	190,561	Malignant neoplasms	268,503
3.	Cerebrovascular diseases	100,252	Cerebrovascular diseases	100,050
4.	Unintentional injuries	31,538	Chronic lower respiratory diseases	64,103
5.	Pneumonia and influenza	27,045	Alzheimer's disease	41,877
6.	Diabetes mellitus	20,526	Diabetes mellitus	38,948
7.	Atherosclerosis	17,848	Unintentional injuries	37,485
8.	Chronic obstructive pulmonary diseases	17,425	Influenza and pneumonia	36,763
9.	Chronic liver disease and cirrhosis	10,815	Nephritis, nephrotic syndrome and nephrosis	21,279
10.	Certain conditions originating in the perinatal period	9,815	Septicemia	18,918
White				
...	All causes	1,738,607	All causes	2,102,589
1.	Diseases of heart	683,347	Diseases of heart	606,876
2.	Malignant neoplasms	368,162	Malignant neoplasms	482,481
3.	Cerebrovascular diseases	148,734	Cerebrovascular diseases	139,719
4.	Unintentional injuries	90,122	Chronic lower respiratory diseases	115,395
5.	Chronic obstructive pulmonary diseases	52,375	Unintentional injuries	90,866
6.	Pneumonia and influenza	48,369	Diabetes mellitus	58,459
7.	Diabetes mellitus	28,868	Influenza and pneumonia	58,346
8.	Atherosclerosis	27,069	Alzheimer's disease	55,058
9.	Chronic liver disease and cirrhosis	25,240	Nephritis, nephrotic syndrome and nephrosis	32,615
10.	Suicide	24,829	Suicide	28,731
Black or African American				
...	All causes	233,135	All causes	290,051
1.	Diseases of heart	72,956	Diseases of heart	77,621
2.	Malignant neoplasms	45,037	Malignant neoplasms	62,617
3.	Cerebrovascular diseases	20,135	Cerebrovascular diseases	18,856
4.	Unintentional injuries	13,480	Diabetes mellitus	12,687
5.	Homicide	10,172	Unintentional injuries	12,513
6.	Certain conditions originating in the perinatal period	6,961	Homicide	8,287
7.	Pneumonia and influenza	5,648	Human immunodeficiency virus (HIV) disease	7,835
8.	Diabetes mellitus	5,544	Chronic lower respiratory diseases	7,831
9.	Chronic liver disease and cirrhosis	4,790	Nephritis, nephrotic syndrome and nephrosis	7,488
10.	Nephritis, nephrotic syndrome, and nephrosis	3,416	Septicemia	6,137

See footnotes at end of table.

Table 31 (page 2 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and rank order</i>	<i>1980</i>		<i>2002</i>	
	<i>Cause of death</i>	<i>Deaths</i>	<i>Cause of death</i>	<i>Deaths</i>
American Indian or Alaska Native				
...	All causes	6,923	All causes	12,415
1.	Diseases of heart	1,494	Diseases of heart	2,467
2.	Unintentional injuries	1,290	Malignant neoplasms	2,175
3.	Malignant neoplasms	770	Unintentional injuries	1,488
4.	Chronic liver disease and cirrhosis	410	Diabetes mellitus	744
5.	Cerebrovascular diseases	322	Cerebrovascular diseases	567
6.	Pneumonia and influenza	257	Chronic liver disease and cirrhosis	547
7.	Homicide	217	Chronic lower respiratory diseases	452
8.	Diabetes mellitus	210	Suicide	324
9.	Certain conditions originating in the perinatal period	199	Influenza and pneumonia	293
10.	Suicide	181	Homicide	267
Asian or Pacific Islander				
...	All causes	11,071	All causes	38,332
1.	Diseases of heart	3,265	Malignant neoplasms	9,998
2.	Malignant neoplasms	2,522	Diseases of heart	9,983
3.	Cerebrovascular diseases	1,028	Cerebrovascular diseases	3,530
4.	Unintentional injuries	810	Unintentional injuries	1,875
5.	Pneumonia and influenza	342	Diabetes mellitus	1,359
6.	Suicide	249	Influenza and pneumonia	1,171
7.	Certain conditions originating in the perinatal period	246	Chronic lower respiratory diseases	1,138
8.	Diabetes mellitus	227	Suicide	661
9.	Homicide	211	Nephritis, nephrotic syndrome and nephrosis	649
10.	Chronic obstructive pulmonary diseases	207	Septicemia	423
Hispanic or Latino				
...	---	---	All causes	117,135
1.	---	---	Diseases of heart	27,887
2.	---	---	Malignant neoplasms	23,141
3.	---	---	Unintentional injuries	10,106
4.	---	---	Cerebrovascular diseases	6,451
5.	---	---	Diabetes mellitus	5,912
6.	---	---	Chronic liver disease and cirrhosis	3,409
7.	---	---	Homicide	3,129
8.	---	---	Chronic lower respiratory diseases	3,058
9.	---	---	Influenza and pneumonia	2,824
10.	---	---	Certain conditions originating in the perinatal period	2,402
White male				
...	All causes	933,878	All causes	1,025,196
1.	Diseases of heart	364,679	Diseases of heart	296,904
2.	Malignant neoplasms	198,188	Malignant neoplasms	249,867
3.	Unintentional injuries	62,963	Unintentional injuries	58,467
4.	Cerebrovascular diseases	60,095	Chronic lower respiratory diseases	55,409
5.	Chronic obstructive pulmonary diseases	35,977	Cerebrovascular diseases	52,959
6.	Pneumonia and influenza	23,810	Diabetes mellitus	28,110
7.	Suicide	18,901	Influenza and pneumonia	25,381
8.	Chronic liver disease and cirrhosis	16,407	Suicide	23,049
9.	Diabetes mellitus	12,125	Alzheimer's disease	15,874
10.	Atherosclerosis	10,543	Nephritis, nephrotic syndrome and nephrosis	15,850
Black or African American male				
...	All causes	130,138	All causes	146,835
1.	Diseases of heart	37,877	Diseases of heart	37,094
2.	Malignant neoplasms	25,861	Malignant neoplasms	32,627
3.	Unintentional injuries	9,701	Unintentional injuries	8,612
4.	Cerebrovascular diseases	9,194	Cerebrovascular diseases	7,828
5.	Homicide	8,274	Homicide	6,896
6.	Certain conditions originating in the perinatal period	3,869	Human immunodeficiency virus (HIV) disease	5,301
7.	Pneumonia and influenza	3,386	Diabetes mellitus	5,207
8.	Chronic liver disease and cirrhosis	3,020	Chronic lower respiratory diseases	4,341
9.	Chronic obstructive pulmonary diseases	2,429	Nephritis, nephrotic syndrome and nephrosis	3,427
10.	Diabetes mellitus	2,010	Influenza and pneumonia	2,768

See footnotes at end of table.

Table 31 (page 3 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and rank order</i>	<i>1980</i>		<i>2002</i>	
	<i>Cause of death</i>	<i>Deaths</i>	<i>Cause of death</i>	<i>Deaths</i>
American Indian or Alaska Native male				
...	All causes	4,193	All causes	6,750
1.	Unintentional injuries	946	Diseases of heart	1,412
2.	Diseases of heart	917	Malignant neoplasms	1,081
3.	Malignant neoplasms	408	Unintentional injuries	1,003
4.	Chronic liver disease and cirrhosis	239	Diabetes mellitus	336
5.	Cerebrovascular diseases	163	Chronic liver disease and cirrhosis	319
6.	Homicide	162	Suicide	258
7.	Pneumonia and influenza	148	Cerebrovascular diseases	236
8.	Suicide	147	Chronic lower respiratory diseases	220
9.	Certain conditions originating in the perinatal period	107	Homicide	185
10.	Diabetes mellitus	86	Influenza and pneumonia	133
Asian or Pacific Islander male				
...	All causes	6,809	All causes	20,483
1.	Diseases of heart	2,174	Diseases of heart	5,523
2.	Malignant neoplasms	1,485	Malignant neoplasms	5,193
3.	Unintentional injuries	556	Cerebrovascular diseases	1,599
4.	Cerebrovascular diseases	521	Unintentional injuries	1,175
5.	Pneumonia and influenza	227	Chronic lower respiratory diseases	743
6.	Suicide	159	Diabetes mellitus	648
7.	Chronic obstructive pulmonary diseases	158	Influenza and pneumonia	636
8.	Homicide	151	Suicide	469
9.	Certain conditions originating in the perinatal period	128	Nephritis, nephrotic syndrome and nephrosis	320
10.	Diabetes mellitus	103	Homicide	277
Hispanic or Latino male				
...	---	---	All causes	65,703
1.	---	---	Diseases of heart	14,798
2.	---	---	Malignant neoplasms	12,235
3.	---	---	Unintentional injuries	7,698
4.	---	---	Cerebrovascular diseases	3,003
5.	---	---	Diabetes mellitus	2,779
6.	---	---	Homicide	2,635
7.	---	---	Chronic liver disease and cirrhosis	2,437
8.	---	---	Suicide	1,651
9.	---	---	Chronic lower respiratory diseases	1,625
10.	---	---	Human immunodeficiency virus (HIV) disease	1,440
White female				
...	All causes	804,729	All causes	1,077,393
1.	Diseases of heart	318,668	Diseases of heart	309,972
2.	Malignant neoplasms	169,974	Malignant neoplasms	232,614
3.	Cerebrovascular diseases	88,639	Cerebrovascular diseases	86,760
4.	Unintentional injuries	27,159	Chronic lower respiratory diseases	59,986
5.	Pneumonia and influenza	24,559	Alzheimer's disease	39,184
6.	Diabetes mellitus	16,743	Influenza and pneumonia	32,965
7.	Atherosclerosis	16,526	Unintentional injuries	32,399
8.	Chronic obstructive pulmonary diseases	16,398	Diabetes mellitus	30,349
9.	Chronic liver disease and cirrhosis	8,833	Nephritis, nephrotic syndrome and nephrosis	16,765
10.	Certain conditions originating in the perinatal period	6,512	Septicemia	15,191
Black or African American female				
...	All causes	102,997	All causes	143,216
1.	Diseases of heart	35,079	Diseases of heart	40,527
2.	Malignant neoplasms	19,176	Malignant neoplasms	29,990
3.	Cerebrovascular diseases	10,941	Cerebrovascular diseases	11,028
4.	Unintentional injuries	3,779	Diabetes mellitus	7,480
5.	Diabetes mellitus	3,534	Nephritis, nephrotic syndrome and nephrosis	4,061
6.	Certain conditions originating in the perinatal period	3,092	Unintentional injuries	3,901
7.	Pneumonia and influenza	2,262	Chronic lower respiratory diseases	3,490
8.	Homicide	1,898	Septicemia	3,434
9.	Chronic liver disease and cirrhosis	1,770	Influenza and pneumonia	3,103
10.	Nephritis, nephrotic syndrome, and nephrosis	1,722	Human immunodeficiency virus (HIV) disease	2,534

See footnotes at end of table.

Table 31 (page 4 of 4). Leading causes of death and numbers of deaths, according to sex, race, and Hispanic origin: United States, 1980 and 2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and rank order	1980		2002	
	Cause of death	Deaths	Cause of death	Deaths
American Indian or Alaska Native female				
...	All causes	2,730	All causes	5,665
1.	Diseases of heart	577	Malignant neoplasms	1,094
2.	Malignant neoplasms	362	Diseases of heart	1,055
3.	Unintentional injuries	344	Unintentional injuries	485
4.	Chronic liver disease and cirrhosis	171	Diabetes mellitus	408
5.	Cerebrovascular diseases	159	Cerebrovascular diseases	331
6.	Diabetes mellitus	124	Chronic lower respiratory diseases	232
7.	Pneumonia and influenza	109	Chronic liver disease and cirrhosis	228
8.	Certain conditions originating in the perinatal period	92	Influenza and pneumonia	160
9.	Nephritis, nephrotic syndrome, and nephrosis	56	Nephritis, nephrotic syndrome and nephrosis	124
10.	Homicide	55	Septicemia	100
Asian or Pacific Islander female				
...	All causes	4,262	All causes	17,849
1.	Diseases of heart	1,091	Malignant neoplasms	4,805
2.	Malignant neoplasms	1,037	Diseases of heart	4,460
3.	Cerebrovascular diseases	507	Cerebrovascular diseases	1,931
4.	Unintentional injuries	254	Diabetes mellitus	711
5.	Diabetes mellitus	124	Unintentional injuries	700
6.	Certain conditions originating in the perinatal period	118	Influenza and pneumonia	535
7.	Pneumonia and influenza	115	Chronic lower respiratory diseases	395
8.	Congenital anomalies	104	Nephritis, nephrotic syndrome and nephrosis	329
9.	Suicide	90	Alzheimer's disease	231
10.	Homicide	60	Essential (primary) hypertension and hypertensive renal disease	221
Hispanic or Latino female				
...	---	---	All causes	51,432
1.	---	---	Diseases of heart	13,089
2.	---	---	Malignant neoplasms	10,906
3.	---	---	Cerebrovascular diseases	3,448
4.	---	---	Diabetes mellitus	3,133
5.	---	---	Unintentional injuries	2,408
6.	---	---	Chronic lower respiratory diseases	1,433
7.	---	---	Influenza and pneumonia	1,426
8.	---	---	Certain conditions originating in the perinatal period	1,050
9.	---	---	Alzheimer's disease	1,010
10.	---	---	Chronic liver disease and cirrhosis	972

... Category not applicable.

--- Data not available.

NOTES: For cause of death code numbers based on the *International Classification of Diseases, 9th Revision (ICD-9)* in 1980 and *ICD-10* in 2002, see [Appendix II, tables IV and V](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; *Vital statistics of the United States, vol II, mortality, part A*, 1980. Washington: Public Health Service. 1985; Anderson RN, Smith BL. Deaths: Leading causes for 2002. National vital statistics reports. Vol 53. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 32 (page 1 of 2). Leading causes of death and numbers of deaths, according to age: United States, 1980 and 2002

[Data are based on death certificates]

Age and rank order	1980		2002	
	Cause of death	Deaths	Cause of death	Deaths
Under 1 year				
...	All causes	45,526	All causes	28,034
1.	Congenital anomalies	9,220	Congenital malformations, deformations and chromosomal abnormalities	5,623
2.	Sudden infant death syndrome	5,510	Disorders related to short gestation and low birth weight, not elsewhere classified	4,637
3.	Respiratory distress syndrome	4,989	Sudden infant death syndrome	2,295
4.	Disorders relating to short gestation and unspecified low birthweight	3,648	Newborn affected by maternal complications of pregnancy	1,708
5.	Newborn affected by maternal complications of pregnancy	1,572	Newborn affected by complications of placenta, cord and membranes	1,028
6.	Intrauterine hypoxia and birth asphyxia	1,497	Unintentional injuries	946
7.	Unintentional injuries	1,166	Respiratory distress of newborn	943
8.	Birth trauma	1,058	Bacterial sepsis of newborn	749
9.	Pneumonia and influenza	1,012	Diseases of circulatory system	667
10.	Newborn affected by complications of placenta, cord, and membranes	985	Intrauterine hypoxia and birth asphyxia	583
1-4 years				
...	All causes	8,187	All causes	4,858
1.	Unintentional injuries	3,313	Unintentional injuries	1,641
2.	Congenital anomalies	1,026	Congenital malformations, deformations and chromosomal abnormalities	530
3.	Malignant neoplasms	573	Homicide	423
4.	Diseases of heart	338	Malignant neoplasms	402
5.	Homicide	319	Diseases of heart	165
6.	Pneumonia and influenza	267	Influenza and pneumonia	110
7.	Meningitis	223	Septicemia	79
8.	Meningococcal infection	110	Chronic lower respiratory diseases	65
8. ....	...	...	Certain conditions originating in the perinatal period	65
9.	Certain conditions originating in the perinatal period	84	...	...
10.	Septicemia	71	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	60
5-14 years				
...	All causes	10,689	All causes	7,150
1.	Unintentional injuries	5,224	Unintentional injuries	2,718
2.	Malignant neoplasms	1,497	Malignant neoplasms	1,072
3.	Congenital anomalies	561	Congenital malformations, deformations and chromosomal abnormalities	417
4.	Homicide	415	Homicide	356
5.	Diseases of heart	330	Suicide	264
6.	Pneumonia and influenza	194	Diseases of heart	255
7.	Suicide	142	Chronic lower respiratory diseases	136
8.	Benign neoplasms	104	Septicemia	95
9.	Cerebrovascular diseases	95	Cerebrovascular diseases	91
9. ....	...	...	Influenza and pneumonia	91
10.	Chronic obstructive pulmonary diseases	85	...	...
15-24 years				
...	All causes	49,027	All causes	33,046
1.	Unintentional injuries	26,206	Unintentional injuries	15,412
2.	Homicide	6,537	Homicide	5,219
3.	Suicide	5,239	Suicide	4,010
4.	Malignant neoplasms	2,683	Malignant neoplasms	1,730
5.	Diseases of heart	1,223	Diseases of heart	1,022
6.	Congenital anomalies	600	Congenital malformations, deformations and chromosomal abnormalities	492
7.	Cerebrovascular diseases	418	Chronic lower respiratory diseases	192
8.	Pneumonia and influenza	348	Human immunodeficiency virus (HIV) disease	178
9.	Chronic obstructive pulmonary diseases	141	Diabetes mellitus	171
9. ....	...	...	Cerebrovascular diseases	171
10.	Anemias	133	...	...

See footnotes at end of table.

Table 32 (page 2 of 2). Leading causes of death and numbers of deaths, according to age: United States, 1980 and 2002

[Data are based on death certificates]

Age and rank order	1980		2002	
	Cause of death	Deaths	Cause of death	Deaths
25–44 years				
...	All causes	108,658	All causes	132,495
1.	Unintentional injuries	26,722	Unintentional injuries	29,279
2.	Malignant neoplasms	17,551	Malignant neoplasms	19,957
3.	Diseases of heart	14,513	Diseases of heart	16,853
4.	Homicide	10,983	Suicide	11,897
5.	Suicide	9,855	Homicide	7,728
6.	Chronic liver disease and cirrhosis	4,782	Human immunodeficiency virus (HIV) disease	7,546
7.	Cerebrovascular diseases	3,154	Chronic liver disease and cirrhosis	3,528
8.	Diabetes mellitus	1,472	Cerebrovascular diseases	2,992
9.	Pneumonia and influenza	1,467	Diabetes mellitus	2,806
10.	Congenital anomalies	817	Influenza and pneumonia	1,316
45–64 years				
...	All causes	425,338	All causes	425,727
1.	Diseases of heart	148,322	Malignant neoplasms	143,028
2.	Malignant neoplasms	135,675	Diseases of heart	101,804
3.	Cerebrovascular diseases	19,909	Unintentional injuries	23,020
4.	Unintentional injuries	18,140	Cerebrovascular diseases	15,952
5.	Chronic liver disease and cirrhosis	16,089	Diabetes mellitus	15,518
6.	Chronic obstructive pulmonary diseases	11,514	Chronic lower respiratory diseases	14,755
7.	Diabetes mellitus	7,977	Chronic liver disease and cirrhosis	13,313
8.	Suicide	7,079	Suicide	9,926
9.	Pneumonia and influenza	5,804	Human immunodeficiency virus (HIV) disease	5,821
10.	Homicide	4,019	Septicemia	5,434
65 years and over				
...	All causes	1,341,848	All causes	1,811,720
1.	Diseases of heart	595,406	Diseases of heart	576,301
2.	Malignant neoplasms	258,389	Malignant neoplasms	391,001
3.	Cerebrovascular diseases	146,417	Cerebrovascular diseases	143,293
4.	Pneumonia and influenza	45,512	Chronic lower respiratory diseases	108,313
5.	Chronic obstructive pulmonary diseases	43,587	Influenza and pneumonia	58,826
6.	Atherosclerosis	28,081	Alzheimer's disease	58,289
7.	Diabetes mellitus	25,216	Diabetes mellitus	54,715
8.	Unintentional injuries	24,844	Nephritis, nephrotic syndrome and nephrosis	34,316
9.	Nephritis, nephrotic syndrome, and nephrosis	12,968	Unintentional injuries	33,641
10.	Chronic liver disease and cirrhosis	9,519	Septicemia	26,670

... Category not applicable.

NOTES: For cause of death code numbers based on the *International Classification of Diseases, 9th Revision (ICD–9)* in 1980 and *ICD–10* in 2002, see [Appendix II, tables IV and V](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; *Vital statistics of the United States, vol II, mortality, part A*, 1980. Washington: Public Health Service. 1985; Anderson RN, Smith BL. Deaths: Leading causes for 2002. National vital statistics reports. Vol 53. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 33 (page 1 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level: United States, average annual 1994–96, 1997–99, and 2000–02

[Data are based on the National Vital Statistics System]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02
Both sexes									
Age-adjusted death rate per 100,000 standard population ²									
All regions:									
Metropolitan counties:									
Large	902.5	860.8	833.1	870.6	836.6	813.0	1,198.6	1,115.7	1,079.3
Medium	881.9	857.7	844.6	860.9	839.7	829.1	1,188.9	1,136.7	1,114.9
Small	906.1	885.9	875.1	883.8	865.8	856.4	1,212.6	1,167.6	1,153.4
Nonmetropolitan counties:									
Micropolitan	926.2	910.4	897.7	904.9	889.9	880.7	1,233.9	1,200.1	1,158.7
Nonmicropolitan	945.8	929.7	914.3	921.7	906.0	894.2	1,215.4	1,190.7	1,149.4
Northeast:									
Metropolitan counties:									
Large	908.8	847.6	815.0	880.2	831.5	803.9	1,135.4	1,007.6	966.4
Medium	873.1	841.9	823.3	860.5	833.5	816.5	1,162.1	1,048.9	1,020.5
Small	884.8	845.5	834.3	878.8	841.6	830.9	1,195.7	1,080.7	1,068.6
Nonmetropolitan counties:									
Micropolitan	896.6	868.6	843.9	895.6	868.1	845.4	*	*	*
Nonmicropolitan	907.5	888.0	864.1	905.9	885.5	863.4	*	*	*
Midwest:									
Metropolitan counties:									
Large	934.2	902.6	878.1	885.4	859.7	838.0	1,253.3	1,189.9	1,162.5
Medium	894.6	876.2	861.6	874.1	857.4	845.1	1,199.8	1,163.0	1,131.6
Small	874.7	856.0	842.5	860.9	843.9	831.7	1,230.3	1,148.4	1,151.7
Nonmetropolitan counties:									
Micropolitan	884.5	869.9	851.8	879.9	865.2	849.6	1,231.8	1,212.6	1,108.6
Nonmicropolitan	883.7	862.5	843.7	874.0	853.3	836.5	1,351.3	1,377.7	1,068.2
South:									
Metropolitan counties:									
Large	916.6	884.1	867.6	862.7	837.9	827.2	1,223.8	1,156.8	1,119.4
Medium	905.1	883.1	877.0	861.3	843.8	841.1	1,201.6	1,156.1	1,140.4
Small	962.5	946.8	940.9	925.7	913.4	910.9	1,217.2	1,182.1	1,163.9
Nonmetropolitan counties:									
Micropolitan	983.9	971.3	967.2	940.9	931.5	935.5	1,244.2	1,210.0	1,175.3
Nonmicropolitan	1,014.1	1,004.7	995.1	983.1	975.3	971.7	1,213.3	1,187.7	1,157.2
West:									
Metropolitan counties:									
Large	848.2	809.2	771.2	854.0	819.3	783.4	1,156.4	1,088.3	1,051.3
Medium	832.5	807.6	789.9	843.1	820.2	805.2	1,080.2	1,041.3	974.7
Small	838.4	816.3	800.5	837.5	816.5	800.1	1,055.9	986.6	1,010.4
Nonmetropolitan counties:									
Micropolitan	874.3	857.2	843.2	875.6	856.8	842.4	*	*	*
Nonmicropolitan	883.6	858.6	835.5	862.3	836.6	816.9	*	*	*

See footnotes at end of table.

Table 33 (page 2 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level: United States, average annual 1994–96, 1997–99, and 2000–02

[Data are based on the National Vital Statistics System]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02
Male	Age-adjusted death rate per 100,000 standard population ²								
All regions:									
Metropolitan counties:									
Large	1,130.6	1,050.6	999.2	1,087.6	1,018.7	973.0	1,567.5	1,415.4	1,343.6
Medium	1,103.5	1,051.3	1,013.1	1,076.5	1,028.3	993.2	1,532.4	1,435.0	1,375.7
Small	1,141.3	1,094.2	1,055.3	1,113.6	1,069.1	1,032.2	1,555.5	1,472.8	1,433.8
Nonmetropolitan counties:									
Micropolitan	1,169.3	1,130.2	1,088.1	1,142.4	1,104.1	1,067.4	1,604.3	1,532.7	1,442.7
Nonmicropolitan	1,201.5	1,160.5	1,114.7	1,171.4	1,131.0	1,090.4	1,577.7	1,522.0	1,439.2
Northeast:									
Metropolitan counties:									
Large	1,146.8	1,041.9	986.2	1,107.7	1,020.6	971.7	1,502.6	1,284.6	1,214.0
Medium	1,099.0	1,039.6	995.2	1,082.9	1,029.5	987.7	1,485.2	1,309.4	1,234.7
Small	1,113.6	1,049.8	1,002.7	1,106.5	1,046.2	999.1	1,500.0	1,329.3	1,329.6
Nonmetropolitan counties:									
Micropolitan	1,123.7	1,073.0	1,024.2	1,122.5	1,073.4	1,027.7	*	*	*
Nonmicropolitan	1,132.3	1,081.5	1,040.0	1,131.0	1,079.5	1,039.6	*	*	*
Midwest:									
Metropolitan counties:									
Large	1,174.9	1,112.6	1,058.0	1,110.3	1,057.9	1,007.4	1,633.3	1,511.0	1,447.7
Medium	1,122.8	1,082.6	1,038.9	1,097.7	1,059.9	1,020.1	1,509.7	1,444.0	1,369.0
Small	1,105.9	1,064.9	1,026.5	1,089.5	1,050.3	1,013.5	1,532.1	1,420.1	1,414.7
Nonmetropolitan counties:									
Micropolitan	1,124.6	1,086.2	1,040.1	1,119.4	1,080.7	1,038.5	1,540.2	1,501.8	1,313.1
Nonmicropolitan	1,124.6	1,081.0	1,033.3	1,113.0	1,069.7	1,025.5	1,682.3	1,735.5	1,312.0
South:									
Metropolitan counties:									
Large	1,153.1	1,081.4	1,039.2	1,080.1	1,020.5	987.4	1,607.3	1,475.1	1,394.7
Medium	1,141.2	1,085.4	1,053.7	1,082.7	1,032.9	1,007.2	1,571.5	1,481.5	1,427.3
Small	1,227.5	1,178.9	1,141.0	1,180.8	1,135.8	1,102.1	1,579.8	1,507.4	1,460.4
Nonmetropolitan counties:									
Micropolitan	1,256.0	1,218.6	1,178.2	1,199.3	1,166.2	1,137.2	1,635.4	1,563.6	1,481.6
Nonmicropolitan	1,302.5	1,266.2	1,223.6	1,263.3	1,229.0	1,194.6	1,582.8	1,524.2	1,456.4
West:									
Metropolitan counties:									
Large	1,046.5	970.1	915.7	1,053.2	980.4	928.4	1,459.9	1,331.7	1,274.1
Medium	1,020.4	972.3	934.7	1,033.6	987.1	948.9	1,311.5	1,216.5	1,154.9
Small	1,026.4	982.9	945.0	1,025.6	983.1	945.0	1,254.8	1,127.1	1,130.7
Nonmetropolitan counties:									
Micropolitan	1,063.1	1,029.5	996.7	1,065.7	1,027.2	992.9	*	*	*
Nonmicropolitan	1,079.5	1,038.7	984.7	1,054.4	1,011.8	959.7	*	*	*

See footnotes at end of table.

Table 33 (page 3 of 3). Age-adjusted death rates, according to race, sex, region, and urbanization level: United States, average annual 1994–96, 1997–99, and 2000–02

[Data are based on the National Vital Statistics System]

Sex, region, and urbanization level ¹	All races			White			Black or African American		
	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02	1994–96	1997–99	2000–02
Female									
Age-adjusted death rate per 100,000 standard population ²									
All regions:									
Metropolitan counties:									
Large	737.4	722.6	707.9	714.0	703.4	691.3	944.5	912.7	896.9
Medium	721.4	715.6	715.2	705.5	701.2	702.6	946.6	930.0	928.7
Small	737.4	734.4	737.9	719.0	717.5	721.9	974.5	958.2	958.2
Nonmetropolitan counties:									
Micropolitan	748.7	747.7	750.5	731.6	731.0	735.8	978.2	974.0	959.7
Nonmicropolitan	753.0	752.8	754.9	733.5	733.3	737.6	957.3	956.5	943.0
Northeast:									
Metropolitan counties:									
Large	743.0	711.9	691.1	721.9	698.8	681.2	895.1	828.8	804.3
Medium	718.8	705.3	698.5	709.6	698.2	692.8	923.7	869.3	860.0
Small	725.5	704.0	709.6	720.8	699.8	706.4	977.5	924.1	908.0
Nonmetropolitan counties:									
Micropolitan	737.0	721.2	710.3	736.6	720.5	710.6	*	*	*
Nonmicropolitan	740.7	741.0	725.1	739.1	738.4	724.3	*	*	*
Midwest:									
Metropolitan counties:									
Large	768.6	756.5	747.1	733.7	723.2	715.4	987.3	966.7	960.7
Medium	738.6	733.0	732.0	722.3	717.5	717.7	976.0	960.8	953.1
Small	716.0	709.3	708.7	704.5	699.6	699.7	1,005.1	940.7	955.4
Nonmetropolitan counties:									
Micropolitan	716.4	716.0	712.3	712.1	711.7	709.9	1,012.3	1,023.1	947.8
Nonmicropolitan	703.9	696.3	694.5	696.0	689.0	688.2	1,124.4	1,140.1	918.2
South:									
Metropolitan counties:									
Large	742.8	737.8	736.0	702.4	700.8	702.3	960.5	942.7	930.7
Medium	729.9	730.6	737.3	695.9	698.9	707.1	948.6	937.1	942.9
Small	775.3	780.5	789.1	744.7	752.2	763.4	972.1	966.7	962.9
Nonmetropolitan counties:									
Micropolitan	786.3	790.3	804.2	751.7	757.5	776.9	979.3	973.8	965.7
Nonmicropolitan	801.1	809.3	817.4	775.5	784.4	796.4	952.3	951.2	945.6
West:									
Metropolitan counties:									
Large	694.8	684.7	656.9	699.6	693.7	667.7	926.5	908.9	883.1
Medium	687.4	679.1	674.4	697.8	691.1	690.1	886.6	892.8	825.1
Small	689.0	683.1	682.2	688.1	683.8	681.6	881.3	838.7	894.8
Nonmetropolitan counties:									
Micropolitan	716.5	712.2	710.3	717.8	714.1	711.6	*	*	*
Nonmicropolitan	715.8	702.8	702.2	699.5	686.2	689.5	*	*	*

* Estimates of death rates for the black population in nonmetropolitan counties in the Northeast and West may be unreliable, possibly due to anomalies in population estimates for the black population in nonmetropolitan counties in these regions.

¹Urbanization levels are for county of residence of decedent. Urbanization levels have been revised and differ from the previous edition of *Health, United States*. See [Appendix II, Urbanization for definition of urbanization levels](#).

²Average annual death rates, age-adjusted using the year 2000 standard population starting with *Health, United States, 2001*. See [Appendix II, Age adjustment](#). Denominators for rates are population estimates for the middle year of each 3-year period multiplied by 3. The 1995 and 1998 population estimates used to compute rates for 1994–96 and 1997–99 are intercensal population estimates based on Census 2000. See [Appendix I, Population Census and Population Estimates](#).

NOTE: The race groups, white and black, include persons of Hispanic and non-Hispanic origin.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Compressed Mortality File.

Table 34 (page 1 of 2). Age-adjusted death rates for persons 25–64 years of age for selected causes of death, according to sex and educational attainment: Selected States, 1994–2002

[Data are based on death certificates]

Cause of death ² and year	Both sexes			Male			Female		
	Years of educational attainment ¹			Years of educational attainment ¹			Years of educational attainment ¹		
	Less than 12	12	13 or more	Less than 12	12	13 or more	Less than 12	12	13 or more
Age-adjusted death rate per 100,000 population ³									
All causes									
1994	594.6	506.4	254.8	793.6	707.1	323.5	397.3	342.9	182.1
1995	604.7	512.5	251.9	801.1	713.2	316.8	408.6	348.1	183.5
1996	579.6	492.5	241.8	763.9	669.6	300.7	396.6	344.2	180.3
1997	554.1	473.4	232.7	719.7	634.4	283.4	387.2	337.5	180.2
1998	561.6	465.8	223.9	727.6	627.1	271.9	395.6	330.9	174.3
1999	585.3	474.5	219.1	763.7	636.7	264.2	409.9	337.3	172.6
2000	591.0	484.5	216.7	780.2	641.8	260.8	409.0	347.7	171.9
2001	576.6	480.9	214.6	745.8	631.2	257.3	407.1	348.6	171.5
2002	575.1	490.9	211.3	726.1	650.2	253.5	416.6	350.7	168.8
Chronic and noncommunicable diseases									
1994	440.5	380.7	193.7	561.9	504.4	228.4	325.0	286.8	155.5
1995	445.1	384.0	192.1	563.4	507.3	224.4	332.1	290.0	156.3
1996	432.7	375.3	189.0	550.6	486.9	222.1	321.2	287.7	153.4
1997	419.0	368.8	187.4	527.0	474.1	219.0	316.0	284.6	153.8
1998	425.2	362.9	180.9	534.4	470.2	211.3	321.3	277.9	148.6
1998 comparability-modified ⁴	429.5	366.5	182.7	539.7	474.9	213.4	324.5	280.7	150.1
1999 ⁵	447.0	369.8	177.2	563.0	477.6	205.5	337.2	283.6	147.4
2000	446.2	377.6	175.7	567.2	481.5	202.9	334.3	292.3	147.2
2001	436.5	370.7	171.1	545.1	468.2	195.7	331.7	290.3	145.5
2002	432.0	374.4	168.6	528.9	478.2	193.9	334.9	288.5	142.6
Injuries									
1994	95.8	73.4	31.9	149.4	119.2	45.7	38.9	31.7	17.9
1995	96.6	74.3	31.6	149.4	120.3	45.3	40.0	32.1	17.8
1996	92.3	73.0	32.0	139.8	116.2	45.7	40.6	32.7	18.4
1997	92.7	73.5	31.9	138.8	116.4	45.5	41.1	33.4	18.4
1998	93.9	73.8	31.2	139.4	116.6	44.4	43.8	33.7	18.3
1998 comparability-modified ⁴	95.0	74.7	31.6	141.0	118.0	44.9	44.3	34.1	18.5
1999 ⁵	94.8	75.2	30.6	143.7	118.3	43.2	42.6	34.4	18.1
2000	99.8	76.4	30.3	153.9	118.6	43.1	43.7	35.2	17.9
2001 ⁶	97.4	80.4	33.1	146.0	122.2	47.4	44.8	38.6	19.3
2002	99.2	84.9	32.1	142.5	129.0	45.4	49.2	41.0	19.2
Communicable diseases									
1994	57.5	51.6	28.9	81.5	82.8	49.1	32.5	23.7	8.4
1995	62.1	53.4	27.9	87.3	84.7	46.7	35.8	25.2	8.9
1996	53.7	43.3	20.2	72.5	65.6	32.6	33.8	23.0	8.0
1997	41.6	30.1	12.9	53.1	42.9	18.4	29.3	18.7	7.6
1998	41.5	28.2	11.4	52.8	39.4	15.7	29.6	18.4	7.0
1998 comparability-modified ⁴	35.4	24.1	9.7	45.1	33.6	13.4	25.3	15.7	6.0
1999 ⁵	42.1	28.5	10.8	54.8	39.5	15.1	29.4	18.8	6.6
2000	43.5	29.4	10.3	56.9	40.4	14.3	30.3	19.5	6.4
2001	41.4	28.7	9.9	52.9	39.4	13.6	29.7	19.0	6.3
2002	42.7	30.5	10.2	53.0	41.6	13.8	31.8	20.4	6.7
HIV disease:									
1994	36.2	36.5	21.4	54.7	63.0	39.7	16.8	12.3	2.9
1995	39.7	38.0	20.6	59.0	64.4	37.8	19.0	13.7	3.5
1996	31.9	27.7	13.1	45.4	45.4	23.8	17.2	11.2	2.4
1997	19.4	14.3	5.8	26.3	23.0	10.1	11.8	6.2	1.6
1998	17.3	11.7	4.3	23.4	18.3	7.5	10.6	5.6	1.1
1998 comparability-modified ⁴	19.8	13.4	4.9	26.8	20.9	8.6	12.1	6.4	1.3
1999 ⁵	19.0	13.1	4.6	26.1	20.1	7.9	11.7	6.6	1.4
2000	19.8	13.2	4.1	26.9	19.8	7.1	12.6	7.1	1.2
2001	18.4	12.5	3.8	25.0	18.6	6.4	11.6	6.8	1.2
2002	18.2	12.6	3.8	23.4	18.6	6.3	12.6	6.9	1.3

See footnotes at end of table.

Table 34 (page 2 of 2). Age-adjusted death rates for persons 25–64 years of age for selected causes of death, according to sex and educational attainment: Selected States, 1994–2002

[Data are based on death certificates]

Cause of death ² and year	Both sexes			Male			Female		
	Years of educational attainment ¹			Years of educational attainment ¹			Years of educational attainment ¹		
	Less than 12	12	13 or more	Less than 12	12	13 or more	Less than 12	12	13 or more
Other communicable diseases:	Age-adjusted death rate per 100,000 population ³								
1994	21.2	15.1	7.5	26.8	19.7	9.4	15.7	11.4	5.5
1995	22.4	15.5	7.2	28.2	20.3	8.8	16.8	11.5	5.5
1996	21.8	15.7	7.2	27.2	20.2	8.8	16.7	11.9	5.6
1997	22.2	15.9	7.1	26.8	19.9	8.2	17.6	12.5	6.0
1998	24.2	16.5	7.1	29.4	21.1	8.2	19.0	12.8	5.9
1998 comparability-modified ⁴	19.4	13.2	5.7	23.6	16.9	6.6	15.2	10.3	4.7
1999 ⁵	23.1	15.4	6.2	28.8	19.4	7.2	17.6	12.2	5.3
2000	23.7	16.2	6.2	30.0	20.6	7.2	17.7	12.4	5.1
2001	22.9	16.2	6.1	27.9	20.8	7.1	18.1	12.2	5.1
2002	24.5	17.9	6.4	29.6	23.0	7.5	19.1	13.5	5.4

¹Educational attainment for the numerator is based on the death certificate item "highest grade completed." Educational attainment for the denominator is based on answers to the Current Population Survey question "What is the highest level of school completed or highest degree received?" (Kominski R, Adams A. Educational Attainment in the United States: March 1993 and 1992, U.S. Bureau of the Census, Current Population Reports, P20-476, Washington, DC. 1994.)

²Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. See [Appendix II, tables IV and V](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

Death records that are missing information about decedent's education are not included. Percent with not stated education averages 2–9 percent of the deaths comprising the age-adjusted death rates for causes of death in this table. Age-adjusted death rates for 1994–2000 were calculated using 1990-based postcensal population estimates in the denominator. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#).

⁴Calculated by multiplying the 1998 rate by its comparability ratio to adjust for differences between ICD-9 and ICD-10. See [Appendix II, Comparability ratio and table VI](#).

⁵Starting with 1999 data, cause of death is coded according to ICD-10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. See [Appendix II, Comparability ratio and tables V and VI](#).

⁶Figures include September 11, 2001-related deaths for which death certificates were filed as of October 24, 2002. See [Appendix II table V](#) for terrorism-related ICD-10 codes.

NOTES: Based on data from 45–47 States and the District of Columbia. Death rates for age groups 65 years and over are not shown because reporting quality of educational attainment on the death certificate is poorer at older than younger ages. See [Appendix II, Education](#), for information about reporting states and sources of bias in death rates by educational attainment.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from unpublished population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

Table 35 (page 1 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	1995	1999	2000	2001	2002
All persons										
Deaths per 100,000 resident population										
All ages, age adjusted ²	1,446.0	1,339.2	1,222.6	1,039.1	938.7	909.8	875.6	869.0	854.5	845.3
All ages, crude	963.8	954.7	945.3	878.3	863.8	868.3	857.0	854.0	848.5	847.3
Under 1 year.	3,299.2	2,696.4	2,142.4	1,288.3	971.9	780.3	736.0	736.7	683.4	695.0
1–4 years	139.4	109.1	84.5	63.9	46.8	40.4	34.2	32.4	33.3	31.2
5–14 years	60.1	46.6	41.3	30.6	24.0	22.2	18.6	18.0	17.3	17.4
15–24 years	128.1	106.3	127.7	115.4	99.2	93.4	79.3	79.9	80.7	81.4
25–34 years	178.7	146.4	157.4	135.5	139.2	137.3	102.2	101.4	105.2	103.6
35–44 years	358.7	299.4	314.5	227.9	223.2	239.4	198.0	198.9	203.6	202.9
45–54 years	853.9	756.0	730.0	584.0	473.4	454.3	418.2	425.6	428.9	430.1
55–64 years	1,901.0	1,735.1	1,658.8	1,346.3	1,196.9	1,104.7	1,005.0	992.2	964.6	952.4
65–74 years	4,104.3	3,822.1	3,582.7	2,994.9	2,648.6	2,549.0	2,457.3	2,399.1	2,353.3	2,314.7
75–84 years	9,331.1	8,745.2	8,004.4	6,692.6	6,007.2	5,811.3	5,714.5	5,666.5	5,582.4	5,556.9
85 years and over	20,196.9	19,857.5	16,344.9	15,980.3	15,327.4	15,248.6	15,554.6	15,524.4	15,112.8	14,828.3
Male										
All ages, age adjusted ²	1,674.2	1,609.0	1,542.1	1,348.1	1,202.8	1,143.9	1,067.0	1,053.8	1,029.1	1,013.7
All ages, crude	1,106.1	1,104.5	1,090.3	976.9	918.4	900.8	859.2	853.0	846.4	846.6
Under 1 year.	3,728.0	3,059.3	2,410.0	1,428.5	1,082.8	856.3	805.0	806.5	749.8	761.5
1–4 years	151.7	119.5	93.2	72.6	52.4	44.5	37.9	35.9	37.0	35.2
5–14 years	70.9	55.7	50.5	36.7	28.5	26.4	21.5	20.9	19.8	20.0
15–24 years	167.9	152.1	188.5	172.3	147.4	137.4	113.1	114.9	117.0	117.3
25–34 years	216.5	187.9	215.3	196.1	204.3	198.0	139.7	138.6	143.7	142.2
35–44 years	428.8	372.8	402.6	299.2	310.4	331.0	254.9	255.2	259.6	257.5
45–54 years	1,067.1	992.2	958.5	767.3	610.3	589.9	533.1	542.8	545.1	547.5
55–64 years	2,395.3	2,309.5	2,282.7	1,815.1	1,553.4	1,400.7	1,252.0	1,230.7	1,192.7	1,184.0
65–74 years	4,931.4	4,914.4	4,873.8	4,105.2	3,491.5	3,263.8	3,073.7	2,979.6	2,911.5	2,855.3
75–84 years	10,426.0	10,178.4	10,010.2	8,816.7	7,888.6	7,399.6	7,083.3	6,972.6	6,833.0	6,760.5
85 years and over	21,636.0	21,186.3	17,821.5	18,801.1	18,056.6	17,861.0	17,597.2	17,501.4	16,744.8	16,254.5
Female										
All ages, age adjusted ²	1,236.0	1,105.3	971.4	817.9	750.9	739.4	734.0	731.4	721.8	715.2
All ages, crude	823.5	809.2	807.8	785.3	812.0	837.2	854.9	855.0	850.4	848.0
Under 1 year.	2,854.6	2,321.3	1,863.7	1,141.7	855.7	700.5	663.6	663.4	613.9	625.3
1–4 years	126.7	98.4	75.4	54.7	41.0	36.0	30.3	28.7	29.5	27.0
5–14 years	48.9	37.3	31.8	24.2	19.3	17.9	15.6	15.0	14.6	14.7
15–24 years	89.1	61.3	68.1	57.5	49.0	47.3	43.7	43.1	42.6	43.7
25–34 years	142.7	106.6	101.6	75.9	74.2	76.1	64.1	63.5	66.0	64.0
35–44 years	290.3	229.4	231.1	159.3	137.9	149.3	141.8	143.2	148.2	148.8
45–54 years	641.5	526.7	517.2	412.9	342.7	324.1	307.6	312.5	316.8	316.9
55–64 years	1,404.8	1,196.4	1,098.9	934.3	878.8	835.2	777.6	772.2	754.0	738.0
65–74 years	3,333.2	2,871.8	2,579.7	2,144.7	1,991.2	1,975.8	1,952.3	1,921.2	1,890.8	1,864.7
75–84 years	8,399.6	7,633.1	6,677.6	5,440.1	4,883.1	4,818.6	4,825.4	4,814.7	4,760.5	4,757.9
85 years and over	19,194.7	19,008.4	15,518.0	14,746.9	14,274.3	14,242.3	14,731.3	14,719.2	14,429.9	14,209.6
White male ³										
All ages, age adjusted ²	1,642.5	1,586.0	1,513.7	1,317.6	1,165.9	1,107.5	1,040.0	1,029.4	1,006.1	992.9
All ages, crude	1,089.5	1,098.5	1,086.7	983.3	930.9	921.0	892.1	887.8	881.9	884.0
Under 1 year.	3,400.5	2,694.1	2,113.2	1,230.3	896.1	720.7	667.0	667.6	627.6	650.9
1–4 years	135.5	104.9	83.6	66.1	45.9	39.0	33.9	32.6	34.2	31.5
5–14 years	67.2	52.7	48.0	35.0	26.4	24.3	19.7	19.8	18.4	18.4
15–24 years	152.4	143.7	170.8	167.0	131.3	120.1	102.8	105.8	108.0	109.7
25–34 years	185.3	163.2	176.6	171.3	176.1	171.9	125.4	124.1	130.3	128.3
35–44 years	380.9	332.6	343.5	257.4	268.2	286.8	230.8	233.6	239.7	239.3
45–54 years	984.5	932.2	882.9	698.9	548.7	528.3	484.6	496.9	501.3	505.4
55–64 years	2,304.4	2,225.2	2,202.6	1,728.5	1,467.2	1,319.3	1,179.7	1,163.3	1,127.5	1,118.6
65–74 years	4,864.9	4,848.4	4,810.1	4,035.7	3,397.7	3,173.3	2,998.7	2,905.7	2,842.3	2,795.4
75–84 years	10,526.3	10,299.6	10,098.8	8,829.8	7,844.9	7,347.3	7,040.1	6,933.1	6,799.7	6,738.8
85 years and over	22,116.3	21,750.0	18,551.7	19,097.3	18,268.3	18,050.7	17,752.9	17,716.4	16,935.4	16,473.2

See footnotes at end of table.

Table 35 (page 2 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	1995	1999	2000	2001	2002
Deaths per 100,000 resident population										
Black or African American male³										
All ages, age adjusted ²	1,909.1	1,811.1	1,873.9	1,697.8	1,644.5	1,585.7	1,432.6	1,403.5	1,375.0	1,341.4
All ages, crude	1,257.7	1,181.7	1,186.6	1,034.1	1,008.0	960.2	847.4	834.1	823.9	816.7
Under 1 year	---	5,306.8	4,298.9	2,586.7	2,112.4	1,664.7	1,592.8	1,567.6	1,426.4	1,351.5
1–4 years ⁴	1,412.6	208.5	150.5	110.5	85.8	73.1	59.0	54.5	53.2	54.4
5–14 years	95.1	75.1	67.1	47.4	41.2	38.5	32.0	28.2	27.7	28.9
15–24 years	289.7	212.0	320.6	209.1	252.2	246.6	184.6	181.4	180.7	172.6
25–34 years	503.5	402.5	559.5	407.3	430.8	407.4	258.6	261.0	259.2	264.5
35–44 years	878.1	762.0	956.6	689.8	699.6	716.8	469.2	453.0	445.0	434.7
45–54 years	1,905.0	1,624.8	1,777.5	1,479.9	1,261.0	1,238.9	1,030.7	1,017.7	996.1	983.0
55–64 years	3,773.2	3,316.4	3,256.9	2,873.0	2,618.4	2,382.0	2,145.6	2,080.1	2,025.3	2,039.2
65–74 years	5,310.3	5,798.7	5,803.2	5,131.1	4,946.1	4,707.8	4,352.3	4,253.5	4,166.6	4,024.5
75–84 years ⁵	10,101.9	8,605.1	9,454.9	9,231.6	9,129.5	8,862.0	8,559.1	8,486.0	8,355.9	8,169.6
85 years and over	---	14,844.8	12,222.3	16,098.8	16,954.9	17,016.0	17,304.5	16,791.0	16,439.9	15,635.5
American Indian or Alaska Native male³										
All ages, age adjusted ²	---	---	---	1,111.5	916.2	932.0	925.9	841.5	798.9	794.2
All ages, crude	---	---	---	597.1	476.4	459.4	431.8	415.6	424.2	439.6
Under 1 year	---	---	---	1,598.1	1,056.6	696.0	721.8	700.2	720.2	896.8
1–4 years	---	---	---	82.7	77.4	73.3	46.6	44.9	47.6	48.3
5–14 years	---	---	---	43.7	33.4	27.0	18.8	20.2	25.2	22.0
15–24 years	---	---	---	311.1	219.8	182.1	154.2	136.2	142.9	145.1
25–34 years	---	---	---	360.6	256.1	263.6	189.6	179.1	180.0	193.1
35–44 years	---	---	---	556.8	365.4	377.4	296.5	295.2	311.4	321.5
45–54 years	---	---	---	871.3	619.9	601.0	554.8	520.0	536.9	539.4
55–64 years	---	---	---	1,547.5	1,211.3	1,276.0	1,122.4	1,090.4	1,053.4	1,059.2
65–74 years	---	---	---	2,968.4	2,461.7	2,660.8	2,786.2	2,478.3	2,393.5	2,366.5
75–84 years	---	---	---	5,607.0	5,389.2	5,787.7	6,157.2	5,351.2	4,775.3	4,748.3
85 years and over	---	---	---	12,635.2	11,243.9	10,604.7	11,769.3	10,725.8	9,758.0	9,219.2
Asian or Pacific Islander male³										
All ages, age adjusted ²	---	---	---	786.5	716.4	693.4	641.2	624.2	597.4	578.4
All ages, crude	---	---	---	375.3	334.3	341.4	333.2	332.9	335.0	331.4
Under 1 year	---	---	---	816.5	605.3	468.3	451.0	529.4	438.8	461.9
1–4 years	---	---	---	50.9	45.0	28.0	28.9	23.3	23.5	27.1
5–14 years	---	---	---	23.4	20.7	19.6	13.5	12.9	13.6	14.4
15–24 years	---	---	---	80.8	76.0	73.0	51.6	55.2	59.2	58.6
25–34 years	---	---	---	83.5	79.6	75.4	57.3	55.0	62.4	54.5
35–44 years	---	---	---	128.3	130.8	124.9	108.2	104.9	108.2	100.0
45–54 years	---	---	---	342.3	287.1	273.0	240.1	249.7	253.6	248.4
55–64 years	---	---	---	881.1	789.1	714.2	661.0	642.4	625.5	594.5
65–74 years	---	---	---	2,236.1	2,041.4	1,894.8	1,689.5	1,661.0	1,556.0	1,487.1
75–84 years	---	---	---	5,389.5	5,008.6	4,729.9	4,457.0	4,328.2	4,168.9	4,090.8
85 years and over	---	---	---	13,753.6	12,446.3	13,252.0	12,732.5	12,125.3	11,308.9	10,938.5
Hispanic or Latino male^{3,6}										
All ages, age adjusted ²	---	---	---	---	886.4	897.6	830.5	818.1	802.5	766.7
All ages, crude	---	---	---	---	411.6	391.6	332.6	331.3	332.9	328.7
Under 1 year	---	---	---	---	921.8	684.6	623.4	637.1	624.4	644.0
1–4 years	---	---	---	---	53.8	39.3	32.9	31.5	33.8	34.2
5–14 years	---	---	---	---	26.0	24.6	17.8	17.9	16.6	17.4
15–24 years	---	---	---	---	159.3	147.3	104.1	107.7	111.5	114.4
25–34 years	---	---	---	---	234.0	196.7	120.6	120.2	118.0	112.5
35–44 years	---	---	---	---	341.8	333.6	215.1	211.0	208.5	192.5
45–54 years	---	---	---	---	533.9	528.5	444.4	439.0	443.9	423.4
55–64 years	---	---	---	---	1,123.7	1,076.9	974.8	965.7	923.9	937.4
65–74 years	---	---	---	---	2,368.2	2,429.3	2,368.9	2,287.9	2,242.6	2,193.4
75–84 years	---	---	---	---	5,369.1	5,557.4	5,379.2	5,395.3	5,258.0	5,043.5
85 years and over	---	---	---	---	12,272.1	13,295.9	13,485.9	13,086.2	12,888.3	11,674.1

See footnotes at end of table.

Table 35 (page 3 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	1995	1999	2000	2001	2002
Deaths per 100,000 resident population										
White, not Hispanic or Latino male ⁶										
All ages, age adjusted ²	---	---	---	---	1,170.9	1,105.6	1,045.5	1,035.4	1,012.8	1,002.2
All ages, crude	---	---	---	---	985.9	984.8	979.6	978.5	975.6	983.9
Under 1 year	---	---	---	---	865.4	703.8	658.1	658.7	611.6	643.5
1–4 years	---	---	---	---	43.8	37.8	33.4	32.4	33.7	30.3
5–14 years	---	---	---	---	25.7	23.5	19.9	20.0	18.6	18.3
15–24 years	---	---	---	---	123.4	111.5	100.8	103.5	105.1	106.7
25–34 years	---	---	---	---	165.3	163.5	124.5	123.0	131.5	130.9
35–44 years	---	---	---	---	257.1	276.5	230.0	233.9	241.6	244.9
45–54 years	---	---	---	---	544.5	520.7	483.7	497.7	502.6	509.9
55–64 years	---	---	---	---	1,479.7	1,322.7	1,187.4	1,170.9	1,136.3	1,126.5
65–74 years	---	---	---	---	3,434.5	3,188.5	3,023.2	2,930.5	2,869.4	2,824.1
75–84 years	---	---	---	---	7,920.4	7,367.4	7,088.0	6,977.8	6,851.5	6,801.7
85 years and over	---	---	---	---	18,505.4	18,132.6	17,871.2	17,853.2	17,055.3	16,641.9
White female ³										
All ages, age adjusted ²	1,198.0	1,074.4	944.0	796.1	728.8	718.7	716.6	715.3	706.7	701.3
All ages, crude	803.3	800.9	812.6	806.1	846.9	883.2	910.4	912.3	907.9	907.0
Under 1 year	2,566.8	2,007.7	1,614.6	962.5	690.0	574.4	542.0	550.5	511.5	519.4
1–4 years	112.2	85.2	66.1	49.3	36.1	31.3	27.5	25.5	27.1	24.5
5–14 years	45.1	34.7	29.9	22.9	17.9	16.5	14.6	14.1	13.9	13.7
15–24 years	71.5	54.9	61.6	55.5	45.9	43.7	41.5	41.1	40.8	42.4
25–34 years	112.8	85.0	84.1	65.4	61.5	62.9	56.2	55.1	58.6	56.9
35–44 years	235.8	191.1	193.3	138.2	117.4	125.5	123.2	125.7	131.0	133.2
45–54 years	546.4	458.8	462.9	372.7	309.3	291.9	277.9	281.4	286.8	286.8
55–64 years	1,293.8	1,078.9	1,014.9	876.2	822.7	783.4	731.0	730.9	712.2	698.7
65–74 years	3,242.8	2,779.3	2,470.7	2,066.6	1,923.5	1,913.2	1,893.9	1,868.3	1,840.2	1,819.7
75–84 years	8,481.5	7,696.6	6,698.7	5,401.7	4,839.1	4,775.3	4,787.8	4,785.3	4,738.5	4,742.5
85 years and over	19,679.5	19,477.7	15,980.2	14,979.6	14,400.6	14,405.8	14,900.6	14,890.7	14,597.6	14,382.8
Black or African American female ³										
All ages, age adjusted ²	1,545.5	1,369.7	1,228.7	1,033.3	975.1	955.9	933.6	927.6	912.5	901.8
All ages, crude	1,002.0	905.0	829.2	733.3	747.9	743.2	734.3	733.0	727.7	724.4
Under 1 year	---	4,162.2	3,368.8	2,123.7	1,735.5	1,399.9	1,317.4	1,279.8	1,176.3	1,172.0
1–4 years ⁴	1,139.3	173.3	129.4	84.4	67.6	59.5	46.1	45.3	41.7	39.5
5–14 years	72.8	53.8	43.8	30.5	27.5	25.4	20.9	20.0	18.7	19.9
15–24 years	213.1	107.5	111.9	70.5	68.7	68.9	58.6	58.3	54.9	54.4
25–34 years	393.3	273.2	231.0	150.0	159.5	162.8	117.6	121.8	117.9	116.4
35–44 years	758.1	568.5	533.0	323.9	298.6	324.9	279.4	271.9	278.0	272.3
45–54 years	1,576.4	1,177.0	1,043.9	768.2	639.4	612.1	569.8	588.3	579.1	579.4
55–64 years	3,089.4	2,510.9	1,986.2	1,561.0	1,452.6	1,354.3	1,262.7	1,227.2	1,215.5	1,184.2
65–74 years	4,000.2	4,064.2	3,860.9	3,057.4	2,865.7	2,837.5	2,751.5	2,689.6	2,616.1	2,545.0
75–84 years ⁵	8,347.0	6,730.0	6,691.5	6,212.1	5,688.3	5,671.9	5,742.4	5,696.5	5,591.6	5,584.4
85 years and over	---	13,052.6	10,706.6	12,367.2	13,309.5	13,073.3	13,805.9	13,941.3	13,849.9	13,734.2
American Indian or Alaska Native female ³										
All ages, age adjusted ²	---	---	---	662.4	561.8	643.9	668.2	604.5	594.0	581.1
All ages, crude	---	---	---	380.1	330.4	360.1	367.1	346.1	360.2	367.7
Under 1 year	---	---	---	1,352.6	688.7	780.6	682.6	492.2	577.5	744.1
1–4 years	---	---	---	87.5	37.8	54.4	34.2	39.8	48.5	42.0
5–14 years	---	---	---	33.5	25.5	20.0	17.6	17.7	18.6	21.2
15–24 years	---	---	---	90.3	69.0	60.4	59.6	58.9	59.6	61.7
25–34 years	---	---	---	178.5	102.3	106.3	106.9	84.8	81.4	87.5
35–44 years	---	---	---	286.0	156.4	171.9	168.9	171.9	172.6	176.8
45–54 years	---	---	---	491.4	380.9	349.1	298.7	284.9	334.3	324.7
55–64 years	---	---	---	837.1	805.9	876.2	852.3	772.1	749.4	747.5
65–74 years	---	---	---	1,765.5	1,679.4	1,935.6	2,015.8	1,899.8	1,801.7	1,828.9
75–84 years	---	---	---	3,612.9	3,073.2	4,067.6	4,266.5	3,850.0	3,839.7	3,667.4
85 years and over	---	---	---	8,567.4	8,201.1	9,201.8	10,639.6	9,118.2	8,492.0	7,866.4

See footnotes at end of table.

Table 35 (page 4 of 4). Death rates for all causes, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	1995	1999	2000	2001	2002
Deaths per 100,000 resident population										
Asian or Pacific Islander female ³										
All ages, age adjusted ²	---	---	---	425.9	469.3	446.7	427.5	416.8	412.0	395.9
All ages, crude	---	---	---	222.5	234.3	250.4	262.5	262.3	274.4	269.7
Under 1 year	---	---	---	755.8	518.2	396.6	425.3	434.3	385.0	391.4
1–4 years	---	---	---	35.4	32.0	24.9	20.9	20.0	21.1	19.6
5–14 years	---	---	---	21.5	13.0	15.4	11.9	11.7	10.8	10.4
15–24 years	---	---	---	32.3	28.8	31.1	26.1	22.4	26.6	23.8
25–34 years	---	---	---	45.4	37.5	35.6	29.5	27.6	32.9	26.6
35–44 years	---	---	---	89.7	69.9	66.2	59.0	65.6	61.9	53.9
45–54 years	---	---	---	214.1	182.7	184.1	164.4	155.5	158.5	149.5
55–64 years	---	---	---	440.8	483.4	457.7	408.7	390.9	379.9	372.0
65–74 years	---	---	---	1,027.7	1,089.2	1,037.8	1,070.8	996.4	1,059.9	1,024.7
75–84 years	---	---	---	2,833.6	3,127.9	3,089.9	2,930.8	2,882.4	2,814.4	2,713.6
85 years and over	---	---	---	7,923.3	10,254.0	9,406.1	9,126.7	9,052.2	8,706.2	8,400.6
Hispanic or Latino female ^{3,6}										
All ages, age adjusted ²	---	---	---	---	537.1	546.1	555.9	546.0	544.2	518.3
All ages, crude	---	---	---	---	285.4	281.9	277.2	274.6	279.0	274.0
Under 1 year	---	---	---	---	746.6	572.0	542.3	553.6	518.9	539.1
1–4 years	---	---	---	---	42.1	33.1	28.7	27.5	27.2	25.3
5–14 years	---	---	---	---	17.3	15.0	13.3	13.4	12.7	13.5
15–24 years	---	---	---	---	40.6	37.5	32.9	31.7	33.7	34.1
25–34 years	---	---	---	---	62.9	58.6	44.9	43.4	45.2	40.0
35–44 years	---	---	---	---	109.3	118.9	97.4	100.5	97.0	94.9
45–54 years	---	---	---	---	253.3	238.8	224.9	223.8	226.7	219.8
55–64 years	---	---	---	---	607.5	602.3	555.8	548.4	543.0	524.3
65–74 years	---	---	---	---	1,453.8	1,457.2	1,448.8	1,423.2	1,408.0	1,368.7
75–84 years	---	---	---	---	3,351.3	3,506.4	3,675.7	3,624.5	3,589.8	3,526.4
85 years and over	---	---	---	---	10,098.7	10,540.5	11,547.3	11,202.8	11,300.5	10,186.0
White, non-Hispanic or Latino female ⁶										
All ages, age adjusted ²	---	---	---	---	734.6	721.1	722.3	721.5	713.5	709.9
All ages, crude	---	---	---	---	903.6	951.7	1,001.3	1,007.3	1,006.1	1,010.6
Under 1 year	---	---	---	---	655.3	553.9	524.6	530.9	496.4	504.8
1–4 years	---	---	---	---	34.0	30.3	26.7	24.4	26.3	23.8
5–14 years	---	---	---	---	17.6	16.4	14.7	13.9	13.9	13.6
15–24 years	---	---	---	---	46.0	44.0	42.9	42.6	41.9	43.8
25–34 years	---	---	---	---	60.6	62.2	57.8	56.8	60.9	60.3
35–44 years	---	---	---	---	116.8	124.1	125.6	128.1	134.9	138.3
45–54 years	---	---	---	---	312.1	293.0	281.0	285.0	291.0	292.1
55–64 years	---	---	---	---	834.5	789.8	741.6	742.1	723.5	710.5
65–74 years	---	---	---	---	1,940.2	1,925.9	1,915.1	1,891.0	1,864.1	1,846.0
75–84 years	---	---	---	---	4,887.3	4,794.9	4,817.7	4,819.3	4,777.3	4,787.9
85 years and over	---	---	---	---	14,533.1	14,450.9	14,967.5	14,971.7	14,670.6	14,504.3

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴In 1950 rate is for the age group under 5 years.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. *Vital statistics rates in the United States, 1940–60*. Washington: U.S. Government Printing Office, 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 36 (page 1 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
All persons								
Deaths per 100,000 resident population								
All ages, age adjusted ³	586.8	559.0	492.7	412.1	321.8	257.6	247.8	240.8
All ages, crude	355.5	369.0	362.0	336.0	289.5	252.6	245.8	241.7
Under 1 year	3.5	6.6	13.1	22.8	20.1	13.0	11.9	12.4
1–4 years	1.3	1.3	1.7	2.6	1.9	1.2	1.5	1.1
5–14 years	2.1	1.3	0.8	0.9	0.9	0.7	0.7	0.6
15–24 years	6.8	4.0	3.0	2.9	2.5	2.6	2.5	2.5
25–34 years	19.4	15.6	11.4	8.3	7.6	7.4	8.0	7.9
35–44 years	86.4	74.6	66.7	44.6	31.4	29.2	29.6	30.5
45–54 years	308.6	271.8	238.4	180.2	120.5	94.2	92.9	93.7
55–64 years	808.1	737.9	652.3	494.1	367.3	261.2	246.9	241.5
65–74 years	1,839.8	1,740.5	1,558.2	1,218.6	894.3	665.6	635.1	615.9
75–84 years	4,310.1	4,089.4	3,683.8	2,993.1	2,295.7	1,780.3	1,725.7	1,677.2
85 years and over	9,150.6	9,317.8	7,891.3	7,777.1	6,739.9	5,926.1	5,664.2	5,446.8
Male								
All ages, age adjusted ³	697.0	687.6	634.0	538.9	412.4	320.0	305.4	297.4
All ages, crude	423.4	439.5	422.5	368.6	297.6	249.8	242.5	240.7
Under 1 year	4.0	7.8	15.1	25.5	21.9	13.3	11.8	12.9
1–4 years	1.4	1.4	1.9	2.8	1.9	1.4	1.5	1.1
5–14 years	2.0	1.4	0.9	1.0	0.9	0.8	0.7	0.7
15–24 years	6.8	4.2	3.7	3.7	3.1	3.2	3.2	3.3
25–34 years	22.9	20.1	15.2	11.4	10.3	9.6	10.3	10.5
35–44 years	118.4	112.7	103.2	68.7	48.1	41.4	41.7	43.1
45–54 years	440.5	420.4	376.4	282.6	183.0	140.2	136.6	138.4
55–64 years	1,104.5	1,066.9	987.2	746.8	537.3	371.7	349.8	343.4
65–74 years	2,292.3	2,291.3	2,170.3	1,728.0	1,250.0	898.3	851.3	827.1
75–84 years	4,825.0	4,742.4	4,534.8	3,834.3	2,968.2	2,248.1	2,177.3	2,110.1
85 years and over	9,659.8	9,788.9	8,426.2	8,752.7	7,418.4	6,430.0	6,040.5	5,823.5
Female								
All ages, age adjusted ³	484.7	447.0	381.6	320.8	257.0	210.9	203.9	197.2
All ages, crude	288.4	300.6	304.5	305.1	281.8	255.3	249.0	242.7
Under 1 year	2.9	5.4	10.9	20.0	18.3	12.5	12.0	11.8
1–4 years	1.2	1.1	1.6	2.5	1.9	1.0	1.4	1.0
5–14 years	2.2	1.2	0.8	0.9	0.8	0.5	0.7	0.6
15–24 years	6.7	3.7	2.3	2.1	1.8	2.1	1.8	1.7
25–34 years	16.2	11.3	7.7	5.3	5.0	5.2	5.6	5.2
35–44 years	55.1	38.2	32.2	21.4	15.1	17.2	17.6	18.0
45–54 years	177.2	127.5	109.9	84.5	61.0	49.8	50.7	50.6
55–64 years	510.0	429.4	351.6	272.1	215.7	159.3	151.8	147.2
65–74 years	1,419.3	1,261.3	1,082.7	828.6	616.8	474.0	455.9	440.1
75–84 years	3,872.0	3,582.7	3,120.8	2,497.0	1,893.8	1,475.1	1,428.9	1,389.7
85 years and over	8,796.1	9,016.8	7,591.8	7,350.5	6,478.1	5,720.9	5,506.8	5,283.3
White male ⁴								
All ages, age adjusted ³	700.2	694.5	640.2	539.6	409.2	316.7	301.8	294.1
All ages, crude	433.0	454.6	438.3	384.0	312.7	265.8	257.8	256.0
45–54 years	423.6	413.2	365.7	269.8	170.6	130.7	127.0	128.6
55–64 years	1,081.7	1,056.0	979.3	730.6	516.7	351.8	330.8	324.0
65–74 years	2,308.3	2,297.9	2,177.2	1,729.7	1,230.5	877.8	829.1	807.8
75–84 years	4,907.3	4,839.9	4,617.6	3,883.2	2,983.4	2,247.0	2,175.8	2,112.0
85 years and over	9,950.5	10,135.8	8,818.0	8,958.0	7,558.7	6,560.8	6,157.2	5,939.8
Black or African American male ⁴								
All ages, age adjusted ³	639.4	615.2	607.3	561.4	485.4	392.5	384.5	371.0
All ages, crude	346.2	330.6	330.3	301.0	256.8	211.1	209.0	206.3
45–54 years	622.5	514.0	512.8	433.4	328.9	247.2	242.6	246.0
55–64 years	1,433.1	1,236.8	1,135.4	987.2	824.0	631.2	602.2	605.3
65–74 years	2,139.1	2,281.4	2,237.8	1,847.2	1,632.9	1,268.8	1,245.8	1,192.7
75–84 years ⁵	4,106.1	3,533.6	3,783.4	3,578.8	3,107.1	2,597.6	2,569.3	2,449.6
85 years and over	---	6,037.9	5,367.6	6,819.5	6,479.6	5,633.5	5,459.9	5,125.7

See footnotes at end of table.

Table 36 (page 2 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁴								
All ages, age adjusted ³	---	---	---	320.5	264.1	222.2	200.7	201.2
All ages, crude	---	---	---	130.6	108.0	90.1	89.1	92.0
45–54 years	---	---	---	238.1	173.8	108.5	109.1	104.2
55–64 years	---	---	---	496.3	411.0	285.0	301.1	273.2
65–74 years	---	---	---	1,009.4	839.1	748.2	682.1	638.4
75–84 years	---	---	---	2,062.2	1,788.8	1,655.7	1,384.5	1,422.7
85 years and over	---	---	---	4,413.7	3,860.3	3,318.3	2,895.7	3,162.4
Asian or Pacific Islander male⁴								
All ages, age adjusted ³	---	---	---	286.9	220.7	185.5	169.8	169.8
All ages, crude	---	---	---	119.8	88.7	90.6	87.3	89.4
45–54 years	---	---	---	112.0	70.4	61.1	60.1	60.6
55–64 years	---	---	---	306.7	226.1	182.6	162.0	154.2
65–74 years	---	---	---	852.4	623.5	482.5	439.1	422.4
75–84 years	---	---	---	2,010.9	1,642.2	1,354.7	1,273.8	1,252.4
85 years and over	---	---	---	5,923.0	4,617.8	4,154.2	3,688.1	3,841.3
Hispanic or Latino male^{4,6}								
All ages, age adjusted ³	---	---	---	---	270.0	238.2	232.6	219.8
All ages, crude	---	---	---	---	91.0	74.7	74.6	74.0
45–54 years	---	---	---	---	116.4	84.3	82.9	80.5
55–64 years	---	---	---	---	363.0	264.8	242.2	256.0
65–74 years	---	---	---	---	829.9	684.8	683.7	657.7
75–84 years	---	---	---	---	1,971.3	1,733.2	1,702.7	1,599.5
85 years and over	---	---	---	---	4,711.9	4,897.5	4,784.3	4,301.8
White, not Hispanic or Latino male⁶								
All ages, age adjusted ³	---	---	---	---	413.6	319.9	304.8	297.7
All ages, crude	---	---	---	---	336.5	297.5	289.5	289.2
45–54 years	---	---	---	---	172.8	134.3	130.7	133.1
55–64 years	---	---	---	---	521.3	356.3	335.8	327.6
65–74 years	---	---	---	---	1,243.4	885.1	834.7	813.5
75–84 years	---	---	---	---	3,007.7	2,261.9	2,190.4	2,129.9
85 years and over	---	---	---	---	7,663.4	6,606.6	6,195.4	5,994.1
White female⁴								
All ages, age adjusted ³	478.0	441.7	376.7	315.9	250.9	205.6	198.7	192.1
All ages, crude	289.4	306.5	313.8	319.2	298.4	274.5	267.7	261.0
45–54 years	141.9	103.4	91.4	71.2	50.2	40.9	41.5	41.7
55–64 years	460.2	383.0	317.7	248.1	192.4	141.3	134.3	130.6
65–74 years	1,400.9	1,229.8	1,044.0	796.7	583.6	445.2	429.0	414.7
75–84 years	3,925.2	3,629.7	3,143.5	2,493.6	1,874.3	1,452.4	1,407.9	1,368.2
85 years and over	9,084.7	9,280.8	7,839.9	7,501.6	6,563.4	5,801.4	5,582.5	5,350.6
Black or African American female⁴								
All ages, age adjusted ³	536.9	488.9	435.6	378.6	327.5	277.6	269.8	263.2
All ages, crude	287.6	268.5	261.0	249.7	237.0	212.6	208.6	205.0
45–54 years	525.3	360.7	290.9	202.4	155.3	125.0	125.9	124.9
55–64 years	1,210.2	952.3	710.5	530.1	442.0	332.8	323.1	312.3
65–74 years	1,659.4	1,680.5	1,553.2	1,210.3	1,017.5	815.2	768.0	734.0
75–84 years ⁵	3,499.3	2,926.9	2,964.1	2,707.2	2,250.9	1,913.1	1,849.6	1,821.9
85 years and over	---	5,650.0	5,003.8	5,796.5	5,766.1	5,298.7	5,207.3	5,111.2

See footnotes at end of table.

Table 36 (page 3 of 3). Death rates for diseases of heart, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
American Indian or Alaska Native female⁴								
All ages, age adjusted ³	---	---	---	175.4	153.1	143.6	127.0	123.6
All ages, crude	---	---	---	80.3	77.5	71.9	68.2	68.5
45–54 years	---	---	---	65.2	62.0	40.2	42.7	29.7
55–64 years	---	---	---	193.5	197.0	149.4	126.5	124.3
65–74 years	---	---	---	577.2	492.8	391.8	384.2	365.8
75–84 years	---	---	---	1,364.3	1,050.3	1,044.1	934.3	1,002.5
85 years and over	---	---	---	2,893.3	2,868.7	3,146.3	2,510.3	2,372.5
Asian or Pacific Islander female⁴								
All ages, age adjusted ³	---	---	---	132.3	149.2	115.7	112.9	108.1
All ages, crude	---	---	---	57.0	62.0	65.0	67.9	67.4
45–54 years	---	---	---	28.6	17.5	15.9	18.4	16.4
55–64 years	---	---	---	92.9	99.0	68.8	62.8	61.8
65–74 years	---	---	---	313.3	323.9	229.6	241.7	239.9
75–84 years	---	---	---	1,053.2	1,130.9	866.2	848.7	796.9
85 years and over	---	---	---	3,211.0	4,161.2	3,367.2	3,186.3	3,067.4
Hispanic or Latino female^{4,6}								
All ages, age adjusted ³	---	---	---	---	177.2	163.7	161.0	149.7
All ages, crude	---	---	---	---	79.4	71.5	71.8	69.7
45–54 years	---	---	---	---	43.5	28.2	27.9	30.2
55–64 years	---	---	---	---	153.2	111.2	107.2	105.7
65–74 years	---	---	---	---	460.4	366.3	363.1	346.4
75–84 years	---	---	---	---	1,259.7	1,169.4	1,155.7	1,090.8
85 years and over	---	---	---	---	4,440.3	4,605.8	4,521.1	4,032.8
White, not Hispanic or Latino female⁵								
All ages, age adjusted ³	---	---	---	---	252.6	206.8	200.0	193.7
All ages, crude	---	---	---	---	320.0	304.9	298.4	292.3
45–54 years	---	---	---	---	50.2	41.9	42.7	42.6
55–64 years	---	---	---	---	193.6	142.9	136.0	132.0
65–74 years	---	---	---	---	584.7	448.5	431.8	417.4
75–84 years	---	---	---	---	1,890.2	1,458.9	1,414.7	1,377.2
85 years and over	---	---	---	---	6,615.2	5,822.7	5,601.6	5,384.5

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio and tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on Census 2000. Rates for 2000 were revised based on Census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 37 (page 1 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
All persons								
All ages, age adjusted ³	180.7	177.9	147.7	96.2	65.3	60.9	57.9	56.2
All ages, crude	104.0	108.0	101.9	75.0	57.8	59.6	57.4	56.4
Under 1 year	5.1	4.1	5.0	4.4	3.8	3.3	2.7	2.9
1–4 years	0.9	0.8	1.0	0.5	0.3	0.3	0.4	0.3
5–14 years	0.5	0.7	0.7	0.3	0.2	0.2	0.2	0.2
15–24 years	1.6	1.8	1.6	1.0	0.6	0.5	0.5	0.4
25–34 years	4.2	4.7	4.5	2.6	2.2	1.5	1.5	1.4
35–44 years	18.7	14.7	15.6	8.5	6.4	5.8	5.5	5.4
45–54 years	70.4	49.2	41.6	25.2	18.7	16.0	15.1	15.1
55–64 years	194.2	147.3	115.8	65.1	47.9	41.0	38.0	37.2
65–74 years	554.7	469.2	384.1	219.0	144.2	128.6	123.4	120.3
75–84 years	1,499.6	1,491.3	1,254.2	786.9	498.0	461.3	443.9	431.0
85 years and over	2,990.1	3,680.5	3,014.3	2,283.7	1,628.9	1,589.2	1,500.2	1,445.9
Male								
All ages, age adjusted ³	186.4	186.1	157.4	102.2	68.5	62.4	59.0	56.5
All ages, crude	102.5	104.5	94.5	63.4	46.7	46.9	45.2	44.2
Under 1 year	6.4	5.0	5.8	5.0	4.4	3.8	3.1	3.2
1–4 years	1.1	0.9	1.2	0.4	0.3	*	0.3	0.4
5–14 years	0.5	0.7	0.8	0.3	0.2	0.2	0.2	0.2
15–24 years	1.8	1.9	1.8	1.1	0.7	0.5	0.5	0.5
25–34 years	4.2	4.5	4.4	2.6	2.1	1.5	1.6	1.4
35–44 years	17.5	14.6	15.7	8.7	6.8	5.8	5.7	5.3
45–54 years	67.9	52.2	44.4	27.2	20.5	17.5	16.7	16.7
55–64 years	205.2	163.8	138.7	74.6	54.3	47.2	43.4	42.7
65–74 years	589.6	530.7	449.5	258.6	166.6	145.0	140.4	135.0
75–84 years	1,543.6	1,555.9	1,361.6	866.3	551.1	490.8	467.3	445.9
85 years and over	3,048.6	3,643.1	2,895.2	2,193.6	1,528.5	1,484.3	1,380.2	1,317.9
Female								
All ages, age adjusted ³	175.8	170.7	140.0	91.7	62.6	59.1	56.4	55.2
All ages, crude	105.6	111.4	109.0	85.9	68.4	71.8	69.2	68.2
Under 1 year	3.7	3.2	4.0	3.8	3.1	2.7	2.3	2.5
1–4 years	0.7	0.7	0.7	0.5	0.3	0.4	0.4	0.3
5–14 years	0.4	0.6	0.6	0.3	0.2	0.2	0.2	0.2
15–24 years	1.5	1.6	1.4	0.8	0.6	0.5	0.5	0.3
25–34 years	4.3	4.9	4.7	2.6	2.2	1.5	1.5	1.4
35–44 years	19.9	14.8	15.6	8.4	6.1	5.7	5.4	5.5
45–54 years	72.9	46.3	39.0	23.3	17.0	14.5	13.6	13.6
55–64 years	183.1	131.8	95.3	56.8	42.2	35.3	32.9	32.1
65–74 years	522.1	415.7	333.3	188.7	126.7	115.1	109.3	108.1
75–84 years	1,462.2	1,441.1	1,183.1	740.1	466.2	442.1	428.6	421.2
85 years and over	2,949.4	3,704.4	3,081.0	2,323.1	1,667.6	1,632.0	1,550.4	1,501.5
White male ⁴								
All ages, age adjusted ³	182.1	181.6	153.7	98.7	65.5	59.8	56.5	54.2
All ages, crude	100.5	102.7	93.5	63.1	46.9	48.4	46.6	45.7
45–54 years	53.7	40.9	35.6	21.7	15.4	13.6	12.7	12.9
55–64 years	182.2	139.0	119.9	64.0	45.7	39.7	36.1	35.6
65–74 years	569.7	501.0	420.0	239.8	152.9	133.8	128.5	123.8
75–84 years	1,556.3	1,564.8	1,361.6	852.7	539.2	480.0	458.8	437.5
85 years and over	3,127.1	3,734.8	3,018.1	2,230.8	1,545.4	1,490.7	1,386.2	1,327.4
Black or African American male ⁴								
All ages, age adjusted ³	228.8	238.5	206.4	142.0	102.2	89.6	85.4	81.7
All ages, crude	122.0	122.9	108.8	73.0	53.0	46.1	44.6	43.5
45–54 years	211.9	166.1	136.1	82.1	68.4	49.5	48.8	46.5
55–64 years	522.8	439.9	343.4	189.7	141.7	115.4	111.9	110.3
65–74 years	783.6	899.2	780.1	472.3	326.9	268.5	269.2	262.9
75–84 years ⁵	1,504.9	1,475.2	1,445.7	1,066.3	721.5	659.2	613.9	587.8
85 years and over	---	2,700.0	1,963.1	1,873.2	1,421.5	1,458.8	1,349.1	1,252.2

See footnotes at end of table.

Table 37 (page 2 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁴								
All ages, age adjusted ³	---	---	---	66.4	44.3	46.1	37.5	37.1
All ages, crude	---	---	---	23.1	16.0	16.8	14.2	15.4
45–54 years	---	---	---	*	*	13.3	12.6	15.4
55–64 years	---	---	---	72.0	39.8	48.6	24.1	34.5
65–74 years	---	---	---	170.5	120.3	144.7	131.5	96.6
75–84 years	---	---	---	523.9	325.9	373.3	247.8	276.4
85 years and over	---	---	---	1,384.7	949.8	834.9	833.0	768.3
Asian or Pacific Islander male⁴								
All ages, age adjusted ³	---	---	---	71.4	59.1	58.0	55.3	50.8
All ages, crude	---	---	---	28.7	23.3	27.2	27.5	25.9
45–54 years	---	---	---	17.0	15.6	15.0	15.9	14.9
55–64 years	---	---	---	59.9	51.8	49.3	46.2	40.4
65–74 years	---	---	---	197.9	167.9	135.6	134.7	112.9
75–84 years	---	---	---	619.5	483.9	438.7	409.8	390.3
85 years and over	---	---	---	1,399.0	1,196.6	1,415.6	1,327.7	1,233.6
Hispanic or Latino male^{4,6}								
All ages, age adjusted ³	---	---	---	---	46.5	50.5	48.9	44.3
All ages, crude	---	---	---	---	15.6	15.8	15.7	15.0
45–54 years	---	---	---	---	20.0	18.1	18.7	18.6
55–64 years	---	---	---	---	49.2	48.8	43.5	45.0
65–74 years	---	---	---	---	126.4	136.1	127.2	124.6
75–84 years	---	---	---	---	356.6	392.9	386.3	338.5
85 years and over	---	---	---	---	866.3	1,029.9	1,005.6	856.7
White, not Hispanic or Latino male⁶								
All ages, age adjusted ³	---	---	---	---	66.3	59.9	56.5	54.4
All ages, crude	---	---	---	---	50.6	53.9	52.0	51.3
45–54 years	---	---	---	---	14.9	13.0	11.9	12.1
55–64 years	---	---	---	---	45.1	38.7	35.1	34.5
65–74 years	---	---	---	---	154.5	133.1	128.0	123.2
75–84 years	---	---	---	---	547.3	482.3	460.5	441.1
85 years and over	---	---	---	---	1,578.7	1,505.9	1,399.0	1,345.9
White female⁴								
All ages, age adjusted ³	169.7	165.0	135.5	89.0	60.3	57.3	54.5	53.4
All ages, crude	103.3	110.1	109.8	88.6	71.6	76.9	74.0	73.0
45–54 years	55.0	33.8	30.5	18.6	13.5	11.2	10.2	10.4
55–64 years	156.9	103.0	78.1	48.6	35.8	30.2	27.6	27.4
65–74 years	498.1	383.3	303.2	172.5	116.1	107.3	99.9	99.5
75–84 years	1,471.3	1,444.7	1,176.8	728.8	456.5	434.2	421.6	414.1
85 years and over	3,017.9	3,795.7	3,167.6	2,362.7	1,685.9	1,646.7	1,563.5	1,516.9
Black or African American female⁴								
All ages, age adjusted ³	238.4	232.5	189.3	119.6	84.0	76.2	73.7	71.8
All ages, crude	128.3	127.7	112.2	77.8	60.7	58.3	56.9	55.8
45–54 years	248.9	166.2	119.4	61.8	44.1	38.1	37.3	35.7
55–64 years	567.7	452.0	272.4	138.4	96.9	76.4	74.4	70.1
65–74 years	754.4	830.5	673.5	361.7	236.7	190.9	189.5	181.2
75–84 years ⁵	1,496.7	1,413.1	1,338.3	917.5	595.0	549.2	530.3	532.2
85 years and over	---	2,578.9	2,210.5	1,891.6	1,495.2	1,556.5	1,491.2	1,434.3

See footnotes at end of table.

Table 37 (page 3 of 3). Death rates for cerebrovascular diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
American Indian or Alaska Native female⁴								
All ages, age adjusted ³	---	---	---	51.2	38.4	43.7	44.0	38.0
All ages, crude	---	---	---	22.0	19.3	21.5	23.3	21.5
45–54 years	---	---	---	*	*	14.4	15.1	13.5
55–64 years	---	---	---	*	40.7	37.9	30.4	33.1
65–74 years	---	---	---	128.3	100.5	79.5	133.3	112.4
75–84 years	---	---	---	404.2	282.0	391.1	359.9	304.8
85 years and over	---	---	---	1,095.5	776.2	931.5	830.5	689.9
Asian or Pacific Islander female⁴								
All ages, age adjusted ³	---	---	---	60.8	54.9	49.1	48.2	45.4
All ages, crude	---	---	---	26.4	24.3	28.7	29.8	29.2
45–54 years	---	---	---	20.3	19.7	13.3	11.3	12.6
55–64 years	---	---	---	43.7	42.1	33.3	35.2	32.1
65–74 years	---	---	---	136.1	124.0	102.8	113.2	112.5
75–84 years	---	---	---	446.6	396.6	386.0	359.6	331.7
85 years and over	---	---	---	1,545.2	1,395.0	1,246.6	1,236.8	1,149.8
Hispanic or Latino female^{4,6}								
All ages, age adjusted ³	---	---	---	---	43.7	43.0	41.6	38.6
All ages, crude	---	---	---	---	20.1	19.4	19.1	18.4
45–54 years	---	---	---	---	15.2	12.4	13.1	12.0
55–64 years	---	---	---	---	38.5	31.9	28.2	27.6
65–74 years	---	---	---	---	102.6	95.2	89.6	85.6
75–84 years	---	---	---	---	308.5	311.3	310.7	307.2
85 years and over	---	---	---	---	1,055.3	1,108.9	1,061.2	918.5
White, not Hispanic or Latino female⁵								
All ages, age adjusted ³	---	---	---	---	61.0	57.6	54.8	53.9
All ages, crude	---	---	---	---	77.2	85.5	82.6	82.1
45–54 years	---	---	---	---	13.2	10.9	9.8	10.1
55–64 years	---	---	---	---	35.7	29.9	27.4	27.2
65–74 years	---	---	---	---	116.9	107.6	100.3	100.2
75–84 years	---	---	---	---	461.9	438.3	425.6	418.4
85 years and over	---	---	---	---	1,714.7	1,661.6	1,577.4	1,536.7

--- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio and tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/data/wh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 38 (page 1 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
All persons								
All ages, age adjusted ³	193.9	193.9	198.6	207.9	216.0	199.6	196.0	193.5
All ages, crude	139.8	149.2	162.8	183.9	203.2	196.5	194.4	193.2
Under 1 year	8.7	7.2	4.7	3.2	2.3	2.4	1.6	1.8
1–4 years	11.7	10.9	7.5	4.5	3.5	2.7	2.7	2.6
5–14 years	6.7	6.8	6.0	4.3	3.1	2.5	2.5	2.6
15–24 years	8.6	8.3	8.3	6.3	4.9	4.4	4.3	4.3
25–34 years	20.0	19.5	16.5	13.7	12.6	9.8	10.1	9.7
35–44 years	62.7	59.7	59.5	48.6	43.3	36.6	36.8	35.8
45–54 years	175.1	177.0	182.5	180.0	158.9	127.5	126.5	123.8
55–64 years	390.7	396.8	423.0	436.1	449.6	366.7	356.5	351.1
65–74 years	698.8	713.9	754.2	817.9	872.3	816.3	802.8	792.1
75–84 years	1,153.3	1,127.4	1,169.2	1,232.3	1,348.5	1,335.6	1,315.8	1,311.9
85 years and over	1,451.0	1,450.0	1,320.7	1,594.6	1,752.9	1,819.4	1,765.6	1,723.9
Male								
All ages, age adjusted ³	208.1	225.1	247.6	271.2	280.4	248.9	243.7	238.9
All ages, crude	142.9	162.5	182.1	205.3	221.3	207.2	205.3	203.8
Under 1 year	9.7	7.7	4.4	3.7	2.4	2.6	1.5	2.0
1–4 years	12.5	12.4	8.3	5.2	3.7	3.0	2.9	2.7
5–14 years	7.4	7.6	6.7	4.9	3.5	2.7	2.5	2.9
15–24 years	9.7	10.2	10.4	7.8	5.7	5.1	5.0	4.9
25–34 years	17.7	18.8	16.3	13.4	12.6	9.2	9.3	9.2
35–44 years	45.6	48.9	53.0	44.0	38.5	32.7	32.6	31.5
45–54 years	156.2	170.8	183.5	188.7	162.5	130.9	130.3	128.0
55–64 years	413.1	459.9	511.8	520.8	532.9	415.8	405.2	399.8
65–74 years	791.5	890.5	1,006.8	1,093.2	1,122.2	1,001.9	984.6	964.8
75–84 years	1,332.6	1,389.4	1,588.3	1,790.5	1,914.4	1,760.6	1,727.1	1,711.3
85 years and over	1,668.3	1,741.2	1,720.8	2,369.5	2,739.9	2,710.7	2,613.6	2,491.1
Female								
All ages, age adjusted ³	182.3	168.7	163.2	166.7	175.7	167.6	164.7	163.1
All ages, crude	136.8	136.4	144.4	163.6	186.0	186.2	183.9	183.0
Under 1 year	7.6	6.8	5.0	2.7	2.2	2.3	1.8	1.6
1–4 years	10.8	9.3	6.7	3.7	3.2	2.5	2.5	2.4
5–14 years	6.0	6.0	5.2	3.6	2.8	2.2	2.4	2.4
15–24 years	7.6	6.5	6.2	4.8	4.1	3.6	3.5	3.6
25–34 years	22.2	20.1	16.7	14.0	12.6	10.4	10.9	10.2
35–44 years	79.3	70.0	65.6	53.1	48.1	40.4	41.0	40.0
45–54 years	194.0	183.0	181.5	171.8	155.5	124.2	122.7	119.8
55–64 years	368.2	337.7	343.2	361.7	375.2	321.3	311.5	306.0
65–74 years	612.3	560.2	557.9	607.1	677.4	663.6	652.2	648.5
75–84 years	1,000.7	924.1	891.9	903.1	1,010.3	1,058.5	1,045.4	1,046.7
85 years and over	1,299.7	1,263.9	1,096.7	1,255.7	1,372.1	1,456.4	1,410.7	1,391.1
White male⁴								
All ages, age adjusted ³	210.0	224.7	244.8	265.1	272.2	243.9	239.2	235.2
All ages, crude	147.2	166.1	185.1	208.7	227.7	218.1	216.4	215.5
25–34 years	17.7	18.8	16.2	13.6	12.3	9.2	9.3	9.1
35–44 years	44.5	46.3	50.1	41.1	35.8	30.9	31.3	30.5
45–54 years	150.8	164.1	172.0	175.4	149.9	123.5	123.6	121.8
55–64 years	409.4	450.9	498.1	497.4	508.2	401.9	392.1	386.0
65–74 years	798.7	887.3	997.0	1,070.7	1,090.7	984.3	969.4	954.8
75–84 years	1,367.6	1,413.7	1,592.7	1,779.7	1,883.2	1,736.0	1,704.6	1,695.3
85 years and over	1,732.7	1,791.4	1,772.2	2,375.6	2,715.1	2,693.7	2,597.6	2,486.8
Black or African American male⁴								
All ages, age adjusted ³	178.9	227.6	291.9	353.4	397.9	340.3	330.9	319.6
All ages, crude	106.6	136.7	171.6	205.5	221.9	188.5	184.5	181.5
25–34 years	18.0	18.4	18.8	14.1	15.7	10.1	10.5	11.2
35–44 years	55.7	72.9	81.3	73.8	64.3	48.4	44.6	43.0
45–54 years	211.7	244.7	311.2	333.0	302.6	214.2	204.8	197.3
55–64 years	490.8	559.7	689.2	812.5	859.2	626.4	604.2	610.3
65–74 years	636.5	938.5	1,168.9	1,417.2	1,613.9	1,363.8	1,335.3	1,274.7
75–84 years ⁵	853.5	1,053.3	1,624.8	2,029.6	2,478.3	2,351.8	2,290.0	2,223.0
85 years and over	---	1,155.2	1,387.0	2,393.9	3,238.3	3,264.8	3,209.9	2,976.1

See footnotes at end of table.

Table 38 (page 2 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
American Indian or Alaska Native male⁴								
All ages, age adjusted ³	---	---	---	140.5	145.8	155.8	155.3	141.9
All ages, crude	---	---	---	58.1	61.4	67.0	72.4	70.4
25–34 years	---	---	---	*	*	*	*	*
35–44 years	---	---	---	*	22.8	21.4	22.9	18.9
45–54 years	---	---	---	86.9	86.9	70.3	77.1	76.1
55–64 years	---	---	---	213.4	246.2	255.6	256.0	261.4
65–74 years	---	---	---	613.0	530.6	648.0	673.9	604.9
75–84 years	---	---	---	936.4	1,038.4	1,152.5	1,093.0	1,069.3
85 years and over	---	---	---	1,471.2	1,654.4	1,584.2	1,487.5	1,036.3
Asian or Pacific Islander male⁴								
All ages, age adjusted ³	---	---	---	165.2	172.5	150.8	147.0	137.9
All ages, crude	---	---	---	81.9	82.7	85.2	87.0	84.0
25–34 years	---	---	---	6.3	9.2	7.4	7.1	7.9
35–44 years	---	---	---	29.4	27.7	26.1	24.8	22.7
45–54 years	---	---	---	108.2	92.6	78.5	83.9	82.8
55–64 years	---	---	---	298.5	274.6	229.2	234.8	224.7
65–74 years	---	---	---	581.2	687.2	559.4	515.1	481.7
75–84 years	---	---	---	1,147.6	1,229.9	1,086.1	1,095.9	1,012.7
85 years and over	---	---	---	1,798.7	1,837.0	1,823.2	1,676.4	1,544.3
Hispanic or Latino male^{4,6}								
All ages, age adjusted ³	---	---	---	---	174.7	171.7	168.2	161.4
All ages, crude	---	---	---	---	65.5	61.3	62.2	61.2
25–34 years	---	---	---	---	8.0	6.9	6.3	6.3
35–44 years	---	---	---	---	22.5	20.1	21.7	18.4
45–54 years	---	---	---	---	96.6	79.4	81.5	78.4
55–64 years	---	---	---	---	294.0	253.1	253.5	254.3
65–74 years	---	---	---	---	655.5	651.2	642.8	622.3
75–84 years	---	---	---	---	1,233.4	1,306.4	1,258.3	1,190.8
85 years and over	---	---	---	---	2,019.4	2,049.7	1,967.4	1,869.0
White, not Hispanic or Latino male⁵								
All ages, age adjusted ³	---	---	---	---	276.7	247.7	243.1	239.6
All ages, crude	---	---	---	---	246.2	244.4	243.4	243.8
25–34 years	---	---	---	---	12.8	9.7	10.0	9.8
35–44 years	---	---	---	---	36.8	32.3	32.6	32.5
45–54 years	---	---	---	---	153.9	127.2	127.3	125.9
55–64 years	---	---	---	---	520.6	412.0	401.7	395.5
65–74 years	---	---	---	---	1,109.0	1,002.1	988.2	975.3
75–84 years	---	---	---	---	1,906.6	1,750.2	1,721.8	1,716.5
85 years and over	---	---	---	---	2,744.4	2,714.1	2,616.8	2,507.7
White female⁴								
All ages, age adjusted ³	182.0	167.7	162.5	165.2	174.0	166.9	163.9	162.4
All ages, crude	139.9	139.8	149.4	170.3	196.1	199.4	196.7	195.8
25–34 years	20.9	18.8	16.3	13.5	11.9	10.1	10.4	9.9
35–44 years	74.5	66.6	62.4	50.9	46.2	38.2	39.3	38.5
45–54 years	185.8	175.7	177.3	166.4	150.9	120.1	118.9	115.3
55–64 years	362.5	329.0	338.6	355.5	368.5	319.7	308.6	303.1
65–74 years	616.5	562.1	554.7	605.2	675.1	665.6	652.9	650.4
75–84 years	1,026.6	939.3	903.5	905.4	1,011.8	1,063.4	1,049.8	1,053.1
85 years and over	1,348.3	1,304.9	1,126.6	1,266.8	1,372.3	1,459.1	1,416.7	1,395.1

See footnotes at end of table.

Table 38 (page 3 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
Black or African American female⁴								
All ages, age adjusted ³	174.1	174.3	173.4	189.5	205.9	193.8	191.3	190.3
All ages, crude	111.8	113.8	117.3	136.5	156.1	151.8	151.3	151.7
25–34 years	34.3	31.0	20.9	18.3	18.7	13.5	15.0	13.3
35–44 years	119.8	102.4	94.6	73.5	67.4	58.9	57.3	56.2
45–54 years	277.0	254.8	228.6	230.2	209.9	173.9	166.8	168.2
55–64 years	484.6	442.7	404.8	450.4	482.4	391.0	390.9	385.4
65–74 years	477.3	541.6	615.8	662.4	773.2	753.1	748.4	741.1
75–84 years ⁵	605.3	696.3	763.3	923.9	1,059.9	1,124.0	1,125.0	1,123.1
85 years and over	---	728.9	791.5	1,159.9	1,431.3	1,527.7	1,457.5	1,468.0
American Indian or Alaska Native female⁴								
All ages, age adjusted ³	---	---	---	94.0	106.9	108.3	114.1	112.9
All ages, crude	---	---	---	50.4	62.1	61.3	68.8	71.0
25–34 years	---	---	---	*	*	*	*	9.4
35–44 years	---	---	---	36.9	31.0	23.7	25.7	23.6
45–54 years	---	---	---	96.9	104.5	59.7	79.4	80.6
55–64 years	---	---	---	198.4	213.3	200.9	221.7	202.5
65–74 years	---	---	---	350.8	438.9	458.3	463.8	473.2
75–84 years	---	---	---	446.4	554.3	714.0	752.7	703.9
85 years and over	---	---	---	786.5	843.7	983.2	905.2	1,001.2
Asian or Pacific Islander female⁴								
All ages, age adjusted ³	---	---	---	93.0	103.0	100.7	99.3	95.9
All ages, crude	---	---	---	54.1	60.5	72.1	74.0	72.6
25–34 years	---	---	---	9.5	7.3	8.1	8.0	6.4
35–44 years	---	---	---	38.7	29.8	28.9	25.6	23.6
45–54 years	---	---	---	99.8	93.9	78.2	82.5	78.5
55–64 years	---	---	---	174.7	196.2	176.5	167.7	171.2
65–74 years	---	---	---	301.9	346.2	357.4	373.3	358.1
75–84 years	---	---	---	522.1	641.4	650.1	633.1	606.4
85 years and over	---	---	---	800.0	971.7	988.5	929.2	910.1
Hispanic or Latino female^{4,6}								
All ages, age adjusted ³	---	---	---	---	111.9	110.8	108.6	106.1
All ages, crude	---	---	---	---	60.7	58.5	58.7	58.1
25–34 years	---	---	---	---	9.7	7.8	8.3	7.5
35–44 years	---	---	---	---	34.8	30.7	29.8	28.4
45–54 years	---	---	---	---	100.5	84.7	84.2	78.0
55–64 years	---	---	---	---	205.4	192.5	196.7	179.8
65–74 years	---	---	---	---	404.8	410.0	394.5	395.6
75–84 years	---	---	---	---	663.0	716.5	681.2	692.2
85 years and over	---	---	---	---	1,022.7	1,056.5	1,068.6	1,031.2

See footnotes at end of table.

Table 38 (page 4 of 4). Death rates for malignant neoplasms, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
White, not Hispanic or Latino female ⁶	Deaths per 100,000 resident population							
All ages, age adjusted ³	---	---	---	---	177.5	170.0	167.2	165.9
All ages, crude	---	---	---	---	210.6	220.6	218.4	218.5
25–34 years	---	---	---	---	11.9	10.5	10.7	10.3
35–44 years	---	---	---	---	47.0	38.9	40.4	39.9
45–54 years	---	---	---	---	154.9	123.0	121.9	118.7
55–64 years	---	---	---	---	379.5	328.9	317.3	312.8
65–74 years	---	---	---	---	688.5	681.0	669.7	667.7
75–84 years	---	---	---	---	1,027.2	1,075.3	1,064.4	1,068.3
85 years and over	---	---	---	---	1,385.7	1,468.7	1,425.1	1,405.4

--- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio and tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 39 (page 1 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	<i>1950¹</i>	<i>1960¹</i>	<i>1970</i>	<i>1980</i>	<i>1990</i>	<i>2000²</i>	<i>2001</i>	<i>2002</i>
Deaths per 100,000 resident population								
All persons								
All ages, age adjusted ³	15.0	24.1	37.1	49.9	59.3	56.1	55.3	54.9
All ages, crude	12.2	20.3	32.1	45.8	56.8	55.3	54.8	54.7
Under 25 years	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
25–34 years	0.8	1.0	0.9	0.6	0.7	0.5	0.4	0.4
35–44 years	4.5	6.8	11.0	9.2	6.8	6.1	6.2	6.0
45–54 years	20.4	29.6	43.4	54.1	46.8	31.6	30.7	30.3
55–64 years	48.7	75.3	109.1	138.2	160.6	122.4	117.7	115.3
65–74 years	59.7	108.1	164.5	233.3	288.4	284.2	279.7	275.0
75–84 years	55.8	91.5	163.2	240.5	333.3	370.8	371.4	377.6
85 years and over	42.3	65.6	101.7	176.0	242.5	302.1	302.7	297.2
Male								
All ages, age adjusted ³	24.6	43.6	67.5	85.2	91.1	76.7	75.2	73.2
All ages, crude	19.9	35.4	53.4	68.6	75.1	65.5	64.7	63.7
Under 25 years	0.0	0.0	0.1	0.1	0.0	*	*	0.0
25–34 years	1.1	1.4	1.3	0.8	0.9	0.5	0.4	0.4
35–44 years	7.1	10.5	16.1	11.9	8.5	6.9	6.7	6.2
45–54 years	35.0	50.6	67.5	76.0	59.7	38.5	37.4	36.6
55–64 years	83.8	139.3	189.7	213.6	222.9	154.0	147.1	144.0
65–74 years	98.7	204.3	320.8	403.9	430.4	377.9	370.0	355.9
75–84 years	82.6	167.1	330.8	488.8	572.9	532.2	529.5	527.9
85 years and over	62.5	107.7	194.0	368.1	513.2	521.2	512.4	482.2
Female								
All ages, age adjusted ³	5.8	7.5	13.1	24.4	37.1	41.3	41.0	41.6
All ages, crude	4.5	6.4	11.9	24.3	39.4	45.4	45.3	46.0
Under 25 years	0.1	0.0	0.0	*	*	*	*	*
25–34 years	0.5	0.5	0.5	0.5	0.5	0.5	0.4	0.4
35–44 years	1.9	3.2	6.1	6.5	5.2	5.3	5.7	5.8
45–54 years	5.8	9.2	21.0	33.7	34.5	25.0	24.3	24.3
55–64 years	13.6	15.4	36.8	72.0	105.0	93.3	90.5	88.8
65–74 years	23.3	24.4	43.1	102.7	177.6	206.9	204.9	207.7
75–84 years	32.9	32.8	52.4	94.1	190.1	265.6	267.5	277.8
85 years and over	28.2	38.8	50.0	91.9	138.1	212.8	215.0	217.0
White male ⁴								
All ages, age adjusted ³	25.1	43.6	67.1	83.8	89.0	75.7	74.2	72.5
All ages, crude	20.8	36.4	54.6	70.2	77.8	69.4	68.6	67.7
45–54 years	35.1	49.2	63.3	70.9	55.2	35.7	34.9	34.2
55–64 years	85.4	139.2	186.8	205.6	213.7	150.8	143.8	139.3
65–74 years	101.5	207.5	325.0	401.0	422.1	374.9	368.1	356.4
75–84 years	85.5	170.4	336.7	493.5	572.2	529.9	526.4	527.8
85 years and over	67.4	109.4	199.6	374.1	516.3	522.4	513.9	486.6
Black or African American male ⁴								
All ages, age adjusted ³	17.8	42.6	75.4	107.6	125.4	101.1	99.1	95.0
All ages, crude	12.1	28.1	47.7	66.6	73.7	58.3	57.2	56.0
45–54 years	34.4	68.4	115.4	133.8	114.9	70.7	66.2	64.6
55–64 years	68.3	146.8	234.3	321.1	358.6	223.5	215.2	223.6
65–74 years	53.8	168.3	300.5	472.3	585.4	488.8	476.4	444.6
75–84 years ⁵	36.2	107.3	271.6	472.9	645.4	642.5	659.8	626.2
85 years and over	---	82.8	137.0	311.3	499.5	562.8	549.2	484.6
American Indian or Alaska Native male ⁴								
All ages, age adjusted ³	---	---	---	31.7	47.5	42.9	42.1	41.3
All ages, crude	---	---	---	14.2	20.0	18.1	19.6	19.8
45–54 years	---	---	---	*	26.6	14.5	20.0	14.9
55–64 years	---	---	---	72.0	97.8	86.0	78.7	92.7
65–74 years	---	---	---	202.8	194.3	184.8	205.4	185.2
75–84 years	---	---	---	*	356.2	367.9	354.6	326.2
85 years and over	---	---	---	*	*	*	*	*

See footnotes at end of table.

Table 39 (page 2 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
Asian or Pacific Islander male⁴								
All ages, age adjusted ³	---	---	---	43.3	44.2	40.9	39.2	36.3
All ages, crude	---	---	---	22.1	20.7	22.7	22.5	21.5
45–54 years	---	---	---	33.3	18.8	17.2	16.7	15.6
55–64 years	---	---	---	94.4	74.4	61.4	62.4	64.9
65–74 years	---	---	---	174.3	215.8	183.2	161.7	137.7
75–84 years	---	---	---	301.3	307.5	323.2	311.5	301.2
85 years and over	---	---	---	*	421.3	378.0	402.3	346.5
Hispanic or Latino male^{4,6}								
All ages, age adjusted ³	---	---	---	---	44.1	39.0	36.8	36.2
All ages, crude	---	---	---	---	16.2	13.3	13.1	13.1
45–54 years	---	---	---	---	21.5	14.8	14.2	12.6
55–64 years	---	---	---	---	80.7	58.6	59.5	60.7
65–74 years	---	---	---	---	195.5	167.3	163.7	161.7
75–84 years	---	---	---	---	313.4	327.5	293.8	299.1
85 years and over	---	---	---	---	420.7	368.8	335.2	307.9
White, not Hispanic or Latino male⁶								
All ages, age adjusted ³	---	---	---	---	91.1	77.9	76.6	75.0
All ages, crude	---	---	---	---	84.7	78.9	78.4	77.8
45–54 years	---	---	---	---	57.8	37.7	37.0	36.5
55–64 years	---	---	---	---	221.0	157.7	150.3	145.7
65–74 years	---	---	---	---	431.4	387.3	381.1	369.5
75–84 years	---	---	---	---	580.4	537.7	536.5	538.3
85 years and over	---	---	---	---	520.9	527.3	520.0	493.3
White female⁴								
All ages, age adjusted ³	5.9	6.8	13.1	24.5	37.6	42.3	42.1	42.6
All ages, crude	4.7	5.9	12.3	25.6	42.4	49.9	49.8	50.7
45–54 years	5.7	9.0	20.9	33.0	34.6	24.8	24.3	24.2
55–64 years	13.7	15.1	37.2	71.9	105.7	96.1	93.3	91.0
65–74 years	23.7	24.8	42.9	104.6	181.3	213.2	211.9	215.1
75–84 years	34.0	32.7	52.6	95.2	194.6	272.7	274.0	285.8
85 years and over	29.3	39.1	50.6	92.4	138.3	215.9	218.1	220.2
Black or African American female⁴								
All ages, age adjusted ³	4.5	6.8	13.7	24.8	36.8	39.8	38.7	40.1
All ages, crude	2.8	4.3	9.4	18.3	28.1	30.8	30.2	31.6
45–54 years	7.5	11.3	23.9	43.4	41.3	32.9	29.5	31.7
55–64 years	12.9	17.9	33.5	79.9	117.9	95.3	92.0	95.3
65–74 years	14.0	18.1	46.1	88.0	164.3	194.1	186.7	189.3
75–84 years ⁵	*	31.3	49.1	79.4	148.1	224.3	231.3	242.6
85 years and over	---	34.2	44.8	85.8	134.9	185.9	181.0	191.0
American Indian or Alaska Native female⁴								
All ages, age adjusted ³	---	---	---	11.7	19.3	24.8	28.1	27.1
All ages, crude	---	---	---	6.0	11.2	14.0	16.2	16.4
45–54 years	---	---	---	*	22.9	12.1	15.1	11.4
55–64 years	---	---	---	*	53.7	52.6	56.9	52.5
65–74 years	---	---	---	*	78.5	151.5	140.2	162.8
75–84 years	---	---	---	*	111.8	136.3	201.4	163.4
85 years and over	---	---	---	*	*	*	*	168.3

See footnotes at end of table.

Table 39 (page 3 of 3). Death rates for malignant neoplasms of trachea, bronchus, and lung, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
Asian or Pacific Islander female⁴								
All ages, age adjusted ³	---	---	---	15.4	18.9	18.4	20.0	17.5
All ages, crude	---	---	---	8.4	10.5	12.6	14.1	12.9
45–54 years	---	---	---	13.5	11.3	9.9	11.4	9.0
55–64 years	---	---	---	24.6	38.3	30.4	29.4	28.9
65–74 years	---	---	---	62.4	71.6	77.0	83.6	79.9
75–84 years	---	---	---	117.7	137.9	135.0	147.5	116.8
85 years and over	---	---	---	*	172.9	175.3	212.1	170.4
Hispanic or Latino female^{4,6}								
All ages, age adjusted ³	---	---	---	---	14.1	14.7	14.5	14.6
All ages, crude	---	---	---	---	7.2	7.2	7.4	7.6
45–54 years	---	---	---	---	8.7	7.1	7.3	7.3
55–64 years	---	---	---	---	25.1	22.2	24.6	23.2
65–74 years	---	---	---	---	66.8	66.0	64.6	69.5
75–84 years	---	---	---	---	94.3	112.3	107.0	104.6
85 years and over	---	---	---	---	118.2	137.5	135.0	130.1
White, not Hispanic or Latino female⁶								
All ages, age adjusted ³	---	---	---	---	39.0	44.1	44.0	44.6
All ages, crude	---	---	---	---	46.2	56.4	56.6	57.9
45–54 years	---	---	---	---	36.6	26.4	26.0	26.0
55–64 years	---	---	---	---	111.3	102.2	99.2	96.8
65–74 years	---	---	---	---	186.4	222.9	222.3	225.9
75–84 years	---	---	---	---	199.1	279.2	281.3	294.3
85 years and over	---	---	---	---	139.0	218.0	220.6	223.4

0.0 Quantity more than zero but less than 0.05.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio and tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 40 (page 1 of 2). Death rates for malignant neoplasm of breast for females, according to race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
All females								
All ages, age adjusted ³	31.9	31.7	32.1	31.9	33.3	26.8	26.0	25.6
All ages, crude	24.7	26.1	28.4	30.6	34.0	29.2	28.6	28.3
Under 25 years	*	*	*	*	*	*	*	*
25–34 years	3.8	3.8	3.9	3.3	2.9	2.3	2.4	2.1
35–44 years	20.8	20.2	20.4	17.9	17.8	12.4	12.4	12.0
45–54 years	46.9	51.4	52.6	48.1	45.4	33.0	32.8	31.4
55–64 years	69.9	70.8	77.6	80.5	78.6	59.3	57.5	56.2
65–74 years	95.0	90.0	93.8	101.1	111.7	88.3	85.8	84.4
75–84 years	139.8	129.9	127.4	126.4	146.3	128.9	125.8	125.9
85 years and over	195.5	191.9	157.1	169.3	196.8	205.7	188.9	191.5
White ⁴								
All ages, age adjusted ³	32.4	32.0	32.5	32.1	33.2	26.3	25.5	25.0
All ages, crude	25.7	27.2	29.9	32.3	35.9	30.7	29.8	29.5
35–44 years	20.8	19.7	20.2	17.3	17.1	11.3	11.3	10.7
45–54 years	47.1	51.2	53.0	48.1	44.3	31.2	31.0	29.4
55–64 years	70.9	71.8	79.3	81.3	78.5	57.9	56.0	55.0
65–74 years	96.3	91.6	95.9	103.7	113.3	89.3	85.6	84.6
75–84 years	143.6	132.8	129.6	128.4	148.2	130.2	126.9	126.5
85 years and over	204.2	199.7	161.9	171.7	198.0	205.5	189.9	192.6
Black or African American ⁴								
All ages, age adjusted ³	25.3	27.9	28.9	31.7	38.1	34.5	34.4	34.0
All ages, crude	16.4	18.7	19.7	22.9	29.0	27.9	28.3	28.2
35–44 years	21.0	24.8	24.4	24.1	25.8	20.9	20.8	22.0
45–54 years	46.5	54.4	52.0	52.7	60.5	51.5	50.3	49.8
55–64 years	64.3	63.2	64.7	79.9	93.1	80.9	79.8	76.6
65–74 years	67.0	72.3	77.3	84.3	112.2	98.6	106.6	101.1
75–84 years ⁵	81.0	87.5	101.8	114.1	140.5	139.8	141.8	145.0
85 years and over	---	92.1	112.1	149.9	201.5	238.7	205.9	209.1
American Indian or Alaska Native ⁴								
All ages, age adjusted ³	---	---	---	10.8	13.7	13.6	11.8	13.8
All ages, crude	---	---	---	6.1	8.6	8.7	8.2	9.6
35–44 years	---	---	---	*	*	*	*	*
45–54 years	---	---	---	*	23.9	14.4	18.9	18.7
55–64 years	---	---	---	*	*	40.0	31.4	28.5
65–74 years	---	---	---	*	*	42.5	41.5	48.7
75–84 years	---	---	---	*	*	71.8	*	*
85 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander ⁴								
All ages, age adjusted ³	---	---	---	11.9	13.7	12.3	12.9	12.8
All ages, crude	---	---	---	8.2	9.3	10.2	10.9	10.8
35–44 years	---	---	---	10.4	8.4	8.1	8.8	6.8
45–54 years	---	---	---	23.4	26.4	22.3	22.3	21.3
55–64 years	---	---	---	35.7	33.8	31.3	33.1	33.1
65–74 years	---	---	---	*	38.5	34.7	36.5	38.3
75–84 years	---	---	---	*	48.0	37.5	44.8	48.7
85 years and over	---	---	---	*	*	68.2	65.8	69.3
Hispanic or Latino ^{4,6}								
All ages, age adjusted ³	---	---	---	---	19.5	16.9	16.3	15.5
All ages, crude	---	---	---	---	11.5	9.7	9.7	9.2
35–44 years	---	---	---	---	11.7	8.7	9.2	7.8
45–54 years	---	---	---	---	32.8	23.9	23.8	21.6
55–64 years	---	---	---	---	45.8	39.1	41.5	33.5
65–74 years	---	---	---	---	64.8	54.9	49.3	48.7
75–84 years	---	---	---	---	67.2	74.9	64.7	73.1
85 years and over	---	---	---	---	102.8	105.8	102.4	105.3

See footnotes at end of table.

Table 40 (page 2 of 2). Death rates for malignant neoplasm of breast for females, according to race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
White, not Hispanic or Latino ⁶								
All ages, age adjusted ³	---	---	---	---	33.9	26.8	26.0	25.6
All ages, crude	---	---	---	---	38.5	33.8	32.9	32.9
35–44 years	---	---	---	---	17.5	11.6	11.5	11.1
45–54 years	---	---	---	---	45.2	31.7	31.6	30.0
55–64 years	---	---	---	---	80.6	59.2	57.0	56.7
65–74 years	---	---	---	---	115.7	91.4	88.0	87.0
75–84 years	---	---	---	---	151.4	132.2	129.4	128.9
85 years and over	---	---	---	---	201.5	208.3	192.6	195.8

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

0.0 Quantity more than zero but less than 0.05.

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio](#) and [tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 41 (page 1 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	<i>1980</i>	<i>1990</i>	<i>1995</i>	<i>1999¹</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
All persons							
Deaths per 100,000 resident population							
All ages, age adjusted ²	28.3	37.2	40.1	45.4	44.2	43.7	43.5
All ages, crude	24.7	34.9	38.6	44.5	43.4	43.2	43.3
Under 1 year	1.6	1.4	1.1	0.9	0.9	1.0	1.0
1–4 years	0.4	0.4	0.2	0.4	0.3	0.3	0.4
5–14 years	0.2	0.3	0.4	0.3	0.3	0.3	0.3
15–24 years	0.3	0.5	0.7	0.5	0.5	0.4	0.5
25–34 years	0.5	0.7	0.9	0.8	0.7	0.7	0.8
35–44 years	1.6	1.6	1.9	2.0	2.1	2.2	2.2
45–54 years	9.8	9.1	8.7	8.5	8.6	8.5	8.7
55–64 years	42.7	48.9	46.8	47.5	44.2	44.1	42.4
65–74 years	129.1	152.5	159.6	177.2	169.4	167.9	163.0
75–84 years	224.4	321.1	349.3	397.8	386.1	379.8	386.7
85 years and over	274.0	433.3	520.1	646.0	648.6	644.7	637.6
Male							
All ages, age adjusted ²	49.9	55.5	54.8	58.7	55.8	54.0	53.5
All ages, crude	35.1	40.8	41.4	45.6	43.5	42.7	42.9
Under 1 year	1.9	1.6	1.4	---	1.2	1.1	1.1
1–4 years	0.5	0.5	0.2	0.4	0.4	0.4	0.6
5–14 years	0.2	0.4	0.5	0.4	0.4	0.3	0.4
15–24 years	0.4	0.5	0.7	0.6	0.6	0.5	0.6
25–34 years	0.6	0.7	0.9	0.8	0.8	0.7	0.8
35–44 years	1.7	1.7	1.7	1.8	1.9	2.0	2.2
45–54 years	12.1	9.4	8.8	8.6	9.0	8.8	9.1
55–64 years	59.9	58.6	52.3	52.3	47.8	46.9	45.2
65–74 years	210.0	204.0	195.6	210.7	195.2	191.3	184.8
75–84 years	437.4	500.0	483.8	513.2	488.5	475.1	480.8
85 years and over	583.4	815.1	889.8	996.7	967.9	916.9	894.8
Female							
All ages, age adjusted ²	14.9	26.6	31.8	37.7	37.4	37.6	37.4
All ages, crude	15.0	29.2	36.0	43.4	43.2	43.7	43.7
Under 1 year	1.3	1.2	*	*	*	*	*
1–4 years	*	*	*	0.3	0.3	*	0.3
5–14 years	0.3	0.3	0.2	0.2	0.3	0.2	0.3
15–24 years	0.3	0.5	0.6	0.5	0.4	0.4	0.4
25–34 years	0.5	0.7	0.9	0.9	0.7	0.7	0.7
35–44 years	1.5	1.5	2.2	2.1	2.2	2.3	2.3
45–54 years	7.7	8.8	8.7	8.4	8.3	8.1	8.2
55–64 years	27.6	40.3	41.9	43.1	41.0	41.5	39.8
65–74 years	67.1	112.3	130.8	149.8	148.2	148.5	144.9
75–84 years	98.7	214.2	265.3	322.9	319.2	317.3	324.1
85 years and over	138.7	286.0	377.7	504.6	518.5	530.8	526.0
White male ³							
All ages, age adjusted ²	51.6	56.6	55.9	60.0	57.2	55.5	54.9
All ages, crude	37.9	44.3	45.5	50.6	48.3	47.6	47.8
35–44 years	1.2	1.3	1.4	1.5	1.6	1.7	1.8
45–54 years	11.4	8.6	8.1	8.1	8.4	8.6	8.8
55–64 years	60.0	58.7	52.7	53.1	48.6	48.0	46.0
65–74 years	218.4	208.1	200.0	217.3	201.4	198.3	192.3
75–84 years	459.8	513.5	497.9	525.4	503.6	489.4	495.2
85 years and over	611.2	847.0	918.3	1,029.4	997.4	943.6	923.4
Black or African American male ³							
All ages, age adjusted ²	34.0	47.6	47.4	51.5	47.5	46.3	46.3
All ages, crude	19.3	25.2	24.4	26.2	24.3	23.6	24.1
35–44 years	5.8	5.3	4.3	4.7	4.8	4.7	5.7
45–54 years	19.7	18.8	16.9	15.3	15.0	13.3	14.4
55–64 years	66.6	67.4	60.5	59.3	54.6	49.8	52.3
65–74 years	142.0	184.5	178.7	184.6	176.9	168.0	158.0
75–84 years	229.8	390.9	370.0	434.4	370.3	380.8	392.2
85 years and over	271.6	498.0	624.1	701.9	693.1	671.7	645.4

See footnotes at end of table.

Table 41 (page 2 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	<i>1980</i>	<i>1990</i>	<i>1995</i>	<i>1999¹</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Deaths per 100,000 resident population							
American Indian or Alaska Native male³							
All ages, age adjusted ²	23.0	38.3	35.6	41.8	43.7	35.0	35.9
All ages, crude	8.4	13.8	12.3	14.0	15.3	13.1	14.3
35–44 years	*	*	*	*	*	*	*
45–54 years	*	*	*	*	*	*	*
55–64 years	*	*	36.5	34.2	46.4	35.7	34.5
65–74 years	*	135.7	132.1	165.0	111.3	115.1	126.1
75–84 years	*	363.8	307.3	393.0	416.6	306.0	348.9
85 years and over	*	*	*	576.7	770.7	614.8	500.3
Asian or Pacific Islander male³							
All ages, age adjusted ²	21.5	29.8	28.9	29.6	28.3	27.0	25.0
All ages, crude	8.7	11.3	11.8	13.1	12.6	12.7	12.0
35–44 years	*	*	*	*	*	*	*
45–54 years	*	*	*	*	4.8	3.6	2.6
55–64 years	*	22.1	15.7	14.3	8.8	14.4	11.5
65–74 years	70.6	91.4	87.9	81.9	71.3	65.5	58.5
75–84 years	155.7	258.6	240.6	270.6	254.3	239.3	235.9
85 years and over	472.4	615.2	650.4	652.3	670.7	640.4	582.5
Hispanic or Latino male^{3,4}							
All ages, age adjusted ²	---	28.6	31.8	33.0	28.8	27.6	27.2
All ages, crude	---	8.4	8.9	8.9	8.0	7.8	8.1
35–44 years	---	*	1.1	1.4	0.9	0.7	1.0
45–54 years	---	4.1	3.9	3.6	3.4	3.2	3.8
55–64 years	---	17.2	19.1	17.6	18.2	16.1	17.5
65–74 years	---	81.0	82.4	81.9	72.4	75.5	69.2
75–84 years	---	252.4	292.0	272.7	250.3	224.0	243.3
85 years and over	---	613.9	689.0	836.8	671.1	676.1	602.4
White, not Hispanic or Latino male⁴							
All ages, age adjusted ²	---	57.9	56.6	61.3	58.5	56.9	56.5
All ages, crude	---	48.5	50.2	57.3	55.1	54.6	55.1
35–44 years	---	1.4	1.4	1.5	1.7	1.9	2.0
45–54 years	---	9.0	8.4	8.5	8.9	9.1	9.3
55–64 years	---	61.3	54.6	55.6	50.8	50.5	48.3
65–74 years	---	213.4	204.3	224.9	208.8	206.1	200.4
75–84 years	---	523.7	501.7	534.9	513.6	500.9	506.7
85 years and over	---	860.6	922.6	1,033.5	1,008.6	951.5	935.4
White female³							
All ages, age adjusted ²	15.5	27.8	33.3	39.7	39.5	39.8	39.7
All ages, crude	16.4	32.8	40.8	49.8	49.7	50.3	50.5
35–44 years	1.3	1.2	1.7	1.8	1.8	1.9	2.0
45–54 years	7.6	8.3	8.4	8.1	7.9	8.0	8.1
55–64 years	28.7	41.9	44.0	45.6	43.2	44.1	42.4
65–74 years	71.0	118.8	139.0	160.3	159.6	160.4	157.0
75–84 years	104.0	226.3	279.5	341.5	339.1	338.3	345.4
85 years and over	144.2	298.4	395.5	529.7	544.8	557.9	554.5
Black or African American female³							
All ages, age adjusted ²	9.1	16.6	20.2	23.4	22.7	22.4	22.6
All ages, crude	6.8	12.6	15.5	18.0	17.6	17.5	17.7
35–44 years	3.4	3.8	5.4	4.6	4.7	4.9	4.6
45–54 years	9.3	14.0	12.8	12.6	13.4	11.7	11.6
55–64 years	20.8	33.4	34.7	34.9	35.3	33.3	31.5
65–74 years	32.7	64.7	78.7	88.9	82.9	84.3	82.0
75–84 years	41.1	96.0	132.7	166.4	158.4	151.7	167.4
85 years and over	63.2	133.0	185.8	254.5	255.0	266.1	262.0

See footnotes at end of table.

Table 41 (page 3 of 3). Death rates for chronic lower respiratory diseases, according to sex, race, Hispanic origin, and age: United States, selected years 1980–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1980	1990	1995	1999 ¹	2000	2001	2002
Deaths per 100,000 resident population							
American Indian or Alaska Native female³							
All ages, age adjusted ²	7.7	16.8	22.8	30.4	26.2	27.3	26.4
All ages, crude	3.8	8.7	11.5	14.7	13.4	14.8	15.1
35–44 years	*	*	*	*	*	*	*
45–54 years	*	*	*	*	*	*	*
55–64 years	*	*	38.8	39.6	31.6	37.3	34.1
65–74 years	*	56.4	79.5	109.1	136.8	114.2	119.1
75–84 years	*	116.7	191.3	301.1	175.8	217.9	194.8
85 years and over	*	*	*	322.8	362.2	345.3	353.4
Asian or Pacific Islander female³							
All ages, age adjusted ²	5.8	11.0	12.1	12.1	11.7	11.1	9.3
All ages, crude	2.6	5.2	6.3	7.0	6.8	6.8	6.0
35–44 years	*	*	*	*	*	*	*
45–54 years	*	*	3.6	*	*	*	*
55–64 years	*	15.2	9.6	7.7	6.2	7.0	4.9
65–74 years	*	26.5	29.2	39.9	29.2	30.2	24.6
75–84 years	*	80.6	113.2	94.1	88.9	79.4	77.0
85 years and over	*	232.5	227.8	268.0	299.5	288.5	219.1
Hispanic or Latino female^{3,4}							
All ages, age adjusted ²	---	13.4	16.9	17.7	16.3	16.5	16.2
All ages, crude	---	6.3	7.7	8.0	7.2	7.5	7.6
35–44 years	---	*	1.4	1.8	1.3	1.2	1.4
45–54 years	---	4.9	4.6	4.2	3.3	4.1	3.1
55–64 years	---	14.4	12.9	12.0	10.8	12.1	10.6
65–74 years	---	36.6	43.1	47.5	38.0	40.3	41.5
75–84 years	---	101.1	125.0	142.9	136.0	132.7	129.8
85 years and over	---	269.0	402.6	391.0	387.8	384.4	385.5
White, not Hispanic or Latino female⁴							
All ages, age adjusted ²	---	28.5	34.0	40.8	40.7	41.1	41.2
All ages, crude	---	35.7	44.7	55.9	56.2	57.2	57.7
35–44 years	---	1.2	1.7	1.8	1.9	2.0	2.1
45–54 years	---	8.5	8.5	8.5	8.3	8.3	8.6
55–64 years	---	43.7	46.2	48.3	45.8	46.8	45.1
65–74 years	---	122.8	143.0	167.4	167.6	168.8	165.5
75–84 years	---	231.9	284.5	348.8	347.2	347.3	355.7
85 years and over	---	302.1	393.7	532.8	548.7	562.7	559.8

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Starting with 1999 data, cause of death is coded according to ICD–10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. See [Appendix II, Comparability ratio and tables V and VI](#).

²Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 42 (page 1 of 2). Death rates for human immunodeficiency virus (HIV) disease, according to sex, race, Hispanic origin, and age: United States, selected years 1987–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1987	1990	1995	1999 ¹	2000	2001	2002
All persons							
Deaths per 100,000 resident population							
All ages, age adjusted ²	5.6	10.2	16.2	5.3	5.2	5.0	4.9
All ages, crude	5.6	10.1	16.2	5.3	5.1	5.0	4.9
Under 1 year	2.3	2.7	1.5	*	*	*	*
1–4 years	0.7	0.8	1.3	0.2	*	*	*
5–14 years	0.1	0.2	0.5	0.2	0.1	0.1	0.1
15–24 years	1.3	1.5	1.7	0.5	0.5	0.6	0.4
25–34 years	11.7	19.7	28.3	6.8	6.1	5.3	4.6
35–44 years	14.0	27.4	44.2	13.8	13.1	13.0	12.7
45–54 years	8.0	15.2	26.0	10.7	11.0	10.5	11.2
55–64 years	3.5	6.2	10.9	4.8	5.1	5.2	5.1
65–74 years	1.3	2.0	3.6	2.2	2.2	2.1	2.2
75–84 years	0.8	0.7	0.7	0.6	0.7	0.7	0.8
85 years and over	*	*	*	*	*	*	*
Male							
All ages, age adjusted ²	10.4	18.5	27.3	8.2	7.9	7.5	7.4
All ages, crude	10.2	18.5	27.6	8.2	7.9	7.6	7.4
Under 1 year	2.2	2.4	1.7	*	*	*	*
1–4 years	0.7	0.8	1.2	*	*	*	*
5–14 years	0.2	0.3	0.5	0.2	0.1	0.1	*
15–24 years	2.2	2.2	2.0	0.5	0.5	0.5	0.4
25–34 years	20.7	34.5	45.5	9.5	8.0	7.1	5.9
35–44 years	26.3	50.2	75.5	21.0	19.8	19.5	18.8
45–54 years	15.5	29.1	46.2	17.5	17.8	16.8	17.7
55–64 years	6.8	12.0	19.7	8.3	8.7	8.6	8.5
65–74 years	2.4	3.7	6.4	3.8	3.8	3.5	3.9
75–84 years	1.2	1.1	1.3	1.0	1.3	1.5	1.4
85 years and over	*	*	*	*	*	*	*
Female							
All ages, age adjusted ²	1.1	2.2	5.3	2.5	2.5	2.5	2.5
All ages, crude	1.1	2.2	5.3	2.5	2.5	2.5	2.5
Under 1 year	2.5	3.0	1.2	*	*	*	*
1–4 years	0.7	0.8	1.5	*	*	*	*
5–14 years	*	0.2	0.5	0.2	0.1	*	*
15–24 years	0.3	0.7	1.4	0.5	0.4	0.6	0.4
25–34 years	2.8	4.9	10.9	4.1	4.2	3.5	3.3
35–44 years	2.1	5.2	13.3	6.7	6.5	6.7	6.7
45–54 years	0.8	1.9	6.6	4.1	4.4	4.4	4.8
55–64 years	0.5	1.1	2.8	1.6	1.8	2.0	1.9
65–74 years	0.5	0.8	1.4	0.8	0.8	0.9	0.8
75–84 years	0.5	0.4	0.3	0.3	0.3	*	0.3
85 years and over	*	*	*	*	*	*	*
All ages, age adjusted ²							
White male	8.7	15.7	20.4	4.9	4.6	4.4	4.3
Black or African American male	26.2	46.3	89.0	36.1	35.1	33.8	33.3
American Indian or Alaska Native male	*	3.3	10.5	4.2	3.5	4.2	3.4
Asian or Pacific Islander male	2.5	4.3	6.0	1.4	1.2	1.2	1.5
Hispanic or Latino male ³	18.8	28.8	40.8	10.9	10.6	9.7	9.1
White, not Hispanic or Latino male ³	10.7	14.1	17.9	4.0	3.8	3.6	3.5
White female	0.6	1.1	2.5	1.0	1.0	0.9	0.9
Black or African American female	4.6	10.1	24.4	13.1	13.2	13.4	13.4
American Indian or Alaska Native female	*	*	2.5	1.0	1.0	*	*
Asian or Pacific Islander female	*	*	0.6	0.2	0.2	*	*
Hispanic or Latino female ³	2.1	3.8	8.8	3.0	2.9	2.7	2.6
White, not Hispanic or Latino female ³	0.5	0.7	1.7	0.7	0.7	0.6	0.6

See footnotes at end of table.

Table 42 (page 2 of 2). Death rates for human immunodeficiency virus (HIV) disease, according to sex, race, Hispanic origin, and age: United States, selected years 1987–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1987	1990	1995	1999 ¹	2000	2001	2002
Deaths per 100,000 resident population							
Age 25–44 years							
All persons.	12.7	23.2	36.3	10.5	9.8	9.4	8.9
White male.	19.2	35.0	46.1	9.7	8.8	8.3	7.7
Black or African American male	60.2	102.0	179.4	59.3	55.4	53.5	49.9
American Indian or Alaska Native male	*	7.7	28.5	9.1	5.5	7.3	8.3
Asian or Pacific Islander male	4.1	8.1	12.1	2.4	1.9	2.1	1.8
Hispanic or Latino male ³	36.8	59.3	73.9	16.5	14.3	12.4	11.5
White, not Hispanic or Latino male ³	23.3	31.6	41.2	8.2	7.4	7.2	6.6
White female	1.2	2.3	5.9	2.2	2.1	1.9	1.8
Black or African American female	11.6	23.6	53.6	26.6	26.7	26.0	25.9
American Indian or Alaska Native female	*	*	*	*	*	*	*
Asian or Pacific Islander female	*	*	1.2	*	*	*	*
Hispanic or Latino female ³	4.9	8.9	17.2	5.3	4.6	4.3	3.8
White, not Hispanic or Latino female ³	1.0	1.5	4.2	1.6	1.6	1.3	1.3
Age 45–64 years							
All persons.	5.8	11.1	19.9	8.4	8.7	8.4	8.7
White male.	9.9	18.6	26.0	7.8	8.1	7.7	7.8
Black or African American male	27.3	53.0	133.2	70.7	71.6	68.8	70.7
American Indian or Alaska Native male	*	*	*	*	*	7.8	*
Asian or Pacific Islander male	*	6.5	9.1	2.3	2.1	1.9	3.4
Hispanic or Latino male ³	25.8	37.9	67.1	21.2	23.3	21.5	20.3
White, not Hispanic or Latino male ³	12.6	16.9	22.4	6.4	6.5	6.1	6.4
White female	0.5	0.9	2.4	1.2	1.3	1.2	1.4
Black or African American female	2.6	7.5	27.0	18.6	19.6	20.8	21.4
American Indian or Alaska Native female	*	*	*	*	*	*	*
Asian or Pacific Islander female	*	*	*	*	*	*	*
Hispanic or Latino female ³	*	3.1	12.6	5.1	5.8	5.4	5.7
White, not Hispanic or Latino female ³	0.5	0.7	1.5	0.8	0.9	0.8	0.9

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Starting with 1999 data, cause of death is coded according to ICD–10. To estimate change between 1998 and 1999, compare the 1999 rate with the comparability-modified rate for 1998. See [Appendix II, Comparability ratio](#) and [tables V and VI](#).

²Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

³Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin. Categories for the coding and classification of human immunodeficiency virus (HIV) disease were introduced in the United States in 1987. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases* (ICD) for data years shown. See [Appendix II, tables IV and V](#). Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1987–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 43. Maternal mortality for complications of pregnancy, childbirth, and the puerperium, according to race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	1995	1999 ²	2000	2001	2002
	Number of deaths									
All persons	2,960	1,579	803	334	343	277	391	396	399	357
White	1,873	936	445	193	177	129	214	240	228	190
Black or African American	1,041	624	342	127	153	133	154	137	150	148
American Indian or Alaska Native	---	---	---	3	4	1	5	6	5	—
Asian or Pacific Islander	---	---	---	11	9	14	18	13	16	19
Hispanic or Latino ³	---	---	---	---	47	43	67	81	81	62
White, not Hispanic or Latino ³	---	---	---	---	125	84	149	160	151	128
	Deaths per 100,000 live births									
All persons										
All ages, age adjusted ⁴	73.7	32.1	21.5	9.4	7.6	6.3	8.3	8.2	8.8	7.6
All ages, crude	83.3	37.1	21.5	9.2	8.2	7.1	9.9	9.8	9.9	8.9
Under 20 years	70.7	22.7	18.9	7.6	7.5	3.9	6.6	*	8.8	6.7
20–24 years	47.6	20.7	13.0	5.8	6.1	5.7	6.2	7.4	6.9	5.8
25–29 years	63.5	29.8	17.0	7.7	6.0	6.0	8.2	7.9	8.5	7.5
30–34 years	107.7	50.3	31.6	13.6	9.5	7.3	10.1	10.0	10.1	9.3
35 years and over ⁵	222.0	104.3	81.9	36.3	20.7	15.9	23.0	22.7	18.9	18.4
	White									
All ages, age adjusted ⁴	53.1	22.4	14.4	6.7	5.1	3.6	5.5	6.2	6.5	4.8
All ages, crude	61.1	26.0	14.3	6.6	5.4	4.2	6.8	7.5	7.2	6.0
Under 20 years	44.9	14.8	13.8	5.8	*	*	*	*	7.4	*
20–24 years	35.7	15.3	8.4	4.2	3.9	3.5	4.0	5.6	5.3	3.4
25–29 years	45.0	20.3	11.1	5.4	4.8	4.0	5.4	5.9	5.8	4.6
30–34 years	75.9	34.3	18.7	9.3	5.0	4.0	7.0	7.1	8.1	6.7
35 years and over ⁵	174.1	73.9	59.3	25.5	12.6	9.1	16.6	18.0	11.4	13.3
	Black or African American									
All ages, age adjusted ⁴	---	92.0	65.5	24.9	21.7	20.9	23.3	20.1	22.4	22.9
All ages, crude	---	103.6	60.9	22.4	22.4	22.1	25.4	22.0	24.7	24.9
Under 20 years	---	54.8	32.3	13.1	*	*	*	*	*	*
20–24 years	---	56.9	41.9	13.9	14.7	15.3	14.0	15.3	14.6	14.9
25–29 years	---	92.8	65.2	22.4	14.9	21.0	26.6	21.8	24.7	27.1
30–34 years	---	150.6	117.8	44.0	44.2	31.2	36.1	34.8	30.6	28.4
35 years and over ⁵	---	299.5	207.5	100.6	79.7	61.4	69.9	62.8	71.0	62.9
	Hispanic or Latino ^{3,6}									
All ages, age adjusted ⁴	---	---	---	---	7.4	5.4	7.9	9.0	8.8	6.0
All ages, crude	---	---	---	---	7.9	6.3	8.8	9.9	9.5	7.1
	White, not Hispanic or Latino ³									
All ages, age adjusted ⁴	---	---	---	---	4.4	3.3	4.9	5.5	5.8	4.4
All ages, crude	---	---	---	---	4.8	3.5	6.4	6.8	6.5	5.6

--- Data not available.

— Quantity zero.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, changes were made in the classification and coding of maternal deaths under ICD-10. The large increase in the number of maternal deaths between 1998 and 1999 is due to changes associated with ICD-10. See [Appendix II, International Classification of Diseases \(ICD\); Maternal death](#).

³Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

⁴Rates are age adjusted to the 1970 distribution of live births by mother's age in the United States. See [Appendix II, Age adjustment](#).

⁵Rates computed by relating deaths of women 35 years and over to live births to women 35–49 years. See [Appendix II, Rate: Death and related rates](#).

⁶Age-specific maternal mortality rates are not calculated because rates based on fewer than 20 deaths are considered unreliable.

NOTES: Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. See [Appendix II, tables IV and V](#). The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. For 1950 and 1960, rates were based on live births by race of child; for all other years, rates are based on live births by race of mother. See [Appendix II, Race](#). Rates are not calculated for American Indian or Alaska Native and Asian or Pacific Islander mothers because rates based on fewer than 20 deaths are considered unreliable. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from annual natality files; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 44 (page 1 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
All persons								
All ages, age adjusted ³	24.6	23.1	27.6	22.3	18.5	15.4	15.3	15.7
All ages, crude	23.1	21.3	26.9	23.5	18.8	15.4	15.4	15.7
Under 1 year	8.4	8.1	9.8	7.0	4.9	4.4	3.6	3.0
1–14 years	9.8	8.6	10.5	8.2	6.0	4.3	4.1	3.9
1–4 years	11.5	10.0	11.5	9.2	6.3	4.2	4.1	3.9
5–14 years	8.8	7.9	10.2	7.9	5.9	4.3	4.1	3.9
15–24 years	34.4	38.0	47.2	44.8	34.1	26.9	26.8	28.2
15–19 years	29.6	33.9	43.6	43.0	33.1	26.0	25.7	27.6
20–24 years	38.8	42.9	51.3	46.6	35.0	28.0	28.0	28.8
25–34 years	24.6	24.3	30.9	29.1	23.6	17.3	17.5	17.8
35–44 years	20.3	19.3	24.9	20.9	16.9	15.3	15.7	15.8
45–64 years	25.2	23.0	26.5	18.0	15.7	14.3	14.0	14.5
45–54 years	22.2	21.4	25.5	18.6	15.6	14.2	14.2	14.8
55–64 years	29.0	25.1	27.9	17.4	15.9	14.4	13.7	14.1
65 years and over	43.1	34.7	36.2	22.5	23.1	21.4	21.3	21.5
65–74 years	39.1	31.4	32.8	19.2	18.6	16.5	16.3	17.0
75–84 years	52.7	41.8	43.5	28.1	29.1	25.7	26.3	25.7
85 years and over	45.1	37.9	34.2	27.6	31.2	30.4	27.8	28.0
Male								
All ages, age adjusted ³	38.5	35.4	41.5	33.6	26.5	21.7	21.8	22.1
All ages, crude	35.4	31.8	39.7	35.3	26.7	21.3	21.5	21.9
Under 1 year	9.1	8.6	9.3	7.3	5.0	4.6	3.2	3.3
1–14 years	12.3	10.7	13.0	10.0	7.0	4.9	4.8	4.6
1–4 years	13.0	11.5	12.9	10.2	6.9	4.7	4.5	4.5
5–14 years	11.9	10.4	13.1	9.9	7.0	5.0	4.9	4.6
15–24 years	56.7	61.2	73.2	68.4	49.5	37.4	38.0	39.3
15–19 years	46.3	51.7	64.1	62.6	45.5	33.9	34.0	36.0
20–24 years	66.7	73.2	84.4	74.3	53.3	41.2	42.1	42.6
25–34 years	40.8	40.1	49.4	46.3	35.7	25.5	26.2	26.5
35–44 years	32.5	29.9	37.7	31.7	24.7	22.0	22.4	22.3
45–64 years	37.7	33.3	38.9	26.5	21.9	20.2	19.9	20.7
45–54 years	33.6	31.6	37.2	27.6	22.0	20.4	20.5	21.3
55–64 years	43.1	35.6	40.9	25.4	21.7	19.8	19.0	19.9
65 years and over	66.6	52.1	54.4	33.9	32.1	29.5	29.5	29.8
65–74 years	59.1	45.8	47.3	27.3	24.2	21.7	21.5	22.7
75–84 years	85.0	66.0	68.2	44.3	41.2	35.6	37.3	35.3
85 years and over	78.1	62.7	63.1	56.1	64.5	57.5	51.1	51.7
Female								
All ages, age adjusted ³	11.5	11.7	14.9	11.8	11.0	9.5	9.3	9.6
All ages, crude	10.9	11.0	14.7	12.3	11.3	9.7	9.5	9.8
Under 1 year	7.6	7.5	10.4	6.7	4.9	4.2	4.0	2.8
1–14 years	7.2	6.3	7.9	6.3	4.9	3.7	3.4	3.3
1–4 years	10.0	8.4	10.0	8.1	5.6	3.8	3.6	3.3
5–14 years	5.7	5.4	7.2	5.7	4.7	3.6	3.3	3.3
15–24 years	12.6	15.1	21.6	20.8	17.9	15.9	15.1	16.6
15–19 years	12.9	16.0	22.7	22.8	20.0	17.5	16.9	18.9
20–24 years	12.2	14.0	20.4	18.9	16.0	14.2	13.4	14.3
25–34 years	9.3	9.2	13.0	12.2	11.5	8.8	8.7	8.8
35–44 years	8.5	9.1	12.9	10.4	9.2	8.8	9.1	9.3
45–64 years	12.6	13.1	15.3	10.3	10.1	8.7	8.4	8.7
45–54 years	10.9	11.6	14.5	10.2	9.6	8.2	8.1	8.6
55–64 years	14.9	15.2	16.2	10.5	10.8	9.5	8.8	8.9
65 years and over	21.9	20.3	23.1	15.0	17.2	15.8	15.5	15.7
65–74 years	20.6	19.0	21.6	13.0	14.1	12.3	12.0	12.3
75–84 years	25.2	23.0	27.2	18.5	21.9	19.2	19.2	19.3
85 years and over	22.1	22.0	18.0	15.2	18.3	19.3	18.0	17.7
White male ⁴								
All ages, age adjusted ³	37.9	34.8	40.4	33.8	26.3	21.8	22.0	22.4
All ages, crude	35.1	31.5	39.1	35.9	26.7	21.6	21.9	22.4
Under 1 year	9.1	8.8	9.1	7.0	4.8	4.2	3.1	2.9
1–14 years	12.4	10.6	12.5	9.8	6.6	4.8	4.6	4.5
15–24 years	58.3	62.7	75.2	73.8	52.5	39.6	40.0	41.9
25–34 years	39.1	38.6	47.0	46.6	35.4	25.1	26.4	26.6
35–44 years	30.9	28.4	35.2	30.7	23.7	21.8	22.4	22.3
45–64 years	36.2	31.7	36.5	25.2	20.6	19.7	19.5	20.6
65 years and over	67.1	52.1	54.2	32.7	31.4	29.4	29.9	29.8

See footnotes at end of table.

Table 44 (page 2 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
Black or African American male⁴								
All ages, age adjusted ³	34.8	39.6	51.0	34.2	29.9	24.4	23.5	23.2
All ages, crude	37.2	33.1	44.3	31.1	28.1	22.5	22.0	21.5
Under 1 year	---	*	10.6	7.8	*	6.7	*	*
1–14 years ⁵	10.4	11.2	16.3	11.4	8.9	5.5	6.1	5.3
15–24 years	42.5	46.4	58.1	34.9	36.1	30.2	31.4	29.6
25–34 years	54.4	51.0	70.4	44.9	39.5	32.6	29.9	31.7
35–44 years	46.7	43.6	59.5	41.2	33.5	27.2	26.1	25.3
45–64 years	54.6	47.8	61.7	39.5	33.3	27.1	26.7	24.8
65 years and over	52.6	48.2	53.4	42.4	36.3	32.1	28.1	30.4
American Indian or Alaska Native male⁴								
All ages, age adjusted ³	---	---	---	78.9	48.3	35.8	34.6	39.0
All ages, crude	---	---	---	74.6	47.6	33.6	33.2	37.3
1–14 years	---	---	---	15.1	11.6	7.8	8.4	7.1
15–24 years	---	---	---	126.1	75.2	56.8	55.7	57.2
25–34 years	---	---	---	107.0	78.2	49.8	43.2	49.9
35–44 years	---	---	---	82.8	57.0	36.3	42.3	47.2
45–64 years	---	---	---	77.4	45.9	32.0	30.7	40.7
65 years and over	---	---	---	97.0	43.0	48.5	40.4	45.9
Asian or Pacific Islander male⁴								
All ages, age adjusted ³	---	---	---	19.0	17.9	10.6	10.4	10.8
All ages, crude	---	---	---	17.1	15.8	9.8	9.7	10.0
1–14 years	---	---	---	8.2	6.3	2.5	2.2	2.5
15–24 years	---	---	---	27.2	25.7	17.0	19.3	20.0
25–34 years	---	---	---	18.8	17.0	10.4	10.0	8.9
35–44 years	---	---	---	13.1	12.2	6.9	7.3	7.8
45–64 years	---	---	---	13.7	15.1	10.1	7.9	8.7
65 years and over	---	---	---	37.3	33.6	21.1	21.8	23.3
Hispanic or Latino male^{4,6}								
All ages, age adjusted ³	---	---	---	---	29.5	21.3	22.2	22.2
All ages, crude	---	---	---	---	29.2	20.1	21.0	21.3
1–14 years	---	---	---	---	7.2	4.4	4.4	5.1
15–24 years	---	---	---	---	48.2	34.7	36.9	38.9
25–34 years	---	---	---	---	41.0	24.9	26.8	26.4
35–44 years	---	---	---	---	28.0	21.6	23.1	22.6
45–64 years	---	---	---	---	28.9	21.7	20.5	19.9
65 years and over	---	---	---	---	35.3	28.9	31.0	30.7
White, not Hispanic or Latino male⁶								
All ages, age adjusted ³	---	---	---	---	25.7	21.7	21.7	22.2
All ages, crude	---	---	---	---	26.0	21.5	21.7	22.3
1–14 years	---	---	---	---	6.4	4.9	4.6	4.2
15–24 years	---	---	---	---	52.3	40.3	40.1	42.1
25–34 years	---	---	---	---	34.0	24.7	25.9	26.1
35–44 years	---	---	---	---	23.1	21.6	21.9	22.0
45–64 years	---	---	---	---	19.8	19.3	19.2	20.4
65 years and over	---	---	---	---	31.1	29.3	29.7	29.6
White female⁴								
All ages, age adjusted ³	11.4	11.7	14.9	12.2	11.2	9.8	9.5	9.8
All ages, crude	10.9	11.2	14.8	12.8	11.6	10.0	9.8	10.1
Under 1 year	7.8	7.5	10.2	7.1	4.7	3.5	3.8	2.2
1–14 years	7.2	6.2	7.5	6.2	4.8	3.7	3.3	3.2
15–24 years	12.6	15.6	22.7	23.0	19.5	17.1	16.0	17.9
25–34 years	9.0	9.0	12.7	12.2	11.6	8.9	8.8	9.0
35–44 years	8.1	8.9	12.3	10.6	9.2	8.9	9.3	9.4
45–64 years	12.7	13.1	15.1	10.4	9.9	8.7	8.4	8.7
65 years and over	22.2	20.8	23.7	15.3	17.4	16.2	16.0	16.3

See footnotes at end of table.

Table 44 (page 3 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
Black or African American female ⁴								
All ages, age adjusted ³	9.3	10.4	14.1	8.5	9.6	8.4	8.5	8.2
All ages, crude	10.2	9.7	13.4	8.3	9.4	8.2	8.2	8.0
Under 1 year	--	8.1	11.9	*	7.0	*	*	*
1–14 years ⁵	7.2	6.9	10.2	6.3	5.3	3.9	3.7	3.5
15–24 years	11.6	9.9	13.4	8.0	9.9	11.7	11.7	11.6
25–34 years	10.8	9.8	13.3	10.6	11.1	9.4	8.9	8.8
35–44 years	11.1	11.0	16.1	8.3	9.4	8.2	9.2	9.4
45–64 years	11.8	12.7	16.7	9.2	10.7	9.0	8.3	8.4
65 years and over	14.3	13.2	15.7	9.5	13.5	10.4	11.8	9.5
American Indian or Alaska Native female ⁴								
All ages, age adjusted ³	---	---	---	32.0	17.5	19.5	17.6	19.3
All ages, crude	---	---	---	32.0	17.3	18.6	16.9	19.1
1–14 years	---	---	---	15.0	8.1	6.5	7.6	6.8
15–24 years	---	---	---	42.3	31.4	30.3	30.7	29.2
25–34 years	---	---	---	52.5	18.8	22.3	15.5	21.1
35–44 years	---	---	---	38.1	18.2	22.0	13.1	24.4
45–64 years	---	---	---	32.6	17.6	17.8	18.1	20.9
65 years and over	---	---	---	*	*	24.0	25.3	*
Asian or Pacific Islander female ⁴								
All ages, age adjusted ³	---	---	---	9.3	10.4	6.7	6.1	6.2
All ages, crude	---	---	---	8.2	9.0	5.9	5.9	5.7
1–14 years	---	---	---	7.4	3.6	2.3	2.2	1.9
15–24 years	---	---	---	7.4	11.4	6.0	7.6	7.3
25–34 years	---	---	---	7.3	7.3	4.5	4.8	4.4
35–44 years	---	---	---	8.6	7.5	4.9	5.4	3.7
45–64 years	---	---	---	8.5	11.8	6.4	7.0	7.3
65 years and over	---	---	---	18.6	24.3	18.5	11.8	15.6
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³	---	---	---	---	9.6	7.9	7.8	8.1
All ages, crude	---	---	---	---	8.9	7.2	7.2	7.4
1–14 years	---	---	---	---	4.8	3.9	3.3	3.2
15–24 years	---	---	---	---	11.6	10.6	11.2	12.4
25–34 years	---	---	---	---	9.4	6.5	6.5	7.2
35–44 years	---	---	---	---	8.0	7.3	6.9	7.3
45–64 years	---	---	---	---	11.4	8.3	8.4	8.4
65 years and over	---	---	---	---	14.9	13.4	12.9	13.1

See footnotes at end of table.

Table 44 (page 4 of 4). Death rates for motor vehicle-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
White, not Hispanic or Latino female ⁶	Deaths per 100,000 resident population							
All ages, age adjusted ³	---	---	---	---	11.3	10.0	9.7	10.1
All ages, crude	---	---	---	---	11.7	10.3	10.1	10.5
1–14 years	---	---	---	---	4.7	3.5	3.2	3.2
15–24 years	---	---	---	---	20.4	18.4	17.0	19.0
25–34 years	---	---	---	---	11.7	9.3	9.3	9.4
35–44 years	---	---	---	---	9.3	9.0	9.6	9.7
45–64 years	---	---	---	---	9.7	8.7	8.3	8.6
65 years and over	---	---	---	---	17.5	16.3	16.1	16.5

--- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio](#) and [tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group under 15 years.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 45 (page 1 of 3). Death rates for homicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
All persons								
Deaths per 100,000 resident population								
All ages, age adjusted ³	5.1	5.0	8.8	10.4	9.4	5.9	7.1	6.1
All ages, crude	5.0	4.6	8.1	10.6	9.9	6.0	7.1	6.1
Under 1 year	4.4	4.8	4.3	5.9	8.4	9.2	8.2	7.5
1–14 years	0.6	0.6	1.1	1.5	1.8	1.3	1.3	1.4
1–4 years	0.6	0.7	1.9	2.5	2.5	2.3	2.7	2.7
5–14 years	0.5	0.5	0.9	1.2	1.5	0.9	0.8	0.9
15–24 years	5.8	5.6	11.3	15.4	19.7	12.6	13.3	12.9
15–19 years	3.9	3.9	7.7	10.5	16.9	9.5	9.4	9.3
20–24 years	8.5	7.7	15.6	20.2	22.2	16.0	17.3	16.5
25–44 years	8.9	8.5	14.9	17.5	14.7	8.7	11.2	9.1
25–34 years	9.3	9.2	16.2	19.3	17.4	10.4	13.1	11.2
35–44 years	8.4	7.8	13.5	14.9	11.6	7.1	9.5	7.2
45–64 years	5.0	5.3	8.7	9.0	6.3	4.0	5.4	4.1
45–54 years	5.9	6.1	10.0	11.0	7.5	4.7	6.3	4.8
55–64 years	3.9	4.1	7.1	7.0	5.0	3.0	4.0	3.2
65 years and over	3.0	2.7	4.6	5.5	4.0	2.4	2.7	2.3
65–74 years	3.2	2.8	4.9	5.7	3.8	2.4	2.9	2.3
75–84 years	2.5	2.3	4.0	5.2	4.3	2.4	2.5	2.3
85 years and over	2.3	2.4	4.2	5.3	4.6	2.4	2.4	2.1
Male								
All ages, age adjusted ³	7.9	7.5	14.3	16.6	14.8	9.0	10.8	9.4
All ages, crude	7.7	6.8	13.1	17.1	15.9	9.3	11.1	9.6
Under 1 year	4.5	4.7	4.5	6.3	8.8	10.4	9.5	7.9
1–14 years	0.6	0.6	1.2	1.6	2.0	1.5	1.5	1.5
1–4 years	0.5	0.7	1.9	2.7	2.7	2.5	3.0	2.9
5–14 years	0.6	0.5	1.0	1.2	1.7	1.1	0.9	0.9
15–24 years	8.6	8.4	18.2	24.0	32.5	20.9	22.2	21.5
15–19 years	5.5	5.7	12.1	15.9	27.8	15.5	15.7	15.3
20–24 years	13.5	11.8	25.6	32.2	36.9	26.7	28.9	27.7
25–44 years	13.8	12.8	24.4	28.9	23.5	13.3	17.2	14.2
25–34 years	14.4	13.9	26.8	31.9	27.7	16.7	20.8	18.2
35–44 years	13.2	11.7	21.7	24.5	18.6	10.3	13.9	10.7
45–64 years	8.1	8.1	14.8	15.2	10.2	6.0	8.1	6.2
45–54 years	9.5	9.4	16.8	18.4	11.9	6.9	9.5	7.1
55–64 years	6.3	6.4	12.1	11.8	8.0	4.6	5.9	4.8
65 years and over	4.8	4.3	7.7	8.8	5.8	3.3	3.6	3.2
65–74 years	5.2	4.6	8.5	9.2	5.8	3.4	4.0	3.3
75–84 years	3.9	3.7	5.9	8.1	5.7	3.2	3.1	3.1
85 years and over	2.5	3.6	7.4	7.5	6.7	3.3	3.2	3.0
Female								
All ages, age adjusted ³	2.4	2.6	3.7	4.4	4.0	2.8	3.3	2.8
All ages, crude	2.4	2.4	3.4	4.5	4.2	2.8	3.3	2.7
Under 1 year	4.2	4.9	4.1	5.6	8.0	7.9	6.9	7.1
1–14 years	0.6	0.5	1.0	1.4	1.6	1.1	1.1	1.3
1–4 years	0.7	0.7	1.9	2.2	2.3	2.1	2.4	2.5
5–14 years	0.5	0.4	0.7	1.1	1.2	0.7	0.7	0.8
15–24 years	3.0	2.8	4.6	6.6	6.2	3.9	3.9	3.8
15–19 years	2.4	1.9	3.2	4.9	5.4	3.1	2.7	2.9
20–24 years	3.7	3.8	6.2	8.2	7.0	4.7	5.1	4.6
25–44 years	4.2	4.3	5.8	6.4	6.0	4.0	5.2	4.0
25–34 years	4.5	4.6	6.0	6.9	7.1	4.1	5.3	4.2
35–44 years	3.8	4.0	5.7	5.7	4.8	4.0	5.1	3.8
45–64 years	1.9	2.5	3.1	3.4	2.8	2.1	2.8	2.2
45–54 years	2.3	2.9	3.7	4.1	3.2	2.5	3.2	2.6
55–64 years	1.4	2.0	2.5	2.8	2.3	1.6	2.2	1.6
65 years and over	1.4	1.3	2.3	3.3	2.8	1.8	2.0	1.6
65–74 years	1.3	1.3	2.2	3.0	2.2	1.6	2.0	1.4
75–84 years	1.4	1.3	2.7	3.5	3.4	2.0	2.1	1.8
85 years and over	2.1	1.6	2.5	4.3	3.8	2.0	2.0	1.7
White male ⁴								
All ages, age adjusted ³	3.8	3.9	7.2	10.4	8.3	5.2	7.1	5.3
All ages, crude	3.6	3.6	6.6	10.7	8.8	5.2	7.2	5.4
Under 1 year	4.3	3.8	2.9	4.3	6.4	8.2	7.3	6.2
1–14 years	0.4	0.5	0.7	1.2	1.3	1.2	1.1	1.0
15–24 years	3.2	5.0	7.6	15.1	15.2	9.9	11.2	10.6
25–44 years	5.4	5.5	11.6	17.2	13.0	7.4	11.5	7.7
25–34 years	4.9	5.7	12.5	18.5	14.7	8.4	12.3	8.9
35–44 years	6.1	5.2	10.8	15.2	11.1	6.5	10.7	6.8
45–64 years	4.8	4.6	8.3	9.8	6.9	4.1	6.4	4.2
65 years and over	3.8	3.1	5.4	6.7	4.1	2.5	3.0	2.6

See footnotes at end of table.

Table 45 (page 2 of 3). Death rates for homicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
Black or African American male ⁴								
All ages, age adjusted ³	47.0	42.3	78.2	69.4	63.1	35.4	36.2	36.4
All ages, crude	44.7	35.0	66.0	65.7	68.5	37.2	38.3	38.4
Under 1 year	---	10.3	14.3	18.6	21.4	23.3	21.0	16.3
1–14 years ⁵	1.8	1.5	4.4	4.1	5.8	3.1	3.6	3.8
15–24 years	53.8	43.2	98.3	82.6	137.1	85.3	85.7	83.1
25–44 years	92.8	80.5	140.2	130.0	105.4	55.8	58.1	60.0
25–34 years	104.3	86.4	154.5	142.9	123.7	73.9	78.8	82.2
35–44 years	80.0	74.4	124.0	109.3	81.2	38.5	38.5	38.8
45–64 years	46.0	44.6	82.3	70.6	41.4	21.9	22.7	22.9
65 years and over	16.5	17.3	33.3	30.9	25.7	12.8	11.5	11.2
American Indian or Alaska Native male ⁴								
All ages, age adjusted ³	---	---	---	23.3	16.7	10.7	9.3	11.6
All ages, crude	---	---	---	23.1	16.6	10.7	9.6	12.0
15–24 years	---	---	---	35.4	25.1	17.0	16.1	18.8
25–44 years	---	---	---	39.2	25.7	17.0	13.6	18.3
45–64 years	---	---	---	22.1	14.8	*	8.9	9.9
Asian or Pacific Islander male ⁴								
All ages, age adjusted ³	---	---	---	9.1	7.3	4.3	6.0	4.2
All ages, crude	---	---	---	8.3	7.9	4.4	6.3	4.5
15–24 years	---	---	---	9.3	14.9	7.8	9.1	9.7
25–44 years	---	---	---	11.3	9.6	4.6	8.5	4.9
45–64 years	---	---	---	10.4	7.0	6.1	7.7	4.1
Hispanic or Latino male ^{4,6}								
All ages, age adjusted ³	---	---	---	---	27.4	11.8	12.9	11.6
All ages, crude	---	---	---	---	31.0	13.4	14.5	13.2
Under 1 year	---	---	---	---	8.7	6.6	7.9	6.6
1–14 years	---	---	---	---	3.1	1.7	1.5	1.6
15–24 years	---	---	---	---	55.4	28.5	30.5	29.6
25–44 years	---	---	---	---	46.4	17.2	19.2	16.5
25–34 years	---	---	---	---	50.9	19.9	21.6	19.8
35–44 years	---	---	---	---	39.3	13.5	15.9	12.1
45–64 years	---	---	---	---	20.5	9.1	9.8	8.6
65 years and over	---	---	---	---	9.4	4.4	5.5	4.4
White, not Hispanic or Latino male ⁶								
All ages, age adjusted ³	---	---	---	---	5.6	3.6	5.6	3.7
All ages, crude	---	---	---	---	5.8	3.6	5.6	3.8
Under 1 year	---	---	---	---	5.4	8.3	6.8	5.8
1–14 years	---	---	---	---	0.9	1.0	1.0	0.8
15–24 years	---	---	---	---	7.5	4.7	5.7	5.2
25–44 years	---	---	---	---	8.7	5.2	9.4	5.5
25–34 years	---	---	---	---	9.3	5.2	9.3	5.3
35–44 years	---	---	---	---	8.0	5.2	9.5	5.6
45–64 years	---	---	---	---	5.7	3.6	5.9	3.7
65 years and over	---	---	---	---	3.7	2.3	2.8	2.4
White female ⁴								
All ages, age adjusted ³	1.4	1.5	2.3	3.2	2.7	2.1	2.6	2.0
All ages, crude	1.4	1.4	2.1	3.2	2.8	2.1	2.6	2.0
Under 1 year	3.9	3.5	2.9	4.3	5.1	5.0	5.1	4.6
1–14 years	0.4	0.4	0.7	1.1	1.0	0.8	0.9	0.9
15–24 years	1.3	1.5	2.7	4.7	4.0	2.7	3.0	2.5
25–44 years	2.0	2.1	3.3	4.2	3.8	2.9	4.0	2.8
25–34 years	1.5	1.7	2.1	2.6	2.3	1.8	2.4	1.9
35–44 years	1.2	1.2	1.9	2.9	2.2	1.6	1.8	1.4
45–64 years	1.5	1.7	2.1	2.6	2.3	1.8	2.4	1.9
65 years and over	1.2	1.2	1.9	2.9	2.2	1.6	1.8	1.4
Black or African American female ⁴								
All ages, age adjusted ³	11.1	11.4	14.7	13.2	12.5	7.1	7.4	6.9
All ages, crude	11.5	10.4	13.2	13.5	13.4	7.2	7.4	7.0
Under 1 year	---	13.8	10.7	12.8	22.8	22.2	16.7	18.5
1–14 years ⁵	1.8	1.2	3.1	3.3	4.7	2.7	2.1	2.6
15–24 years	16.5	11.9	17.7	18.4	18.9	10.7	8.9	10.3
25–44 years	22.5	22.7	25.3	22.6	21.0	11.0	12.5	11.1
25–34 years	6.8	10.3	13.4	10.8	6.5	4.5	5.7	4.5
35–44 years	3.6	3.0	7.4	8.0	9.4	3.5	3.7	3.1

See footnotes at end of table.

Table 45 (page 3 of 3). Death rates for homicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
American Indian or Alaska Native female ⁴								
Deaths per 100,000 resident population								
All ages, age adjusted ³	---	---	---	8.1	4.6	3.0	4.2	5.2
All ages, crude	---	---	---	7.7	4.8	2.9	4.2	5.3
15–24 years	---	---	---	*	*	*	*	*
25–44 years	---	---	---	13.7	6.9	5.9	5.9	6.3
45–64 years	---	---	---	*	*	*	*	*
Asian or Pacific Islander female ⁴								
All ages, age adjusted ³	---	---	---	3.1	2.8	1.7	2.5	1.8
All ages, crude	---	---	---	3.1	2.8	1.7	2.7	1.8
15–24 years	---	---	---	*	*	*	*	2.1
25–44 years	---	---	---	4.6	3.8	2.2	4.0	2.4
45–64 years	---	---	---	*	*	2.0	2.7	1.6
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³	---	---	---	---	4.3	2.8	3.1	2.5
All ages, crude	---	---	---	---	4.7	2.8	3.2	2.6
Under 1 year	---	---	---	---	*	7.4	5.5	5.9
1–14 years	---	---	---	---	1.9	1.0	1.0	1.2
15–24 years	---	---	---	---	8.1	3.7	4.0	3.8
25–44 years	---	---	---	---	6.1	3.7	4.8	3.4
45–64 years	---	---	---	---	3.3	2.9	3.0	2.3
65 years and over	---	---	---	---	*	2.4	2.0	*
White, not Hispanic or Latino female ⁶								
All ages, age adjusted ³	---	---	---	---	2.5	1.9	2.5	1.9
All ages, crude	---	---	---	---	2.5	1.9	2.4	1.9
Under 1 year	---	---	---	---	4.4	4.1	4.7	4.1
1–14 years	---	---	---	---	0.8	0.8	0.9	0.9
15–24 years	---	---	---	---	3.3	2.3	2.7	2.2
25–44 years	---	---	---	---	3.5	2.7	3.7	2.6
45–64 years	---	---	---	---	2.2	1.6	2.3	1.8
65 years and over	---	---	---	---	2.2	1.6	1.8	1.4

--- Data not available.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio and tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group under 15 years.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Figures for 2001 include September 11 related deaths for which death certificates were filed as of October 24, 2002. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. For the period 1980–98, causes were coded using ICD–9 codes that are most nearly comparable with the 113 cause list for ICD–10. See [Appendix II, tables IV and V](#) for terrorism-related ICD–10 codes. Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 46 (page 1 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
All persons								
Deaths per 100,000 resident population								
All ages, age adjusted ³	13.2	12.5	13.1	12.2	12.5	10.4	10.7	10.9
All ages, crude	11.4	10.6	11.6	11.9	12.4	10.4	10.8	11.0
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.2	0.3	0.3	0.4	0.8	0.7	0.7	0.6
15–24 years	4.5	5.2	8.8	12.3	13.2	10.2	9.9	9.9
15–19 years	2.7	3.6	5.9	8.5	11.1	8.0	7.9	7.4
20–24 years	6.2	7.1	12.2	16.1	15.1	12.5	12.0	12.4
25–44 years	11.6	12.2	15.4	15.6	15.2	13.4	13.8	14.0
25–34 years	9.1	10.0	14.1	16.0	15.2	12.0	12.8	12.6
35–44 years	14.3	14.2	16.9	15.4	15.3	14.5	14.7	15.3
45–64 years	23.5	22.0	20.6	15.9	15.3	13.5	14.4	14.9
45–54 years	20.9	20.7	20.0	15.9	14.8	14.4	15.2	15.7
55–64 years	26.8	23.7	21.4	15.9	16.0	12.1	13.1	13.6
65 years and over	30.0	24.5	20.8	17.6	20.5	15.2	15.3	15.6
65–74 years	29.6	23.0	20.8	16.9	17.9	12.5	13.3	13.5
75–84 years	31.1	27.9	21.2	19.1	24.9	17.6	17.4	17.7
85 years and over	28.8	26.0	19.0	19.2	22.2	19.6	17.5	18.0
Male								
All ages, age adjusted ³	21.2	20.0	19.8	19.9	21.5	17.7	18.2	18.4
All ages, crude	17.8	16.5	16.8	18.6	20.4	17.1	17.6	17.9
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.3	0.4	0.5	0.6	1.1	1.2	1.0	0.9
15–24 years	6.5	8.2	13.5	20.2	22.0	17.1	16.6	16.5
15–19 years	3.5	5.6	8.8	13.8	18.1	13.0	12.9	12.2
20–24 years	9.3	11.5	19.3	26.8	25.7	21.4	20.5	20.8
25–44 years	17.2	17.9	20.9	24.0	24.4	21.3	22.1	22.2
25–34 years	13.4	14.7	19.8	25.0	24.8	19.6	21.0	20.5
35–44 years	21.3	21.0	22.1	22.5	23.9	22.8	23.1	23.7
45–64 years	37.1	34.4	30.0	23.7	24.3	21.3	22.5	23.5
45–54 years	32.0	31.6	27.9	22.9	23.2	22.4	23.4	24.4
55–64 years	43.6	38.1	32.7	24.5	25.7	19.4	21.1	22.2
65 years and over	52.8	44.0	38.4	35.0	41.6	31.1	31.5	31.8
65–74 years	50.5	39.6	36.0	30.4	32.2	22.7	24.6	24.7
75–84 years	58.3	52.5	42.8	42.3	56.1	38.6	37.8	38.1
85 years and over	58.3	57.4	42.4	50.6	65.9	57.5	51.1	50.7
Female								
All ages, age adjusted ³	5.6	5.6	7.4	5.7	4.8	4.0	4.0	4.2
All ages, crude	5.1	4.9	6.6	5.5	4.8	4.0	4.1	4.3
Under 1 year	...	...	...	...	...	...	...	...
1–4 years	...	...	...	...	...	...	...	...
5–14 years	0.1	0.1	0.2	0.2	0.4	0.3	0.3	0.3
15–24 years	2.6	2.2	4.2	4.3	3.9	3.0	2.9	2.9
15–19 years	1.8	1.6	2.9	3.0	3.7	2.7	2.7	2.4
20–24 years	3.3	2.9	5.7	5.5	4.1	3.2	3.1	3.5
25–44 years	6.2	6.6	10.2	7.7	6.2	5.4	5.5	5.8
25–34 years	4.9	5.5	8.6	7.1	5.6	4.3	4.4	4.6
35–44 years	7.5	7.7	11.9	8.5	6.8	6.4	6.4	6.9
45–64 years	9.9	10.2	12.0	8.9	7.1	6.2	6.6	6.7
45–54 years	9.9	10.2	12.6	9.4	6.9	6.7	7.2	7.4
55–64 years	9.9	10.2	11.4	8.4	7.3	5.4	5.7	5.7
65 years and over	9.4	8.4	8.1	6.1	6.4	4.0	3.9	4.1
65–74 years	10.1	8.4	9.0	6.5	6.7	4.0	3.9	4.1
75–84 years	8.1	8.9	7.0	5.5	6.3	4.0	4.0	4.2
85 years and over	8.2	6.0	5.9	5.5	5.4	4.2	3.4	3.8
White male ⁴								
All ages, age adjusted ³	22.3	21.1	20.8	20.9	22.8	19.1	19.6	20.0
All ages, crude	19.0	17.6	18.0	19.9	22.0	18.8	19.5	19.9
15–24 years	6.6	8.6	13.9	21.4	23.2	17.9	17.6	17.7
25–44 years	17.9	18.5	21.5	24.6	25.4	22.9	24.0	24.0
45–64 years	39.3	36.5	31.9	25.0	26.0	23.2	24.7	25.9
65 years and over	55.8	46.7	41.1	37.2	44.2	33.3	33.7	34.2
65–74 years	53.2	42.0	38.7	32.5	34.2	24.3	26.3	26.8
75–84 years	61.9	55.7	45.5	45.5	60.2	41.1	40.2	40.6
85 years and over	61.9	61.3	45.8	52.8	70.3	61.6	55.0	53.9

See footnotes at end of table.

Table 46 (page 2 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
Black or African American male⁴								
All ages, age adjusted ³	7.5	8.4	10.0	11.4	12.8	10.0	9.8	9.8
All ages, crude	6.3	6.4	8.0	10.3	12.0	9.4	9.2	9.1
15–24 years	4.9	4.1	10.5	12.3	15.1	14.2	13.0	11.3
25–44 years	9.8	12.6	16.1	19.2	19.6	14.3	14.4	15.1
45–64 years	12.7	13.0	12.4	11.8	13.1	9.9	9.7	9.6
65 years and over	9.0	9.9	8.7	11.4	14.9	11.5	11.5	11.7
65–74 years	10.0	11.3	8.7	11.1	14.7	11.1	10.7	9.7
75–84 years ⁵	*	*	*	10.5	14.4	12.1	13.5	13.8
85 years and over	---	*	*	*	*	*	*	*
American Indian or Alaska Native male⁴								
All ages, age adjusted ³	---	---	---	19.3	20.1	16.0	17.4	16.4
All ages, crude	---	---	---	20.9	20.9	15.9	17.0	16.8
15–24 years	---	---	---	45.3	49.1	26.2	24.7	27.9
25–44 years	---	---	---	31.2	27.8	24.5	27.6	26.8
45–64 years	---	---	---	*	*	15.4	17.0	14.1
65 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander male⁴								
All ages, age adjusted ³	---	---	---	10.7	9.6	8.6	8.4	8.0
All ages, crude	---	---	---	8.8	8.7	7.9	7.7	7.6
15–24 years	---	---	---	10.8	13.5	9.1	9.1	8.7
25–44 years	---	---	---	11.0	10.6	9.9	9.3	9.3
45–64 years	---	---	---	13.0	9.7	9.7	8.2	9.1
65 years and over	---	---	---	18.6	16.8	15.4	18.3	14.4
Hispanic or Latino male^{4,6}								
All ages, age adjusted ³	---	---	---	---	13.7	10.3	10.1	9.9
All ages, crude	---	---	---	---	11.4	8.4	8.3	8.3
15–24 years	---	---	---	---	14.7	10.9	9.5	10.6
25–44 years	---	---	---	---	16.2	11.2	11.8	10.9
45–64 years	---	---	---	---	16.1	12.0	11.4	11.9
65 years and over	---	---	---	---	23.4	19.5	18.5	17.5
White, not Hispanic or Latino male⁶								
All ages, age adjusted ³	---	---	---	---	23.5	20.2	21.0	21.4
All ages, crude	---	---	---	---	23.1	20.4	21.4	21.9
15–24 years	---	---	---	---	24.4	19.5	19.6	19.3
25–44 years	---	---	---	---	26.4	25.1	26.4	26.9
45–64 years	---	---	---	---	26.8	24.0	25.9	27.2
65 years and over	---	---	---	---	45.4	33.9	34.4	35.1
White female⁴								
All ages, age adjusted ³	6.0	5.9	7.9	6.1	5.2	4.3	4.5	4.7
All ages, crude	5.5	5.3	7.1	5.9	5.3	4.4	4.6	4.8
15–24 years	2.7	2.3	4.2	4.6	4.2	3.1	3.1	3.1
25–44 years	6.6	7.0	11.0	8.1	6.6	6.0	6.2	6.6
45–64 years	10.6	10.9	13.0	9.6	7.7	6.9	7.3	7.5
65 years and over	9.9	8.8	8.5	6.4	6.8	4.3	4.1	4.3
Black or African American female⁴								
All ages, age adjusted ³	1.8	2.0	2.9	2.4	2.4	1.8	1.8	1.6
All ages, crude	1.5	1.6	2.6	2.2	2.3	1.7	1.7	1.5
15–24 years	1.8	*	3.8	2.3	2.3	2.2	1.3	1.7
25–44 years	2.3	3.0	4.8	4.3	3.8	2.6	2.6	2.4
45–64 years	2.7	3.1	2.9	2.5	2.9	2.1	2.6	2.1
65 years and over	*	*	2.6	*	1.9	1.3	1.6	1.1

See footnotes at end of table.

Table 46 (page 3 of 3). Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1950–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1950 ¹	1960 ¹	1970	1980	1990	2000 ²	2001	2002
Deaths per 100,000 resident population								
American Indian or Alaska Native female ⁴								
All ages, age adjusted ³	---	---	---	4.7	3.6	3.8	4.0	4.1
All ages, crude	---	---	---	4.7	3.7	4.0	4.1	4.3
15–24 years	---	---	---	*	*	*	*	7.4
25–44 years	---	---	---	10.7	*	7.2	6.1	5.6
45–64 years	---	---	---	*	*	*	*	*
65 years and over	---	---	---	*	*	*	*	*
Asian or Pacific Islander female ⁴								
All ages, age adjusted ³	---	---	---	5.5	4.1	2.8	2.9	3.0
All ages, crude	---	---	---	4.7	3.4	2.7	2.8	2.9
15–24 years	---	---	---	*	3.9	2.7	3.6	*
25–44 years	---	---	---	5.4	3.8	3.3	2.9	3.3
45–64 years	---	---	---	7.9	5.0	3.2	3.8	3.8
65 years and over	---	---	---	*	8.5	5.2	4.9	6.8
Hispanic or Latino female ^{4,6}								
All ages, age adjusted ³	---	---	---	---	2.3	1.7	1.6	1.8
All ages, crude	---	---	---	---	2.2	1.5	1.5	1.6
15–24 years	---	---	---	---	3.1	2.0	2.3	2.1
25–44 years	---	---	---	---	3.1	2.1	2.0	2.0
45–64 years	---	---	---	---	2.5	2.5	2.3	2.5
65 years and over	---	---	---	---	*	*	*	1.9
White, not Hispanic or Latino female ⁵								
All ages, age adjusted ³	---	---	---	---	5.4	4.7	4.9	5.1
All ages, crude	---	---	---	---	5.6	4.9	5.0	5.3
15–24 years	---	---	---	---	4.3	3.3	3.3	3.4
25–44 years	---	---	---	---	7.0	6.7	6.9	7.5
45–64 years	---	---	---	---	8.0	7.3	7.8	8.0
65 years and over	---	---	---	---	7.0	4.4	4.3	4.5

... Category not applicable.

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Includes deaths of persons who were not residents of the 50 States and the District of Columbia.

²Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio and tables V and VI](#).

³Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁵In 1950 rate is for the age group 75 years and over.

⁶Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Figures for 2001 include September 11 related deaths for which death certificates were filed as of October 24, 2002. Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. See [Appendix II, tables IV and V for terrorism-related ICD–10 codes](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–1960. Washington: U.S. Government Printing Office. 1968; numerator data from National Vital Statistics System, annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 47 (page 1 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	<i>1970</i>	<i>1980</i>	<i>1990</i>	<i>1995</i>	<i>2000¹</i>	<i>2001</i>	<i>2002</i>
Deaths per 100,000 resident population							
All persons							
All ages, age adjusted ²	14.3	14.8	14.6	13.4	10.2	10.3	10.4
All ages, crude	13.1	14.9	14.9	13.5	10.2	10.4	10.5
Under 1 year	*	*	*	*	*	*	*
1–14 years	1.6	1.4	1.5	1.6	0.7	0.7	0.7
1–4 years	1.0	0.7	0.6	0.6	0.3	0.5	0.4
5–14 years	1.7	1.6	1.9	1.9	0.9	0.8	0.8
15–24 years	15.5	20.6	25.8	26.7	16.8	16.7	16.7
15–19 years	11.4	14.7	23.3	24.1	12.9	12.4	12.1
20–24 years	20.3	26.4	28.1	29.2	20.9	21.2	21.3
25–44 years	20.9	22.5	19.3	16.9	13.1	13.5	13.7
25–34 years	22.2	24.3	21.8	19.6	14.5	15.5	15.4
35–44 years	19.6	20.0	16.3	14.3	11.9	11.7	12.1
45–64 years	17.6	15.2	13.6	11.7	10.0	10.3	10.6
45–54 years	18.1	16.4	13.9	12.0	10.5	10.5	10.8
55–64 years	17.0	13.9	13.3	11.3	9.4	10.1	10.2
65 years and over	13.8	13.5	16.0	14.1	12.2	12.4	12.4
65–74 years	14.5	13.8	14.4	12.8	10.6	10.9	10.9
75–84 years	13.4	13.4	19.4	16.3	13.9	14.3	14.4
85 years and over	10.2	11.6	14.7	14.4	14.2	12.8	12.5
Male							
All ages, age adjusted ²	24.8	25.9	26.1	23.8	18.1	18.5	18.6
All ages, crude	22.2	25.7	26.2	23.6	17.8	18.2	18.4
Under 1 year	*	*	*	*	*	*	*
1–14 years	2.3	2.0	2.2	2.3	1.1	1.0	1.0
1–4 years	1.2	0.9	0.7	0.8	0.4	0.5	0.5
5–14 years	2.7	2.5	2.9	2.9	1.4	1.2	1.2
15–24 years	26.4	34.8	44.7	46.5	29.4	29.6	29.3
15–19 years	19.2	24.5	40.1	41.6	22.4	21.8	21.1
20–24 years	35.1	45.2	49.1	51.5	37.0	37.7	37.6
25–44 years	34.1	38.1	32.6	28.4	22.0	22.8	23.1
25–34 years	36.5	41.4	37.0	33.2	24.9	26.7	26.5
35–44 years	31.6	33.2	27.4	23.6	19.4	19.2	20.1
45–64 years	31.0	25.9	23.4	20.0	17.1	17.6	18.1
45–54 years	30.7	27.3	23.2	20.1	17.6	17.8	18.2
55–64 years	31.3	24.5	23.7	19.8	16.3	17.4	18.0
65 years and over	29.7	29.7	35.3	30.7	26.4	26.8	26.9
65–74 years	29.5	27.8	28.2	25.1	20.3	21.1	21.3
75–84 years	31.0	33.0	46.9	37.8	32.2	32.8	32.9
85 years and over	26.2	34.9	49.3	47.1	44.7	40.2	38.9
Female							
All ages, age adjusted ²	4.8	4.7	4.2	3.8	2.8	2.8	2.8
All ages, crude	4.4	4.7	4.3	3.8	2.8	2.8	2.8
Under 1 year	*	*	*	*	*	*	*
1–14 years	0.8	0.7	0.8	0.8	0.3	0.4	0.5
1–4 years	0.9	0.5	0.5	0.5	*	0.4	0.3
5–14 years	0.8	0.7	1.0	0.9	0.4	0.4	0.5
15–24 years	4.8	6.1	6.0	5.9	3.5	3.2	3.5
15–19 years	3.5	4.6	5.7	5.6	2.9	2.6	2.7
20–24 years	6.4	7.7	6.3	6.1	4.2	3.8	4.2
25–44 years	8.3	7.4	6.1	5.5	4.2	4.2	4.1
25–34 years	8.4	7.5	6.7	5.8	4.0	4.0	4.0
35–44 years	8.2	7.2	5.4	5.2	4.4	4.3	4.2
45–64 years	5.4	5.4	4.5	3.9	3.4	3.4	3.4
45–54 years	6.4	6.2	4.9	4.2	3.6	3.5	3.6
55–64 years	4.2	4.6	4.0	3.5	3.0	3.3	3.1
65 years and over	2.4	2.5	3.1	2.8	2.2	2.2	2.0
65–74 years	2.8	3.1	3.6	3.0	2.5	2.4	2.3
75–84 years	1.7	1.7	2.9	2.8	2.0	2.2	2.1
85 years and over	*	1.3	1.3	1.8	1.7	1.3	1.1
White male ³							
All ages, age adjusted ²	19.7	22.1	22.0	20.1	15.9	16.3	16.2
All ages, crude	17.6	21.8	21.8	19.9	15.6	16.2	16.1
1–14 years	1.8	1.9	1.9	1.9	1.0	0.9	0.8
15–24 years	16.9	28.4	29.5	30.8	19.6	19.5	19.4
25–44 years	24.2	29.5	25.7	23.2	18.0	18.9	18.5
25–34 years	24.3	31.1	27.8	25.2	18.1	19.9	18.5
35–44 years	24.1	27.1	23.3	21.2	17.9	18.3	18.5
45–64 years	27.4	23.3	22.8	19.5	17.4	18.3	18.7
65 years and over	29.9	30.1	36.8	32.2	28.2	28.6	28.9

See footnotes at end of table.

Table 47 (page 2 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–2002

[Data are based on death certificates]

<i>Sex, race, Hispanic origin, and age</i>	1970	1980	1990	1995	2000 ¹	2001	2002
Deaths per 100,000 resident population							
Black or African American male³							
All ages, age adjusted ²	70.8	60.1	56.3	49.2	34.2	34.5	36.0
All ages, crude	60.8	57.7	61.9	52.9	36.1	36.4	37.8
1–14 years	5.3	3.0	4.4	4.4	1.8	1.6	1.8
15–24 years	97.3	77.9	138.0	138.7	89.3	90.3	87.1
25–44 years	126.2	114.1	90.3	70.2	54.1	54.8	60.6
25–34 years	145.6	128.4	108.6	92.3	74.8	77.7	85.6
35–44 years	104.2	92.3	66.1	46.3	34.3	33.2	36.9
45–64 years	71.1	55.6	34.5	28.3	18.4	17.2	18.6
65 years and over	30.6	29.7	23.9	21.8	13.8	14.9	14.2
American Indian or Alaska Native male³							
All ages, age adjusted ²	---	24.0	19.4	19.4	13.1	13.0	14.8
All ages, crude	---	27.5	20.5	20.9	13.2	12.9	15.3
15–24 years	---	55.3	49.1	40.9	26.9	24.3	30.0
25–44 years	---	43.9	25.4	31.2	16.6	18.8	21.7
45–64 years	---	*	*	14.2	12.2	9.6	12.4
65 years and over	---	*	*	*	*	*	*
Asian or Pacific Islander male³							
All ages, age adjusted ²	---	7.8	8.8	9.2	6.0	5.2	5.5
All ages, crude	---	8.2	9.4	10.0	6.2	5.4	5.7
15–24 years	---	10.8	21.0	24.3	9.3	9.6	11.7
25–44 years	---	12.8	10.9	10.6	8.1	6.6	6.3
45–64 years	---	10.4	8.1	8.2	7.4	5.7	5.8
65 years and over	---	*	*	*	*	5.3	*
Hispanic or Latino male^{3,4}							
All ages, age adjusted ²	---	---	27.6	23.8	13.6	13.7	13.4
All ages, crude	---	---	29.9	26.2	14.2	14.6	14.2
1–14 years	---	---	2.6	2.8	1.0	0.7	0.9
15–24 years	---	---	55.5	61.7	30.8	31.4	32.1
25–44 years	---	---	42.7	31.4	17.3	19.1	17.6
25–34 years	---	---	47.3	36.4	20.3	22.7	21.2
35–44 years	---	---	35.4	24.2	13.2	14.4	12.9
45–64 years	---	---	21.4	17.2	12.0	10.0	9.9
65 years and over	---	---	19.1	16.5	12.2	12.0	12.3
White, not Hispanic or Latino male⁴							
All ages, age adjusted ²	---	---	20.6	18.6	15.5	16.0	16.0
All ages, crude	---	---	20.4	18.5	15.7	16.3	16.3
1–14 years	---	---	1.6	1.6	1.0	1.0	0.7
15–24 years	---	---	24.1	23.5	16.2	16.0	15.6
25–44 years	---	---	23.3	21.4	17.9	18.6	18.4
25–34 years	---	---	24.7	22.5	17.2	18.9	17.4
35–44 years	---	---	21.6	20.4	18.4	18.4	19.3
45–64 years	---	---	22.7	19.5	17.8	19.0	19.4
65 years and over	---	---	37.4	32.5	29.0	29.4	29.8
White female³							
All ages, age adjusted ²	4.0	4.2	3.8	3.5	2.7	2.7	2.7
All ages, crude	3.7	4.1	3.8	3.5	2.7	2.7	2.7
15–24 years	3.4	5.1	4.8	4.5	2.8	2.7	2.6
25–44 years	6.9	6.2	5.3	4.9	3.9	3.9	3.8
45–64 years	5.0	5.1	4.5	4.0	3.5	3.7	3.6
65 years and over	2.2	2.5	3.1	2.8	2.4	2.3	2.2

See footnotes at end of table.

Table 47 (page 3 of 3). Death rates for firearm-related injuries, according to sex, race, Hispanic origin, and age: United States, selected years 1970–2002

[Data are based on death certificates]

Sex, race, Hispanic origin, and age	1970	1980	1990	1995	2000 ¹	2001	2002
Deaths per 100,000 resident population							
Black or African American female³							
All ages, age adjusted ²	11.1	8.7	7.3	6.2	3.9	3.8	4.1
All ages, crude	10.0	8.8	7.8	6.5	4.0	3.8	4.2
15–24 years	15.2	12.3	13.3	13.2	7.6	6.1	8.1
25–44 years	19.4	16.1	12.4	9.8	6.5	6.9	6.7
45–64 years	10.2	8.2	4.8	4.1	3.1	2.6	3.0
65 years and over	4.3	3.1	3.1	2.6	1.3	1.4	1.2
American Indian or Alaska Native female³							
All ages, age adjusted ²	---	5.8	3.3	3.8	2.9	2.8	3.1
All ages, crude	---	5.8	3.4	4.1	2.9	2.9	3.4
15–24 years	---	*	*	*	*	*	*
25–44 years	---	10.2	*	7.0	5.5	5.0	*
45–64 years	---	*	*	*	*	*	*
65 years and over	---	*	*	*	*	*	*
Asian or Pacific Islander female³							
All ages, age adjusted ²	---	2.0	1.9	2.0	1.1	1.0	1.1
All ages, crude	---	2.1	2.1	2.1	1.2	1.1	1.2
15–24 years	---	*	*	3.9	*	*	*
25–44 years	---	3.2	2.7	2.7	1.5	1.5	1.7
45–64 years	---	*	*	*	*	*	*
65 years and over	---	*	*	*	*	*	*
Hispanic or Latino female^{3,4}							
All ages, age adjusted ²	---	---	3.3	3.1	1.8	1.7	1.6
All ages, crude	---	---	3.6	3.3	1.8	1.7	1.6
15–24 years	---	---	6.9	6.1	2.9	3.3	2.8
25–44 years	---	---	5.1	4.7	2.5	2.5	2.4
45–64 years	---	---	2.4	2.4	2.2	1.6	1.6
65 years and over	---	---	*	*	*	*	*
White, not Hispanic or Latino female⁴							
All ages, age adjusted ²	---	---	3.7	3.4	2.8	2.8	2.8
All ages, crude	---	---	3.7	3.5	2.9	2.9	2.8
15–24 years	---	---	4.3	4.1	2.7	2.5	2.5
25–44 years	---	---	5.1	4.8	4.2	4.1	4.1
45–64 years	---	---	4.6	4.1	3.6	3.8	3.8
65 years and over	---	---	3.2	2.8	2.4	2.4	2.3

* Rates based on fewer than 20 deaths are considered unreliable and are not shown.

--- Data not available.

¹Starting with 1999 data, cause of death is coded according to ICD–10. See [Appendix II, Comparability ratio](#) and [tables V and VI](#).

²Age-adjusted rates are calculated using the year 2000 standard population. See [Appendix II, Age adjustment](#).

³The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Death rates for the American Indian or Alaska Native and Asian or Pacific Islander populations are known to be underestimated. See [Appendix II, Race](#), for a discussion of sources of bias in death rates by race and Hispanic origin.

⁴Prior to 1997, excludes data from States lacking an Hispanic-origin item on the death certificate. See [Appendix II, Hispanic origin](#).

NOTES: Starting with *Health, United States, 2003*, rates for 1991–99 were revised using intercensal population estimates based on census 2000. Rates for 2000 were revised based on census 2000 counts. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates. See [Appendix I, Population Census and Population Estimates](#). Underlying cause of death code numbers are based on the applicable revision of the *International Classification of Diseases (ICD)* for data years shown. See [Appendix II, tables IV and V](#). Age groups were selected to minimize the presentation of unstable age-specific death rates based on small numbers of deaths and for consistency among comparison groups. For additional injury-related statistics, see www.cdc.gov/ncipc/wisqars, a Web-based interactive database for injury data. Data for additional years are available. See [Appendix III](#). Some data for white females and black females were revised and differ from the previous edition of *Health, United States*.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; numerator data from annual mortality files; denominator data from national population estimates for race groups from table 1 and unpublished Hispanic population estimates for 1985–96 prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census; additional mortality tables are available at www.cdc.gov/nchs/dataawh/statab/unpubd/mortabs.htm; Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports. Vol 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

Table 48. Deaths from selected occupational diseases for persons 15 years of age and over: United States, selected years 1980–2002

[Data are based on death certificates]

<i>Cause of death</i> ¹	1980	1985	1990	1995	1999 ²	2000	2001	2002
Underlying and nonunderlying cause of death	Number of death certificates with cause-of-death code(s) mentioned							
Angiosarcoma of liver ³	---	---	---	---	4	16	25	23
Malignant mesothelioma ⁴	699	715	874	897	2,485	2,531	2,508	2,573
Pneumoconiosis ⁵	4,151	3,783	3,644	3,151	2,739	2,859	2,743	2,715
Coal workers' pneumoconiosis	2,576	2,615	1,990	1,413	1,002	949	886	858
Asbestosis	339	534	948	1,169	1,259	1,486	1,449	1,467
Silicosis	448	334	308	242	185	151	163	146
Other (including unspecified)	814	321	413	343	310	290	260	263
Underlying cause of death	Number of deaths							
Angiosarcoma of liver ³	---	---	---	---	3	15	22	20
Malignant mesothelioma ⁴	531	573	725	780	2,343	2,384	2,371	2,429
Pneumoconiosis	1,581	1,355	1,335	1,117	1,081	1,142	1,110	1,094
Coal workers' pneumoconiosis	982	958	734	533	409	389	367	354
Asbestosis	101	139	302	355	449	558	550	529
Silicosis	207	143	150	114	102	71	82	89
Other (including unspecified)	291	115	149	115	121	124	111	122

--- Data not available.

¹Cause-of-death titles for selected occupational diseases and corresponding code numbers according to the *International Classification of Diseases*, Ninth and Tenth Revisions. See Appendix II, table IV.

<i>Cause of death</i>	<i>ICD-9 code</i>	<i>ICD-10 code</i>
Angiosarcoma of liver	---	C22.3
Malignant mesothelioma	158.8, 158.9, 163	C45
Pneumoconiosis	500-505	J60-J66
Coal workers' pneumoconiosis	500	J60
Asbestosis	501	J61
Silicosis	502	J62
Other (including unspecified)	503-505	J63-J66

²Starting with 1999 data, ICD-10 was introduced for coding cause of death. Discontinuities exist between 1998 and 1999 due to ICD-10 coding and classification changes. Caution should be exercised in interpreting trends for the causes of death in this table, especially for those with major ICD-10 changes (e.g., malignant mesothelioma). See Appendix II, *International Classification of Diseases (ICD)*.

³Prior to 1999 there was no discrete code for this condition.

⁴Prior to 1999 the combined ICD-9 categories of malignant neoplasm of peritoneum and malignant neoplasm of pleura served as a crude surrogate for malignant mesothelioma under ICD-10.

⁵For underlying and nonunderlying cause of death, counts for pneumoconiosis subgroups may sum to slightly more than total pneumoconiosis due to the reporting of more than one type of pneumoconiosis on some death certificates.

NOTES: See Appendix I, *National Vital Statistics System*, Multiple Cause of Death File for information about tabulating cause-of-death data in this table. Selection of occupational diseases is based on definitions in Mullan RJ, Murthy LI. Occupational sentinel health events: An updated list for physician recognition and public health surveillance. *Am J Ind Med* 19:775-799, 1991. For more detailed information about pneumoconiosis deaths, see *Work-Related Lung Disease Surveillance Report 2002*, DHHS (NIOSH) Publication Number 2003-111 at www.cdc.gov/niosh/docs/2003-111/2003-111.html. Data for additional years are available. See Appendix III.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; annual mortality files for underlying and multiple cause of death.

Table 49 (page 1 of 2). Occupational injury deaths and rates by industry, sex, age, race, and Hispanic origin: United States, selected years 1992–2002

[Data are compiled from various Federal, State, and local administrative sources]

<i>Characteristic</i>	1992 ¹	1995	1996	1997	1998	1999	2000	2001 ²	2002 ³
Deaths per 100,000 employed workers ⁴									
Total work force	5.2	4.9	4.8	4.7	4.5	4.5	4.3	4.3	4.0
Total, including fatalities from Sept 11, 2001 . .	...	...	...	...	...	...	...	6.4	...
Industry ⁵									
Private sector	5.5	5.1	5.1	5.0	4.8	4.8	4.6	4.5	4.2
Agriculture, forestry, and fishing	24.0	22.2	22.4	23.5	23.4	23.8	20.9	22.8	22.7
Mining	27.1	25.0	27.0	25.0	23.8	21.7	30.0	30.0	23.5
Construction	14.1	14.7	14.0	14.1	14.5	14.0	12.9	13.3	12.2
Manufacturing	3.8	3.5	3.5	3.6	3.4	3.6	3.3	3.2	3.1
Transportation and public utilities	13.4	12.6	13.4	13.2	11.8	12.7	11.8	11.2	11.3
Wholesale trade	5.3	5.1	5.4	4.9	4.5	4.6	4.3	4.3	4.0
Retail trade	3.8	3.3	3.2	3.1	2.6	2.3	2.7	2.4	2.1
Finance, insurance, and real estate	1.6	1.6	1.5	1.2	1.1	1.2	0.9	1.0	1.0
Services	2.5	2.2	2.2	2.0	2.0	1.9	2.0	1.9	1.7
Government ⁶	3.7	3.9	3.1	3.2	3.0	2.8	2.8	3.1	2.7
Sex									
Male	---	8.3	8.2	8.1	7.7	7.7	7.4	7.4	6.8
Female	---	0.9	0.9	0.8	0.8	0.7	0.7	0.7	0.7
Age									
16–17 years	---	1.6	1.6	1.5	1.2	1.6	1.6	1.3	1.1
18–19 years	---	3.3	3.2	2.8	3.1	2.7	2.7	2.8	2.2
20–24 years	---	3.8	3.5	3.9	3.3	3.4	3.3	3.2	3.2
25–34 years	---	4.3	4.2	4.1	3.9	3.8	3.8	3.8	3.3
35–44 years	---	4.6	4.5	4.2	4.2	4.1	4.0	4.1	4.0
45–54 years	---	5.2	4.9	4.9	4.6	4.6	4.4	4.5	4.0
55–64 years	---	7.2	7.3	7.1	6.5	6.1	6.1	5.5	5.0
65 years and over	---	14.0	13.7	13.8	14.5	14.6	12.0	12.7	11.5
Race and Hispanic origin ⁷									
White	---	4.7	4.7	4.6	4.5	4.4	---	---	---
Black or African American	---	5.1	4.6	4.8	4.0	4.1	---	---	---
Hispanic or Latino	---	5.5	5.4	5.1	5.2	5.2	5.6	6.0	5.0
Not Hispanic or Latino	---	4.9	4.8	4.7	4.5	4.4	4.2	4.1	3.9
White	---	---	---	---	---	---	4.2	4.2	3.9
Black or African American	---	---	---	---	---	---	3.9	3.8	3.5
Number of deaths ⁸									
Total work force	6,217	6,275	6,202	6,238	6,055	6,054	5,920	5,915	5,524
Total, including fatalities from Sept 11, 2001 . .	...	...	...	...	...	...	...	8,786	...
Industry ⁵									
Private sector	5,497	5,495	5,597	5,616	5,457	5,488	5,347	5,281	4,970
Agriculture, forestry, and fishing	808	800	806	833	840	814	720	741	789
Mining	181	156	153	158	147	122	156	170	121
Construction	919	1,055	1,047	1,107	1,174	1,191	1,155	1,226	1,121
Manufacturing	765	709	725	744	698	722	668	598	563
Transportation and public utilities	895	901	970	1,008	911	1,008	957	915	910
Wholesale trade	253	256	270	241	229	238	230	220	205
Retail trade	734	687	681	670	570	513	594	538	487
Finance, insurance, and real estate	122	125	116	97	92	107	79	86	87
Services	757	749	776	727	763	736	769	772	680
Not classified	63	57	53	31	33	37	19	15	7
Government ⁶	720	780	605	622	598	566	573	634	554

See footnotes at end of table.

Table 49 (page 2 of 2). Occupational injury deaths and rates by industry, sex, age, race, and Hispanic origin: United States, selected years 1992–2002

[Data are compiled from various Federal, State, and local administrative sources]

Characteristic	1992 ¹	1995	1996	1997	1998	1999	2000	2001 ²	2002 ³
Sex									
	Number of deaths ⁸								
Male	5,774	5,736	5,688	5,761	5,569	5,612	5,471	5,442	5,083
Female	443	539	514	477	486	442	449	473	441
Age									
Under 16 years	27	26	27	21	33	26	29	20	16
16–17 years	41	42	43	41	32	46	44	33	25
18–19 years	107	130	125	113	137	122	127	122	92
20–24 years	544	486	444	503	421	451	446	441	435
25–34 years	1,556	1,409	1,362	1,325	1,238	1,175	1,163	1,142	1,020
35–44 years	1,538	1,571	1,586	1,524	1,525	1,510	1,473	1,478	1,402
45–54 years	1,167	1,256	1,242	1,302	1,279	1,333	1,313	1,368	1,250
55–64 years	767	827	855	875	836	816	831	775	783
65 years and over	467	515	504	520	541	565	488	530	494
Unspecified	3	13	14	14	13	10	6	6	7
Race and Hispanic origin									
White	5,173	5,120	5,111	5,108	5,041	4,990	---	---	---
Black or African American	624	697	631	677	594	626	---	---	---
Hispanic or Latino	533	619	638	658	707	730	815	895	840
Not Hispanic or Latino	5,684	5,656	5,564	5,580	5,348	5,324	5,105	5,020	4,684
White	4,712	4,599	4,586	4,576	4,478	4,410	4,244	4,175	3,917
Black or African American	618	684	615	661	583	616	575	565	491
American Indian or Alaska Native	36	27	35	34	28	54	33	48	40
Asian ⁹	192	188	188	218	164	180	171	173	131
Native Hawaiian or Pacific Islander	---	---	---	---	---	---	14	9	9
Multiple races	---	---	---	---	---	---	---	6	4
Other races or not reported	126	158	140	91	95	64	68	44	92

. . . Data not applicable.

--- Data not available.

¹1992 and 1993 employment data by demographic characteristics are not available from the Current Population Survey (CPS) for calculation of rates.

²Fatalities due to the September 11 terrorist attacks are included only in the total line, as labeled, and not in the subcategories by industry and demographic characteristics.

³Preliminary data.

⁴Numerator excludes deaths to workers under the age of 16 years. Employment data in denominators are average annual estimates of employed civilians 16 years of age and over from the CPS plus resident armed forces figures from the Bureau of the Census (1992–98) and Department of Defense (1999–2002).

⁵Classified according to the *Standard Industrial Classification Manual*, 1987 (see [Appendix II, table VIII](#)).

⁶Includes fatalities to workers employed by governmental organizations regardless of industry.

⁷Employment data for American Indian or Alaska Native workers and Asian or Pacific Islander workers are not available for the calculation of rates; employment data for non-Hispanic white and non-Hispanic black workers were not available before the year 2000.

⁸Includes fatalities to all workers, regardless of age.

⁹In 1999 and earlier years, category also includes Native Hawaiian or Pacific Islander.

NOTES: Fatalities and rates are based on revised data and may differ from originally published data from the Census of Fatal Occupational Injuries (CFOI). See [Appendix I, CFOI](#). CFOI began collecting fatality data in 1992. For data for prior years, see CDC. Fatal Occupational Injuries—United States, 1980–1997. MMWR 2001; 50(16):317–320, which reports trend data from the National Traumatic Occupational Fatalities (NTOF) surveillance system. NTOF was established at the National Institute of Occupational Safety and Health to monitor occupational injury deaths through death certificates. In 1999 and earlier years the race groups white and black included persons of Hispanic and non-Hispanic origin. Some numbers for 2001 in this table were revised and differ from the previous edition of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCE: Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Revised annual data.

Table 50. Occupational injuries and illnesses with days away from work, job transfer, or restriction in the private sector, according to industry: United States, selected years 1980–2002

[Data are based on employer records from a sample of business establishments]

Industry	1980	1985	1990	1995	1998	1999	2000	2001	2002 ¹
Injuries and illnesses with days away from work, job transfer, or restriction per 100 full-time equivalents ^{2,3}									
Total private sector ⁴	4.0	3.6	4.1	3.6	3.1	3.0	3.0	2.8	2.8
Agriculture, fishing, and forestry ⁴	5.8	5.7	5.9	4.3	3.9	3.4	3.6	3.6	3.3
Mining	6.5	4.8	5.0	3.9	2.9	2.7	3.0	2.4	2.6
Construction	6.5	6.8	6.7	4.9	4.0	4.2	4.1	4.0	3.8
Manufacturing	5.4	4.6	5.8	5.3	4.7	4.6	4.5	4.1	4.1
Transportation, communication, and public utilities	5.5	5.0	5.5	5.2	4.3	4.4	4.3	4.3	4.0
Wholesale trade	3.9	3.5	3.7	3.6	3.3	3.3	3.1	2.8	3.1
Retail trade	2.9	3.1	3.4	3.0	2.7	2.5	2.5	2.4	2.5
Finance, insurance, and real estate	0.8	0.9	1.1	1.0	0.7	0.8	0.8	0.7	0.8
Services	2.3	2.6	2.8	2.8	2.4	2.2	2.2	2.2	2.2
Number of injuries and illnesses with days away from work, job transfer, or restriction in thousands ²									
Total private sector ⁴	2,539.9	2,537.0	3,123.8	2,972.1	2,780.7	2,742.8	2,752.1	2,559.1	2,494.3
Agriculture, fishing, and forestry ⁴	40.4	46.1	58.8	53.5	55.4	48.8	54.2	54.4	49.3
Mining	66.9	44.3	36.1	23.4	17.6	14.9	17.5	14.4	15.1
Construction	245.2	275.0	299.4	221.9	220.0	243.8	249.1	240.9	226.8
Manufacturing	1,038.7	857.1	1,072.8	970.7	891.2	848.0	829.5	702.4	656.4
Transportation, communication, and public utilities	266.5	246.2	298.1	299.3	268.8	284.1	283.1	285.1	251.8
Wholesale trade	193.7	189.7	215.5	221.6	216.9	217.1	207.6	183.0	190.5
Retail trade	332.3	403.2	490.2	472.2	445.8	431.7	432.7	421.6	435.1
Finance, insurance, and real estate	38.8	47.0	67.1	59.3	45.3	51.6	53.3	51.1	52.3
Services	317.4	428.3	585.7	650.2	619.8	602.8	625.2	606.2	617.1

¹Data for 2002 except for mining and transportation are not comparable with those from previous years because of changes to the Occupational Safety and Health Administration (OSHA) recordkeeping requirements. The mining and transportation industries did not adopt OSHA recordkeeping requirements for 2002. See [Appendix I, Survey of Occupational Injuries and Illnesses](#).

²Data for 1980–2001 include injuries and illnesses with lost workdays. Starting in 2002, the data include injuries and illnesses with days away from work, job transfer, or restriction.

³Incidence rate calculated as (N/EH) x 200,000, where N = total number of injuries and illnesses, EH = total hours worked by all employees during the calendar year, and 200,000 = base for 100 full-time equivalent employees working 40 hours per week, 50 weeks per year.

⁴Excludes farms with fewer than 11 employees.

NOTES: The data prior to 2002 are revised to include number of injuries and illnesses combined and differ from previous editions of *Health, United States* in which only the number of injuries was shown. See [Appendix I, Survey of Occupational Injuries and Illnesses](#). Data for additional years are available. See [Appendix III](#).

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses: Workplace injuries and illnesses, 1980–2002 editions. Summary News Release. 1982–2003. Internet address: www.bls.gov/iif/home.htm.

Table 51. Selected notifiable disease rates, according to disease: United States, selected years 1950–2002

[Data are based on reporting by State health departments]

Disease	1950	1960	1970	1980	1990	1995	1999	2000	2001	2002
Cases per 100,000 population										
Diphtheria	3.83	0.51	0.21	0.00	0.00	—	0.00	0.00	0.00	0.00
<i>Haemophilus influenzae</i> , invasive	---	---	---	---	---	0.45	0.48	0.51	0.57	0.62
Hepatitis A	---	---	27.87	12.84	12.64	12.13	6.25	4.91	3.77	3.13
Hepatitis B	---	---	4.08	8.39	8.48	4.19	2.82	2.95	2.79	2.84
Lyme disease	---	---	---	---	---	4.49	5.99	6.53	6.05	8.44
Meningococcal disease	---	---	1.23	1.25	0.99	1.25	0.92	0.83	0.83	0.64
Mumps	---	---	55.55	3.86	2.17	0.35	0.14	0.13	0.10	0.10
Pertussis (whooping cough)	79.82	8.23	2.08	0.76	1.84	1.97	2.67	2.88	2.69	3.47
Poliomyelitis, total	22.02	1.77	0.02	0.00	0.00	0.00	0.00	—	—	—
Paralytic ¹	---	1.40	0.02	0.00	0.00	0.00	0.00	—	—	—
Rocky Mountain spotted fever	---	---	0.19	0.52	0.26	0.23	0.21	0.18	0.25	0.39
Rubella (German measles)	---	---	27.75	1.72	0.45	0.05	0.10	0.06	0.01	0.01
Rubeola (measles)	211.01	245.42	23.23	5.96	11.17	0.12	0.04	0.03	0.04	0.02
Salmonellosis, excluding typhoid fever	---	3.85	10.84	14.88	19.54	17.66	14.89	14.51	14.39	15.73
Shigellosis	15.45	6.94	6.79	8.41	10.89	12.32	6.43	8.41	7.19	8.37
Tuberculosis ²	---	30.83	18.28	12.25	10.33	8.70	6.43	6.01	5.68	5.36
Sexually transmitted diseases: ³										
Syphilis ⁴	146.02	68.78	45.26	30.51	54.52	26.40	12.97	11.23	11.47	11.68
Primary and secondary	16.73	9.06	10.89	12.06	20.34	6.30	2.43	2.12	2.17	2.44
Early latent	39.71	10.11	8.08	9.00	22.27	10.15	4.23	3.36	3.09	3.00
Late and late latent ⁵	70.22	45.91	24.94	9.30	10.35	9.25	6.11	5.54	6.03	6.10
Congenital ⁶	8.97	2.48	0.97	0.12	1.55	0.71	0.21	0.20	0.17	0.15
Chlamydia ⁷	---	---	---	---	160.83	190.42	252.99	252.10	278.32	296.55
Gonorrhea ⁸	192.50	145.40	297.22	445.10	277.45	149.44	132.32	129.04	128.53	125.03
Chancroid	3.34	0.94	0.70	0.30	1.69	0.23	0.05	0.03	0.01	0.02
Number of cases										
Diphtheria	5,796	918	435	3	4	—	1	1	2	1
<i>Haemophilus influenzae</i> , invasive	---	---	---	---	---	1,180	1,309	1,398	1,597	1,743
Hepatitis A	---	---	56,797	29,087	31,441	31,582	17,047	13,397	10,609	8,795
Hepatitis B	---	---	8,310	19,015	21,102	10,805	7,694	8,036	7,843	7,996
Lyme disease	---	---	---	---	---	11,700	16,273	17,730	17,029	23,763
Meningococcal disease	---	---	2,505	2,840	2,451	3,243	2,501	2,256	2,333	1,814
Mumps	---	---	104,953	8,576	5,292	906	387	338	266	270
Pertussis (whooping cough)	120,718	14,809	4,249	1,730	4,570	5,137	7,288	7,867	7,580	9,771
Poliomyelitis, total	33,300	3,190	33	9	6	7	2	—	—	—
Paralytic ¹	---	2,525	31	9	6	7	2	—	—	—
Rocky Mountain spotted fever	---	---	380	1,163	651	590	579	495	695	1,104
Rubella (German measles)	---	---	56,552	3,904	1,125	128	267	176	23	18
Rubeola (measles)	319,124	441,703	47,351	13,506	27,786	309	100	86	116	44
Salmonellosis, excluding typhoid fever	---	6,929	22,096	33,715	48,603	45,970	40,596	39,574	40,495	44,264
Shigellosis	23,367	12,487	13,845	19,041	27,077	32,080	17,521	22,922	20,221	23,541
Tuberculosis ²	---	55,494	37,137	27,749	25,701	22,860	17,531	16,377	15,989	15,075
Sexually transmitted diseases: ³										
Syphilis ⁴	217,558	122,538	91,382	68,832	135,590	69,356	35,379	31,612	32,272	32,871
Primary and secondary	23,939	16,145	21,982	27,204	50,578	16,543	6,617	5,979	6,103	6,862
Early latent	59,256	18,017	16,311	20,297	55,397	26,657	11,534	9,465	8,701	8,429
Late and late latent ⁵	113,569	81,798	50,348	20,979	25,750	24,296	16,653	15,594	16,976	17,168
Congenital ⁶	13,377	4,416	1,953	277	3,865	1,860	575	574	492	412
Chlamydia ⁷	---	---	---	---	323,663	478,577	662,647	709,452	783,242	834,555
Gonorrhea ⁸	286,746	258,933	600,072	1,004,029	690,042	392,651	360,813	363,136	361,705	351,852
Chancroid	4,977	1,680	1,416	788	4,212	607	142	78	38	67

0.00 Rate greater than zero but less than 0.005. — Quantity zero. --- Data not available.

¹Data beginning in 1986 may be updated due to retrospective case evaluations or late reports.

²Case reporting for tuberculosis began in 1953. Data prior to 1975 are not comparable with subsequent years' data because of changes in reporting criteria effective in 1975. 2002 data were updated through the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

³Newly reported civilian cases prior to 1991; includes military cases beginning in 1991. Adjustments to the number of cases from State health departments were made for hardcopy forms and for electronic data submissions through May 2, 2003. For 1950, data for Alaska and Hawaii were not included.

⁴Includes stage of syphilis not stated.

⁵Includes cases of unknown duration.

⁶Data reported for 1989 and later years reflect change in case definition introduced in 1988. Through 1994, all cases of congenitally acquired syphilis; as of 1995, congenital syphilis less than 1 year of age. See STD Surveillance Report for congenital syphilis rates per 100,000 live births. In 2002 the rate was 10.2 congenital syphilis cases per 100,000 live births.

⁷Chlamydia was nonnotifiable in 1994 and earlier years. In 1994–99 cases for New York based exclusively on those reported by New York City. Starting in 2000, includes cases for New York State.

⁸Data for 1994 do not include cases from Georgia.

NOTES: The total resident population was used to calculate all rates except sexually transmitted diseases, which used the civilian resident population. For sexually transmitted diseases, 2000 population estimates were used to calculate 2001 and 2002 rates. Population data from those States where diseases were not notifiable or not available were excluded from rate calculation. See Appendix I for information on underreporting of notifiable diseases. Some numbers for sexually transmitted diseases (2000–01) have been revised and differ from the previous edition of *Health, United States*. Data for additional years are available. See Appendix III.

SOURCES: Centers for Disease Control and Prevention. Summary of notifiable diseases, United States, 2002. Morbidity and mortality weekly report; 51(53). Atlanta, Georgia: Public Health Service. 2004; National Center for HIV, STD, and TB Prevention, Division of STD Prevention. Sexually transmitted disease surveillance, 2002. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003.

Table 52. Acquired immunodeficiency syndrome (AIDS) cases, according to age at diagnosis, sex, detailed race, and Hispanic origin: United States, selected years 1985–2003

[Data are based on reporting by State health departments]

Age at diagnosis, sex, race, and Hispanic origin	All years ¹	All years ¹	1985	1990	1995	2000	2001	2002	2003	2003	Cases per 100,000 population ³
All races . . . . .	...	874,230	8,131	41,449	70,373	40,165	41,312	42,478	44,232		14.7
Male											
All males, 13 years and over	100.0	708,452	7,484	36,180	56,650	30,047	30,570	31,425	32,781		27.4
Not Hispanic or Latino:											
White	47.1	333,873	4,743	20,818	25,972	11,224	10,971	11,069	11,831		13.6
Black or African American	35.7	253,078	1,695	10,244	20,812	13,041	13,720	14,214	13,820		109.2
American Indian or Alaska Native	0.3	2,353	9	81	196	135	145	146	169		16.0
Asian or Pacific Islander	0.8	5,875	47	254	463	275	325	351	458		7.2
Hispanic or Latino ⁴	15.8	112,101	989	4,746	9,128	5,295	5,329	5,550	6,344		37.2
13–19 years	0.4	2,861	27	106	223	142	179	197	249		1.3
20–29 years	15.2	107,651	1,497	6,917	8,387	3,327	3,280	3,418	3,570		17.1
30–39 years	44.4	314,224	3,575	16,670	25,680	12,510	12,041	12,011	12,214		55.8
40–49 years	28.1	199,248	1,632	8,832	16,120	9,614	10,234	10,593	11,257		48.4
50–59 years	8.9	62,905	596	2,645	4,691	3,372	3,629	3,926	4,239		23.9
60 years and over	3.0	21,563	157	1,010	1,549	1,082	1,207	1,280	1,252		6.3
Female											
All females, 13 years and over	100.0	156,837	519	4,544	12,978	9,932	10,572	10,914	11,297		9.0
Not Hispanic or Latino:											
White	21.5	33,766	143	1,230	3,031	1,841	1,977	1,893	1,923		2.2
Black or African American	61.4	96,338	275	2,557	7,581	6,455	6,927	7,304	7,373		49.0
American Indian or Alaska Native	0.4	562	2	9	38	68	41	41	61		4.3
Asian or Pacific Islander	0.6	905	1	20	69	71	64	67	105		1.3
Hispanic or Latino ⁴	15.9	24,997	98	724	2,244	1,476	1,547	1,579	1,776		11.3
13–19 years	1.4	2,177	5	67	157	168	167	195	209		1.4
20–29 years	20.2	31,748	175	1,117	2,676	1,749	1,720	1,815	1,774		9.5
30–39 years	43.1	67,523	230	2,088	5,937	3,965	4,125	3,977	4,075		18.6
40–49 years	24.7	38,685	45	780	3,055	2,851	3,123	3,375	3,547		15.1
50–59 years	7.3	11,483	26	273	818	859	998	1,147	1,253		6.6
60 years and over	3.3	5,221	38	219	335	340	439	405	439		1.5
Children											
All children, under 13 years	100.0	8,939	128	725	745	186	170	139	153		0.7
Not Hispanic or Latino:											
White	18.0	1,613	26	156	117	30	29	21	23		0.2
Black or African American	61.6	5,504	84	390	483	121	111	92	93		3.0
American Indian or Alaska Native	0.3	31	–	5	2	1	–	–	–		0.0
Asian or Pacific Islander	0.6	57	–	4	5	3	3	4	1		0.5
Hispanic or Latino ⁴	19.2	1,714	18	169	135	30	27	22	34		0.6
Under 5 years	76.2	6,812	108	586	553	116	105	87	85		0.4
5–12 years	23.8	2,127	20	139	192	70	65	52	68		0.2

... Category not applicable.

– Quantity zero.

¹Includes cases reported to the Centers for Disease Control and Prevention prior to 1985 and through December 31, 2003.

²Percents may not sum to 100 percent due to rounding and because 0.2 percent unknown race and Hispanic origin are included in totals for male, female, and children.

³Computed using estimates of July 1, 2002, U.S. resident population by age, sex, race, and Hispanic origin, prepared by CDC.

⁴Persons of Hispanic origin may be of any race.

NOTES: The AIDS case reporting definitions were expanded in 1985, 1987, and 1993. See [Appendix II, AIDS](#). Excludes data for U.S. dependencies and possessions and independent nations in free association with the United States. Data for all years have been updated through December 31, 2003, to include temporally delayed case reports and may differ from previous editions of *Health, United States*.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, AIDS Surveillance, 2004 special data run.

Table 53 (page 1 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–2001

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 12 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	1996	1997	1998	1999	2000	2001	1990–2001 APC ¹
All sites									
Number of new cases per 100,000 population ²									
All persons	476.0	469.9	471.0	476.5	477.0	476.1	465.9	457.1	^-0.5
White	483.3	475.9	477.7	483.7	485.8	485.1	476.2	468.0	^-0.4
Black or African American	514.9	532.6	528.4	533.3	523.7	526.1	511.6	486.2	^-0.7
American Indian or Alaska Native	263.8	269.6	254.3	269.7	249.7	252.2	213.0	212.7	^-2.0
Asian or Pacific Islander	335.8	337.8	333.6	345.1	337.1	339.6	331.7	331.6	^-0.4
Hispanic or Latino	343.0	361.1	357.3	352.6	363.2	362.8	346.7	334.5	-0.2
White, not Hispanic or Latino	490.9	485.0	488.5	495.1	494.2	496.9	488.9	480.1	-0.3
Male	584.4	562.3	560.5	562.9	558.8	561.4	552.5	537.3	^-1.3
White	590.8	561.1	561.9	562.4	560.5	562.9	555.7	542.2	^-1.3
Black or African American	690.1	729.5	707.4	717.1	701.8	701.3	686.6	642.9	^-1.2
American Indian or Alaska Native	313.9	320.0	276.5	312.8	258.6	292.9	217.1	244.9	^-3.0
Asian or Pacific Islander	387.6	396.0	385.3	397.1	381.6	391.6	387.0	374.7	^-0.8
Hispanic or Latino	407.2	442.1	433.2	423.2	430.4	432.9	416.7	399.5	-0.6
White, not Hispanic or Latino	598.9	566.8	568.6	569.5	563.6	569.7	564.6	549.4	^-1.3
Female	411.7	409.6	412.8	420.1	424.1	419.8	407.3	402.0	0.0
White	421.6	422.2	424.4	433.9	439.0	434.9	423.6	418.2	0.2
Black or African American	404.4	400.9	410.5	411.7	408.1	410.6	393.7	378.4	-0.3
American Indian or Alaska Native	229.8	237.2	241.6	241.0	245.3	226.4	215.9	191.3	-1.0
Asian or Pacific Islander	295.2	295.1	296.6	308.3	307.0	304.1	293.4	302.9	0.2
Hispanic or Latino	307.7	311.5	311.7	309.6	322.3	320.5	305.4	294.3	0.0
White, not Hispanic or Latino	428.2	433.0	437.3	447.9	450.9	449.6	437.7	433.0	^0.4
Lung and bronchus									
Male	95.4	87.0	84.4	82.7	83.2	80.0	76.5	73.6	^-2.2
White	94.6	85.2	82.9	81.1	82.1	78.6	75.3	72.8	^-2.2
Black or African American	134.8	136.8	128.9	126.4	123.5	119.4	109.2	108.2	^-2.2
Asian or Pacific Islander	64.5	60.4	61.1	62.5	61.3	62.1	62.2	54.7	^-1.1
Hispanic or Latino	59.3	52.6	48.3	48.4	50.5	44.2	44.7	39.6	^-2.6
White, not Hispanic or Latino	95.2	85.6	84.4	81.8	83.1	80.1	76.6	74.0	^-2.1
Female	47.4	49.4	50.2	50.3	50.8	50.2	48.0	46.4	0.0
White	48.7	51.8	52.5	53.0	53.1	52.2	50.2	48.3	0.2
Black or African American	53.4	50.4	53.9	50.8	56.9	58.0	54.3	52.5	0.2
Asian or Pacific Islander	28.4	27.8	27.8	29.9	28.5	29.0	27.2	28.3	0.1
Hispanic or Latino	24.7	24.4	25.6	25.7	26.0	24.4	22.9	21.3	-1.0
White, not Hispanic or Latino	49.9	54.1	54.7	55.3	54.8	54.8	52.1	50.1	0.3
Colon and rectum									
Male	72.4	63.1	64.5	66.3	65.7	63.8	61.9	59.5	^-1.4
White	73.1	62.5	64.9	66.1	65.6	63.8	61.6	58.9	^-1.5
Black or African American	73.1	73.4	67.4	74.1	76.8	73.8	72.0	68.3	-0.6
Asian or Pacific Islander	61.4	58.3	56.1	59.6	57.5	54.1	56.4	54.7	^-0.8
Hispanic or Latino	46.0	46.4	51.0	50.5	52.0	50.1	48.9	47.3	0.4
White, not Hispanic or Latino	74.4	63.0	65.2	65.8	66.1	65.2	62.7	59.6	^-1.4
Female	50.2	45.8	46.0	47.1	48.5	46.8	45.5	44.1	^-0.8
White	49.8	45.5	45.6	47.0	48.2	46.1	45.1	43.3	^-0.8
Black or African American	61.1	54.7	54.1	57.5	56.3	57.5	57.2	54.0	-0.4
Asian or Pacific Islander	38.1	38.5	39.1	35.6	40.5	40.2	36.7	39.7	-0.4
Hispanic or Latino	32.6	33.1	32.1	32.1	34.1	34.4	32.9	29.7	-0.1
White, not Hispanic or Latino	50.8	46.0	46.8	48.5	49.5	47.3	46.6	44.2	^-0.7
Prostate									
Male	166.7	165.5	165.4	170.4	167.6	177.7	174.6	171.4	-1.8
White	168.1	160.1	160.8	165.6	161.9	172.2	169.5	167.8	^-2.1
Black or African American	219.2	272.4	268.8	271.0	275.3	278.1	281.2	251.3	-0.7
American Indian or Alaska Native	84.8	65.4	76.6	71.0	50.6	59.8	29.8	48.4	^-6.7
Asian or Pacific Islander	88.9	103.3	94.0	96.9	92.8	105.1	104.3	103.9	-0.9
Hispanic or Latino	115.7	139.2	135.4	138.2	140.7	144.7	140.6	136.2	0.0
White, not Hispanic or Latino	169.6	160.3	161.1	166.1	159.1	171.3	169.4	167.5	^-2.1
Breast									
Female	129.3	130.6	131.8	135.4	138.3	137.4	132.9	132.1	^0.5
White	134.3	136.1	136.9	141.1	144.6	144.1	139.8	139.0	^0.6
Black or African American	116.6	122.4	122.4	123.5	122.8	122.7	119.5	111.9	0.0
American Indian or Alaska Native	46.0	65.4	76.3	57.1	57.9	55.2	53.0	49.5	-1.1
Asian or Pacific Islander	87.0	86.7	89.9	98.6	99.0	97.5	91.7	97.8	^1.5
Hispanic or Latino	84.7	89.1	91.2	87.0	91.9	92.0	92.1	85.4	0.5
White, not Hispanic or Latino	138.6	142.1	144.1	148.6	152.2	152.9	147.5	148.3	^0.9

See footnotes at end of table.

Table 53 (page 2 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–2001

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 12 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	1996	1997	1998	1999	2000	2001	1990–2001 APC ¹
Cervix uteri									
Number of new cases per 100,000 population ²									
Female	11.9	9.9	10.6	9.8	9.8	9.3	8.8	8.6	^-2.5
White	11.2	9.2	9.9	9.2	9.3	9.0	8.8	8.3	^-2.2
Black or African American	16.2	14.4	13.6	13.1	12.4	12.9	10.6	10.5	^-3.3
Asian or Pacific Islander	12.1	10.9	13.0	11.1	10.9	8.3	8.0	9.8	^-3.2
Hispanic or Latino	21.2	18.1	18.5	16.2	15.7	17.3	16.8	14.9	^-2.9
White, not Hispanic or Latino	9.5	7.7	8.3	7.8	8.0	7.5	6.7	6.7	^-2.5
Corpus uteri									
Female	24.7	24.9	24.5	25.2	24.9	24.5	23.7	24.2	-0.1
White	26.4	26.4	25.9	26.9	26.5	26.2	25.4	25.6	-0.1
Black or African American	17.0	17.9	19.2	18.0	18.3	18.0	16.9	19.7	^-1.0
Asian or Pacific Islander	13.2	17.7	16.6	17.5	17.2	17.5	16.4	17.7	^1.8
Hispanic or Latino	16.3	17.2	16.2	17.3	18.0	16.6	15.3	16.9	0.2
White, not Hispanic or Latino	27.0	27.4	27.0	27.9	27.6	27.1	26.5	26.6	0.0
Ovary									
Female	15.6	14.5	14.0	14.2	14.0	14.1	13.8	13.6	^-1.2
White	16.4	15.4	15.1	14.9	14.9	15.0	14.7	14.7	^-1.0
Black or African American	11.1	10.8	9.1	10.3	10.7	10.3	10.4	8.7	^-1.2
Asian or Pacific Islander	11.1	10.4	9.4	11.3	10.2	10.8	9.9	9.5	-0.8
Hispanic or Latino	12.1	11.6	12.4	11.2	12.2	11.0	10.6	11.9	-0.6
White, not Hispanic or Latino	17.0	15.7	15.4	15.3	15.2	15.6	15.3	15.0	^-1.0
Oral cavity and pharynx									
Male	19.2	16.9	17.4	16.9	16.4	15.2	15.7	14.6	^-2.2
White	18.7	16.8	17.0	16.7	16.2	15.1	15.5	14.8	^-2.1
Black or African American	26.3	22.4	23.3	19.8	21.7	19.3	19.2	17.7	^-2.9
Asian or Pacific Islander	15.1	11.8	14.2	14.7	12.9	11.1	13.0	9.7	^-2.1
Hispanic or Latino	11.0	13.1	11.5	10.5	10.1	10.2	8.7	9.0	^-2.4
White, not Hispanic or Latino	19.2	16.7	17.4	17.4	16.7	15.9	16.2	15.3	^-2.0
Female	7.3	7.0	6.9	6.9	6.6	6.3	6.1	6.4	^-1.4
White	7.4	7.1	6.9	6.9	6.7	6.1	6.1	6.4	^-1.5
Black or African American	6.3	6.7	7.3	7.1	6.4	5.9	5.4	6.3	^-1.3
Asian or Pacific Islander	6.0	5.2	5.7	6.5	4.5	6.5	6.1	5.5	-0.7
Hispanic or Latino	3.7	3.8	3.7	3.9	3.5	4.5	3.6	3.9	-0.3
White, not Hispanic or Latino	7.7	7.3	7.3	7.3	7.2	6.3	6.4	6.4	^-1.7
Stomach									
Male	14.7	13.6	13.8	13.5	12.9	12.9	12.5	11.5	^-2.0
White	12.9	12.0	12.0	11.4	11.1	11.2	10.6	10.0	^-2.1
Black or African American	21.9	18.5	22.5	22.0	20.4	17.1	18.7	16.3	^-2.5
Asian or Pacific Islander	26.9	23.9	23.7	24.7	21.1	22.6	22.2	19.1	^-2.9
Hispanic or Latino	20.1	19.8	17.8	19.0	19.5	20.1	22.1	15.1	^-2.1
White, not Hispanic or Latino	11.9	10.8	11.1	10.1	9.8	9.7	9.9	8.9	^-2.4
Female	6.7	6.2	6.1	6.1	6.4	6.5	6.0	5.6	^-1.2
White	5.7	5.2	5.1	4.9	5.2	5.4	5.0	4.5	^-1.6
Black or African American	9.9	9.9	9.3	10.9	10.9	10.5	8.5	9.0	-0.6
Asian or Pacific Islander	15.5	13.1	13.7	12.2	12.8	12.2	12.8	11.9	^-2.6
Hispanic or Latino	10.9	11.2	10.1	10.1	11.0	9.4	10.4	9.3	-1.1
White, not Hispanic or Latino	5.0	4.4	4.3	4.0	4.3	4.7	4.1	3.5	^-2.4
Pancreas									
Male	13.1	12.7	12.6	12.9	12.9	12.5	12.6	12.0	^-0.4
White	12.7	12.4	12.3	12.5	12.9	12.3	12.4	12.2	-0.1
Black or African American	19.7	18.9	19.1	18.2	17.2	18.4	18.0	14.1	^-1.4
Asian or Pacific Islander	11.2	10.5	10.6	12.1	10.5	9.2	10.4	9.3	-1.7
Hispanic or Latino	11.1	12.5	11.4	12.0	9.8	9.7	11.5	9.4	-0.5
White, not Hispanic or Latino	12.4	12.1	12.1	12.5	13.0	12.7	12.4	12.1	0.1
Female	10.1	10.0	10.0	10.2	10.1	9.6	9.7	9.2	^-0.6
White	9.8	9.7	9.7	9.7	9.9	9.3	9.5	8.9	^-0.6
Black or African American	13.0	15.7	15.1	17.0	13.8	13.4	12.7	13.0	-1.4
Asian or Pacific Islander	9.9	8.1	7.9	8.4	8.4	8.5	9.1	8.8	0.5
Hispanic or Latino	9.7	8.7	9.1	10.0	9.8	10.0	9.1	8.4	-0.7
White, not Hispanic or Latino	9.6	9.6	9.7	9.3	9.8	9.0	9.4	8.5	^-0.7

See footnotes at end of table.

Table 53 (page 3 of 3). Age-adjusted cancer incidence rates for selected cancer sites, according to sex, race, and Hispanic origin: Selected geographic areas, 1990–2001

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's 12 population-based cancer registries]

Site, sex, race, and Hispanic origin	1990	1995	1996	1997	1998	1999	2000	2001	1990–2001 APC ¹
Urinary bladder									
Number of new cases per 100,000 population ²									
Male	37.2	35.3	35.6	35.8	36.7	36.2	36.4	35.5	^−0.3
White	40.7	38.7	39.2	39.5	40.5	39.8	40.3	39.4	−0.2
Black or African American	19.8	19.5	19.3	21.0	20.5	22.3	19.6	18.5	−0.3
Asian or Pacific Islander	15.6	16.7	15.6	15.3	16.0	16.8	16.5	16.6	0.8
Hispanic or Latino	21.5	18.6	18.4	18.4	18.5	18.2	19.2	18.7	−0.8
White, not Hispanic or Latino	41.8	39.8	40.7	40.9	41.7	41.3	41.4	40.9	−0.1
Female	9.5	9.3	9.0	9.3	9.0	9.3	9.0	8.8	^−0.5
White	9.9	10.1	9.8	9.9	9.8	10.0	9.7	9.7	−0.2
Black or African American	8.6	7.4	7.2	8.1	6.7	8.6	7.8	7.0	−0.7
Asian or Pacific Islander	5.3	4.5	3.9	5.1	4.7	4.1	4.1	4.5	−0.4
Hispanic or Latino	5.4	5.3	5.5	5.1	4.8	4.4	5.4	5.0	−0.7
White, not Hispanic or Latino	10.1	10.4	10.1	10.6	10.2	10.5	10.0	10.0	0.0
Non-Hodgkin's lymphoma									
Male	22.7	25.0	24.6	23.9	22.8	23.9	23.0	22.8	−0.1
White	23.8	26.2	25.7	24.7	24.0	25.0	24.3	23.8	−0.1
Black or African American	17.6	21.5	18.9	22.9	17.0	17.9	16.9	17.1	−0.5
Asian or Pacific Islander	16.5	16.3	16.8	16.2	15.3	18.9	16.0	17.0	0.3
Hispanic or Latino	17.2	21.8	21.9	17.7	19.8	18.1	19.8	17.2	−0.1
White, not Hispanic or Latino	24.6	27.0	26.4	25.2	24.8	26.0	24.6	24.6	−0.1
Female	14.6	15.1	15.2	15.9	16.1	15.8	15.5	15.4	^0.9
White	15.4	15.8	15.9	16.7	16.9	16.9	16.3	16.1	^0.8
Black or African American	10.4	10.0	11.4	11.9	12.5	10.6	11.8	11.7	^1.9
Asian or Pacific Islander	9.1	11.7	9.5	11.0	11.0	11.1	11.0	12.5	1.7
Hispanic or Latino	13.1	12.7	13.5	14.4	13.4	13.8	12.5	13.7	0.8
White, not Hispanic or Latino	15.4	16.0	16.0	16.9	17.3	17.1	16.6	16.5	^0.9
Leukemia									
Male	17.0	17.4	16.3	16.6	16.5	15.9	15.3	15.2	^−1.0
White	17.9	18.7	17.1	17.7	17.5	16.8	16.2	16.1	^−0.9
Black or African American	15.6	13.0	13.5	13.8	13.3	12.8	12.9	11.4	^−1.4
Asian or Pacific Islander	8.5	10.0	11.0	8.8	9.9	10.5	9.5	9.4	−0.1
Hispanic or Latino	11.6	15.6	12.4	12.3	11.7	11.2	12.2	9.8	−0.5
White, not Hispanic or Latino	17.7	19.0	17.1	17.9	17.7	17.0	16.2	16.4	^−0.8
Female	9.8	10.0	9.8	9.6	9.7	8.9	9.6	9.0	^−0.8
White	10.2	10.6	10.3	10.3	10.3	9.4	10.1	9.5	−0.5
Black or African American	8.3	8.1	8.1	7.9	7.4	7.5	8.7	8.2	−0.9
Asian or Pacific Islander	6.1	6.3	6.5	5.7	6.7	6.2	6.0	4.9	−1.4
Hispanic or Latino	8.3	8.2	7.2	8.4	8.3	7.7	7.5	6.2	−1.0
White, not Hispanic or Latino	10.1	10.4	10.3	10.2	10.0	9.3	9.7	9.4	^−0.7

^ Annual percent change (APC) is significantly different from 0 ($p < 0.05$).

0.0 APC is greater than −0.05 but less than 0.05.

¹APC has been calculated by fitting a linear regression model to the natural logarithm of the yearly rates from 1990–2001.

²Age adjusted by 5-year age groups to the year 2000 U.S. standard population. Age-adjusted rates are based on at least 25 cases. See [Appendix II, Age adjustment](#).

NOTES: Estimates are based on 12 SEER areas November 2003 submission and differ from published estimates based on 9 SEER areas or other submission dates. Estimates for Hispanic population exclude data from Alaska, Detroit, and Hawaii. See [Appendix I, SEER](#). Numbers have been revised and differ from previous editions of *Health, United States*. The race groups, white, black, Asian or Pacific Islander, and American Indian or Alaska Native, include persons of Hispanic and non-Hispanic origin. Conversely, persons of Hispanic origin may be of any race. Estimates for American Indian or Alaska Native are not shown for some sites because of the small number of annual cases.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program at www.seer.cancer.gov.

Table 54. Five-year relative cancer survival rates for selected cancer sites, according to race and sex: Selected geographic areas, 1974–79, 1980–82, 1983–85, 1986–88, 1989–91, and 1992–2000

[Data are based on the Surveillance, Epidemiology, and End Results (SEER) Program's nine population-based cancer registries]

Sex and site	White						Black or African American					
	1974–79	1980–82	1983–85	1986–88	1989–91	1992–2000	1974–79	1980–82	1983–85	1986–88	1989–91	1992–2000
Both sexes												
	Percent of patients											
All sites	50.9	52.1	53.9	56.8	60.3	64.8	39.3	39.8	39.8	42.7	46.2	54.0
Oral cavity and pharynx . . .	55.0	55.7	55.4	55.4	55.6	60.1	36.6	31.1	35.2	34.8	33.3	37.0
Esophagus	5.5	7.3	9.3	10.7	11.7	15.7	3.2	5.4	5.9	7.2	8.9	9.4
Stomach	15.2	16.5	16.3	19.2	18.4	21.4	15.6	19.1	18.9	19.3	24.8	21.8
Colon	51.9	55.6	58.5	61.6	63.2	63.5	47.3	49.4	49.5	53.1	53.9	53.2
Rectum	49.8	53.1	55.9	59.2	60.5	63.6	40.3	38.3	44.1	51.3	54.5	54.3
Pancreas	2.4	2.8	2.9	3.2	4.1	4.5	3.3	4.5	5.0	6.0	3.9	3.8
Lung and bronchus	13.1	13.5	13.8	13.5	14.4	15.3	11.3	12.1	11.4	11.9	10.8	12.6
Urinary bladder	75.0	78.9	78.3	80.7	82.2	82.6	51.6	58.5	59.8	62.8	62.0	63.4
Non-Hodgkin's lymphoma . .	48.3	51.9	54.5	52.8	52.1	58.2	50.3	50.5	45.1	50.4	43.7	47.9
Leukemia	36.7	39.5	42.1	44.3	46.4	48.3	30.8	32.9	33.6	38.0	34.9	38.9
Male												
All sites	43.5	46.7	48.6	51.9	57.8	64.8	32.1	34.4	34.5	37.8	43.5	55.8
Oral cavity and pharynx . . .	54.5	54.6	54.5	52.3	52.2	59.2	31.2	26.5	29.9	29.6	28.9	31.5
Esophagus	5.2	6.4	7.7	11.3	11.8	15.4	2.1	4.6	4.7	7.0	8.0	9.5
Stomach	13.8	15.6	14.6	16.2	15.1	20.0	15.2	18.2	18.4	15.3	22.3	20.0
Colon	51.0	55.9	59.0	62.5	63.8	64.2	45.5	46.9	48.3	52.8	53.8	53.8
Rectum	48.9	51.7	55.2	58.9	60.3	62.6	36.7	36.4	43.1	46.7	56.4	52.7
Pancreas	2.6	2.5	2.6	3.0	3.9	4.3	2.6	3.2	4.4	6.1	3.1	3.4
Lung and bronchus	11.6	12.2	12.1	12.0	12.8	13.5	9.9	10.9	10.2	12.0	9.6	11.3
Prostate gland	70.3	74.5	76.2	82.7	92.0	99.0	60.7	64.8	63.9	69.3	80.8	94.3
Urinary bladder	76.0	79.9	79.6	82.3	84.4	84.6	59.1	63.0	64.8	67.6	65.7	68.4
Non-Hodgkin's lymphoma . .	47.3	51.0	53.5	50.1	47.8	55.3	44.7	47.8	43.6	47.0	38.3	43.2
Leukemia	35.6	39.6	41.7	45.7	46.9	49.2	30.7	30.1	32.3	36.3	30.1	38.7
Female												
All sites	57.5	57.1	58.9	61.5	62.8	64.9	46.9	46.1	45.6	47.9	49.2	51.8
Colon	52.6	55.4	58.0	60.7	62.6	63.0	48.8	51.4	50.3	53.4	54.1	52.8
Rectum	50.8	54.7	56.8	59.5	60.8	64.9	43.8	40.6	44.9	56.0	52.6	56.0
Pancreas	2.3	3.0	3.2	3.4	4.4	4.6	4.1	5.8	5.5	6.0	4.6	4.2
Lung and bronchus	16.7	16.2	17.0	15.8	16.6	17.5	15.7	15.6	14.2	11.7	13.0	14.8
Melanoma of skin	86.0	88.3	89.6	91.5	91.8	92.2	69.9	*	70.1	*	94.0	71.9
Breast	75.4	77.1	79.3	83.9	86.2	88.3	63.1	65.8	63.6	69.2	71.2	74.1
Cervix uteri	69.8	68.2	70.6	71.9	72.5	73.3	63.1	61.5	60.8	55.7	62.6	62.6
Corpus uteri	87.7	82.8	84.5	84.4	85.7	86.3	59.5	55.2	54.3	57.5	57.8	60.8
Ovary	37.2	38.7	40.3	39.4	41.2	43.4	40.5	39.3	41.5	36.6	30.7	42.0
Non-Hodgkin's lymphoma . .	49.3	52.9	55.5	56.2	57.4	61.7	57.5	53.7	46.9	54.8	51.2	55.4

* Data for population groups with fewer than 25 cases are not shown because estimates are considered unreliable.

NOTES: Rates are based on followup of patients through 2002. The rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. It estimates the chance of surviving the effects of cancer. The race groups white and black include persons of Hispanic and non-Hispanic origin. Numbers have been revised and differ from previous editions of *Health, United States*.

SOURCE: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program at www.seer.cancer.gov.

Table 55. Diabetes among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2000

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

Sex, age, race, and Hispanic origin ³	Physician-diagnosed and undiagnosed diabetes ^{1,2}		Physician-diagnosed diabetes ¹		Undiagnosed diabetes ²	
	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000
20 years and over, age adjusted ⁴	Percent of population (standard error) ⁵					
Both sexes ⁶	8.2 (0.3)	8.6 (0.7)	5.4 (0.2)	6.1 (0.5)	2.8 (0.3)	2.5 (0.5)
Male	8.7 (0.4)	9.3 (1.0)	5.4 (0.2)	6.6 (0.7)	3.3 (0.4)	2.7 (0.6)
Female.	7.9 (0.5)	8.1 (0.8)	5.4 (0.3)	5.7 (0.5)	2.5 (0.3)	2.3 (0.6)
Not Hispanic or Latino:						
White	7.4 (0.4)	7.4 (0.9)	4.9 (0.2)	4.8 (0.6)	2.5 (0.3)	2.6 (0.6)
Black or African American.	12.3 (0.5)	14.7 (1.1)	8.4 (0.4)	11.7 (1.1)	3.9 (0.4)	3.0 (0.9)
Mexican	14.1 (0.9)	12.0 (0.9)	9.6 (0.5)	9.6 (0.7)	4.5 (0.6)	2.4 (0.7)
20 years and over, crude						
Both sexes ⁶	7.8 (0.3)	8.3 (0.7)	5.1 (0.2)	5.9 (0.5)	2.7 (0.2)	2.4 (0.5)
Male	7.9 (0.4)	8.6 (1.0)	4.9 (0.2)	6.1 (0.7)	3.0 (0.4)	2.5 (0.6)
Female.	7.8 (0.5)	8.0 (0.8)	5.4 (0.3)	5.7 (0.5)	2.4 (0.3)	2.4 (0.6)
Not Hispanic or Latino:						
White	7.5 (0.3)	7.7 (0.9)	5.0 (0.2)	5.0 (0.6)	2.5 (0.3)	2.7 (0.6)
Black or African American.	10.4 (0.4)	12.4 (1.2)	6.9 (0.4)	9.6 (1.2)	3.4 (0.3)	2.8 (0.9)
Mexican	9.0 (0.6)	7.7 (0.8)	5.6 (0.3)	6.1 (0.8)	3.4 (0.4)	1.6 (0.5)
Age						
20–39 years	1.6 (0.2)	2.2 (0.6)	1.1 (0.2)	1.4 (0.3)	0.6 (0.1)	0.8 (0.5)
40–59 years	8.9 (0.6)	9.1 (1.0)	5.5 (0.4)	5.8 (0.7)	3.4 (0.5)	3.3 (0.8)
60 years and over.	18.9 (0.8)	19.2 (1.7)	12.8 (0.5)	15.0 (1.2)	6.1 (0.6)	4.2 (1.1)

¹Diagnosed diabetes excludes women who reported diabetes only during pregnancy.

²Undiagnosed diabetes is defined as a fasting blood glucose of at least 126 mg/dL.

³Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20 years and over with physician-diagnosed and undiagnosed diabetes (age adjusted) are: unchanged for non-Hispanic white and Mexican adults and 0.2 percentage points higher for non-Hispanic black adults than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁴Estimates for total and race/ethnic populations were age and sex adjusted and estimates for sex groups were age adjusted to the 2000 U.S. Census population.

⁵Standard errors of the estimates are shown. 1999–2000 estimates are based on a smaller sample size than estimates for 1988–94 and therefore are subject to greater sampling error.

⁶Includes persons of all races and Hispanic origins, not just those shown separately.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey. Prevalence of Diabetes and Impaired Fasting Glucose in Adults - United States, 1999–2000. MMWR 52(No. 35):833–837. 2003. Available at www.cdc.gov/mmwr/mmwrhtml/mm5235al.htm.

Table 56 (page 1 of 3). Limitation of activity caused by chronic conditions, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1997</i>	<i>1999</i>	<i>2001</i>	<i>2002</i>
All ages				
Percent of persons with any activity limitation ¹				
Total ^{2,3}	13.3	12.2	12.1	12.4
Age				
Under 18 years	6.6	6.0	6.7	7.1
Under 5 years	3.5	3.1	3.3	3.2
5–17 years	7.8	7.0	8.0	8.5
18–44 years	7.0	6.3	6.1	6.3
18–24 years	5.1	4.4	4.6	4.4
25–44 years	7.6	6.9	6.6	6.9
45–54 years	14.2	13.1	13.1	13.7
55–64 years	22.2	21.1	20.7	21.1
65 years and over	38.7	35.6	34.5	34.4
65–74 years	30.0	27.5	26.0	25.2
75 years and over	50.2	45.6	44.7	45.1
Sex ³				
Male	13.1	12.1	12.2	12.3
Female	13.4	12.2	11.9	12.3
Race ^{3,4}				
White only	13.1	12.0	11.8	12.1
Black or African American only	17.1	15.3	15.6	14.9
American Indian and Alaska Native only	23.1	18.8	18.9	19.4
Asian only	7.5	6.8	6.7	6.4
Native Hawaiian and Other Pacific Islander only	---	*	*	*
2 or more races	---	20.3	19.8	22.0
Black or African American; White	---	14.9	14.9	*
American Indian and Alaska Native; White	---	26.0	22.0	30.1
Hispanic origin and race ^{3,4}				
Hispanic or Latino	12.8	10.4	10.6	10.7
Mexican	12.5	9.6	10.3	10.8
Not Hispanic or Latino	13.5	12.4	12.4	12.6
White only	13.2	12.2	12.1	12.4
Black or African American only	17.0	15.2	15.5	15.0
Poverty status ^{3,5}				
Poor	25.4	23.1	22.4	22.9
Near poor	17.9	17.3	17.1	17.5
Nonpoor	10.1	9.5	9.5	9.5
Hispanic origin and race and poverty status ^{3,4,5}				
Hispanic or Latino:				
Poor	19.2	16.0	16.2	16.4
Near poor	12.7	11.1	10.9	12.2
Nonpoor	9.2	7.5	7.9	7.7
Not Hispanic or Latino:				
White only:				
Poor	27.8	25.7	24.7	25.3
Near poor	19.2	19.4	18.8	19.5
Nonpoor	10.4	9.7	9.7	9.7
Black or African American only:				
Poor	28.2	26.3	24.8	25.0
Near poor	19.5	17.7	20.1	17.9
Nonpoor	10.7	9.4	10.0	10.0
Geographic region ³				
Northeast	13.0	11.3	11.1	11.8
Midwest	13.1	12.9	13.4	13.1
South	13.9	12.6	12.3	12.7
West	13.0	11.7	11.5	11.5
Location of residence ³				
Within MSA ⁶	12.7	11.4	11.3	11.4
Outside MSA ⁶	15.5	15.1	15.3	15.9

See footnotes at end of table.

Table 56 (page 2 of 3). Limitation of activity caused by chronic conditions, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1997</i>	<i>1999</i>	<i>2001</i>	<i>2002</i>	<i>1997</i>	<i>1999</i>	<i>2001</i>	<i>2002</i>
65 years of age and over								
Percent with ADL limitation ⁷								
All adults 65 years of age and over ^{2,8}	6.7	6.3	6.4	6.1	13.7	12.4	12.6	12.2
Percent with IADL limitation ⁷								
Age								
65–74 years	3.4	3.1	3.4	2.7	6.9	6.2	6.7	6.0
75 years and over	10.4	9.9	9.6	9.8	21.2	19.1	18.9	18.9
Sex ⁸								
Male.	5.2	4.9	6.1	4.7	9.1	8.4	9.6	7.8
Female.	7.7	7.2	6.6	7.0	16.9	15.1	14.6	15.2
Race ^{4,8}								
White only.	6.3	5.8	5.7	5.6	13.1	11.6	11.8	11.5
Black or African American only	11.7	12.0	11.7	9.8	21.3	20.9	18.7	18.2
American Indian and Alaska Native only	*	*	*	*	*	*25.2	*	*
Asian only.	*	*	*9.1	*	*9.1	*9.1	15.8	11.2
Native Hawaiian and Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races.	---	*	*	*	---	*	*16.1	*20.7
Hispanic origin and race ^{4,8}								
Hispanic or Latino	10.8	8.6	11.2	9.2	16.3	14.1	17.0	13.1
Mexican.	11.4	8.9	10.6	10.1	18.8	15.6	17.0	13.9
Not Hispanic or Latino	6.5	6.2	6.1	5.9	13.6	12.3	12.3	12.1
White only	6.1	5.7	5.5	5.5	13.0	11.5	11.6	11.5
Black or African American only.	11.7	12.0	11.8	9.9	21.2	21.0	18.7	18.4
Poverty status ^{5,8}								
Poor.	12.5	10.1	11.2	9.6	25.3	22.2	22.9	20.9
Near poor	7.4	6.9	7.5	6.9	15.8	15.0	14.9	14.7
Nonpoor	5.3	5.5	5.0	5.1	10.4	9.6	9.7	9.5
Hispanic origin and race and poverty status ^{4,5,8}								
Hispanic or Latino:								
Poor	16.0	*9.1	13.5	12.4	25.5	19.1	24.0	17.3
Near poor	11.1	9.8	11.3	10.0	15.5	14.3	16.3	15.6
Nonpoor	*6.6	*7.0	8.8	*6.7	10.2	10.5	12.2	8.7
Not Hispanic or Latino:								
White only:								
Poor	11.8	8.9	9.9	8.1	24.9	21.6	22.9	20.3
Near poor	6.6	6.0	6.5	6.3	15.2	14.4	14.1	14.1
Nonpoor	5.0	5.3	4.6	4.8	10.3	9.2	9.2	9.2
Black or African American only:								
Poor	13.5	14.7	15.9	13.6	27.8	26.8	25.9	26.5
Near poor	12.4	13.2	12.3	*9.7	22.4	21.9	18.4	19.3
Nonpoor	9.8	8.7	9.2	7.9	15.1	16.1	14.7	13.1

See footnotes at end of table.

Table 56 (page 3 of 3). Limitation of activity caused by chronic conditions, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1997	1999	2001	2002	1997	1999	2001	2002
Geographic region ⁸	Percent with ADL limitation ⁷				Percent with IADL limitation ⁷			
Northeast	6.1	5.8	6.6	6.3	12.2	11.2	11.3	10.9
Midwest	5.8	5.4	4.9	5.2	13.1	12.3	12.5	11.6
South	8.2	7.1	7.5	6.3	15.8	13.2	13.3	12.9
West	5.9	6.7	6.0	6.5	12.4	12.3	12.6	12.6
Location of residence ⁸								
Within MSA ⁶	6.6	6.3	6.1	6.2	13.5	12.1	12.2	12.1
Outside MSA ⁶	7.2	6.4	7.3	5.5	14.4	13.4	13.7	12.6

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

--- Data not available.

¹Limitation of activity is assessed by asking respondents a series of questions about limitations in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. The category limitation of activity includes limitations in personal care (ADL), routine needs (IADL), and other limitations due to a chronic condition. See [Appendix II, Limitation of activity; Activities of daily living; Condition; Instrumental activities of daily living](#).

²Includes all other races not shown separately and unknown poverty status.

³Estimates for all persons are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of persons with activity limitation are: identical for white and black persons; 1.1 percentage points higher for AI/AN persons; and 0.5 percentage points higher for Asian and Pacific Islander persons; for persons 65 years of age and older with ADL limitation: identical for white persons; and 0.1 percentage points lower for black persons; for persons 65 years of age and older with IADL limitation: identical for white persons; 0.2 percentage points lower for black persons; 3.0 percentage points lower for AI/AN persons; and 0.2 percentage points lower for Asian and Pacific Islander persons than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25 percent of persons in 1997 and 32–33 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶MSA is metropolitan statistical area.

⁷These estimates are for noninstitutionalized older persons. ADL is activities of daily living and IADL is instrumental activities of daily living. Respondents were asked about needing the help of another person with personal care (ADL) and routine needs such as chores and shopping (IADL) because of a physical, mental, or emotional problem. See [Appendix II, Activities of daily living; Condition; Instrumental activities of daily living](#).

⁸Estimates are age adjusted to the year 2000 standard population using two age groups: 65–74 years and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

Table 57 (page 1 of 2). Respondent-assessed health status according to selected characteristics: United States, selected years 1991–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1991¹</i>	<i>1995¹</i>	<i>1997</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
	Percent of persons with fair or poor health ²						
Total ^{3,4}	10.4	10.6	9.2	8.9	9.0	9.2	9.3
Age							
Under 18 years	2.6	2.6	2.1	1.6	1.7	1.8	1.9
Under 6 years	2.7	2.7	1.9	1.4	1.5	1.6	1.6
6–17 years	2.6	2.5	2.1	1.8	1.8	1.9	2.1
18–44 years	6.1	6.6	5.3	5.1	5.1	5.4	5.5
18–24 years	4.8	4.5	3.4	3.4	3.2	3.3	3.6
25–44 years	6.4	7.2	5.9	5.6	5.7	6.0	6.2
45–54 years	13.4	13.4	11.7	11.5	11.9	11.7	12.6
55–64 years	20.7	21.4	18.2	18.5	17.9	19.2	17.9
65 years and over	29.0	28.3	26.7	26.1	27.0	26.6	26.4
65–74 years	26.0	25.6	23.1	22.7	22.6	23.0	22.1
75 years and over	33.6	32.2	31.5	30.2	32.2	30.8	31.4
Sex ³							
Male	10.0	10.1	8.8	8.6	8.8	9.0	8.9
Female	10.8	11.1	9.7	9.2	9.3	9.5	9.6
Race ^{3,5}							
White only	9.6	9.7	8.3	8.0	8.2	8.2	8.6
Black or African American only	16.8	17.2	15.8	14.6	14.6	15.4	14.1
American Indian and Alaska Native only	18.3	18.7	17.3	14.7	17.2	14.5	13.1
Asian only	7.8	9.3	7.8	8.6	7.4	8.1	6.7
Native Hawaiian and Other Pacific Islander only	---	---	---	*	*	*	*
2 or more races	---	---	---	12.9	16.4	13.8	12.6
Black or African American; White American Indian and Alaska Native; White	---	---	---	*20.5	14.6	*10.1	13.9
American Indian and Alaska Native; White	---	---	---	14.5	18.8	15.0	13.6
Hispanic origin and race ^{3,5}							
Hispanic or Latino	15.6	15.1	13.0	11.9	12.9	12.7	13.1
Mexican	17.0	16.7	13.1	12.3	12.9	12.5	13.4
Not Hispanic or Latino	#	#	8.9	8.6	8.7	8.9	8.9
White only	9.1	9.1	8.0	7.7	7.9	7.9	8.2
Black or African American only	16.8	17.3	15.8	14.6	14.6	15.5	14.0
Poverty status ^{3,6}							
Poor	22.8	23.7	20.8	20.6	19.7	20.3	20.4
Near poor	14.7	15.5	13.9	14.0	14.1	14.5	14.6
Nonpoor	6.8	6.7	6.1	6.0	6.3	6.4	6.4
Hispanic origin and race and poverty status ^{3,5,6}							
Hispanic or Latino:							
Poor	23.6	22.7	19.9	18.3	18.7	18.7	20.9
Near poor	18.0	16.9	13.5	13.8	15.4	14.8	15.4
Nonpoor	9.3	8.7	8.5	8.0	8.5	8.7	8.7
Not Hispanic or Latino:							
White only:							
Poor	21.9	22.8	19.7	19.4	18.7	19.0	19.1
Near poor	14.0	14.8	13.3	13.5	13.4	13.6	14.3
Nonpoor	6.4	6.2	5.6	5.7	5.8	5.9	6.0
Black or African American only:							
Poor	25.8	27.7	25.3	25.9	23.8	24.9	24.5
Near poor	17.0	19.3	19.2	17.5	18.2	19.6	17.4
Nonpoor	10.9	9.9	9.7	8.3	9.7	9.9	8.8

See footnotes at end of table.

Table 57 (page 2 of 2). Respondent-assessed health status according to selected characteristics: United States, selected years 1991–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1991¹</i>	<i>1995¹</i>	<i>1997</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Geographic region³							
Percent of persons with fair or poor health ²							
Northeast	8.3	9.1	8.0	7.5	7.6	7.4	8.1
Midwest	9.1	9.7	8.1	8.0	8.0	8.8	8.3
South	13.1	12.3	10.8	10.5	10.7	10.8	10.9
West	9.7	10.1	8.8	8.7	8.8	8.6	8.7
Location of residence³							
Within MSA ⁷	9.9	10.1	8.7	8.3	8.5	8.7	8.7
Outside MSA ⁷	11.9	12.6	11.1	11.1	11.1	11.0	11.7

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

--- Data not available.

Estimates calculated upon request.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#).

²See [Appendix II, Health status, respondent-assessed](#).

³Estimates are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴Includes all other races not shown separately and unknown poverty status.

⁵The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of persons in fair or poor health are: identical for the white and black groups; 0.1 percentage points lower for the Asian and Pacific Islander group; and 0.8 percentage points higher for the AI/AN group than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Missing family income data were imputed for 16–18 percent of persons in 1991 and 1995. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons in 1997–98 and 32–33 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁷MSA is metropolitan statistical area.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

Table 58 (page 1 of 2). Serious psychological distress among persons 18 years of age and over according to selected characteristics: United States, average annual 1997–98 through 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1997–98</i>	<i>1999–2000</i>	<i>2001–02</i>
Percent of persons with serious psychological distress ¹			
Total, age adjusted ^{2,3}	3.2	2.6	3.1
Total, crude	3.2	2.6	3.2
Age			
18–44 years	2.9	2.3	3.0
18–24 years	2.7	2.2	2.8
25–44 years	3.0	2.4	3.0
45–64 years	3.7	3.2	3.9
45–54 years	3.9	3.5	4.2
55–64 years	3.4	2.6	3.4
65 years and over	3.1	2.4	2.4
65–74 years	2.5	2.3	2.4
75 years and over	3.8	2.5	2.4
Sex ²			
Male	2.5	2.0	2.4
Female	3.8	3.1	3.8
Race ^{2,4}			
White only	3.1	2.5	3.0
Black or African American only	4.0	2.9	3.5
American Indian and Alaska Native only	7.8	*7.2	8.0
Asian only	2.0	*1.4	*1.7
Native Hawaiian and Other Pacific Islander only	---	*	*
2 or more races	---	5.2	5.5
Hispanic origin and race ^{2,4}			
Hispanic or Latino	5.0	3.5	4.1
Mexican	5.2	2.9	3.8
Not Hispanic or Latino	3.0	2.5	3.1
White only	2.9	2.4	3.0
Black or African American only	3.9	2.9	3.5
Poverty status ^{2,5}			
Poor	9.1	6.9	8.3
Near poor	5.1	4.4	5.3
Nonpoor	1.9	1.6	2.0
Hispanic origin and race and poverty status ^{2,4,5}			
Hispanic or Latino:			
Poor	8.6	6.1	7.6
Near poor	5.4	3.8	4.1
Nonpoor	2.9	2.2	2.9
Not Hispanic or Latino:			
White only:			
Poor	9.6	7.8	9.2
Near poor	5.2	4.9	5.9
Nonpoor	1.8	1.6	2.0
Black or African American only:			
Poor	8.7	6.0	7.2
Near poor	4.3	3.6	4.9
Nonpoor	1.6	1.3	1.7

See footnotes at end of table.

Table 58 (page 2 of 2). Serious psychological distress among persons 18 years of age and over according to selected characteristics: United States, average annual 1997–98 through 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1997–98</i>	<i>1999–2000</i>	<i>2001–02</i>
Geographic region ²			
Percent of persons with serious psychological distress ¹			
Northeast	2.7	1.9	2.8
Midwest	2.6	2.5	2.9
South	3.8	2.9	3.5
West	3.3	2.9	3.1
Location of residence ²			
Within MSA ⁶	3.0	2.3	3.0
Outside MSA ⁶	3.9	3.5	3.8

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

--- Data not available.

¹Serious psychological distress is measured by a six-question scale that asks respondents how often they experience each of six symptoms of psychological distress. See [Appendix II, Serious psychological distress](#).

²Estimates are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes all other races not shown separately and unknown poverty status.

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for 1997–98. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. Starting with 1999–2000, race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. See [Appendix II, Race](#).

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 27 percent of persons 18 years of age and over in 1997, 31 percent in 1998, 33 percent in 1999, and 34 percent in 2000–01. See [Appendix II, Family Income; Poverty level](#).

⁶MSA is metropolitan statistical area.

NOTE: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

Table 59 (page 1 of 2). Suicidal ideation, suicide attempts, and injurious suicide attempts among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2003

[Data are based on a national sample of high school students, grades 9–12]

<i>Sex, grade level, race, and Hispanic origin</i>	1991	1993	1995	1997	1999	2001	2003
Percent of students who seriously considered suicide ¹							
Total	29.0	24.1	24.1	20.5	19.3	19.0	16.9
Male							
Total	20.8	18.8	18.3	15.1	13.7	14.2	12.8
9th grade	17.6	17.7	18.2	16.1	11.9	14.7	11.9
10th grade	19.5	18.0	16.7	14.5	13.7	13.8	13.2
11th grade	25.3	20.6	21.7	16.6	13.7	14.1	12.9
12th grade	20.7	18.3	16.3	13.5	15.6	13.7	13.2
Not Hispanic or Latino:							
White	21.7	19.1	19.1	14.4	12.5	14.9	12.0
Black or African American	13.3	15.4	16.7	10.6	11.7	9.2	10.3
Hispanic or Latino	18.0	17.9	15.7	17.1	13.6	12.2	12.9
Female							
Total	37.2	29.6	30.4	27.1	24.9	23.6	21.3
9th grade	40.3	30.9	34.4	28.9	24.4	26.2	22.2
10th grade	39.7	31.6	32.8	30.0	30.1	24.1	23.8
11th grade	38.4	28.9	31.1	26.2	23.0	23.6	20.0
12th grade	30.7	27.3	23.9	23.6	21.2	18.9	18.0
Not Hispanic or Latino:							
White	38.6	29.7	31.6	26.1	23.2	24.2	21.2
Black or African American	29.4	24.5	22.2	22.0	18.8	17.2	14.7
Hispanic or Latino	34.6	34.1	34.1	30.3	26.1	26.5	23.4
Percent of students who attempted suicide ¹							
Total	7.3	8.6	8.7	7.7	8.3	8.8	8.5
Male							
Total	3.9	5.0	5.6	4.5	5.7	6.2	5.4
9th grade	4.5	5.8	6.8	6.3	6.1	8.2	5.8
10th grade	3.3	5.9	5.4	3.8	6.2	6.7	5.5
11th grade	4.1	3.4	5.8	4.4	4.8	4.9	4.6
12th grade	3.8	4.5	4.7	3.7	5.4	4.4	5.2
Not Hispanic or Latino:							
White	3.3	4.4	5.2	3.2	4.5	5.3	3.7
Black or African American	3.3	5.4	7.0	5.6	7.1	7.5	7.7
Hispanic or Latino	3.7	7.4	5.8	7.2	6.6	8.0	6.1
Female							
Total	10.7	12.5	11.9	11.6	10.9	11.2	11.5
9th grade	13.8	14.4	14.9	15.1	14.0	13.2	14.7
10th grade	12.2	13.1	15.1	14.3	14.8	12.2	12.7
11th grade	8.7	13.6	11.4	11.3	7.5	11.5	10.0
12th grade	7.8	9.1	6.6	6.2	5.8	6.5	6.9
Not Hispanic or Latino:							
White	10.4	11.3	10.4	10.3	9.0	10.3	10.3
Black or African American	9.4	11.2	10.8	9.0	7.5	9.8	9.0
Hispanic or Latino	11.6	19.7	21.0	14.9	18.9	15.9	15.0

See footnotes at end of table.

Table 59 (page 2 of 2). Suicidal ideation, suicide attempts, and injurious suicide attempts among students in grades 9–12, by sex, grade level, race, and Hispanic origin: United States, selected years 1991–2003

[Data are based on a national sample of high school students, grades 9–12]

<i>Sex, grade level, race, and Hispanic origin</i>	1991	1993	1995	1997	1999	2001	2003
Percent of students with an injurious suicide attempt ^{1,2}							
Total	1.7	2.7	2.8	2.6	2.6	2.6	2.9
Male							
Total	1.0	1.6	2.2	2.0	2.1	2.1	2.4
9th grade	1.0	2.1	2.3	3.2	2.6	2.6	3.1
10th grade	0.5	1.3	2.4	1.4	1.8	2.5	2.1
11th grade	1.5	1.1	2.0	2.6	2.1	1.6	2.0
12th grade	0.9	1.5	2.2	1.0	1.7	1.5	1.8
Not Hispanic or Latino:							
White	1.0	1.4	2.1	1.5	1.6	1.7	1.1
Black or African American	0.4	2.0	2.8	1.8	3.4	3.6	5.2
Hispanic or Latino	0.5	2.0	2.9	2.1	1.4	2.5	4.2
Female							
Total	2.5	3.8	3.4	3.3	3.1	3.1	3.2
9th grade	2.8	3.5	6.3	5.0	3.8	3.8	3.9
10th grade	2.6	5.1	3.8	3.7	4.0	3.6	3.2
11th grade	2.1	3.9	2.9	2.8	2.8	2.8	2.9
12th grade	2.4	2.9	1.3	2.0	1.3	1.7	2.2
Not Hispanic or Latino:							
White	2.3	3.6	2.9	2.6	2.3	2.9	2.4
Black or African American	2.9	4.0	3.6	3.0	2.4	3.1	2.2
Hispanic or Latino	2.7	5.5	6.6	3.8	4.6	4.2	5.7

¹Response is for the 12 months preceding the survey.

²A suicide attempt that required medical attention.

NOTES: Only youth attending school participated in the survey. Persons of Hispanic origin may be of any race. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Youth Risk Behavior Survey (YRBS).

Table 60 (page 1 of 2). Current cigarette smoking by persons 18 years of age and over according to sex, race, and age: United States, selected years 1965–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Sex, race, and age</i>	1965 ¹	1974 ¹	1979 ¹	1985 ¹	1990 ¹	1995 ¹	1997	1998	1999	2000	2001	2002
18 years and over, age adjusted ²												
Percent of persons who are current cigarette smokers ³												
All persons	41.9	37.0	33.3	29.9	25.3	24.6	24.6	24.0	23.3	23.1	22.7	22.4
Male	51.2	42.8	37.0	32.2	28.0	26.5	27.1	25.9	25.2	25.2	24.7	24.8
Female	33.7	32.2	30.1	27.9	22.9	22.7	22.2	22.1	21.6	21.1	20.8	20.1
White male ⁴	50.4	41.7	36.4	31.3	27.6	26.2	26.8	26.0	25.0	25.5	24.9	25.0
Black or African American male ⁴	58.8	53.6	43.9	40.2	32.8	29.4	32.4	29.0	28.4	25.7	27.6	26.7
White female ⁴	33.9	32.0	30.3	27.9	23.5	23.4	22.8	23.0	22.5	22.0	22.1	21.1
Black or African American female ⁴	31.8	35.6	30.5	30.9	20.8	23.5	22.5	21.1	20.5	20.7	17.9	18.3
18 years and over, crude												
All persons	42.4	37.1	33.5	30.1	25.5	24.7	24.7	24.1	23.5	23.3	22.8	22.5
Male	51.9	43.1	37.5	32.6	28.4	27.0	27.6	26.4	25.7	25.7	25.2	25.2
Female	33.9	32.1	29.9	27.9	22.8	22.6	22.1	22.0	21.5	21.0	20.7	20.0
White male ⁴	51.1	41.9	36.8	31.7	28.0	26.6	27.2	26.3	25.3	25.8	25.1	25.2
Black or African American male ⁴	60.4	54.3	44.1	39.9	32.5	28.5	32.2	29.0	28.6	26.1	27.6	27.0
White female ⁴	34.0	31.7	30.1	27.7	23.4	23.1	22.5	22.6	22.1	21.6	21.7	20.7
Black or African American female ⁴	33.7	36.4	31.1	31.0	21.2	23.5	22.5	21.1	20.6	20.8	18.0	18.5
All males												
18–24 years	54.1	42.1	35.0	28.0	26.6	27.8	31.7	31.3	29.5	28.5	30.4	32.4
25–34 years	60.7	50.5	43.9	38.2	31.6	29.5	30.3	28.5	29.1	29.0	27.2	27.5
35–44 years	58.2	51.0	41.8	37.6	34.5	31.5	32.1	30.2	30.0	30.2	27.4	29.7
45–64 years	51.9	42.6	39.3	33.4	29.3	27.1	27.6	27.7	25.8	26.4	26.4	24.5
65 years and over	28.5	24.8	20.9	19.6	14.6	14.9	12.8	10.4	10.5	10.2	11.5	10.1
White male ⁴												
18–24 years	53.0	40.8	34.3	28.4	27.4	28.4	34.0	34.1	30.5	30.9	32.5	34.5
25–34 years	60.1	49.5	43.6	37.3	31.6	29.9	30.4	29.2	30.8	29.9	29.0	28.1
35–44 years	57.3	50.1	41.3	36.6	33.5	31.2	32.1	29.6	29.5	30.6	27.8	29.7
45–64 years	51.3	41.2	38.3	32.1	28.7	26.3	26.5	27.0	24.5	25.8	25.1	24.4
65 years and over	27.7	24.3	20.5	18.9	13.7	14.1	11.5	10.0	10.0	9.8	10.7	9.3
Black or African American male ⁴												
18–24 years	62.8	54.9	40.2	27.2	21.3	*14.6	23.5	19.7	23.6	20.8	21.6	22.8
25–34 years	68.4	58.5	47.5	45.6	33.8	25.1	31.6	25.2	22.7	23.3	23.8	28.8
35–44 years	67.3	61.5	48.6	45.0	42.0	36.3	33.9	36.1	34.8	30.8	29.9	28.3
45–64 years	57.9	57.8	50.0	46.1	36.7	33.9	39.4	37.3	35.7	32.2	34.3	29.9
65 years and over	36.4	29.7	26.2	27.7	21.5	28.5	26.0	16.3	17.3	14.2	21.1	19.4

See footnotes at end of table.

Table 60 (page 2 of 2). Current cigarette smoking by persons 18 years of age and over according to sex, race, and age: United States, selected years 1965–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Sex, race, and age	1965 ¹	1974 ¹	1979 ¹	1985 ¹	1990 ¹	1995 ¹	1997	1998	1999	2000	2001	2002
All females												
Percent of persons who are current cigarette smokers ³												
18–24 years	38.1	34.1	33.8	30.4	22.5	21.8	25.7	24.5	26.3	25.1	23.4	24.6
25–34 years	43.7	38.8	33.7	32.0	28.2	26.4	24.8	24.6	23.5	22.5	23.0	21.6
35–44 years	43.7	39.8	37.0	31.5	24.8	27.1	27.2	26.4	26.5	26.2	25.7	23.7
45–64 years	32.0	33.4	30.7	29.9	24.8	24.0	21.5	22.5	21.0	21.6	21.4	21.1
65 years and over	9.6	12.0	13.2	13.5	11.5	11.5	11.5	11.2	10.7	9.3	9.2	8.6
White female ⁴												
18–24 years	38.4	34.0	34.5	31.8	25.4	24.9	29.4	28.1	29.6	28.7	27.2	26.9
25–34 years	43.4	38.6	34.1	32.0	28.5	27.3	26.1	26.9	25.5	25.1	25.5	24.1
35–44 years	43.9	39.3	37.2	31.0	25.0	27.0	27.5	26.6	26.9	26.6	27.0	24.5
45–64 years	32.7	33.0	30.6	29.7	25.4	24.3	20.9	22.5	21.2	21.4	21.6	21.5
65 years and over	9.8	12.3	13.8	13.3	11.5	11.7	11.7	11.2	10.5	9.1	9.4	8.5
Black or African American female ⁴												
18–24 years	37.1	35.6	31.8	23.7	10.0	*8.8	11.5	*8.1	14.8	14.2	10.0	17.1
25–34 years	47.8	42.2	35.2	36.2	29.1	26.7	22.5	21.5	18.2	15.5	16.8	13.9
35–44 years	42.8	46.4	37.7	40.2	25.5	31.9	30.1	30.0	28.8	30.2	24.0	24.0
45–64 years	25.7	38.9	34.2	33.4	22.6	27.5	28.4	25.4	22.3	25.6	22.6	22.2
65 years and over	7.1	*8.9	*8.5	14.5	11.1	13.3	10.7	11.5	13.5	10.2	9.3	9.4

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#). Cigarette smoking data were not collected in 1996.

²Estimates are age adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Beginning in 1993 current cigarette smokers reported ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days. See [Appendix II, Cigarette smoking](#).

⁴The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The single race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of current smokers are: identical for white males and females; 0.1 percentage points higher for black males; and 0.2 percentage points higher for black females than estimates based on the 1997 Standards. See [Appendix II, Race](#). For additional data on cigarette smoking by racial groups, see table 62 of *Health, United States, 2004*.

NOTES: Data for additional years are available. See [Appendix III](#). Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on cigarette smoking see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the core questionnaire (1965) and the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–91), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–95). Starting in 1997 data are from the family core and sample adult questionnaires.

Table 61. Age-adjusted prevalence of current cigarette smoking by persons 25 years of age and over, according to sex, race, and education: United States, selected years 1974–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Sex, race, and education</i>	1974 ¹	1979 ¹	1985 ¹	1990 ¹	1995 ¹	1997	1998	1999	2000	2001	2002
25 years and over, age adjusted ²	Percent of persons who are current cigarette smokers ³										
All persons ⁴	36.9	33.1	30.0	25.4	24.5	24.0	23.4	22.7	22.6	22.1	21.5
No high school diploma or GED	43.7	40.7	40.8	36.7	35.6	33.5	34.4	32.2	31.9	30.9	30.9
High school diploma or GED	36.2	33.6	32.0	29.1	29.1	29.9	28.9	28.0	29.2	28.2	28.1
Some college, no bachelor's degree	35.9	33.2	29.5	23.4	22.6	23.7	23.5	23.3	21.7	22.3	21.6
Bachelor's degree or higher	27.2	22.6	18.5	13.9	13.6	11.4	10.9	11.1	10.9	10.8	10.0
All males ⁴	42.9	37.3	32.8	28.2	26.4	26.4	25.1	24.5	24.8	23.9	23.6
No high school diploma or GED	52.3	47.6	45.7	42.0	39.7	39.1	37.5	36.2	36.4	34.7	34.7
High school diploma or GED	42.4	38.9	35.5	33.1	32.7	32.2	32.0	30.4	32.1	30.3	31.1
Some college, no bachelor's degree	41.8	36.5	32.9	25.9	23.7	25.5	25.4	24.8	23.3	24.4	23.4
Bachelor's degree or higher	28.3	22.7	19.6	14.5	13.8	12.5	11.0	11.8	11.6	11.2	11.0
White males ^{4,5}	41.9	36.7	31.7	27.6	25.9	25.8	24.8	24.2	24.7	23.8	23.5
No high school diploma or GED	51.5	47.6	45.0	41.8	38.7	38.5	37.4	36.3	38.6	35.4	36.2
High school diploma or GED	42.0	38.5	34.8	32.9	32.9	31.8	32.2	30.5	32.5	30.5	31.2
Some college, no bachelor's degree	41.6	36.4	32.2	25.4	23.3	25.6	25.2	24.7	23.6	24.6	23.4
Bachelor's degree or higher	27.8	22.5	19.1	14.4	13.4	12.0	10.9	11.8	11.3	11.2	11.1
Black or African American males ^{4,5}	53.4	44.4	42.1	34.5	31.6	33.8	30.4	29.1	26.5	28.4	27.2
No high school diploma or GED	58.1	49.7	50.5	41.6	41.9	44.6	42.9	43.8	38.3	37.9	37.2
High school diploma or GED	*50.7	48.6	41.8	37.4	36.6	39.0	32.8	32.5	29.1	33.4	31.3
Some college, no bachelor's degree	*45.3	39.2	41.8	28.1	26.4	27.0	28.4	23.4	20.0	24.2	25.6
Bachelor's degree or higher	*41.4	*36.8	*32.0	*20.8	*17.3	14.5	*15.3	11.3	14.7	11.3	*10.8
All females ⁴	32.0	29.5	27.5	22.9	22.9	21.7	21.7	20.9	20.6	20.4	19.4
No high school diploma or GED	36.6	34.8	36.5	31.8	31.7	28.2	31.3	28.2	27.3	27.2	27.3
High school diploma or GED	32.2	29.8	29.5	26.1	26.4	27.9	26.2	25.9	26.7	26.5	25.4
Some college, no bachelor's degree	30.1	30.0	26.3	21.0	21.6	22.0	21.8	21.9	20.4	20.5	20.1
Bachelor's degree or higher	25.9	22.5	17.1	13.3	13.3	10.3	10.7	10.4	10.1	10.5	9.0
White females ^{4,5}	31.7	29.7	27.3	23.3	23.1	21.9	22.3	21.4	21.1	21.4	20.3
No high school diploma or GED	36.8	35.8	36.7	33.4	32.4	29.7	33.0	29.5	28.6	29.6	29.5
High school diploma or GED	31.9	29.9	29.4	26.5	26.8	28.3	27.1	27.2	27.9	28.4	26.9
Some college, no bachelor's degree	30.4	30.7	26.7	21.2	22.2	22.1	22.2	22.3	21.1	21.3	20.6
Bachelor's degree or higher	25.5	21.9	16.5	13.4	13.5	10.5	11.5	10.5	10.2	10.9	9.7
Black or African American females ^{4,5}	35.6	30.3	32.0	22.4	25.7	24.1	23.0	21.4	21.6	19.1	18.4
No high school diploma or GED	36.1	31.6	39.4	26.3	32.3	27.1	32.8	30.1	31.2	26.3	27.1
High school diploma or GED	40.9	32.6	32.1	24.1	27.8	29.1	24.3	22.4	25.4	21.3	19.5
Some college, no bachelor's degree	32.3	*28.9	23.9	22.7	20.8	24.3	21.7	22.3	20.4	17.4	20.7
Bachelor's degree or higher	*36.3	*43.3	26.6	17.0	17.3	12.5	9.0	13.4	10.8	11.6	*7.7

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent.
¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#). Cigarette smoking data were not collected in 1996.
²Estimates are age adjusted to the year 2000 standard population using four age groups: 25–34 years, 35–44 years, 45–64 years, 65 years and over. See [Appendix II, Age adjustment](#). For age groups where percent smoking was 0 or 100, the age-adjustment procedure was modified to substitute the percent smoking from the next lower education group.
³Beginning in 1993 current cigarette smokers reported ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days. See [Appendix II, Cigarette smoking](#).
⁴Includes unknown education. Education categories shown are for 1997 and subsequent years. GED stands for General Educational Development high school equivalency diploma. In 1974–95 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13–15 years, 16 years or more. See [Appendix II, Education](#).
⁵The race groups, white and black, include persons of Hispanic and non-Hispanic origin. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The single race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of current smokers are: identical for white males; 0.2 percentage points higher for black males and females; and 0.1 percentage points higher for white females than estimates based on the 1997 Standards. See [Appendix II, Race](#). For additional data on cigarette smoking by racial groups, see table 62 of *Health, United States, 2004*.

NOTES: Data for additional years are available. See [Appendix III](#). Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on cigarette smoking see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following questionnaire supplements: hypertension (1974), smoking (1979), alcohol and health practices (1983), health promotion and disease prevention (1985, 1990–91), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–95). Starting in 1997 data are from the family core and sample adult questionnaires.

Table 62 (page 1 of 2). Current cigarette smoking by adults according to sex, race, Hispanic origin, age, and education: United States, average annual 1990–92, 1995–98, and 2000–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Male			Female		
	1990–92 ¹	1995–98 ¹	2000–2002	1990–92 ¹	1995–98 ¹	2000–2002
18 years of age and over, age adjusted ²	Percent of persons who are current cigarette smokers ³					
All persons ⁴	27.9	26.5	24.9	23.7	22.1	20.7
Race ⁵						
White only	27.4	26.4	25.1	24.3	22.9	21.8
Black or African American only	33.9	30.7	26.6	23.1	21.8	18.9
American Indian and Alaska Native only	34.2	40.5	29.6	36.7	28.9	33.8
Asian only	24.8	18.1	18.1	6.3	11.0	6.8
Native Hawaiian and Other Pacific Islander only	---	---	*	---	---	*
2 or more races	---	---	36.4	---	---	30.0
American Indian and Alaska Native; White	---	---	42.8	---	---	39.1
Hispanic origin and race ⁵						
Hispanic or Latino	25.7	24.4	21.8	15.8	13.7	11.7
Mexican	26.2	24.5	21.8	14.8	12.0	10.3
Not Hispanic or Latino	28.1	26.9	25.4	24.4	23.1	21.9
White only	27.7	26.9	25.6	25.2	24.1	23.0
Black or African American only	33.9	30.7	26.7	23.2	21.9	19.0
18 years of age and over, crude						
All persons ⁴	28.4	27.0	25.4	23.6	22.0	20.6
Race ⁵						
White only	27.8	26.8	25.4	24.1	22.6	21.3
Black or African American only	33.2	30.6	26.9	23.3	21.8	19.1
American Indian and Alaska Native only	35.5	39.2	31.6	37.3	31.2	36.7
Asian only	24.9	20.0	19.5	6.3	11.2	6.9
Native Hawaiian and Other Pacific Islander only	---	---	*	---	---	*
2 or more races	---	---	37.1	---	---	30.6
American Indian and Alaska Native; White	---	---	43.3	---	---	38.7
Hispanic origin and race ⁵						
Hispanic or Latino	26.5	25.5	22.8	16.6	13.8	12.0
Mexican	27.1	25.2	22.5	15.0	11.6	10.4
Not Hispanic or Latino	28.5	27.2	25.7	24.2	22.9	21.6
White only	28.0	27.0	25.6	24.8	23.5	22.3
Black or African American only	33.3	30.6	27.0	23.3	21.9	19.2
18–24 years:						
Hispanic or Latino	19.3	26.5	23.0	12.8	12.0	11.7
Not Hispanic or Latino:						
White only	28.9	35.5	34.2	28.7	31.6	29.9
Black or African American only	17.7	21.3	21.8	10.8	9.8	14.0
25–34 years:						
Hispanic or Latino	29.9	25.9	22.0	19.2	12.6	11.4
Not Hispanic or Latino:						
White only	32.7	30.5	30.1	30.9	28.5	27.0
Black or African American only	34.6	28.5	25.2	29.2	22.0	15.4
35–44 years:						
Hispanic or Latino	32.1	26.2	25.8	19.9	17.6	13.8
Not Hispanic or Latino:						
White only	32.3	31.5	29.7	27.3	28.1	27.6
Black or African American only	44.1	34.7	29.8	31.3	30.3	26.1
45–64 years:						
Hispanic or Latino	26.6	26.8	24.1	17.1	14.7	13.9
Not Hispanic or Latino:						
White only	28.4	26.8	25.1	26.1	22.3	22.1
Black or African American only	38.0	38.8	32.3	26.1	26.9	23.6
65 years and over:						
Hispanic or Latino	16.1	14.7	11.7	6.6	9.4	5.5
Not Hispanic or Latino:						
White only	14.2	10.6	9.8	12.3	11.6	9.2
Black or African American only	25.2	20.9	18.3	10.7	11.2	9.7

See footnotes at end of table.

Table 62 (page 2 of 2). Current cigarette smoking by adults according to sex, race, Hispanic origin, age, and education: United States, average annual 1990–92, 1995–98, and 2000–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Male			Female		
	1990–92 ¹	1995–98 ¹	2000–2002	1990–92 ¹	1995–98 ¹	2000–2002
Education, Hispanic origin, and race ^{5,6}	Percent of persons who are current cigarette smokers ³					
25 years of age and over, age adjusted ⁷						
No high school diploma or GED:						
Hispanic or Latino	30.2	27.6	23.7	15.8	13.3	11.4
Not Hispanic or Latino:						
White only	46.1	43.9	44.2	40.4	40.7	39.9
Black or African American only	45.4	44.6	38.2	31.3	30.0	28.5
High school diploma or GED:						
Hispanic or Latino	29.6	26.7	23.0	18.4	16.4	13.5
Not Hispanic or Latino:						
White only	32.9	32.8	32.2	28.4	28.8	29.1
Black or African American only	38.2	35.7	31.1	25.4	26.6	22.1
Some college or more:						
Hispanic or Latino	20.4	16.6	17.3	14.3	13.5	10.0
Not Hispanic or Latino:						
White only	19.3	18.3	17.2	18.1	17.2	16.2
Black or African American only	25.6	23.3	19.4	22.8	18.9	16.0

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent.

--- Data not available.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#). Cigarette smoking data were not collected in 1996.

²Estimates are age adjusted to the year 2000 standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#). For age groups where percent smoking is 0 or 100, the age-adjustment procedure was modified to substitute the percent smoking from the previous 3-year period.

³Beginning in 1993 current cigarette smokers reported ever smoking 100 cigarettes in their lifetime and smoking now on every day or some days. See [Appendix II, Cigarette smoking](#).

⁴Includes all other races not shown separately.

⁵The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999–2001 race-specific estimates (available in the spreadsheet version of this table at www.cdc.gov/nchs/hus.htm) are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data years 1999–2001, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999–2001 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2001 estimates can be seen by comparing 1999–2001 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of current smokers for adults 18 years of age and over are: identical for white males; 0.2 percentage points higher for black males; 1.1 percentage points higher for AI/AN males; 0.9 percentage points higher for Asian and Pacific Islander males; identical for white females; 0.1 percentage points higher for black females; 1.0 percentage points higher for AI/AN females; and 1.6 percentage points higher for Asian and Pacific Islander females than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁶Education categories shown are for 1997 and subsequent years. GED stands for General Educational Development high school equivalency diploma. In years prior to 1997 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

⁷Estimates are age adjusted to the year 2000 standard using four age groups: 25–34 years, 35–44 years, 45–64 years, and 65 years and over. See [Appendix II, Age adjustment](#).

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on cigarette smoking see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following questionnaire supplements: health promotion and disease prevention (1990–91), cancer control and cancer epidemiology (1992), and year 2000 objectives (1993–95). Starting in 1997 data are from the family core and sample adult questionnaires.

Table 63 (page 1 of 2). Use of selected substances in the past month by persons 12 years of age and over, according to age, sex, race, and Hispanic origin: United States, 2002–2003

[Data are based on household interviews of a sample of the civilian noninstitutionalized population 12 years of age and over]

Age, sex, race, and Hispanic origin	Any illicit drug ¹		Marijuana		Nonmedical use of any psychotherapeutic drug ²	
	2002	2003	2002	2003	2002	2003
Percent of population						
12 years and over	8.3	8.2	6.2	6.2	2.6	2.7
Age						
12–13 years	4.2	3.8	1.4	1.0	1.7	1.8
14–15 years	11.2	10.9	7.6	7.2	4.0	4.1
16–17 years	19.8	19.2	15.7	15.6	6.2	6.1
18–25 years	20.2	20.3	17.3	17.0	5.4	6.0
26–34 years	10.5	10.7	7.7	8.4	3.6	3.4
35 years and over	4.6	4.4	3.1	3.0	1.6	1.5
Sex						
Male	10.3	10.0	8.1	8.1	2.7	2.7
Female	6.4	6.5	4.4	4.4	2.6	2.6
Age and sex						
12–17 years	11.6	11.2	8.2	7.9	4.0	4.0
Male	12.3	11.4	9.1	8.6	3.6	3.7
Female	10.9	11.1	7.2	7.2	4.3	4.2
Hispanic origin and race ³						
Not Hispanic or Latino:						
White only	8.5	8.3	6.5	6.4	2.8	2.8
Black or African American only	9.7	8.7	7.4	6.7	2.0	1.8
American Indian and Alaska Native only	10.1	12.1	6.7	10.3	3.2	4.8
Native Hawaiian and Other Pacific Islander only	7.9	11.1	4.4	7.3	3.8	3.2
Asian only	3.5	3.8	1.8	1.9	0.7	1.7
2 or more races	11.4	12.0	9.0	9.3	3.5	2.4
Hispanic or Latino	7.2	8.0	4.3	4.9	2.9	3.0
Percent of population						
Alcohol use						
Binge alcohol use ⁴						
Heavy alcohol use ⁵						
Percent of population						
12 years and over	51.0	50.1	22.9	22.6	6.7	6.8
Age						
12–13 years	4.3	4.5	1.8	1.6	0.3	0.1
14–15 years	16.6	17.0	9.2	9.4	1.9	2.2
16–17 years	32.6	31.8	21.4	21.2	5.6	5.5
18–25 years	60.5	61.4	40.9	41.6	14.9	15.1
26–34 years	61.4	60.2	33.1	32.9	9.0	9.4
35 years and over	52.1	50.7	18.6	18.1	5.2	5.1
Sex						
Male	57.4	57.3	31.2	30.9	10.8	10.4
Female	44.9	43.2	15.1	14.8	3.0	3.4
Age and sex						
12–17 years	17.6	17.7	10.7	10.6	2.5	2.6
Male	17.4	17.1	11.4	11.1	3.1	2.9
Female	17.9	18.3	9.9	10.1	1.9	2.3
Hispanic origin and race ³						
Not Hispanic or Latino:						
White only	55.0	54.4	23.4	23.6	7.5	7.7
Black or African American only	39.9	37.9	21.0	19.0	4.4	4.5
American Indian and Alaska Native only	44.7	42.0	27.9	29.6	8.7	10.0
Native Hawaiian and Other Pacific Islander only	*	43.3	25.2	29.8	8.3	10.4
Asian only	37.1	39.8	12.4	11.0	2.6	2.3
2 or more races	49.9	44.4	19.8	21.8	7.5	6.1
Hispanic or Latino	42.8	41.5	24.8	24.2	5.9	5.2

See footnotes at end of table.

Table 63 (page 2 of 2). Use of selected substances in the past month by persons 12 years of age and over, according to age, sex, race, and Hispanic origin: United States, 2002–2003

[Data are based on household interviews of a sample of the civilian noninstitutionalized population 12 years of age and over]

Age, sex, race, and Hispanic origin	Any tobacco ⁶		Cigarettes		Cigars	
	2002	2003	2002	2003	2002	2003
	Percent of population					
12 years and over	30.4	29.8	26.0	25.4	5.4	5.4
Age						
12–13 years	3.8	3.2	3.2	2.5	0.7	0.8
14–15 years	13.4	13.3	11.2	11.0	3.8	3.9
16–17 years	29.0	27.0	24.9	23.2	9.3	8.8
18–25 years	45.3	44.8	40.8	40.2	11.0	11.4
26–34 years	38.2	38.8	32.7	33.4	6.6	6.9
35 years and over	27.9	27.0	23.4	22.6	4.1	3.9
Sex						
Male	37.0	35.9	28.7	28.1	9.4	9.0
Female	24.3	24.0	23.4	23.0	1.7	2.0
Age and sex						
12–17 years	15.2	14.4	13.0	12.2	4.5	4.5
Male	16.0	15.6	12.3	11.9	6.2	6.2
Female	14.4	13.3	13.6	12.5	2.7	2.7
Hispanic origin and race ³						
Not Hispanic or Latino:						
White only	32.0	31.6	26.9	26.6	5.5	5.4
Black or African American only	28.8	30.0	25.3	25.9	6.8	7.2
American Indian and Alaska Native only	44.3	41.8	37.1	36.1	5.2	8.3
Native Hawaiian and Other Pacific Islander only	28.8	37.0	*	33.1	4.1	8.0
Asian only	18.6	13.8	17.7	12.6	1.1	1.8
2 or more races	38.1	34.4	35.0	30.7	5.5	6.2
Hispanic or Latino	25.2	23.7	23.0	21.4	5.0	4.9

* Estimates are considered unreliable; relative standard error greater than 17.5 percent of the log transformation of the proportion or minimum effective sample size less than 68 or minimum nominal sample size less than 100 or prevalence close to 0 or 100 percent. See [Appendix I, National Survey on Drug Use & Health \(NSDUH\)](#).

¹Any illicit drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic drug used nonmedically.

²Psychotherapeutic drugs include prescription-type pain relievers, tranquilizers, stimulants, or sedatives; does not include over-the-counter drugs.

³Persons of Hispanic origin may be of any race. Race and Hispanic origin were collected using the 1997 Standards for Federal data on Race and Ethnicity. Single race categories shown include persons who reported only one racial group. The category, 2 or more races, includes persons who reported more than one racial group. See [Appendix II, Race](#).

⁴Binge alcohol use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Occasion is defined as at the same time or within a couple of hours of each other.

⁵Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also "binge" alcohol users.

⁶Any tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

NOTES: The National Survey on Drug Use & Health (NSDUH), formerly called the National Household Survey on Drug Abuse (NHSDA), began a new baseline in 2002 and cannot be compared with previous years. Because of methodological differences among the National Survey on Drug Use & Health, Monitoring the Future Study (MTF), and Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See [Appendix I, NSDUH, MTF, and YRBS](#). Some data for 2002 have been revised and differ from the previous edition of *Health, United States*.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use & Health, www.oas.samhsa.gov/nhsda.htm.

Table 64 (page 1 of 3). Use of selected substances by high school seniors, tenth-, and eighth-graders, according to sex and race: United States, selected years 1980–2003

[Data are based on a survey of high school seniors, tenth-, and eighth-graders in the coterminous United States]

<i>Substance, sex, race, and grade in school</i>	1980	1990	1991	1995	1999	2000	2001	2002	2003
Cigarettes									
Percent using substance in the past month									
All seniors	30.5	29.4	28.3	33.5	34.6	31.4	29.5	26.7	24.4
Male	26.8	29.1	29.0	34.5	35.4	32.8	29.7	27.4	26.2
Female	33.4	29.2	27.5	32.0	33.5	29.7	28.7	25.5	22.1
White	31.0	32.5	31.8	37.3	39.1	36.6	34.1	30.9	28.2
Black or African American	25.2	12.0	9.4	15.0	14.9	13.6	12.9	11.3	9.0
All tenth-graders	---	---	20.8	27.9	25.7	23.9	21.3	17.7	16.7
Male	---	---	20.8	27.7	25.2	23.8	20.9	16.7	16.2
Female	---	---	20.7	27.9	25.8	23.6	21.5	18.6	17.0
White	---	---	23.9	31.2	29.1	27.3	24.0	20.8	19.3
Black or African American	---	---	6.4	12.2	11.0	11.3	10.9	9.1	8.8
All eighth-graders	---	---	14.3	19.1	17.5	14.6	12.2	10.7	10.2
Male	---	---	15.5	18.8	16.7	14.3	12.2	11.0	9.6
Female	---	---	13.1	19.0	17.7	14.7	12.0	10.4	10.6
White	---	---	15.0	21.7	19.0	16.4	12.8	11.1	10.6
Black or African American	---	---	5.3	8.2	10.7	8.4	8.0	7.3	6.4
Marijuana									
All seniors	33.7	14.0	13.8	21.2	23.1	21.6	22.4	21.5	21.2
Male	37.8	16.1	16.1	24.6	26.3	24.7	25.6	25.3	24.7
Female	29.1	11.5	11.2	17.2	19.7	18.3	19.1	17.4	17.3
White	34.2	15.6	15.0	21.5	23.4	22.0	23.9	22.8	22.8
Black or African American	26.5	5.2	6.5	17.8	20.4	17.5	16.5	16.4	16.1
All tenth-graders	---	---	8.7	17.2	19.4	19.7	19.8	17.8	17.0
Male	---	---	10.1	19.2	21.8	23.3	22.7	19.3	19.0
Female	---	---	7.3	15.0	17.0	16.2	16.8	16.4	15.0
White	---	---	9.4	17.7	20.2	20.1	20.4	19.1	17.4
Black or African American	---	---	3.8	15.1	14.7	17.0	16.5	14.4	15.6
All eighth-graders	---	---	3.2	9.1	9.7	9.1	9.2	8.3	7.5
Male	---	---	3.8	9.8	10.5	10.2	11.0	9.5	8.5
Female	---	---	2.6	8.2	8.8	7.8	7.3	7.1	6.4
White	---	---	3.0	9.0	8.5	8.3	8.6	7.9	7.0
Black or African American	---	---	2.1	7.0	10.0	8.5	7.7	7.1	7.4
Cocaine									
All seniors	5.2	1.9	1.4	1.8	2.6	2.1	2.1	2.3	2.1
Male	6.0	2.3	1.7	2.2	3.3	2.7	2.5	2.7	2.6
Female	4.3	1.3	0.9	1.3	1.8	1.6	1.6	1.8	1.4
White	5.4	1.8	1.3	1.7	2.8	2.2	2.3	2.8	2.1
Black or African American	2.0	0.5	0.8	0.4	0.5	1.0	0.6	0.2	1.0
All tenth-graders	---	---	0.7	1.7	1.9	1.8	1.3	1.6	1.3
Male	---	---	0.7	1.8	2.2	2.1	1.5	1.8	1.3
Female	---	---	0.6	1.5	1.6	1.4	1.2	1.4	1.3
White	---	---	0.6	1.7	1.9	1.7	1.2	1.7	1.4
Black or African American	---	---	0.2	0.4	0.3	0.4	0.3	0.4	0.5
All eighth-graders	---	---	0.5	1.2	1.3	1.2	1.2	1.1	0.9
Male	---	---	0.7	1.1	1.4	1.3	1.1	1.1	1.0
Female	---	---	0.4	1.2	1.2	1.1	1.2	1.1	0.8
White	---	---	0.4	1.0	1.1	1.1	1.1	1.0	0.8
Black or African American	---	---	0.4	0.4	0.3	0.5	0.4	0.5	0.5

See footnotes at end of table.

Table 64 (page 2 of 3). Use of selected substances by high school seniors, tenth-, and eighth-graders, according to sex and race: United States, selected years 1980–2003

[Data are based on a survey of high school seniors, tenth-, and eighth-graders in the coterminous United States]

<i>Substance, sex, race, and grade in school</i>	1980	1990	1991	1995	1999	2000	2001	2002	2003
Inhalants									
Percent using substance in the past month									
All seniors	1.4	2.7	2.4	3.2	2.0	2.2	1.7	1.5	1.5
Male	1.8	3.5	3.3	3.9	2.5	2.9	2.3	2.2	2.0
Female	1.0	2.0	1.6	2.5	1.5	1.7	1.1	0.8	1.1
White	1.4	3.0	2.4	3.7	2.1	2.1	1.8	1.3	1.7
Black or African American	1.0	1.5	1.5	1.1	0.4	2.1	1.3	1.2	0.7
All tenth-graders	---	---	2.7	3.5	2.6	2.6	2.5	2.4	2.2
Male	---	---	2.9	3.8	2.9	3.0	2.5	2.3	2.3
Female	---	---	2.6	3.2	2.2	2.2	2.4	2.4	2.2
White	---	---	2.9	3.9	2.9	2.8	2.5	2.6	2.6
Black or African American	---	---	2.0	1.2	0.8	1.5	0.9	1.5	0.5
All eighth-graders	---	---	4.4	6.1	5.0	4.5	4.0	3.8	4.1
Male	---	---	4.1	5.6	4.6	4.1	3.6	3.5	3.4
Female	---	---	4.7	6.6	5.3	4.8	4.3	3.9	4.7
White	---	---	4.5	7.0	5.6	4.5	4.1	3.9	4.3
Black or African American	---	---	2.3	2.3	2.3	2.3	2.6	2.7	2.3
MDMA (Ecstasy)									
All seniors	---	---	---	---	2.5	3.6	2.8	2.4	1.3
Male	---	---	---	---	2.6	4.1	3.7	2.6	1.3
Female	---	---	---	---	2.5	3.1	2.0	2.1	1.2
White	---	---	---	---	2.7	3.9	2.8	2.5	1.3
Black or African American	---	---	---	---	0.0	1.9	0.9	0.5	0.6
All tenth-graders	---	---	---	---	1.8	2.6	2.6	1.8	1.1
Male	---	---	---	---	1.7	2.5	3.5	1.6	1.2
Female	---	---	---	---	1.9	2.5	1.6	1.8	1.1
White	---	---	---	---	2.1	2.5	2.6	2.3	1.2
Black or African American	---	---	---	---	0.3	1.8	1.0	0.5	0.7
All eighth-graders	---	---	---	---	0.8	1.4	1.8	1.4	0.7
Male	---	---	---	---	0.9	1.6	1.9	1.5	0.7
Female	---	---	---	---	0.7	1.2	1.8	1.3	0.7
White	---	---	---	---	0.9	1.4	2.0	1.0	0.7
Black or African American	---	---	---	---	0.4	0.8	1.1	0.6	0.4
Alcohol ¹									
All seniors	72.0	57.1	54.0	51.3	51.0	50.0	49.8	48.6	47.5
Male	77.4	61.3	58.4	55.7	55.3	54.0	54.7	52.3	51.7
Female	66.8	52.3	49.0	47.0	46.8	46.1	45.1	45.1	43.8
White	75.8	62.2	57.7	54.8	54.9	55.3	55.3	52.7	52.0
Black or African American	47.7	32.9	34.4	37.4	30.8	29.3	29.6	30.7	29.2
All tenth-graders	---	---	42.8	38.8	40.0	41.0	39.0	35.4	35.4
Male	---	---	45.5	39.7	42.3	43.3	41.1	35.3	35.3
Female	---	---	40.3	37.8	38.1	38.6	36.8	35.7	35.3
White	---	---	45.7	41.3	43.4	44.3	41.0	39.0	38.4
Black or African American	---	---	30.2	24.9	24.6	24.7	26.0	23.2	24.0
All eighth-graders	---	---	25.1	24.6	24.0	22.4	21.5	19.6	19.7
Male	---	---	26.3	25.0	24.8	22.5	22.3	19.1	19.4
Female	---	---	23.8	24.0	23.3	22.0	20.6	20.0	19.8
White	---	---	26.0	25.4	25.6	23.9	22.5	20.4	19.9
Black or African American	---	---	17.8	17.3	16.8	15.1	14.9	14.7	16.5

See footnotes at end of table.

Table 64 (page 3 of 3). Use of selected substances by high school seniors, tenth-, and eighth-graders, according to sex and race: United States, selected years 1980–2003

[Data are based on a survey of high school seniors, tenth-, and eighth-graders in the coterminous United States]

<i>Substance, sex, race, and grade in school</i>	1980	1990	1991	1995	1999	2000	2001	2002	2003
Binge drinking ²				Percent in last 2 weeks					
All seniors	41.2	32.2	29.8	29.8	30.8	30.0	29.7	28.6	27.9
Male	52.1	39.1	37.8	36.9	38.1	36.7	36.0	34.2	34.2
Female	30.5	24.4	21.2	23.0	23.6	23.5	23.7	23.0	22.1
White	44.6	36.2	32.9	32.9	34.8	34.4	34.5	32.9	31.9
Black or African American	17.0	11.6	11.8	15.5	11.9	11.0	12.6	10.4	11.1
All tenth-graders	---	---	22.9	24.0	25.6	26.2	24.9	22.4	22.2
Male	---	---	26.4	26.4	29.7	29.8	28.6	23.8	23.2
Female	---	---	19.5	21.5	21.8	22.5	21.4	21.0	21.2
White	---	---	24.4	25.7	27.7	28.5	26.4	24.6	24.3
Black or African American	---	---	14.4	12.3	12.9	12.9	12.3	12.4	11.7
All eighth-graders	---	---	12.9	14.5	15.2	14.1	13.2	12.4	11.9
Male	---	---	14.3	15.1	16.4	14.4	13.7	12.5	12.2
Female	---	---	11.4	13.9	13.9	13.6	12.4	12.1	11.6
White	---	---	12.6	14.5	15.2	14.6	13.1	12.3	11.4
Black or African American	---	---	9.9	10.0	10.8	9.3	8.8	9.9	10.9

--- Data not available.

0.0 Quantity more than zero but less than 0.05.

¹In 1993 the alcohol question was changed to indicate that a “drink” meant “more than a few sips.” 1993 data, available in the spreadsheet version of this table, are based on a half sample.

²Five or more alcoholic drinks in a row at least once in the prior 2-week period.

NOTES: Because of methodological differences among the National Survey on Drug Use & Health (NSDUH), Monitoring the Future Study (MTF), and Youth Risk Behavior Survey (YRBS), rates of substance use measured by these surveys are not directly comparable. See [Appendix I, NSDUH, MTF, and YRBS](#). Data for additional years are available. See [Appendix III](#).

SOURCE: National Institutes of Health, National Institute on Drug Abuse (NIDA), Monitoring the Future Study, Annual surveys.

Table 65 (page 1 of 2). Cocaine-related emergency department episodes, according to age, sex, race, and Hispanic origin: United States, selected years 1990–2002

[Data are weighted national estimates based on a sample of emergency departments]

<i>Age, sex, race, and Hispanic origin</i>	1990	1991	1995	1997	1998	1999	2000	2001	2002
All races, both sexes ¹									
Number of episodes									
All ages ²	80,355	101,189	135,711	161,083	172,011	168,751	174,881	193,034	199,198
6–17 years	1,877	2,210	2,051	3,642	4,362	3,299	4,402	3,514	3,502
18–25 years	19,614	21,766	21,110	25,218	24,507	25,264	25,753	28,666	30,808
26–34 years	35,639	46,137	54,881	57,143	59,008	54,058	51,007	53,693	52,743
35 years and over	23,054	30,582	57,341	74,600	83,730	85,869	93,357	106,810	111,937
Male									
Not Hispanic or Latino:									
White:									
All ages ²	15,512	19,385	25,634	32,778	32,767	35,378	36,508	43,387	49,305
6–17 years	527	486	493	898	1,302	666	897	935	903
18–25 years	3,810	5,284	5,459	6,644	6,069	7,367	7,294	9,726	10,138
26–34 years	6,724	8,777	10,426	11,697	11,302	11,421	11,143	12,282	15,881
35 years and over	4,432	4,747	9,226	13,464	14,075	15,893	17,148	20,424	22,360
Black or African American:									
All ages ²	27,745	36,597	48,872	54,257	55,562	49,944	49,612	53,282	52,463
6–17 years	241	244	304	388	236	404	305	91	104
18–25 years	5,104	5,743	4,735	4,725	4,153	4,066	3,836	3,756	3,628
26–34 years	12,160	16,232	18,756	18,052	17,578	13,433	11,608	11,924	10,432
35 years and over	10,202	14,110	25,016	30,850	33,511	31,978	33,758	37,437	38,230
Hispanic or Latino ³ :									
All ages ²	4,821	6,571	7,886	11,540	14,844	15,111	16,774	18,293	15,881
6–17 years	144	201	181	402	725	899	612	485	542
18–25 years	1,774	1,831	1,892	3,467	3,871	4,027	4,268	4,108	3,369
26–34 years	1,758	2,723	2,901	3,575	4,694	4,582	5,510	6,080	4,900
35 years and over	1,125	1,801	2,907	4,077	5,536	5,540	6,375	7,615	7,051
Female									
Not Hispanic or Latino:									
White:									
All ages ²	8,331	9,541	13,566	17,593	19,687	20,884	22,419	27,365	29,736
6–17 years	486	529	495	1,021	1,125	837	1,208	838	1,012
18–25 years	2,663	2,765	2,962	3,742	4,368	4,348	4,259	5,675	7,306
26–34 years	3,636	4,427	5,976	6,771	6,621	8,022	7,471	8,936	8,509
35 years and over	1,539	1,808	4,126	6,043	7,504	7,667	9,414	11,801	12,902
Black or African American:									
All ages ²	14,833	19,149	24,138	27,298	28,361	27,625	25,480	26,257	27,089
6–17 years	177	210	153	100	80	125	99	175	82
18–25 years	3,820	3,892	3,307	3,407	2,245	2,012	1,947	1,824	2,114
26–34 years	7,418	9,481	10,831	11,004	11,312	9,994	7,962	6,927	6,018
35 years and over	3,369	5,512	9,822	12,752	14,687	15,473	15,453	17,305	18,843
Hispanic or Latino ³ :									
All ages ²	1,719	2,356	3,515	5,063	6,238	5,224	6,598	6,491	7,841
6–17 years	64	183	128	*	*	146	*	*	*
18–25 years	634	616	901	*	*	1,167	*	1,112	*
26–34 years	663	1,044	1,280	1,698	2,278	2,091	1,967	2,409	2,511
35 years and over	357	513	1,203	1,402	1,821	1,811	2,029	2,419	3,028

See footnotes at end of table.

Table 65 (page 2 of 2). Cocaine-related emergency department episodes, according to age, sex, race, and Hispanic origin: United States, selected years 1990–2002

[Data are weighted national estimates based on a sample of emergency departments]

Age, sex, race, and Hispanic origin	1990	1991	1995	1997	1998	1999	2000	2001	2002
Both sexes		Episodes per 100,000 population ⁴							
6 years and over, age adjusted ^{5,6}	---	41.0	56.2	66.4	70.7	69.2	70.8	77.6	79.0
6 years and over, crude ⁶	---	45.2	58.3	67.7	71.5	69.4	70.7	76.1	77.6
6–11 years	---	*	*	*	*	*	*	*	*
12–17 years	---	10.6	9.3	16.0	18.8	14.0	18.8	14.5	14.2
18–25 years	---	76.9	76.2	91.8	88.2	89.5	88.9	85.5	90.7
26–34 years	---	120.5	153.7	164.5	173.1	161.9	154.6	176.4	171.1
35 years and over	---	26.5	46.0	57.4	63.2	63.7	67.7	76.2	79.0
Male									
6 years and over, age adjusted ^{2,5}	---	56.2	77.5	91.2	96.4	93.4	95.7	104.5	105.5
6 years and over, crude ⁶	---	61.6	79.9	92.2	96.7	93.0	94.8	101.8	102.6
6–11 years	---	*	*	*	*	*	*	*	*
12–17 years	---	9.5	10.5	15.3	20.7	17.4	16.7	14.3	13.8
18–25 years	---	102.7	98.1	116.1	115.2	120.5	118.5	112.8	109.9
26–34 years	---	152.8	196.2	211.3	219.7	195.5	193.8	220.8	221.8
35 years and over	---	40.7	69.2	85.6	92.2	92.0	97.1	108.0	110.2
Female									
6 years and over, age adjusted ^{2,5}	---	26.5	35.5	42.6	46.1	46.0	46.3	51.4	53.6
6 years and over, crude ⁶	---	29.1	37.0	43.5	46.7	46.4	46.4	50.4	52.9
6–11 years	---	*	*	*	*	*	*	*	*
12–17 years	---	11.0	7.8	16.6	16.7	10.2	20.9	14.5	14.6
18–25 years	---	53.0	54.1	66.4	61.7	57.7	58.2	55.6	70.9
26–34 years	---	86.1	108.6	117.0	125.0	127.3	112.9	130.0	118.4
35 years and over	---	13.6	24.8	31.3	36.6	37.9	40.1	46.6	50.1

--- Data not available.

* Estimates with a relative standard error of 50 percent or higher are considered unreliable and are not shown.

¹Includes other races and unknown race, Hispanic origin, and/or sex.

²Includes unknown age.

³Persons of Hispanic origin may be of any race.

⁴Rates are based on the average civilian, noninstitutionalized population for each year estimated by SAMHSA based on a procedure using three Census Bureau data files: The Civilian Noninstitutional Population of the U.S. by Age, Race, and Sex (CNP tables); 1990 Census Counts by Age, Sex, and Race (ASR file); and County-Level Population Estimates (CPOP file).

⁵Age adjusted to the year 2000 standard population using five age groups. See [Appendix II, Age adjustment](#).

⁶Includes unknown sex and age.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, Drug Abuse Warning Network, www.drugabusestatistics.samhsa.gov/.

Table 66 (page 1 of 3). Alcohol consumption by persons 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Both sexes			Male			Female		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Drinking status¹									
18 years and over, age adjusted ²									
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Lifetime abstainer	21.2	22.5	22.2	14.0	14.8	14.7	27.6	29.3	28.7
Former drinker	15.7	15.0	15.1	16.2	15.9	15.7	15.3	14.4	14.8
Infrequent	9.0	8.2	8.4	7.7	7.1	7.4	10.1	9.2	9.3
Regular	6.7	6.8	6.8	8.5	8.8	8.3	5.2	5.2	5.5
Current drinker ³	63.1	62.5	62.7	69.8	69.3	69.6	57.0	56.3	56.5
Infrequent	15.0	14.3	13.2	11.7	11.0	9.7	18.1	17.4	16.5
Regular	48.1	48.2	48.5	58.1	58.3	58.7	38.9	38.9	39.1
18 years and over, crude									
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Lifetime abstainer	21.1	22.4	22.1	14.0	14.7	14.8	27.7	29.4	28.8
Former drinker	15.5	14.9	15.1	15.6	15.3	15.2	15.4	14.5	14.9
Infrequent	8.9	8.1	8.3	7.5	6.9	7.2	10.1	9.3	9.4
Regular	6.6	6.7	6.7	8.1	8.4	8.0	5.2	5.2	5.6
Current drinker ³	63.4	62.7	62.8	70.5	70.0	70.0	57.0	56.1	56.2
Infrequent	15.0	14.3	13.3	11.7	11.0	9.7	18.1	17.3	16.5
Regular	48.4	48.4	48.6	58.8	59.0	59.1	38.8	38.8	38.9
Age									
Percent current drinkers among all persons									
All persons:									
18–44 years	69.4	69.3	69.2	74.8	75.2	75.9	64.2	63.6	62.8
18–24 years	62.2	62.3	64.1	66.7	67.6	70.6	57.7	57.1	57.6
25–44 years	71.6	71.5	71.0	77.2	77.6	77.7	66.1	65.6	64.5
45–64 years	63.3	62.1	63.0	70.8	68.5	68.2	56.2	56.1	58.2
45–54 years	67.1	66.6	66.0	73.8	71.8	71.0	60.7	61.7	61.3
55–64 years	57.3	55.0	58.4	65.8	63.2	63.8	49.4	47.6	53.6
65 years and over	43.4	42.0	41.4	52.7	52.6	52.0	36.6	34.2	33.5
65–74 years	48.6	46.4	45.6	56.7	55.7	56.4	42.0	38.9	36.6
75 years and over	36.6	36.6	36.5	46.7	48.3	46.1	30.2	29.0	30.4
Race^{2,4}									
White only	66.0	65.5	65.7	71.8	71.6	71.8	60.7	60.1	60.2
Black or African American only	47.8	46.7	47.4	56.9	54.7	56.5	40.9	40.6	40.3
American Indian and Alaska Native only	53.9	49.6	52.9	66.1	56.5	61.5	45.2	43.5	46.8
Asian only	45.8	44.9	48.7	60.1	60.0	60.0	31.6	31.3	35.3
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	64.5	62.9	---	71.0	63.9	---	56.0	62.1
Hispanic origin and race^{2,4}									
Hispanic or Latino	53.4	52.5	50.9	64.6	66.1	64.6	42.1	39.8	38.1
Mexican	53.0	49.7	51.2	66.9	65.9	65.2	38.9	34.3	37.0
Not Hispanic or Latino	64.1	62.5	60.9	70.2	66.1	64.6	58.7	58.8	58.1
White only	67.5	67.0	67.6	72.7	72.2	72.9	62.9	62.4	62.9
Black or African American only	47.8	46.6	47.2	57.1	54.6	56.0	40.7	40.4	40.3
Geographic region²									
Northeast	68.7	69.6	69.8	74.4	77.0	75.2	63.8	63.4	65.3
Midwest	66.8	66.5	67.0	73.0	71.1	73.9	61.1	62.3	60.8
South	56.2	54.8	56.0	63.9	62.7	63.8	49.2	47.7	49.0
West	64.9	64.2	62.8	71.5	71.7	69.5	58.9	57.2	56.4
Location of residence²									
Within MSA ⁵	64.7	64.2	64.2	71.0	70.9	70.9	59.1	58.1	58.1
Outside MSA ⁵	57.4	56.4	57.0	65.7	63.8	64.4	49.5	49.7	50.5

See footnotes at end of table.

Table 66 (page 2 of 3). Alcohol consumption by persons 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Both sexes			Male			Female		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Level of alcohol consumption in past year for current drinkers ⁶									
Percent distribution of current drinkers ⁷									
18 years and over, age adjusted ²									
All drinking levels	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Light	69.6	68.9	68.5	59.5	58.7	58.8	81.0	80.4	79.6
Moderate	22.5	23.2	23.4	31.8	32.5	32.7	12.0	12.7	12.8
Heavier	7.9	7.9	8.1	8.7	8.7	8.5	7.0	6.9	7.6
18 years and over, crude									
All drinking levels	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Light	69.8	69.2	68.7	59.6	58.9	58.9	81.4	80.7	79.9
Moderate	22.3	23.1	23.2	31.7	32.3	32.6	11.7	12.5	12.5
Heavier	7.9	7.8	8.1	8.8	8.7	8.5	6.9	6.7	7.5
Number of days in the past year with 5 or more drinks									
Percent distribution of current drinkers									
18 years and over, crude									
All current drinkers	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No days	65.9	67.2	67.8	54.7	56.7	57.7	78.6	78.9	79.2
At least 1 day	34.1	32.8	32.2	45.3	43.3	42.3	21.4	21.1	20.8
1–11 days	18.5	17.4	16.7	22.0	20.8	19.6	14.6	13.6	13.4
12 or more days	15.6	15.4	15.5	23.4	22.5	22.7	6.8	7.5	7.3
Hispanic origin, race, and age ⁴									
Percent of persons with 5 or more drinks on at least one day among current drinkers									
All persons:									
18 years and over, age adjusted ²	32.4	30.9	30.8	43.3	41.2	40.6	20.2	19.7	19.9
18 years and over, crude	34.1	32.8	32.2	45.3	43.3	42.3	21.4	21.1	20.8
18–44 years	42.4	41.3	41.8	54.6	52.9	53.0	28.7	28.5	29.0
18–24 years	51.6	53.3	53.2	61.5	63.4	62.9	40.2	42.0	41.3
25–44 years	40.0	38.1	38.4	52.8	50.1	49.9	25.7	24.8	25.4
45–64 years	25.3	24.2	22.2	36.1	34.7	31.8	12.9	12.5	12.0
45–54 years	28.5	26.5	25.3	40.1	37.1	35.7	15.3	15.1	14.2
55–64 years	19.6	19.8	16.9	28.9	30.3	25.0	8.3	7.3	8.2
65 years and over	11.2	9.0	9.1	17.8	13.9	13.8	4.4	3.5	3.6
65–74 years	13.9	10.9	12.2	21.6	16.5	17.6	5.5	4.5	5.4
75 years and over	6.7	6.1	4.5	11.0	9.8	7.6	*2.5	*	*
Race ^{2,4}									
White only	33.3	31.8	31.7	44.4	42.1	41.7	20.9	20.5	20.7
Black or African American only	23.6	23.5	22.5	31.7	32.8	29.0	14.9	13.8	15.1
American Indian and Alaska Native only	54.5	48.2	40.8	70.5	53.9	49.0	38.4	39.7	38.6
Asian only	25.5	20.2	20.2	30.7	25.7	25.8	16.6	12.2	*9.5
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
Hispanic origin and race ^{2,4}									
Hispanic or Latino	36.8	32.1	34.0	46.3	42.0	44.6	22.3	16.5	17.4
Mexican	39.0	36.8	39.0	50.1	47.2	50.1	20.3	17.3	19.5
Not Hispanic or Latino	31.9	32.1	34.0	42.7	42.0	44.6	20.0	16.5	17.4
White only	33.2	31.9	31.7	44.5	42.3	41.7	21.0	20.9	21.0
Black or African American only	23.4	23.4	22.5	31.7	32.5	29.1	14.4	13.9	15.2

See footnotes at end of table.

Table 66 (page 3 of 3). Alcohol consumption by persons 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Both sexes			Male			Female		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Percent of persons with 5 or more drinks on at least one day among current drinkers									
Geographic region									
Northeast	31.3	29.9	29.0	43.1	39.3	39.2	18.9	20.1	18.7
Midwest	33.8	34.7	33.6	44.7	46.3	43.3	21.6	22.2	22.7
South	30.9	27.4	28.4	40.5	36.7	37.2	19.2	16.4	17.8
West	33.4	33.0	31.6	44.6	43.3	41.6	20.8	21.4	19.9
Location of residence ²									
Within MSA ⁵	31.6	30.6	30.3	42.4	40.7	39.6	19.8	19.4	19.7
Outside MSA ⁵	34.8	32.5	31.5	45.7	42.3	41.9	21.2	21.1	19.8

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent.

--- Data not available.

¹Drinking status categories are based on self-reported responses to questions about alcohol consumption. Lifetime abstainers had fewer than 12 drinks in their lifetime. Former drinkers had at least 12 drinks in their lifetime and none in the past year. Former infrequent drinkers are former drinkers who had fewer than 12 drinks in any one year. Former regular drinkers are former drinkers who had at least 12 drinks in any one year. Current drinkers had 12 drinks in their lifetime and at least one drink in the past year. Current infrequent drinkers are current drinkers who had fewer than 12 drinks in the past year. Current regular drinkers are current drinkers who had at least 12 drinks in the past year. See [Appendix II, Alcohol consumption](#).

²Estimates are age adjusted to the year 2000 standard population using four age groups: 18–24 years, 25–44 years, 45–64 years, and 65 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

³Current drinkers include about 1 percent of persons who did not provide information on frequency or amount of current drinking.

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent of persons who are current drinkers are: identical for white men; 0.3 percentage points higher for black men; 1.6 percentage points higher for AI/AN men; 0.2 percentage points lower for Asian and Pacific Islander men; identical for white women; 0.2 percentage points higher for black women; 1.8 percentage points lower for AI/AN women; and 2.4 percentage points higher for Asian and Pacific Islander women than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵MSA is metropolitan statistical area.

⁶Level of alcohol consumption categories are based on self-reported responses to questions about average alcohol consumption and defined as follows: light drinkers: 3 drinks or fewer per week; moderate drinkers: more than 3 drinks and up to 14 drinks per week for men and more than 3 drinks and up to 7 drinks per week for women; heavier drinkers: more than 14 drinks per week for men and more than 7 drinks per week for women. (Most drinking guidelines consider more than 7 drinks per week to be a heavier level of consumption for women. U.S. Department of Agriculture: Dietary Guidelines for Americans, 2000, 5th edition.)

⁷Percent based on current drinkers with known frequency and amount of drinking.

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. For more data on alcohol consumption see the Early Release reports on the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires.

Table 67. Hypertension among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2002

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race, and Hispanic origin¹</i>	<i>1988–94</i>	<i>1999–2002</i>
20–74 years, age adjusted ²		
Percent of population (standard error)		
Both sexes ^{3,4}	21.7 (0.6)	25.5 (0.9)
Male	23.4 (0.9)	25.1 (1.3)
Female ³	20.0 (0.6)	25.7 (0.7)
Not Hispanic or Latino:		
White only, male	22.6 (1.1)	23.9 (1.4)
White only, female ³	18.4 (0.7)	23.3 (1.0)
Black or African American only, male	34.3 (1.1)	36.8 (1.3)
Black or African American only, female ³	34.9 (0.9)	39.4 (1.8)
Mexican male	23.4 (1.1)	22.5 (1.6)
Mexican female ³	20.9 (1.0)	23.4 (1.1)
20 years and over, age adjusted ²		
Both sexes ^{3,4}	25.5 (0.6)	29.9 (0.8)
Male	26.4 (0.9)	28.7 (1.2)
Female ³	24.4 (0.6)	30.5 (0.7)
Not Hispanic or Latino:		
White only, male	25.6 (1.1)	27.5 (1.4)
White only, female ³	22.9 (0.7)	28.4 (0.9)
Black or African American only, male	37.5 (1.2)	40.4 (1.2)
Black or African American only, female ³	38.2 (0.9)	43.4 (1.8)
Mexican male	26.9 (1.1)	26.7 (1.5)
Mexican female ³	25.0 (0.9)	27.8 (1.1)
20 years and over, crude		
Both sexes ^{3,4}	24.1 (0.8)	30.1 (1.0)
Male	23.8 (1.0)	27.5 (1.2)
Female ³	24.4 (0.8)	32.7 (1.1)
Not Hispanic or Latino:		
White only, male	24.3 (1.2)	28.1 (1.3)
White only, female ³	24.6 (1.1)	32.8 (1.3)
Black or African American only, male	31.1 (1.3)	35.8 (1.6)
Black or African American only, female ³	32.3 (1.2)	42.0 (2.4)
Mexican male	16.4 (1.1)	16.5 (1.7)
Mexican female ³	15.9 (0.7)	18.8 (1.6)
Male		
20–34 years	7.1 (0.8)	*8.1 (1.6)
35–44 years	17.1 (1.9)	17.1 (1.7)
45–54 years	29.2 (2.1)	30.9 (2.6)
55–64 years	40.6 (2.3)	44.9 (1.8)
65–74 years	54.4 (2.8)	58.9 (2.9)
75 years and over	60.4 (2.2)	68.4 (1.9)
Female ³		
20–34 years	2.9 (0.6)	*2.7 (0.6)
35–44 years	11.2 (1.1)	15.1 (1.3)
45–54 years	23.9 (2.0)	31.7 (2.1)
55–64 years	42.5 (2.3)	53.9 (2.2)
65–74 years	56.1 (1.7)	72.5 (2.2)
75 years and over	73.5 (1.8)	82.8 (1.4)

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent.
¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2002 estimates can be seen by comparing 1999–2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20–74 years, age adjusted, with hypertension are: unchanged for white males, white females, and for black males; and 0.2 percentage points higher for black females than estimates based on the 1997 Standards. See [Appendix II, Race](#).
²Age adjusted to the 2000 standard population using five age groups. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).
³Excludes pregnant women.
⁴Includes persons of all races and Hispanic origins, not just those shown separately.

NOTES: A person with hypertension is defined by either having elevated blood pressure (systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg) or taking antihypertensive medication. Percents are based on the average of blood pressure measurements taken. In 1999–2002, 78 percent of participants had 3 blood pressure readings. Data have been revised and differ from the previous edition of *Health, United States*. Estimates for persons 20 years and over are used for setting and tracking *Healthy People 2010* objectives.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 68 (page 1 of 2). Serum cholesterol levels among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race, and Hispanic origin¹</i>	1960–62	1971–74	1976–80 ²	1988–94	1999–2002
20–74 years, age adjusted ³					
Percent of population with high serum cholesterol (standard error)					
Both sexes ⁴	33.3	28.6	27.8	19.7 (0.6)	17.0 (0.7)
Male	30.6	27.9	26.4	18.8 (0.8)	16.9 (0.9)
Female	35.6	29.1	28.8	20.5 (0.8)	17.0 (0.8)
Not Hispanic or Latino:					
White only, male	---	---	26.4	18.7 (0.9)	17.0 (1.0)
White only, female	---	---	29.6	20.7 (1.0)	17.4 (1.0)
Black or African American only, male	---	---	25.5	16.4 (1.0)	12.5 (1.9)
Black or African American only, female	---	---	26.3	19.9 (0.8)	16.6 (1.2)
Mexican male	---	---	20.3	18.7 (1.5)	17.6 (1.2)
Mexican female	---	---	20.5	17.7 (1.2)	12.7 (1.0)
20 years and over, age adjusted ³					
Both sexes ⁴	---	---	---	20.8 (0.6)	17.3 (0.7)
Male	---	---	---	19.0 (0.7)	16.4 (0.9)
Female	---	---	---	22.0 (0.8)	17.8 (0.7)
Not Hispanic or Latino:					
White only, male	---	---	---	18.8 (0.8)	16.5 (0.9)
White only, female	---	---	---	22.2 (1.0)	18.1 (1.0)
Black or African American only, male	---	---	---	16.9 (0.9)	12.4 (1.9)
Black or African American only, female	---	---	---	21.4 (0.9)	17.7 (1.2)
Mexican male	---	---	---	18.5 (1.6)	17.4 (1.2)
Mexican female	---	---	---	18.7 (1.3)	13.8 (1.1)
20 years and over, crude					
Both sexes ⁴	---	---	---	19.6 (0.6)	17.3 (0.7)
Male	---	---	---	17.7 (0.7)	16.6 (0.9)
Female	---	---	---	21.3 (0.9)	18.0 (0.8)
Not Hispanic or Latino:					
White only, male	---	---	---	18.0 (0.8)	16.9 (1.0)
White only, female	---	---	---	22.5 (1.1)	19.1 (1.1)
Black or African American only, male	---	---	---	14.7 (1.0)	12.2 (1.9)
Black or African American only, female	---	---	---	18.2 (0.9)	16.1 (1.3)
Mexican male	---	---	---	15.4 (1.3)	15.0 (1.2)
Mexican female	---	---	---	14.3 (1.1)	10.7 (1.0)
Male					
20–34 years	15.1	12.4	11.9	8.2 (0.9)	9.8 (1.1)
35–44 years	33.9	31.8	27.9	19.4 (1.6)	19.8 (1.9)
45–54 years	39.2	37.5	36.9	26.6 (2.3)	23.6 (2.2)
55–64 years	41.6	36.2	36.8	28.0 (2.1)	19.9 (1.9)
65–74 years	38.0	34.7	31.7	21.9 (2.2)	13.7 (1.8)
75 years and over	---	---	---	20.4 (1.8)	10.2 (1.3)
Female					
20–34 years	12.4	10.9	9.8	7.3 (1.0)	8.9 (0.9)
35–44 years	23.1	19.3	20.7	12.3 (1.3)	12.4 (1.5)
45–54 years	46.9	38.7	40.5	26.7 (2.1)	21.4 (2.1)
55–64 years	70.1	53.1	52.9	40.9 (1.9)	25.6 (1.5)
65–74 years	68.5	57.7	51.6	41.3 (2.4)	32.3 (2.3)
75 years and over	---	---	---	38.2 (2.2)	26.5 (1.8)

See footnotes at end of table.

Table 68 (page 2 of 2). Serum cholesterol levels among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

<i>Sex, age, race, and Hispanic origin</i> ¹	1960–62	1971–74	1976–80 ²	1988–94	1999–2002
20–74 years, age adjusted ³					
Mean serum cholesterol level, mg/dL (standard error)					
Both sexes ⁴	222	216	215	205 (0.8)	203 (0.9)
Male	220	216	213	204 (0.9)	203 (1.3)
Female	224	217	216	205 (0.8)	202 (0.8)
Not Hispanic or Latino:					
White only, male	---	---	213	204 (1.0)	202 (1.5)
White only, female	---	---	216	206 (1.1)	204 (0.9)
Black or African American only, male	---	---	211	201 (1.3)	195 (2.2)
Black or African American only, female	---	---	216	204 (0.6)	200 (1.6)
Mexican male	---	---	209	206 (1.6)	205 (1.7)
Mexican female	---	---	209	204 (1.3)	198 (1.4)
20 years and over, age adjusted ³					
Both sexes ⁴	---	---	---	206 (0.7)	203 (0.8)
Male	---	---	---	204 (0.9)	202 (1.3)
Female	---	---	---	207 (0.8)	204 (0.7)
Not Hispanic or Latino:					
White only, male	---	---	---	205 (1.0)	202 (1.5)
White only, female	---	---	---	208 (1.1)	205 (0.8)
Black or African American only, male	---	---	---	202 (1.3)	195 (2.0)
Black or African American only, female	---	---	---	207 (0.7)	202 (1.7)
Mexican male	---	---	---	206 (1.5)	204 (1.7)
Mexican female	---	---	---	206 (1.3)	199 (1.4)
20 years and over, crude					
Both sexes ⁴	---	---	---	204 (0.8)	203 (0.9)
Male	---	---	---	202 (0.9)	202 (1.2)
Female	---	---	---	206 (0.9)	204 (0.9)
Not Hispanic or Latino:					
White only, male	---	---	---	203 (1.0)	203 (1.5)
White only, female	---	---	---	208 (1.3)	206 (1.1)
Black or African American only, male	---	---	---	198 (1.3)	194 (2.1)
Black or African American only, female	---	---	---	201 (0.7)	199 (1.8)
Mexican male	---	---	---	199 (1.6)	200 (2.0)
Mexican female	---	---	---	198 (1.5)	194 (1.5)
Male					
20–34 years	198	194	192	186 (1.2)	188 (1.6)
35–44 years	227	221	217	206 (1.6)	207 (2.4)
45–54 years	231	229	227	216 (1.8)	215 (3.0)
55–64 years	233	229	229	216 (2.2)	212 (2.4)
65–74 years	230	226	221	212 (1.9)	202 (1.7)
75 years and over	---	---	---	205 (1.9)	195 (2.8)
Female					
20–34 years	194	191	189	184 (1.3)	185 (1.1)
35–44 years	214	207	207	195 (1.4)	198 (1.6)
45–54 years	237	232	232	217 (2.3)	211 (1.5)
55–64 years	262	245	249	235 (1.6)	221 (1.6)
65–74 years	266	250	246	233 (1.9)	224 (2.0)
75 years and over	---	---	---	229 (2.0)	217 (1.7)

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent. --- Data not available.
¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2002 estimates can be seen by comparing 1999–2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20–74 years, age adjusted, with high serum cholesterol are: unchanged for white males; 0.1 percentage points higher for white females; unchanged for black males; and 0.1 percentage points lower for black females than estimates based on the 1997 Standards. See [Appendix II, Race](#).
²Data for Mexicans are for 1982–84. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).
³Age adjusted to the 2000 standard population using five age groups. Age-adjusted estimates may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).
⁴Includes persons of all races and Hispanic origins, not just those shown separately.

NOTES: High serum cholesterol is defined as greater than or equal to 240 mg/dL (6.20 mmol/L). Risk levels have been defined by the Second Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. National Heart, Lung, and Blood Institute, National Institutes of Health. September 1993. (Summarized in *JAMA* 269(23):3015–23. June 16, 1993.)

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–84), and National Health Examination Survey (1960–62).

Table 69 (page 1 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race, and Hispanic origin ¹	Overweight ²				
	1960–62	1971–74	1976–80 ³	1988–94	1999–2002
20–74 years, age adjusted ⁴					
Percent of population (standard error)					
Both sexes ^{5,6}	44.8	47.7	47.4	56.0 (0.9)	65.2 (0.8)
Male	49.5	54.7	52.9	61.0 (1.0)	68.8 (1.0)
Female ⁵	40.2	41.1	42.0	51.2 (1.1)	61.7 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	53.8	61.6 (1.2)	69.5 (1.3)
White only, female ⁵	---	---	38.7	47.2 (1.4)	57.0 (1.7)
Black or African American only, male	---	---	51.3	58.2 (1.2)	62.0 (1.8)
Black or African American only, female ⁵	---	---	62.6	68.5 (1.4)	77.5 (1.4)
Mexican male	---	---	61.6	69.4 (1.1)	74.1 (1.7)
Mexican female ⁵	---	---	61.7	69.6 (1.7)	71.4 (2.0)
20 years and over, age adjusted ⁴					
Both sexes ^{5,6}	---	---	---	56.0 (0.8)	65.1 (0.8)
Male	---	---	---	60.9 (1.0)	68.8 (0.9)
Female ⁵	---	---	---	51.4 (1.0)	61.6 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	---	61.6 (1.2)	69.4 (1.2)
White only, female ⁵	---	---	---	47.5 (1.3)	57.2 (1.7)
Black or African American only, male	---	---	---	57.8 (1.2)	62.6 (1.7)
Black or African American only, female ⁵	---	---	---	68.2 (1.3)	77.1 (1.5)
Mexican male	---	---	---	68.9 (1.1)	73.2 (1.8)
Mexican female ⁵	---	---	---	68.9 (1.6)	71.2 (2.0)
20 years and over, crude					
Both sexes ^{5,6}	---	---	---	54.9 (0.8)	65.2 (0.8)
Male	---	---	---	59.4 (1.0)	68.6 (0.9)
Female ⁵	---	---	---	50.7 (1.0)	62.0 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	---	60.6 (1.2)	69.9 (1.2)
White only, female ⁵	---	---	---	47.4 (1.2)	58.2 (1.8)
Black or African American only, male	---	---	---	56.7 (1.2)	61.7 (1.7)
Black or African American only, female ⁵	---	---	---	66.0 (1.4)	76.8 (1.5)
Mexican male	---	---	---	63.9 (1.5)	70.1 (2.2)
Mexican female ⁵	---	---	---	65.9 (1.4)	69.3 (2.3)
Male					
20–34 years	42.7	42.8	41.2	47.5 (1.4)	57.4 (1.5)
35–44 years	53.5	63.2	57.2	65.5 (1.7)	70.5 (1.8)
45–54 years	53.9	59.7	60.2	66.1 (2.1)	75.7 (2.1)
55–64 years	52.2	58.5	60.2	70.5 (2.1)	75.4 (2.2)
65–74 years	47.8	54.6	54.2	68.5 (2.1)	76.2 (1.8)
75 years and over	---	---	---	56.5 (2.0)	67.4 (2.3)
Female ⁵					
20–34 years	21.2	25.8	27.9	37.0 (1.4)	52.8 (2.1)
35–44 years	37.2	40.5	40.7	49.6 (2.4)	60.6 (2.4)
45–54 years	49.3	49.0	48.7	60.3 (2.5)	65.1 (2.2)
55–64 years	59.9	54.5	53.7	66.3 (1.6)	72.2 (2.4)
65–74 years	60.9	55.9	59.5	60.3 (1.8)	70.9 (3.1)
75 years and over	---	---	---	52.3 (1.5)	59.9 (3.3)

See footnotes at end of table.

Table 69 (page 2 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race, and Hispanic origin ¹	Obesity ⁷				
	1960–62	1971–74	1976–80 ³	1988–94	1999–2002
20–74 years, age adjusted ⁴					
Percent of population (standard error)					
Both sexes ^{5,6}	13.3	14.6	15.1	23.3 (0.7)	31.1 (1.0)
Male	10.7	12.2	12.8	20.6 (0.7)	28.1 (0.9)
Female ⁵	15.7	16.8	17.1	26.0 (1.0)	34.0 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	12.4	20.7 (0.9)	28.7 (1.1)
White only, female ⁵	---	---	15.4	23.3 (1.2)	31.3 (1.4)
Black or African American only, male	---	---	16.5	21.3 (1.0)	27.9 (1.3)
Black or African American only, female ⁵	---	---	31.0	39.1 (1.4)	49.6 (1.8)
Mexican male	---	---	15.7	24.4 (1.1)	29.0 (1.5)
Mexican female ⁵	---	---	26.6	36.1 (1.4)	38.9 (2.6)
20 years and over, age adjusted ⁴					
Both sexes ^{5,6}	---	---	---	22.9 (0.7)	30.4 (0.9)
Male	---	---	---	20.2 (0.7)	27.5 (0.9)
Female ⁵	---	---	---	25.5 (0.9)	33.2 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	---	20.3 (0.8)	28.0 (1.0)
White only, female ⁵	---	---	---	22.9 (1.1)	30.7 (1.3)
Black or African American only, male	---	---	---	20.9 (1.0)	27.8 (1.4)
Black or African American only, female ⁵	---	---	---	38.3 (1.4)	48.8 (2.0)
Mexican male	---	---	---	23.8 (1.0)	27.8 (1.5)
Mexican female ⁵	---	---	---	35.2 (1.4)	38.0 (2.6)
20 years and over, crude					
Both sexes ^{5,6}	---	---	---	22.3 (0.6)	30.5 (0.9)
Male	---	---	---	19.5 (0.7)	27.5 (0.9)
Female ⁵	---	---	---	25.0 (0.9)	33.4 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	---	19.9 (0.8)	28.4 (1.0)
White only, female ⁵	---	---	---	22.7 (1.1)	31.3 (1.3)
Black or African American only, male	---	---	---	20.7 (1.0)	27.5 (1.3)
Black or African American only, female ⁵	---	---	---	36.7 (1.4)	48.8 (2.0)
Mexican male	---	---	---	20.6 (1.2)	26.0 (1.8)
Mexican female ⁵	---	---	---	33.3 (1.3)	37.0 (2.9)
Male					
20–34 years	9.2	9.7	8.9	14.1 (1.0)	21.7 (1.2)
35–44 years	12.1	13.5	13.5	21.5 (1.2)	28.5 (1.8)
45–54 years	12.5	13.7	16.7	23.2 (1.7)	30.6 (1.8)
55–64 years	9.2	14.1	14.1	27.2 (2.2)	35.5 (2.4)
65–74 years	10.4	10.9	13.2	24.1 (1.8)	31.9 (2.3)
75 years and over	---	---	---	13.2 (2.1)	18.0 (2.2)
Female ⁵					
20–34 years	7.2	9.7	11.0	18.5 (1.1)	28.4 (1.8)
35–44 years	14.7	17.7	17.8	25.5 (2.1)	32.1 (1.9)
45–54 years	20.3	18.9	19.6	32.4 (1.9)	36.9 (2.4)
55–64 years	24.4	24.1	22.9	33.7 (1.8)	42.1 (3.0)
65–74 years	23.2	22.0	21.5	26.9 (1.5)	39.3 (3.2)
75 years and over	---	---	---	19.2 (1.3)	23.6 (2.2)

See footnotes at end of table.

Table 69 (page 3 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

Sex, age, race, and Hispanic origin ¹	Healthy weight ⁶				
	1960–62	1971–74	1976–80 ³	1988–94	1999–2002
20–74 years, age adjusted ⁴					
Percent of population (standard error)					
Both sexes ^{5,6}	51.2	48.8	49.6	41.7 (0.9)	32.9 (0.8)
Male	48.3	43.0	45.4	37.9 (1.0)	30.2 (1.0)
Female ⁵	54.1	54.3	53.7	45.3 (1.1)	35.6 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	45.3	37.4 (1.2)	29.5 (1.3)
White only, female ⁵	---	---	56.7	49.2 (1.4)	39.7 (1.7)
Black or African American only, male	---	---	46.6	40.0 (1.2)	35.5 (1.7)
Black or African American only, female ⁵	---	---	35.0	28.9 (1.2)	21.3 (1.3)
Mexican male	---	---	37.1	29.8 (1.1)	25.6 (1.7)
Mexican female ⁵	---	---	36.4	29.0 (1.7)	27.5 (1.9)
20 years and over, age adjusted ⁴					
Both sexes ^{5,6}	---	---	---	41.6 (0.8)	33.0 (0.8)
Male	---	---	---	37.9 (1.0)	30.2 (0.9)
Female ⁵	---	---	---	45.0 (1.0)	35.7 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	---	37.3 (1.1)	29.6 (1.2)
White only, female ⁵	---	---	---	48.7 (1.3)	39.5 (1.6)
Black or African American only, male	---	---	---	40.1 (1.2)	34.7 (1.8)
Black or African American only, female ⁵	---	---	---	29.2 (1.2)	21.7 (1.4)
Mexican male	---	---	---	30.2 (1.0)	26.5 (1.8)
Mexican female ⁵	---	---	---	29.7 (1.6)	27.5 (1.9)
20 years and over, crude					
Both sexes ^{5,6}	---	---	---	42.6 (0.8)	32.9 (0.8)
Male	---	---	---	39.4 (1.0)	30.4 (0.9)
Female ⁵	---	---	---	45.7 (1.0)	35.4 (1.2)
Not Hispanic or Latino:					
White only, male	---	---	---	38.2 (1.2)	29.2 (1.2)
White only, female ⁵	---	---	---	48.8 (1.2)	38.7 (1.7)
Black or African American only, male	---	---	---	41.5 (1.2)	35.9 (1.8)
Black or African American only, female ⁵	---	---	---	31.2 (1.3)	21.9 (1.4)
Mexican male	---	---	---	35.2 (1.5)	29.4 (2.3)
Mexican female ⁵	---	---	---	32.4 (1.5)	29.4 (2.2)
Male					
20–34 years	55.3	54.7	57.1	51.1 (1.5)	40.3 (1.6)
35–44 years	45.2	35.2	41.3	33.4 (1.7)	29.0 (1.8)
45–54 years	44.8	38.5	38.7	33.6 (2.0)	24.0 (2.1)
55–64 years	44.9	38.3	38.7	28.6 (2.1)	23.8 (2.0)
65–74 years	46.2	42.1	42.3	30.1 (2.2)	22.8 (1.8)
75 years and over	---	---	---	40.9 (1.9)	32.0 (2.2)
Female ⁵					
20–34 years	67.6	65.8	65.0	57.9 (1.3)	42.6 (1.9)
35–44 years	58.4	56.7	55.6	47.1 (2.5)	37.1 (2.3)
45–54 years	47.6	49.3	48.7	37.2 (2.3)	33.1 (2.1)
55–64 years	38.1	41.1	43.5	31.5 (1.5)	27.6 (2.4)
65–74 years	36.4	40.6	37.8	37.0 (2.0)	26.4 (3.2)
75 years and over	---	---	---	43.0 (1.6)	36.9 (3.3)

See footnotes at end of table.

Table 69 (page 4 of 4). Overweight, obesity, and healthy weight among persons 20 years of age and over, according to sex, age, race, and Hispanic origin: United States, 1960–62, 1971–74, 1976–80, 1988–94, and 1999–2002

[Data are based on measured height and weight of a sample of the civilian noninstitutionalized population]

-- Data not available.

¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2002 estimates can be seen by comparing 1999–2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 20–74 years, age adjusted, who were overweight are: 0.2 percentage points higher for white males; 0.1 percentage points higher for white females; unchanged for black males; and 0.2 percentage points higher for black females than estimates based on the 1997 Standards. See [Appendix II, Race](#).

²Body mass index (BMI) greater than or equal to 25.

³Data for Mexicans are for 1982–84. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

⁴Age adjusted to the 2000 standard population using five age groups. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure.

⁵Excludes pregnant women.

⁶Includes persons of all races and Hispanic origins, not just those shown separately.

⁷Body mass index (BMI) greater than or equal to 30.

⁸BMI of 18.5 to less than 25 kilograms/meter². See [Appendix II, Body mass index](#).

NOTES: Percents do not sum to 100 because the percent of persons with BMI less than 18.5 is not shown and the percent of persons with obesity is a subset of the percent with overweight. Height was measured without shoes; two pounds were deducted from data for 1960–62 to allow for weight of clothing.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–84), and National Health Examination Survey (1960–62).

Table 70. Overweight children and adolescents 6–19 years of age, according to sex, age, race, and Hispanic origin: United States, selected years 1963–65 through 1999–2002

[Data are based on physical examinations of a sample of the civilian noninstitutionalized population]

Age, sex, race, and Hispanic origin ¹	1963–65 1966–70 ²	1971–74	1976–80 ³	1988–94	1999–2002
6–11 years of age					
Percent of population (standard error)					
Both sexes ⁴	4.2	4.0	6.5	11.3 (1.0)	15.8 (1.1)
Boys	4.0	4.3	6.6	11.6 (1.3)	16.9 (1.3)
Not Hispanic or Latino:					
White only	---	---	6.1	10.7 (2.0)	14.0 (1.5)
Black or African American only	---	---	6.8	12.3 (1.4)	17.0 (1.5)
Mexican	---	---	13.3	17.5 (2.4)	26.5 (2.2)
Girls ⁵	4.5	3.6	6.4	11.0 (1.4)	14.7 (1.6)
Not Hispanic or Latino:					
White only	---	---	5.2	*9.8 (2.0)	13.1 (2.3)
Black or African American only	---	---	11.2	17.0 (1.6)	22.8 (2.5)
Mexican	---	---	9.8	15.3 (2.5)	17.1 (2.0)
12–19 years of age					
Both sexes ⁴	4.6	6.1	5.0	10.5 (0.9)	16.1 (0.8)
Boys	4.5	6.1	4.8	11.3 (1.3)	16.7 (0.9)
Not Hispanic or Latino:					
White only	---	---	3.8	11.6 (1.9)	14.6 (1.3)
Black or African American only	---	---	6.1	10.7 (1.4)	18.7 (1.7)
Mexican	---	---	7.7	14.1 (1.8)	24.7 (1.9)
Girls ⁵	4.7	6.2	5.3	9.7 (1.1)	15.4 (1.2)
Not Hispanic or Latino:					
White only	---	---	4.6	8.9 (1.7)	12.7 (1.8)
Black or African American only	---	---	10.7	16.3 (2.1)	23.6 (1.8)
Mexican	---	---	8.8	*13.4 (3.1)	19.6 (1.9)

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent.

--- Data not available.

¹Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2002 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2002 estimates can be seen by comparing 1999–2002 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the children 6–11 years who were overweight are: 0.1 percentage points lower for white males; 0.1 percentage points lower for black males; 0.3 percentage points lower for white females; and 0.1 percentage points higher for black females than estimates based on the 1997 Standards. Estimates based on the 1977 Standards of the percent of adolescents 12–19 years of age who were overweight are: 0.2 percentage points lower for white males; unchanged for black males and white females; and 0.3 percentage points higher for black females than estimates based on the 1997 Standards. See [Appendix II, Race](#).

²Data for 1963–65 are for children 6–11 years of age; data for 1966–70 are for adolescents 12–17 years of age, not 12–19 years.

³Data for Mexicans are for 1982–84. See [Appendix I, National Health and Nutrition Examination Survey \(NHANES\)](#).

⁴Includes persons of all races and Hispanic origins, not just those shown separately.

⁵Excludes pregnant women starting with 1971–74. Pregnancy status not available for 1963–65 and 1966–70.

NOTES: Overweight is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points from the 2000 CDC Growth Charts: United States. Advance data from vital and health statistics; no 314. Hyattsville, Maryland: National Center for Health Statistics. 2000. Age is at time of examination at mobile examination center. Crude rates, not age-adjusted rates, are shown.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982–84), and National Health Examination Survey (1963–65 and 1966–70).

Table 71 (page 1 of 3). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
	Percent distribution											
All persons ^{2,3}	16.5	17.5	15.9	46.2	45.8	45.5	23.6	23.3	25.2	13.7	13.4	13.4
Age												
Under 18 years	11.8	12.4	10.6	54.1	54.4	55.1	25.2	25.0	27.1	8.9	8.2	7.2
Under 6 years	5.0	5.9	5.6	44.9	45.9	47.0	37.0	36.8	37.1	13.0	11.3	10.4
6–17 years	15.3	15.5	13.0	58.7	58.5	59.0	19.3	19.4	22.3	6.8	6.7	5.7
18–44 years	21.7	24.2	22.6	46.7	45.8	45.7	19.0	17.8	19.4	12.6	12.3	12.4
18–24 years	22.0	24.8	24.8	46.8	46.1	45.6	20.0	17.8	18.7	11.2	11.4	10.8
25–44 years	21.6	24.0	21.8	46.7	45.7	45.7	18.7	17.8	19.6	13.0	12.6	12.9
45–64 years	16.9	16.9	14.8	42.9	42.4	41.9	24.7	25.0	26.9	15.5	15.7	16.4
45–54 years	17.9	18.4	17.0	43.9	43.2	43.3	23.4	22.8	25.4	14.8	15.7	14.3
55–64 years	15.3	14.7	11.5	41.3	41.1	39.7	26.7	28.4	29.0	16.7	15.8	19.7
65 years and over	8.9	7.9	8.2	34.7	34.3	31.3	32.5	34.1	36.4	23.8	23.7	24.1
65–74 years	9.8	8.6	9.1	36.9	36.9	33.7	31.6	33.2	36.8	21.6	21.3	20.5
75 years and over	7.7	7.2	7.3	31.8	31.1	28.6	33.8	35.1	35.8	26.6	26.6	28.3
Sex ³												
Male	21.3	23.1	20.6	47.1	45.5	46.5	20.6	20.6	22.2	11.0	10.8	10.7
Female	11.8	12.0	11.4	45.4	46.1	44.5	26.5	25.9	28.0	16.3	15.9	16.1
Race ^{3,4}												
White only	16.0	16.9	15.6	46.1	45.7	45.1	23.9	23.8	25.4	14.0	13.6	13.8
Black or African American only	16.8	18.4	15.3	46.1	46.2	45.8	23.2	21.9	26.0	13.9	13.5	13.0
American Indian and Alaska Native only	17.1	20.6	18.1	38.0	34.3	43.7	24.2	27.8	21.7	20.7	17.2	16.6
Asian only	22.8	23.1	21.2	49.1	47.3	49.7	19.7	19.4	20.3	8.3	10.2	8.8
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	15.2	13.5	---	40.8	43.7	---	22.2	27.3	---	21.8	15.4
Hispanic origin and race ^{3,4}												
Hispanic or Latino	24.9	26.2	25.7	42.3	44.3	41.5	20.3	19.2	21.1	12.5	10.3	11.7
Mexican	28.9	30.2	28.8	40.8	43.0	40.5	18.5	18.2	19.3	11.8	8.7	11.5
Not Hispanic or Latino	15.4	16.2	14.5	46.7	46.0	46.0	24.0	23.9	25.8	13.9	13.9	13.7
White only	14.7	15.5	14.0	46.6	46.0	45.8	24.4	24.5	26.1	14.3	14.1	14.2
Black or African American only	16.9	18.4	15.3	46.1	46.2	45.7	23.1	21.9	26.0	13.8	13.5	13.1
Respondent-assessed health status ³												
Fair or poor	7.8	9.8	10.1	23.3	25.9	22.2	29.0	24.3	29.4	39.9	40.1	38.3
Good to excellent	17.2	18.1	16.6	48.4	47.7	47.7	23.3	23.2	24.9	11.1	11.0	10.8
Poverty status ^{3,5}												
Poor	20.6	21.8	19.9	37.8	39.4	38.3	22.7	21.5	23.9	18.9	17.3	17.9
Near poor	20.1	22.2	20.0	43.3	42.5	41.2	21.7	21.4	23.8	14.9	14.0	15.0
Nonpoor	14.5	15.5	14.2	48.7	47.5	47.6	24.2	24.1	25.7	12.6	12.8	12.4

See footnotes at end of table.

Table 71 (page 2 of 3). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
Hispanic origin and race and poverty status ^{3,4,5}												
Percent distribution												
Hispanic or Latino:												
Poor	30.2	31.4	30.0	34.8	38.1	35.4	19.9	18.7	18.9	15.0	11.9	15.7
Near poor	28.7	29.8	30.2	39.7	42.8	37.8	20.4	17.6	19.9	11.2	9.8	12.2
Nonpoor	18.9	21.1	21.1	48.8	48.0	46.8	20.4	20.8	22.3	11.9	10.1	9.8
Not Hispanic or Latino:												
White only:												
Poor	17.0	17.8	16.1	38.3	39.0	38.4	23.9	23.5	25.6	20.9	19.7	19.9
Near poor	17.3	19.5	16.7	44.1	42.0	41.3	22.2	23.2	25.0	16.3	15.3	17.0
Nonpoor	13.8	14.5	13.3	48.2	47.3	47.3	24.9	24.7	26.4	13.1	13.4	13.1
Black or African American only:												
Poor	17.4	18.1	17.3	38.5	41.3	39.7	23.4	22.6	25.9	20.7	18.0	17.1
Near poor	18.8	20.9	15.6	43.7	44.6	43.4	22.9	20.1	26.9	14.5	14.5	14.1
Nonpoor	15.6	17.3	14.4	51.7	49.3	49.1	22.7	22.4	25.3	10.0	11.0	11.1
Health insurance status ^{6,7}												
Under 65 years of age:												
Insured	14.3	15.4	13.3	49.0	48.6	48.7	23.6	23.2	25.1	13.1	12.7	12.9
Private	14.7	15.9	13.6	50.6	49.9	50.5	23.1	22.9	24.8	11.6	11.3	11.1
Medicaid	9.8	10.7	9.9	35.5	35.6	34.9	26.5	26.0	27.4	28.2	27.6	27.7
Uninsured	33.7	37.3	36.3	42.8	41.6	42.1	15.3	13.2	14.7	8.2	7.9	6.9
65 years of age and over:												
Medicare HMO	8.9	5.7	7.7	35.8	34.2	30.9	33.1	34.6	40.9	22.3	25.5	20.5
Private	7.3	6.7	6.1	35.9	34.9	32.0	34.0	34.9	38.1	22.7	23.5	23.8
Medicaid	9.3	*7.3	9.3	19.2	21.4	15.8	27.9	34.8	34.2	43.7	36.5	40.8
Medicare fee-for-service only	15.5	14.0	14.4	34.0	35.8	33.4	28.1	31.0	30.7	22.4	19.2	21.4
Poverty status and health insurance status ^{5,6,7}												
Under 65 years of age:												
Poor:												
Insured	14.0	14.3	12.5	39.2	42.0	41.4	25.1	23.3	26.5	21.7	20.4	19.5
Uninsured	37.0	40.2	39.8	39.6	39.1	37.5	14.4	12.9	13.6	8.9	7.7	9.1
Near poor:												
Insured	15.8	17.1	14.9	46.2	46.0	44.1	22.3	22.3	24.5	15.8	14.6	16.6
Uninsured	34.8	38.4	38.1	42.0	40.6	39.8	15.1	13.1	16.3	8.1	7.9	5.8
Nonpoor:												
Insured	13.8	15.1	13.1	51.0	49.7	50.3	23.6	23.4	25.1	11.7	11.7	11.5
Uninsured	29.7	33.6	32.8	46.0	44.2	46.3	16.3	14.1	14.2	8.0	8.2	6.7
Geographic region ³												
Northeast	13.2	12.8	11.0	45.9	46.4	45.5	26.0	25.6	27.7	14.9	15.2	15.7
Midwest	15.9	16.2	14.4	47.7	46.7	47.7	22.8	23.8	25.0	13.6	13.3	13.0
South	17.2	18.9	17.4	46.1	45.5	44.7	23.3	22.5	25.2	13.5	13.2	12.8
West	19.1	20.9	19.9	44.8	44.8	44.2	22.8	21.9	23.0	13.3	12.4	12.9

See footnotes at end of table.

Table 71 (page 3 of 3). Health care visits to doctor's offices, emergency departments, and home visits within the past 12 months, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Number of health care visits ¹											
	None			1–3 visits			4–9 visits			10 or more visits		
	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
Location of residence ³	Percent distribution											
Within MSA ⁸	16.2	17.4	15.8	46.4	45.9	45.8	23.7	23.4	25.1	13.7	13.2	13.3
Outside MSA ⁸	17.3	17.7	16.3	45.4	45.1	44.1	23.3	22.9	25.6	13.9	14.4	14.0

* Estimates are considered unreliable. Data not shown have a relative standard error (RSE) of greater than 30 percent. Data preceded by an asterisk have a RSE of 20–30 percent.

--- Data not available.

¹This table presents a summary measure of health care visits to doctor's offices, emergency departments, and home visits during a 12-month period. See [Appendix II, Health care contact; Emergency department visit; Home visit](#).

²Includes all other races not shown separately and unknown health insurance status.

³Estimates are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of persons with a specified number of health care contacts are: (no visits) identical for white and black persons; 0.1 percentage points higher for AI/AN persons; 0.4 percentage points lower for Asian and Pacific Islander persons; (1–3 visits) identical for white persons; 0.1 percentage points lower for black persons; 1.3 percentage points higher for AI/AN persons; 0.1 percentage points lower for Asian and Pacific Islander persons; (4–9 visits) identical for white persons; 0.2 percentage points higher for black persons; 2.2 percentage points lower for AI/AN persons; 0.4 percentage points higher for Asian and Pacific Islander persons; (10 or more visits) identical for white and black persons; 0.9 percentage points higher for AI/AN persons; and 0.1 percentage points higher for Asian and Pacific Islander persons than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons in 1997–98 and 32–33 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶Estimates for persons under 65 years of age are age adjusted to the year 2000 standard using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years of age. Estimates for persons 65 years of age and over are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. See [Appendix II, Age adjustment](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Persons 65 years of age and over who reported Medicare HMO (health maintenance organization) and some other type of health insurance coverage are classified as having Medicare HMO. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. See [Appendix II, Health insurance coverage](#).

⁸MSA is metropolitan statistical area.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Data for additional years are available. See [Appendix III](#). Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires.

Table 72 (page 1 of 2). Vaccinations of children 19–35 months of age for selected diseases, according to race, Hispanic origin, poverty status, and residence in metropolitan statistical area (MSA): United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Race and Hispanic origin ¹							Poverty status		Location of residence			
	Not Hispanic or Latino							At or above poverty	Below poverty	Inside MSA ²			
	All	White	Black or African American	American Indian or Alaska Native	Asian ³	Native Hawaiian or Other Pacific Islander ³	2 or more races or Latino			Central city	Remaining areas	Outside MSA ²	
Percent of children 19–35 months of age													
Combined series (4:3:1:3): ⁴													
1995	74	76	70	69	76	---	---	68	67	77	72	75	75
1998	79	82	73	78	79	---	---	75	74	82	77	81	81
1999	78	81	74	75	77	---	---	75	73	81	77	79	80
2000	76	79	71	69	75	---	---	73	71	78	73	78	79
2001	77	79	71	76	77	---	---	77	72	79	75	78	79
2002	78	80	71	*	83	*	74	76	72	79	75	80	77
2003	81	84	75	77	81	*	81	79	76	83	80	82	81
DTP/DT/DTaP (4 doses or more): ⁵													
1995	78	80	74	71	84	---	---	75	71	81	77	79	78
1998	84	87	77	83	89	---	---	81	80	86	82	85	85
1999	83	86	79	80	87	---	---	80	79	85	82	84	83
2000	82	84	76	75	85	---	---	79	76	84	80	83	83
2001	82	84	76	77	84	---	---	83	77	84	81	83	82
2002	82	84	76	*	88	*	78	79	75	84	79	84	80
2003	85	88	80	80	89	*	84	82	80	87	84	86	83
Polio (3 doses or more):													
1995	88	89	84	86	90	---	---	87	85	89	87	88	89
1998	91	92	88	85	93	---	---	89	90	92	89	91	93
1999	90	90	87	88	90	---	---	89	87	91	89	90	90
2000	90	91	87	90	93	---	---	88	87	90	88	90	91
2001	89	90	85	88	90	---	---	91	87	90	88	90	91
2002	90	91	87	*	92	95	87	90	88	91	89	91	90
2003	92	93	89	91	91	90	91	90	89	93	91	92	92
Measles, Mumps, Rubella:													
1995	90	91	87	88	95	---	---	88	86	91	90	90	89
1998	92	93	89	91	92	---	---	91	90	93	92	92	93
1999	92	92	90	92	93	---	---	90	90	92	91	92	90
2000	91	92	88	87	90	---	---	90	89	91	90	91	91
2001	91	92	89	94	90	---	---	92	89	92	91	92	91
2002	92	93	90	84	95	94	89	91	90	92	90	93	90
2003	93	93	92	92	96	*	94	93	92	93	93	93	92
Hib (3 doses or more): ⁶													
1995	91	93	88	93	90	---	---	89	88	93	91	92	92
1998	93	95	90	90	92	---	---	92	91	95	92	94	94
1999	94	95	92	91	90	---	---	92	91	95	92	95	93
2000	93	95	93	90	92	---	---	91	90	95	92	94	95
2001	93	94	90	91	92	---	---	93	90	94	91	94	93
2002	93	94	92	*	95	93	90	92	90	94	92	94	93
2003	94	95	92	89	91	*	93	93	91	95	94	94	94
Hepatitis B (3 doses or more):													
1995	68	68	66	52	80	---	---	70	65	69	69	71	59
1998	87	88	84	82	89	---	---	86	85	88	85	88	87
1999	88	89	87	*	88	---	---	87	87	89	87	89	88
2000	90	91	89	91	91	---	---	88	87	91	89	90	92
2001	89	90	85	86	90	---	---	90	87	90	88	90	89
2002	90	91	88	*	94	94	84	90	88	90	89	91	90
2003	92	93	92	90	94	*	93	91	91	93	92	93	93
Varicella: ⁷													
1998	43	42	42	28	53	---	---	47	41	44	45	45	34
1999	58	56	58	*	64	---	---	61	55	58	59	61	47
2000	68	66	67	62	77	---	---	70	64	69	69	70	60
2001	76	75	75	69	82	---	---	80	74	77	78	78	68
2002	81	79	83	71	87	*	79	82	79	81	81	83	75
2003	85	84	85	81	91	*	86	86	84	85	86	86	80
PCV (3 doses or more): ⁸													
2002	41	44	34	33	55	*	38	37	33	43	41	45	32
2003	68	71	62	60	71	*	66	66	62	71	68	71	61

See footnotes at end of table.

Table 72 (page 2 of 2). Vaccinations of children 19–35 months of age for selected diseases, according to race, Hispanic origin, poverty status, and residence in metropolitan statistical area (MSA): United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Vaccination and year	Not Hispanic or Latino					
	White		Black or African American		Hispanic or Latino	
	Below poverty	At or above poverty	Below poverty	At or above poverty	Below poverty	At or above poverty
Percent of children 19–35 months of age						
Combined series (4:3:1:3): ⁴						
1995	69	78	70	73	63	72
1998	77	83	72	74	73	79
1999	76	82	72	77	73	78
2000	73	80	69	72	70	74
2001	71	80	69	74	73	79
2002	72	81	68	72	75	76
2003	79	85	70	79	78	81

--- Data not available.

* Estimates are considered unreliable. Percents not shown if the unweighted sample size for the numerator was less than 30 or relative standard error greater than 50 percent or confidence interval half width greater than 10 percentage points.

¹Persons of Hispanic origin may be of any race. Starting with data for 2002, estimates were tabulated using the 1997 Standards for Federal data on Race and Ethnicity. Estimates for earlier years were tabulated using the 1977 Standards on Race and Ethnicity. See [Appendix II, Race](#).

²Metropolitan statistical area.

³Prior to data year 2002 the category "Asian" included "Native Hawaiian and Other Pacific Islander."

⁴The 4:3:1:3 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), 3 or more doses of any poliovirus vaccine, 1 or more doses of a measles-containing vaccine (MCV), and 3 or more doses of *Haemophilus influenzae* type b vaccine (Hib).

⁵Diphtheria and tetanus toxoids and pertussis vaccine, diphtheria and tetanus toxoids, and diphtheria and tetanus toxoids and acellular pertussis vaccine.

⁶*Haemophilus influenzae* type b vaccine (Hib).

⁷Recommended in 1996. Data collection for varicella began in July 1996.

⁸Pneumococcal conjugate vaccine. Recommended in 2000. Data collection for PCV began in July 2001.

NOTES: Final estimates from the National Immunization Survey include an adjustment for children with missing immunization provider data. Poverty status is based on family income and family size using Bureau of the Census poverty thresholds. Children missing information about poverty status were omitted from analysis by poverty level. In 2003, 13.0 percent of all children, 20.0 percent of Hispanic, 10.2 percent of non-Hispanic white, and 11.3 percent of non-Hispanic black children were missing information about poverty status and were omitted. See [Appendix I, National Immunization Survey](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program, National Immunization Survey. Data are available on the CDC Web site at www.cdc.gov/nip/coverage/ and www.cdc.gov/nis/.

Table 73 (page 1 of 2). Vaccination coverage among children 19–35 months of age according to geographic division, State, and selected urban areas: United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

<i>Geographic division and State</i>	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Percent of children 19–35 months of age with 4:3:1:3 series ¹								
United States	74	76	76	79	78	76	77	78	81
New England:									
Connecticut	86	88	86	90	86	85	84	86	95
Maine	88	86	87	86	83	83	82	83	82
Massachusetts	81	87	88	87	85	85	81	89	92
New Hampshire	89	83	85	82	85	83	84	87	88
Rhode Island	83	84	82	86	87	82	84	86	87
Vermont	87	87	87	86	91	83	88	87	90
Middle Atlantic:									
New Jersey	70	75	76	82	81	76	76	80	76
New York	74	80	75	85	81	75	81	81	82
Pennsylvania	77	79	79	83	86	78	82	77	87
East North Central:									
Illinois	78	75	74	78	77	75	76	80	85
Indiana	74	70	72	78	74	76	74	78	82
Michigan	68	75	75	78	74	75	74	84	83
Ohio	71	78	72	78	78	72	75	77	84
Wisconsin	74	77	81	78	85	80	83	82	83
West North Central:									
Iowa	83	81	77	82	83	83	79	80	83
Kansas	70	72	84	82	79	76	76	73	78
Minnesota	75	84	78	82	85	86	79	79	84
Missouri	75	75	79	85	75	78	78	77	84
Nebraska	71	78	74	76	82	79	80	79	82
North Dakota	79	80	80	79	80	81	83	79	83
South Dakota	79	81	77	74	82	78	79	81	83
South Atlantic:									
Delaware	68	81	80	79	78	75	79	81	80
District of Columbia	69	76	71	71	78	71	74	72	77
Florida	74	79	74	79	80	74	77	77	83
Georgia	77	81	78	80	82	81	80	82	77
Maryland	77	79	81	77	79	78	78	81	84
North Carolina	80	78	80	83	82	87	85	87	89
South Carolina	78	85	81	88	81	80	81	80	85
Virginia	69	76	72	80	80	74	78	77	85
West Virginia	71	71	81	82	81	76	81	79	77
East South Central:									
Alabama	73	74	87	82	78	81	83	80	82
Kentucky	81	76	78	82	88	81	79	74	81
Mississippi	79	81	80	84	82	81	84	78	84
Tennessee	74	79	79	82	78	81	84	80	81
West South Central:									
Arkansas	73	70	80	73	77	72	74	74	80
Louisiana	77	79	77	78	77	75	69	69	72
Oklahoma	74	72	70	75	73	71	76	67	72
Texas	71	71	74	74	72	69	74	71	77
Mountain:									
Arizona	69	70	71	76	72	72	73	70	79
Colorado	75	80	74	76	76	74	75	64	69
Idaho	66	65	71	76	69	74	74	73	82
Montana	71	75	75	82	83	77	82	71	85
Nevada	67	67	70	76	73	74	72	78	78
New Mexico	74	78	73	71	73	68	71	67	77
Utah	65	65	69	76	80	77	74	79	80
Wyoming	71	77	75	80	83	79	81	77	77
Pacific:									
Alaska	74	72	75	81	80	77	74	78	81
California	70	74	74	76	75	75	75	76	80
Hawaii	75	80	77	79	82	75	73	81	83
Oregon	71	70	72	76	72	79	73	75	79
Washington	76	78	79	81	75	77	76	73	80

See footnotes at end of table.

Table 73 (page 2 of 2). Vaccination coverage among children 19–35 months of age according to geographic division, State, and selected urban areas: United States, 1995–2003

[Data are based on telephone interviews of a sample of the civilian noninstitutionalized population supplemented by a survey of immunization providers for interview participants]

Geographic division and urban areas	1995	1996	1997	1998	1999	2000	2001	2002	2003
Percent of children 19–35 months of age with 4:3:1:3 series ¹									
New England:									
Boston, Massachusetts	85	85	86	89	84	79	85	80	90
Middle Atlantic:									
New York City, New York	72	78	72	81	78	68	76	81	77
Newark, New Jersey	67	64	68	64	67	63	64	60	74
Philadelphia, Pennsylvania	67	74	81	80	81	74	74	74	80
East North Central:									
Chicago, Illinois	70	72	66	64	71	65	69	72	77
Cuyahoga County (Cleveland), Ohio	72	79	70	75	74	73	73	74	75
Detroit, Michigan	54	60	60	70	66	59	63	66	71
Franklin County (Columbus), Ohio	75	80	73	78	78	77	78	84	83
Marion County (Indianapolis), Indiana	77	72	80	78	79	69	72	75	79
Milwaukee County (Milwaukee), Wisconsin	69	70	72	73	74	69	70	70	81
South Atlantic:									
Baltimore, Maryland	*	80	84	81	72	70	72	75	81
Dade County (Miami), Florida	78	79	75	75	84	78	78	73	83
District of Columbia	67	76	71	71	78	71	74	72	77
Duval County (Jacksonville), Florida	69	76	69	79	78	79	76	77	81
Fulton/DeKalb Counties (Atlanta), Georgia	*	76	74	71	83	80	75	79	75
East South Central:									
Davidson County (Nashville), Tennessee	72	80	76	80	73	73	82	80	83
Shelby County (Memphis), Tennessee	69	70	70	71	75	77	74	73	77
Jefferson County (Birmingham), Alabama	86	76	83	85	85	79	87	82	83
West South Central:									
Bexar County (San Antonio), Texas	76	74	79	79	70	68	73	76	79
Dallas County (Dallas), Texas	70	68	75	71	72	67	67	76	75
El Paso County (El Paso), Texas	72	61	63	78	73	70	69	77	81
Houston, Texas	64	62	62	61	63	65	69	64	75
Orleans Parish (New Orleans), Louisiana	78	72	69	79	72	70	68	63	74
Mountain:									
Maricopa County (Phoenix), Arizona	67	72	70	77	71	71	72	73	80
Pacific:									
King County (Seattle), Washington	84	82	81	86	77	75	72	77	83
Los Angeles County (Los Angeles), California	68	75	72	76	76	77	73	77	84
San Diego County (San Diego), California	72	74	76	77	75	76	80	78	81
Santa Clara County (Santa Clara), California	76	80	69	84	82	76	77	84	85

* Estimates are considered unreliable. Percents not shown if the unweighted sample size for the numerator was less than 30 or relative standard error greater than 50 percent or confidence interval half width greater than 10 percentage points.

¹The 4:3:1:3 combined series consists of 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), 3 or more doses of any poliovirus vaccine, 1 or more doses of a measles-containing vaccine (MCV), and 3 or more doses of *Haemophilus influenzae* type b vaccine (Hib).

NOTES: Urban areas were originally selected because they were at risk for undervaccination. Final estimates from the National Immunization Survey include an adjustment for children with missing immunization provider data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program, National Immunization Survey. Data are available on the CDC Web site at www.cdc.gov/nip/coverage/ and www.cdc.gov/nis/.

Table 74 (page 1 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age, according to selected characteristics: United States, average annual 1997–98, 1999–2000, and 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02
	Percent of children without a health care visit ¹								
All children ²	12.8	13.1	12.0	5.7	6.7	6.2	16.3	16.1	14.8
Race ³									
White only	12.2	12.3	11.4	5.5	6.5	6.4	15.5	15.1	13.8
Black or African American only	14.3	15.0	13.4	6.5	7.0	5.9	18.1	18.6	16.9
American Indian and Alaska Native only	13.8	20.4	*18.6	*	*	*	*17.6	22.2	*23.0
Asian only	16.3	16.5	15.5	*5.6	*8.5	*6.8	22.1	20.9	20.4
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	10.6	8.3	---	*	*3.3	---	16.6	12.4
Hispanic origin and race ³									
Hispanic or Latino	19.3	20.1	18.7	9.7	10.2	9.6	25.3	26.1	24.0
Not Hispanic or Latino	11.6	11.7	10.6	4.8	5.9	5.4	14.9	14.4	13.0
White only	10.7	10.7	9.7	4.3	5.5	5.3	13.7	13.0	11.7
Black or African American only	14.5	14.7	13.5	6.5	7.1	6.0	18.3	18.0	16.9
Poverty status ⁴									
Poor	17.6	18.0	17.2	8.1	10.6	9.1	23.6	22.2	21.7
Near poor	16.2	17.5	14.7	7.2	9.4	7.4	20.8	21.7	18.6
Nonpoor	9.9	10.1	9.5	4.1	4.4	4.8	12.6	12.6	11.6
Hispanic origin and race and poverty status ^{3,4}									
Hispanic or Latino:									
Poor	23.2	24.3	22.0	11.7	14.5	10.4	31.1	30.8	29.4
Near poor	20.9	22.9	21.2	9.7	11.5	12.2	28.1	29.7	26.2
Nonpoor	13.4	13.9	13.6	7.2	4.3	6.4	16.8	19.0	17.6
Not Hispanic or Latino:									
White only:									
Poor	14.0	14.8	13.1	*5.6	*8.7	*8.6	19.7	18.2	15.6
Near poor	14.1	14.8	11.8	6.0	8.3	*6.1	18.0	18.0	14.8
Nonpoor	9.2	9.1	8.7	3.6	4.3	4.5	11.7	11.3	10.5
Black or African American only:									
Poor	15.8	15.2	16.2	7.6	8.6	*7.8	20.5	18.4	20.4
Near poor	16.4	17.9	13.4	*7.7	*9.6	*4.4	20.4	21.6	17.6
Nonpoor	11.8	12.1	11.3	*4.1	*3.6	*5.4	14.8	15.4	13.7
Health insurance status ⁵									
Insured									
Private	10.4	10.7	9.7	4.5	5.2	4.7	13.4	13.4	12.2
Medicaid	10.4	10.5	9.5	4.3	4.7	4.3	13.1	13.1	11.8
Medicaid	10.1	11.2	10.2	5.0	6.6	5.5	14.4	14.4	13.3
Uninsured	28.8	30.4	31.6	14.6	19.1	21.1	34.9	35.4	36.1
Poverty status and health insurance status ⁴									
Poor:									
Insured	13.0	13.1	12.1	6.0	7.2	6.7	17.8	16.8	15.3
Uninsured	34.3	34.8	40.7	18.2	24.9	22.6	41.3	39.2	49.1
Near poor:									
Insured	12.6	13.6	11.3	4.9	7.0	4.5	16.7	17.2	15.0
Uninsured	28.2	32.0	31.3	16.0	19.5	23.7	33.7	37.6	34.8
Nonpoor:									
Insured	9.0	9.3	8.7	3.8	4.0	4.2	11.4	11.7	10.7
Uninsured	22.7	23.3	23.8	*7.8	11.8	16.2	28.7	28.1	26.5

See footnotes at end of table.

Table 74 (page 2 of 2). No health care visits to an office or clinic within the past 12 months among children under 18 years of age, according to selected characteristics: United States, average annual 1997–98, 1999–2000, and 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02	1997–98	1999–2000	2001–02
Geographic region									
Percent of children without a health care visit ¹									
Northeast	7.0	6.6	5.9	3.1	4.8	3.9	8.9	7.6	6.8
Midwest	12.2	11.0	10.3	5.9	5.4	5.1	15.3	13.5	12.8
South	14.3	15.4	13.9	5.6	7.8	6.9	18.5	19.1	17.3
West	16.3	17.1	15.8	7.9	8.2	8.0	20.7	21.7	19.8
Location of residence									
Within MSA ⁶	12.3	12.6	11.6	5.4	6.3	6.1	15.9	15.8	14.4
Outside MSA ⁶	14.6	14.7	13.4	6.9	8.5	6.9	17.9	17.3	16.2

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

--- Data not available.

¹ Respondents were asked how many times a doctor or other health care professional was seen in the past 12 months at a doctor's office, clinic, or some other place. Excluded are visits to emergency rooms, hospitalizations, home visits, and telephone calls. Beginning in 2000 dental visits were also excluded. See [Appendix II, Health care contact](#).

² Includes all other races not shown separately and unknown health insurance status.

³ The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data years 1999–2000 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group; the category "2 or more races" includes persons who reported more than one racial group. Prior to data years 1999–2000, data were tabulated according to 1977 Standards with four racial groups and the category "Asian only" included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999–2000 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of children under 18 years of age without a recent health care visit are: 0.1 percentage points higher for white children; 0.3 percentage points lower for black children; 1.0 percentage points lower for AI/AN children; and 1.2 percentage points lower for Asian and Pacific Islander children than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁴ Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 21–25 percent of children under 18 years of age in 1997–98 and 28–30 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁵ Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting in 1997 Medicaid includes state-sponsored health plans and State Children's Health Insurance Program (SCHIP). The category "insured" also includes military, other State, and Medicare coverage. See [Appendix II, Health insurance coverage](#).

⁶ MSA is metropolitan statistical area.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See Appendix I, National Health Interview Survey. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample child questionnaires.

Table 75 (page 1 of 2). No usual source of health care among children under 18 years of age, according to selected characteristics: United States, average annual selected years 1993–94 through 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02
Percent of children without a usual source of health care ²									
All children ³	7.7	6.8	5.9	5.2	4.6	4.4	9.0	7.9	6.7
Race ⁴									
White only	7.0	6.2	5.1	4.7	4.4	3.9	8.3	7.1	5.7
Black or African American only	10.3	7.7	6.6	7.6	4.4	3.6	11.9	9.2	8.0
American Indian and Alaska Native only	*9.3	*9.3	*	*	*	*	*8.7	*9.3	*
Asian only	9.7	9.9	11.1	*3.4	*5.9	*	13.5	12.1	13.1
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	*5.0	7.2	---	*	*7.0	---	*7.2	*7.4
Hispanic origin and race ⁴									
Hispanic or Latino	14.3	14.1	13.5	9.3	9.0	9.1	17.7	17.2	16.0
Not Hispanic or Latino	6.7	5.4	4.4	4.4	3.6	3.2	7.8	6.3	4.9
White only	5.7	4.7	3.4	3.7	3.3	2.7	6.7	5.4	3.7
Black or African American only	10.2	7.6	6.7	7.7	4.5	3.6	11.6	9.0	8.0
Poverty status ⁵									
Poor	13.9	13.0	11.6	9.4	7.6	8.2	16.8	16.1	13.5
Near poor	9.8	10.5	8.8	6.7	7.5	7.0	11.6	12.1	9.8
Nonpoor	3.7	3.8	3.3	1.8	2.4	2.0	4.6	4.4	3.8
Hispanic origin and race and poverty status ^{4,5}									
Hispanic or Latino:									
Poor	19.6	19.3	18.4	12.7	11.6	12.1	24.8	24.5	22.4
Near poor	15.3	17.0	16.0	9.9	11.3	11.2	18.9	20.4	18.7
Nonpoor	5.0	6.9	7.1	*2.7	*3.9	*4.5	6.5	8.5	8.6
Not Hispanic or Latino:									
White only:									
Poor	10.2	10.7	7.5	6.5	*6.3	*	12.7	13.1	8.2
Near poor	8.7	7.8	5.4	6.3	5.7	*4.8	10.1	8.8	5.7
Nonpoor	3.4	3.2	2.4	1.6	2.2	1.5	4.2	3.6	2.7
Black or African American only:									
Poor	13.7	9.5	9.1	10.9	*4.7	*4.0	15.5	11.8	11.5
Near poor	9.1	9.7	7.4	*6.0	*6.4	*5.1	10.8	11.2	8.4
Nonpoor	4.6	4.5	4.2	*	*2.7	*	5.8	5.2	5.1
Health insurance status ⁶									
Insured									
Private	5.0	3.8	3.3	3.3	2.6	2.2	5.9	4.5	3.8
Medicaid	3.8	3.3	2.5	1.9	2.2	1.4	4.6	3.9	3.0
Uninsured	8.9	5.3	5.5	6.4	3.4	4.0	11.3	6.7	6.4
Uninsured	23.5	29.1	28.8	18.0	20.8	25.1	26.0	32.8	30.3
Poverty status and health insurance status ⁵									
Poor:									
Insured	9.1	6.3	5.5	6.0	3.2	3.2	11.5	8.3	6.8
Uninsured	29.4	36.6	39.7	25.0	26.6	35.1	31.5	41.1	41.9
Near poor:									
Insured	6.0	5.4	4.8	4.0	4.3	3.7	7.2	6.0	5.4
Uninsured	22.9	29.3	27.9	18.0	20.9	24.7	25.3	33.1	29.4
Nonpoor:									
Insured	2.9	2.8	2.3	1.5	1.8	1.4	3.6	3.2	2.6
Uninsured	14.5	20.3	19.7	6.4	13.5	14.3	18.1	23.2	21.5

See footnotes at end of table.

Table 75 (page 2 of 2). No usual source of health care among children under 18 years of age, according to selected characteristics: United States, average annual selected years 1993–94 through 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02	1993–94 ¹	1999–2000	2001–02
Geographic region									
Percent of children without a usual source of health care ²									
Northeast	4.1	2.8	2.4	2.9	2.3	*2.4	4.8	3.0	2.4
Midwest	5.2	5.2	4.2	4.1	3.7	3.8	5.9	5.9	4.4
South	10.9	8.5	7.2	7.3	5.8	4.6	12.7	9.8	8.5
West.	8.6	9.6	8.7	5.3	5.6	6.2	10.6	11.6	9.9
Location of residence									
Within MSA ⁷	7.7	6.7	6.0	5.0	4.7	4.5	9.2	7.8	6.7
Outside MSA ⁷	7.8	7.3	5.6	6.0	4.2	3.9	8.7	8.7	6.4

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent.

--- Data not available.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#).

²Persons who report the emergency department as the place of their usual source of care are defined as having no usual source of care. See [Appendix II, Usual source of care](#).

³Includes all other races not shown separately and unknown health insurance status.

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data years 1999–2000 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data years 1999–2000, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999–2000 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of children under 18 years of age with no usual source of care are: identical for white children; 0.1 percentage points lower for black children; 0.6 percentage points lower for AI/AN children; and 1.0 percentage points lower for Asian and Pacific Islander children than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Missing family income data were imputed for 14 percent of children in 1993–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 21–25 percent of children under 18 years of age in 1997–98 and 28–30 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting in 1997 Medicaid includes state-sponsored health plans and State Children’s Health Insurance Program (SCHIP). The category “insured” also includes military, other State, and Medicare coverage. Health insurance status was unknown for 8–9 percent of children in the sample in 1993–96 and 1 percent in 1997–2002. See [Appendix II, Health insurance coverage](#).

⁷MSA is metropolitan statistical area.

NOTES: Data for additional years are available. See Appendix III. For more data on usual source of care, see National Health Interview Survey home page: www.cdc.gov/nchs/nhis/htm. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hs/htm.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, access to care and health insurance supplements (1993–96). Starting in 1997 data are from the family core and sample child questionnaires.

Table 76 (page 1 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Percent of children with 1 or more emergency department visits ¹									
All children ²	19.9	17.9	22.4	24.3	23.3	28.0	17.7	15.3	19.7
Race ³									
White only	19.4	17.1	21.3	22.6	21.9	26.2	17.8	14.8	19.1
Black or African American only	24.0	22.5	27.9	33.1	32.3	36.7	19.4	18.2	23.8
American Indian and Alaska Native only	*24.1	33.3	*	*24.3	*29.5	*	*24.0	*36.2	*
Asian only	12.6	9.4	14.4	20.8	*13.4	*19.5	8.6	*7.4	*11.6
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	23.3	28.5	---	28.7	37.8	---	*19.7	20.2
Hispanic origin and race ³									
Hispanic or Latino	21.1	15.9	20.7	25.7	21.4	26.8	18.1	12.6	17.2
Not Hispanic or Latino	19.7	18.3	22.8	24.0	23.8	28.3	17.6	15.7	20.2
White only	19.2	17.4	21.8	22.2	22.1	26.4	17.7	15.3	19.7
Black or African American only	23.6	22.5	27.9	32.7	32.5	36.3	19.2	18.2	23.9
Poverty status ⁴									
Poor	25.1	23.5	26.7	29.5	30.2	34.3	22.2	19.7	22.4
Near poor	22.0	21.3	26.6	28.0	28.9	32.8	19.0	17.3	23.4
Nonpoor	17.3	15.1	19.7	20.5	18.9	23.9	15.8	13.4	17.8
Hispanic origin and race and poverty status ^{3,4}									
Hispanic or Latino:									
Poor	21.9	16.4	22.4	25.0	21.2	30.4	19.6	13.1	17.2
Near poor	20.8	15.0	21.6	28.8	21.4	25.4	15.6	11.4	19.6
Nonpoor	20.4	16.2	18.4	23.4	21.7	24.8	18.7	13.3	15.0
Not Hispanic or Latino:									
White only:									
Poor	25.5	25.4	27.1	27.2	33.2	36.1	24.4	21.4	22.1
Near poor	22.3	23.4	27.9	25.8	30.7	33.9	20.7	19.6	25.0
Nonpoor	17.2	14.9	19.4	20.1	18.1	22.6	15.9	13.5	18.1
Black or African American only:									
Poor	29.3	27.7	30.3	39.5	38.6	38.7	23.0	22.2	26.2
Near poor	22.5	22.7	32.3	31.7	32.7	40.9	18.5	18.4	28.0
Nonpoor	17.7	17.3	23.0	22.6	25.0	30.9	15.9	14.3	19.7
Health insurance status ⁵									
Insured	19.8	18.1	22.9	24.4	23.1	28.6	17.5	15.7	20.1
Private	17.5	15.4	20.0	20.9	18.9	24.5	15.9	13.9	18.1
Medicaid	28.2	28.8	30.8	33.0	35.2	37.6	24.1	24.2	26.3
Uninsured	20.2	16.4	18.3	23.0	25.5	22.0	18.9	12.7	16.7
Poverty status and health insurance status ⁴									
Poor:									
Insured	26.6	25.9	28.4	31.3	31.7	36.4	23.1	22.3	23.6
Uninsured	19.9	15.5	17.8	19.8	23.9	*21.7	20.0	11.8	*16.0
Near poor:									
Insured	22.2	22.3	28.1	28.5	29.7	34.7	18.9	18.2	24.6
Uninsured	21.3	17.6	19.4	26.2	25.8	23.3	19.2	14.4	17.5
Nonpoor:									
Insured	17.1	15.1	19.8	20.2	18.5	24.0	15.7	13.5	17.9
Uninsured	18.9	16.0	17.6	22.6	27.1	*20.9	17.3	11.2	16.4
Geographic region									
Northeast	18.5	17.1	23.3	20.7	20.3	27.4	17.4	15.5	21.4
Midwest	19.5	18.4	22.7	26.0	24.1	28.4	16.4	15.8	20.0
South	21.8	19.2	24.4	25.6	25.7	31.3	19.9	16.1	21.1
West	18.5	15.9	17.9	23.5	21.4	22.5	15.9	13.1	15.6
Location of residence									
Within MSA ⁶	19.7	16.7	21.7	23.9	22.0	27.0	17.4	14.0	19.1
Outside MSA ⁶	20.8	22.4	25.4	26.2	29.1	32.3	18.6	19.7	22.4

See footnotes at end of table.

Table 76 (page 2 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Percent of children with 2 or more emergency department visits ¹									
All children ²	7.1	5.5	7.4	9.6	8.7	10.1	5.8	4.0	6.2
Race ³									
White only	6.6	4.7	6.6	8.4	7.3	8.7	5.7	3.4	5.6
Black or African American only	9.6	9.1	11.1	14.9	15.8	17.4	6.9	6.1	8.1
American Indian and Alaska Native only	*	*	*	*	*	*	*	*	*
Asian only	*5.7	*	*	*12.9	*	*	*	*	*
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	10.5	12.6	---	*15.7	17.3	---	*	*8.3
Hispanic origin and race ³									
Hispanic or Latino	8.9	5.2	8.0	11.8	7.9	11.7	7.0	3.6	5.9
Not Hispanic or Latino	6.8	5.5	7.3	9.2	8.8	9.7	5.7	4.0	6.2
White only	6.2	4.7	6.4	7.8	7.4	7.8	5.5	3.4	5.7
Black or African American only	9.3	9.1	11.1	14.6	15.9	17.5	6.8	6.1	8.2
Poverty status ⁴									
Poor	11.1	9.6	12.3	14.5	14.4	17.2	8.9	7.0	9.6
Near poor	8.3	7.2	8.8	12.2	11.4	11.2	6.3	5.0	7.6
Nonpoor	5.3	3.7	5.5	6.5	5.6	7.2	4.7	2.8	4.8
Hispanic origin and race and poverty status ^{3,4}									
Hispanic or Latino:									
Poor	10.4	5.4	8.9	13.9	7.9	14.2	8.0	*3.7	*5.4
Near poor	8.2	5.6	9.3	12.0	8.8	12.9	5.7	*	*7.4
Nonpoor	7.6	4.7	6.2	8.4	*7.2	8.5	7.1	*3.4	*5.1
Not Hispanic or Latino:									
White only:									
Poor	10.7	10.2	12.0	12.2	16.9	15.8	9.8	*6.8	*9.9
Near poor	8.0	7.3	8.1	11.2	11.5	8.8	6.4	5.1	7.7
Nonpoor	5.0	3.3	5.1	5.8	4.9	6.2	4.6	2.7	4.6
Black or African American only:									
Poor	12.7	12.7	15.5	19.1	19.8	23.1	8.8	9.1	11.7
Near poor	9.2	9.0	10.4	*13.5	*15.5	*14.6	*7.2	*6.2	*8.3
Nonpoor	5.5	5.5	8.1	*8.2	*11.3	14.5	*4.5	*3.3	*5.3
Health insurance status ⁵									
Insured									
Private	7.0	5.6	7.5	9.6	8.6	10.2	5.7	4.1	6.1
Medicaid	5.2	3.8	5.6	6.8	5.7	7.1	4.5	3.0	4.9
Uninsured									
Medicaid	13.1	12.6	12.8	16.2	17.1	16.5	10.4	9.4	10.3
Uninsured	7.7	4.9	7.1	9.8	9.0	9.1	6.8	*3.2	6.2
Poverty status and health insurance status ⁴									
Poor:									
Insured	12.1	11.0	13.2	15.7	15.7	18.3	9.5	8.2	10.1
Uninsured	7.6	*5.0	*8.1	*8.3	*9.1	*	*7.3	*	*
Near poor:									
Insured	8.4	7.8	9.1	12.3	12.2	11.3	6.3	5.3	7.9
Uninsured	7.9	*5.0	*7.1	*11.1	*7.9	*10.9	6.5	*	*
Nonpoor:									
Insured	5.1	3.7	5.4	6.2	5.4	7.2	4.6	2.9	4.7
Uninsured	7.7	*4.5	*6.4	*10.1	*	*	*6.7	*	*6.5

See footnotes at end of table.

Table 76 (page 3 of 3). Emergency department visits within the past 12 months among children under 18 years of age, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Under 18 years of age			Under 6 years of age			6–17 years of age		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Geographic region									
Percent of children with 2 or more emergency department visits ¹									
Northeast	6.2	4.9	7.2	7.6	6.5	9.2	5.4	4.0	6.3
Midwest	6.6	5.8	6.9	10.4	9.8	8.3	4.8	4.0	6.2
South	8.0	6.1	8.7	10.1	9.8	12.1	6.9	4.3	7.0
West	7.1	4.7	6.1	10.0	7.6	9.4	5.6	3.3	4.4
Location of residence									
Within MSA ⁶	7.2	5.0	7.1	9.6	8.0	9.8	5.9	3.4	5.8
Outside MSA ⁶	6.8	7.4	8.8	9.7	11.3	11.4	5.6	5.8	7.6

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

-- Data not available.

¹See [Appendix II, Emergency department visit](#).

²Includes all other races not shown separately and unknown health insurance status.

³The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of children under 18 years of age with 1 or more emergency department visits are: 0.1 percentage points higher for white children; 0.2 percentage points higher for black children; 2.1 percentage points lower for AI/AN children; and 2.0 percentage points higher for Asian and Pacific Islander children than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁴Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 21–25 percent of children in 1997–98 and 28–30 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁵Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Starting in 1997 Medicaid includes state-sponsored health plans and State Children’s Health Insurance Program (SCHIP). The category “insured” also includes military, other State, and Medicare coverage. See [Appendix II, Health insurance coverage](#).

⁶MSA is metropolitan statistical area.

NOTES: Data for additional years are available. See [Appendix III](#). Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample child questionnaires.

Table 77 (page 1 of 2). No usual source of health care among adults 18–64 years of age, according to selected characteristics: United States, average annual 1993–94 through 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1993–94¹</i>	<i>1995–96¹</i>	<i>1997–98</i>	<i>1999–2000</i>	<i>2001–02</i>
	Percent of adults without a usual source of health care ²				
All adults 18–64 years of age ^{3,4}	18.5	16.6	17.5	17.7	16.3
Age					
18–44 years	21.7	19.6	21.1	21.5	20.2
18–24 years	26.6	22.6	27.0	26.9	26.7
25–44 years	20.3	18.8	19.3	19.7	18.1
45–64 years	12.8	11.3	11.2	10.9	9.3
45–54 years	14.1	12.2	12.6	12.0	10.3
55–64 years	11.1	9.8	9.0	9.2	7.7
Sex ⁴					
Male	23.3	21.0	23.2	23.8	21.3
Female	13.9	12.5	11.9	11.7	11.4
Race ^{4,5}					
White only	18.2	16.3	16.9	16.8	15.5
Black or African American only	19.2	17.6	18.7	18.7	16.6
American Indian and Alaska Native only	19.1	15.9	20.7	18.7	15.9
Asian only	24.0	20.7	21.1	21.4	19.7
Native Hawaiian and Other Pacific Islander only	---	---	---	*	*
2 or more races	---	---	---	20.4	19.9
American Indian and Alaska Native; White	---	---	---	26.5	20.0
Hispanic origin and race ^{4,5}					
Hispanic or Latino	28.8	26.2	28.6	30.4	30.1
Mexican	30.5	28.1	33.4	33.7	33.4
Not Hispanic or Latino	17.5	15.5	16.1	16.0	14.3
White only	17.0	15.0	15.4	15.2	13.6
Black or African American only	18.9	17.4	18.6	18.7	16.5
Poverty status ^{4,6}					
Poor	28.2	24.9	28.2	28.0	27.5
Near poor	24.6	22.3	24.7	26.1	24.5
Nonpoor	14.8	13.5	13.9	14.2	12.6
Hispanic origin and race and poverty status ^{4,5,6}					
Hispanic or Latino:					
Poor	38.0	32.6	40.8	40.9	42.6
Near poor	35.7	31.6	33.3	38.0	37.2
Nonpoor	18.3	18.2	19.0	21.6	21.0
Not Hispanic or Latino:					
White only:					
Poor	27.1	22.8	24.5	23.4	22.9
Near poor	22.7	20.3	21.8	22.6	20.7
Nonpoor	14.4	13.0	13.3	13.1	11.4
Black or African American only:					
Poor	23.8	21.1	23.1	23.0	22.2
Near poor	21.6	21.2	24.7	23.7	19.7
Nonpoor	14.6	13.6	14.4	15.2	13.2
Health insurance status ^{4,7}					
Insured	13.3	11.4	11.4	11.0	9.3
Private	13.1	11.3	11.5	11.2	9.2
Medicaid	15.2	12.5	10.0	9.5	10.7
Uninsured	41.5	40.9	45.3	47.3	46.9
Poverty status and health insurance status ^{4,6}					
Poor:					
Insured	16.8	13.6	13.8	12.4	12.3
Uninsured	45.7	42.1	50.4	50.5	52.7
Near poor:					
Insured	15.3	13.1	13.9	12.9	12.1
Uninsured	42.9	41.5	46.2	49.6	48.5
Nonpoor:					
Insured	12.3	10.8	10.7	10.6	8.5
Uninsured	37.0	39.4	41.2	43.7	42.8

See footnotes at end of table.

Table 77 (page 2 of 2). No usual source of health care among adults 18–64 years of age, according to selected characteristics: United States, average annual 1993–94 through 2001–02

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1993–94 ¹	1995–96 ¹	1997–98	1999–2000	2001–02
Geographic region ⁴					
Percent of adults without a usual source of health care ²					
Northeast	14.5	13.3	13.2	12.9	12.0
Midwest	15.8	14.5	14.9	16.8	14.2
South	21.6	18.4	20.5	19.6	18.2
West	20.5	19.5	19.8	19.8	19.4
Location of residence ⁴					
Within MSA ⁸	18.8	16.9	17.6	17.8	16.4
Outside MSA ⁸	17.4	15.4	17.1	16.9	15.8

* Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30 percent.

--- Data not available.

¹Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#).

²Persons who report the emergency department as the place of their usual source of care are defined as having no usual source of care. See [Appendix II, Usual source of care](#).

³Includes all other races not shown separately and unknown health insurance status.

⁴Estimates are for persons 18–64 years of age and are age adjusted to the year 2000 standard population using three age groups: 18–44 years, 45–54 years, and 55–64 years of age. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data years 1999–2000 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data years 1999–2000, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999–2000 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of adults under 65 years of age with no usual source of care are: identical for white and black adults; 2.0 percentage points higher for AI/AN adults; and 0.5 percentage points lower for Asian and Pacific Islander adults than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Missing family income data were imputed for 15–17 percent of persons 18–64 years of age in 1993–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons 18–64 years of age in 1997–98 and 31–32 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Medicaid includes other public assistance through 1996. Starting in 1997 Medicaid includes state-sponsored health plans and State Children’s Health Insurance Program (SCHIP). The category “insured” also includes military, other State, and Medicare coverage. In 1993–96 health insurance coverage was unknown for 8–9 percent of adults in the sample. Beginning in 1997 health insurance coverage was unknown for 1 percent of adults in the sample. See [Appendix II, Health insurance coverage](#).

⁸MSA is metropolitan statistical area.

NOTES: For more data on usual source of care see the National Health Interview Survey home page: www.cdc.gov/nchs/nhis.htm. Standard errors are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hs.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, access to care and health insurance supplements (1993–96). Starting in 1997 data are from the family core and sample adult questionnaires.

Table 78 (page 1 of 2). Emergency department visits within the past 12 months among adults 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1 or more emergency department visits				2 or more emergency department visits			
	1997	1999	2001	2002	1997	1999	2001	2002
Percent of adults with emergency department visit ¹								
All adults 18 years of age and over ^{2,3}	19.6	17.2	19.7	20.6	6.7	5.2	6.4	7.1
Age								
18–44 years	20.7	17.7	19.8	20.8	6.8	5.6	6.5	7.1
18–24 years	26.3	21.7	24.0	24.7	9.1	7.3	8.7	8.5
25–44 years	19.0	16.5	18.4	19.5	6.2	5.0	5.8	6.7
45–64 years	16.2	14.6	18.0	18.2	5.6	4.3	5.6	6.3
45–54 years	15.7	14.3	17.7	18.1	5.5	4.3	5.5	6.7
55–64 years	16.9	15.1	18.5	18.4	5.7	4.3	5.9	5.7
65 years and over	22.0	19.9	22.3	23.9	8.1	5.6	7.5	8.3
65–74 years	20.3	17.3	19.7	21.2	7.1	4.7	7.1	7.7
75 years and over	24.3	23.1	25.4	27.1	9.3	6.7	8.0	9.0
Sex ³								
Male	19.1	16.1	18.9	19.6	5.9	4.3	5.7	6.2
Female	20.2	18.2	20.5	21.5	7.5	6.0	7.2	7.9
Race ^{3,4}								
White only	19.0	16.6	19.1	19.6	6.2	4.7	6.1	6.5
Black or African American only	25.9	22.2	25.2	27.8	11.1	8.8	9.4	11.6
American Indian and Alaska Native only	24.8	29.2	33.9	25.5	13.1	*11.7	15.5	*10.0
Asian only	11.6	9.7	12.7	13.6	*2.9	*	*2.6	*2.6
Native Hawaiian and Other Pacific Islander only	---	*	*	*	---	*	*	*
2 or more races	---	24.4	25.5	30.9	---	11.4	8.8	13.4
American Indian and Alaska Native; White	---	26.0	25.4	38.0	---	*13.9	*6.1	16.1
Hispanic origin and race ^{3,4}								
Hispanic or Latino	19.2	15.3	18.4	18.5	7.4	4.5	7.0	6.9
Mexican American	17.8	14.4	15.6	18.2	6.4	4.1	5.6	6.4
Not Hispanic or Latino	19.7	17.5	20.0	20.9	6.7	5.3	6.4	7.2
White only	19.1	16.9	19.4	20.0	6.2	4.8	6.1	6.6
Black or African American only	25.9	22.2	25.3	27.9	11.0	8.8	9.4	11.6
Poverty status ^{3,5}								
Poor	28.1	26.0	26.8	28.8	12.8	10.8	12.1	12.8
Near poor	23.8	20.7	24.6	24.9	9.3	7.4	9.5	9.8
Nonpoor	17.0	15.1	17.6	18.2	4.9	3.9	4.9	5.6
Hispanic origin and race and poverty status ^{3,4,5}								
Hispanic or Latino:								
Poor	22.1	16.1	19.4	22.3	9.8	6.0	9.7	9.1
Near poor	19.2	15.7	19.4	19.7	8.1	4.9	7.7	8.7
Nonpoor	17.6	14.5	17.1	16.7	5.4	3.7	5.3	5.0
Not Hispanic or Latino:								
White only:								
Poor	29.5	27.9	28.6	30.2	13.0	11.0	12.7	13.4
Near poor	24.3	21.3	26.1	25.9	9.1	7.0	10.0	9.6
Nonpoor	16.8	15.1	17.3	17.7	4.8	3.9	4.8	5.3
Black or African American only:								
Poor	34.6	31.7	31.0	35.4	17.5	15.7	14.3	16.7
Near poor	29.2	25.4	27.4	29.7	12.8	11.6	11.7	13.8
Nonpoor	19.7	16.9	22.3	24.3	7.2	5.0	6.5	9.0
Health insurance status ^{6,7}								
18–64 years of age:								
Insured	18.8	16.1	19.2	19.7	6.1	4.7	6.2	6.7
Private	16.9	14.5	17.2	17.4	4.7	3.7	4.7	5.0
Medicaid	37.6	35.4	39.7	40.6	19.7	17.4	21.7	22.0
Uninsured	20.0	18.3	18.9	20.6	7.5	7.0	6.6	7.6
65 years of age and over:								
Medicare HMO	20.2	20.1	23.6	20.4	6.7	5.7	8.8	7.4
Private	21.3	19.3	21.0	23.9	6.9	5.3	6.4	7.8
Medicaid	35.2	30.0	36.0	32.8	20.2	12.8	18.7	12.7
Medicare fee-for-service only	22.0	19.2	21.5	22.5	9.4	4.4	6.9	8.7

See footnotes at end of table.

Table 78 (page 2 of 2). Emergency department visits within the past 12 months among adults 18 years of age and over, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1 or more emergency department visits				2 or more emergency department visits			
	1997	1999	2001	2002	1997	1999	2001	2002
Poverty status and health insurance status ^{5,6}								
Percent of adults with emergency department visit ¹								
18–64 years of age:								
Poor:								
Insured	31.0	28.4	29.8	32.8	15.2	12.6	14.2	15.0
Uninsured	22.8	21.7	19.9	23.7	9.1	9.5	8.1	10.5
Near poor:								
Insured	25.3	21.5	26.2	26.2	9.6	7.9	10.6	10.5
Uninsured	20.2	18.2	21.7	21.5	8.6	6.9	8.1	8.3
Nonpoor:								
Insured	16.2	14.2	17.0	17.0	4.4	3.4	4.6	5.1
Uninsured	18.0	16.5	16.5	18.6	5.5	5.7	4.7	5.8
Geographic region ³								
Northeast	19.5	16.9	19.8	20.6	6.9	5.1	6.1	6.2
Midwest	19.3	17.2	19.6	20.9	6.2	5.1	6.0	6.7
South	20.9	17.7	20.9	21.4	7.3	5.7	7.3	8.3
West	17.7	16.4	17.6	18.5	6.0	4.5	5.6	6.3
Location of residence ³								
Within MSA ⁸	19.1	16.6	19.4	19.9	6.4	4.9	6.3	6.6
Outside MSA ⁸	21.5	19.5	21.3	23.4	7.8	6.4	7.0	8.9

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

--- Data not available.

¹See Appendix II, Emergency department visit.

²Includes all other races not shown separately and unknown health insurance status.

³Estimates are for persons 18 years of age and over and are age adjusted to the year 2000 standard using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See Appendix II, Age adjustment.

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data years 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of adults with 1 or more emergency department visits are: 0.1 percentage points higher for white and black adults; 2.0 percentage points lower for AI/AN adults; and 0.3 percentage points higher for Asian and Pacific Islander adults than estimates based on the 1997 Standards. See Appendix II, Race.

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 27–31 percent of persons 18 years of age and over in 1997–98 and 33–34 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See Appendix II, Family income; Poverty level.

⁶Estimates for persons 18–64 years of age are age adjusted to the year 2000 Standard using three age groups: 18–44 years, 45–54 years, and 55–64 years of age. Estimates for persons 65 years of age and over are age adjusted to the year 2000 Standard using two age groups: 65–74 years and 75 years and over. See Appendix II, Age adjustment.

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Persons 65 years of age and over who reported Medicare HMO (health maintenance organization) and some other type of health insurance coverage are classified as having Medicare HMO. Starting in 1997 Medicaid includes state-sponsored health plans and State Children’s Health Insurance Program (SCHIP). The category “insured” also includes military, other State, and Medicare coverage. See Appendix II, Health insurance coverage.

⁸MSA is metropolitan statistical area.

NOTES: Data for additional years are available. See Appendix III. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires.

Table 79 (page 1 of 2). Dental visits in the past year according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	2 years of age and over ¹			2–17 years of age			18–64 years of age			65 years of age and over ²		
	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
Percent of persons with a dental visit in the past year ³												
Total ⁴	64.9	65.2	64.5	72.7	72.6	74.3	64.1	64.6	62.8	54.8	55.0	55.4
Sex												
Male	62.6	62.5	61.7	72.3	72.3	73.8	60.4	60.4	58.7	55.4	54.7	55.2
Female	67.2	67.8	67.2	73.0	72.8	74.9	67.7	68.5	66.8	54.4	55.2	55.5
Race ⁵												
White only	66.5	67.2	66.5	74.0	74.5	76.3	65.7	66.6	64.7	56.8	56.8	57.9
Black or African American only	56.5	56.2	54.5	68.8	67.6	68.8	57.0	55.8	53.6	35.4	39.7	33.8
American Indian and Alaska Native only	51.5	56.2	51.5	66.8	58.2	66.5	49.9	55.2	50.6	*	*50.6	*
Asian only	61.8	63.6	61.4	69.9	69.6	66.8	60.3	63.1	62.6	53.9	53.2	45.5
Native Hawaiian and Other Pacific												
Islander only	---	*	*	---	*	*	---	*	*	---	*	*
2 or more races	---	58.6	59.5	---	73.0	71.4	---	57.8	58.0	---	*35.1	44.4
Black or African American; White	---	63.7	69.8	---	68.7	67.1	---	58.8	64.9	---	*76.8	*
American Indian and Alaska Native; White	---	55.8	51.9	---	70.3	64.3	---	53.5	50.1	---	*	*42.2
Hispanic origin and race ⁵												
Hispanic or Latino	52.9	52.3	52.9	61.0	59.3	62.4	50.8	50.6	49.7	47.8	44.0	47.9
Not Hispanic or Latino	66.4	66.9	66.3	74.7	74.9	76.7	65.7	66.3	64.6	55.2	55.6	55.9
White only	68.2	68.9	68.5	76.4	77.0	79.3	67.5	68.3	66.7	57.2	57.3	58.5
Black or African American only	56.5	56.1	54.3	68.8	67.7	68.6	56.9	55.7	53.4	35.3	39.6	33.6
Poverty status ⁶												
Poor	47.7	46.4	47.7	62.0	58.4	64.4	46.9	45.4	44.6	31.5	33.3	35.0
Near poor	50.6	50.4	51.6	62.5	62.9	66.9	48.3	48.0	47.8	40.8	40.8	42.9
Nonpoor	72.5	72.1	70.8	80.1	79.8	79.6	71.2	70.9	69.0	65.9	64.6	64.6
Hispanic origin and race and poverty status ^{5,6}												
Hispanic or Latino:												
Poor	42.1	40.9	43.9	55.9	50.6	59.9	39.2	38.4	39.0	33.6	32.9	38.1
Near poor	46.4	44.4	45.2	53.8	55.6	57.7	43.5	41.2	40.6	47.9	36.4	40.6
Nonpoor	64.9	62.9	61.3	73.7	71.0	68.3	62.3	61.2	58.5	58.8	56.7	61.3
Not Hispanic or Latino:												
White only:												
Poor	50.6	49.8	51.9	64.4	62.3	69.4	50.6	49.8	48.8	32.0	35.0	38.2
Near poor	52.9	52.7	55.3	66.1	64.6	71.2	50.4	50.6	51.5	42.2	41.7	45.2
Nonpoor	73.9	73.9	73.0	81.3	81.8	82.7	72.7	72.7	71.1	67.0	65.8	66.4
Black or African American only:												
Poor	47.7	45.5	42.9	66.1	62.2	63.3	46.2	42.9	39.8	27.7	30.2	23.7
Near poor	46.9	49.0	47.7	61.2	67.2	68.8	46.3	46.3	45.0	26.9	33.4	25.9
Nonpoor	66.0	64.3	61.8	77.1	73.2	72.6	66.1	64.4	61.4	49.8	50.8	45.4

See footnotes at end of table.

Table 79 (page 2 of 2). Dental visits in the past year according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	2 years of age and over ¹			2–17 years of age			18–64 years of age			65 years of age and over ²		
	1997	1999	2002	1997	1999	2002	1997	1999	2002	1997	1999	2002
Geographic region												
Percent of persons with a dental visit in the past year ³												
Northeast	69.6	70.9	70.1	77.5	78.5	80.6	69.6	71.5	69.3	55.5	54.3	55.7
Midwest	68.3	68.1	68.0	76.4	76.8	77.9	67.4	67.6	66.7	57.6	54.3	56.8
South	60.0	60.6	58.9	68.0	68.0	69.1	59.4	59.4	56.9	49.0	52.4	50.5
West	64.9	64.7	65.3	71.5	69.9	73.7	62.9	63.3	62.7	61.9	61.9	63.0
Location of residence												
Within MSA ⁷	66.5	67.1	66.2	73.6	73.1	74.9	65.7	66.8	64.6	57.6	58.1	58.3
Outside MSA ⁷	59.1	58.3	58.1	69.3	70.7	72.0	58.0	56.2	55.5	46.1	45.0	45.9

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE greater than 30 percent.

-- Data not available.

¹Estimates are age adjusted to the year 2000 standard using six age groups: 2–17 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

²Data from the 1997–2002 National Health Interview Survey estimate that 28–30 percent of persons 65 years of age and over were edentulous (having lost all their natural teeth). In 1997–2002 about 70 percent of older dentate persons compared with 16–20 percent of older edentate persons had a dental visit in the past year.

³Respondents were asked “About how long has it been since you last saw or talked to a dentist?” See [Appendix II, Dental visit](#).

⁴Includes all other races not shown separately.

⁵The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the percent of persons with a recent dental visit are: 0.1 percentage points lower for white and black persons; identical for AI/AN persons; and 0.2 percentage points lower for Asian and Pacific Islander persons than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 25–29 percent of persons in 1997–98 and 32–33 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁷MSA is metropolitan statistical area.

NOTES: In 1997 the National Health Interview Survey questionnaire was redesigned. See [Appendix I, National Health Interview Survey](#). Data for additional years are available. See [Appendix III](#). Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, sample child and sample adult questionnaires.

Table 80 (page 1 of 2). Untreated dental caries according to age, sex, race and Hispanic origin, and poverty status: United States, 1971–74, 1988–94, and 1999–2000

[Data are based on dental examinations of a sample of the civilian noninstitutionalized population]

Sex, race and Hispanic origin, and poverty status	2–5 years			6–17 years					
	1971–74	1988–94	1999–2000	1971–74	1988–94	1999–2000			
	Percent of persons with untreated dental caries (standard error)								
Total ¹	25.1 (1.7)	19.6 (1.2)	23.2 (2.6)	55.3 (1.6)	23.9 (1.2)	22.6 (1.8)			
Sex									
Male	26.6 (2.0)	20.0 (1.2)	24.1 (3.7)	55.2 (1.4)	23.0 (1.2)	22.8 (2.1)			
Female	23.6 (2.0)	19.3 (1.5)	22.3 (3.9)	55.4 (2.1)	24.8 (1.4)	22.5 (2.6)			
Race and Hispanic origin ²									
Not Hispanic or Latino:									
White	23.7 (1.8)	14.4 (1.6)	22.6 (3.8)	52.3 (1.6)	19.2 (1.1)	18.8 (2.8)			
Black or African American	29.0 (3.2)	25.1 (2.0)	25.1 (3.8)	70.5 (3.3)	33.1 (1.5)	27.9 (1.5)			
Mexican	34.1 (6.5)	35.0 (1.6)	35.0 (3.0)	60.2 (7.7)	37.1 (2.1)	38.0 (2.8)			
Poverty status ³									
Poor	32.0 (2.7)	30.6 (2.7)	44.6 (4.7)	68.9 (2.6)	38.4 (1.7)	33.8 (2.7)			
Near poor	29.9 (2.9)	25.1 (2.1)	17.4 (3.3)	60.9 (2.5)	28.9 (2.4)	29.5 (3.9)			
Nonpoor	17.9 (1.4)	9.7 (1.0)	*15.3 (3.7)	46.2 (1.5)	15.1 (1.2)	12.7 (1.7)			
Race, Hispanic origin, and poverty status ^{2,3}									
Not Hispanic or Latino:									
White:									
Poor	32.1 (4.3)	26.5 (5.0)	56.6 (10.9)	68.5 (2.9)	34.8 (3.0)	31.5 (4.4)			
Near poor and nonpoor	22.1 (1.7)	12.2 (1.2)	*15.5 (3.9)	50.4 (1.7)	17.0 (1.2)	15.7 (3.0)			
Black or African American:									
Poor	29.1 (4.4)	27.7 (2.3)	*37.1 (7.9)	72.7 (2.9)	35.7 (2.3)	37.7 (2.7)			
Near poor and nonpoor	27.9 (3.2)	22.7 (2.2)	*19.0 (5.0)	67.5 (4.2)	31.3 (2.0)	23.5 (2.1)			
Mexican:									
Poor	* *	38.9 (2.4)	46.9 (4.2)	57.1 (9.6)	46.4 (2.8)	40.7 (4.0)			
Near poor and nonpoor	27.4 (3.3)	30.5 (4.3)	26.5 (2.9)	61.2 (8.5)	26.9 (2.6)	29.8 (2.1)			
18–64 years									
	1971–74			1988–94			1999–2000		
	Percent of persons with untreated dental caries (standard error)								
Total ¹	48.4 (1.4)	28.2 (1.1)	25.7 (1.9)	29.7 (1.2)	25.4 (1.8)	19.2 (3.0)			
Sex									
Male	50.9 (1.6)	31.2 (1.2)	27.6 (2.3)	32.6 (2.2)	29.8 (2.2)	24.4 (4.1)			
Female	46.0 (1.4)	25.3 (1.3)	23.9 (1.8)	27.4 (1.5)	21.5 (2.0)	*14.1 (3.3)			
Race and Hispanic origin ²									
Not Hispanic or Latino:									
White	45.6 (1.4)	23.6 (1.3)	20.9 (2.3)	28.3 (1.3)	22.7 (1.8)	*17.6 (3.5)			
Black or African American	68.2 (2.8)	48.0 (1.5)	42.6 (2.6)	41.5 (2.8)	46.7 (3.3)	26.9 (4.3)			
Mexican	62.0 (4.2)	40.0 (1.0)	38.9 (1.7)	* *	43.8 (3.3)	34.0 (3.5)			
Poverty status ³									
Poor	63.6 (3.0)	47.4 (2.2)	40.4 (3.4)	34.3 (3.2)	46.6 (5.0)	* *			
Near poor	56.3 (2.2)	42.6 (1.8)	38.5 (2.7)	35.6 (2.4)	40.1 (3.5)	*26.6 (7.9)			
Nonpoor	43.1 (1.4)	19.5 (1.0)	17.7 (1.6)	26.2 (1.9)	19.2 (2.0)	*15.3 (3.7)			
Race, Hispanic origin, and poverty status ^{2,3}									
Not Hispanic or Latino:									
White:									
Poor	59.5 (3.9)	42.4 (3.3)	32.8 (4.9)	33.3 (4.1)	*39.0 (8.5)	* *			
Near poor and nonpoor	44.5 (1.4)	21.6 (1.2)	19.4 (2.4)	28.3 (1.5)	22.7 (1.9)	*17.2 (4.1)			
Black or African American:									
Poor	73.1 (3.8)	59.3 (2.0)	50.0 (4.1)	39.8 (5.3)	49.7 (5.2)	* *			
Near poor and nonpoor	65.8 (3.1)	43.4 (1.6)	38.8 (3.4)	41.1 (5.1)	43.8 (4.2)	*32.8 (7.0)			
Mexican:									
Poor	65.4 (8.2)	52.4 (1.7)	47.9 (3.9)	* *	55.5 (5.2)	*38.7 (8.6)			
Near poor and nonpoor	59.1 (4.5)	31.6 (1.0)	36.3 (2.5)	* *	35.6 (3.3)	35.4 (6.0)			

See footnotes at end of table.

Table 80 (page 2 of 2). Untreated dental caries according to age, sex, race and Hispanic origin, and poverty status: United States, 1971–74, 1988–94, and 1999–2000

[Data are based on dental examinations of a sample of the civilian noninstitutionalized population]

Sex, race and Hispanic origin, and poverty status	75 years and over		
	1971–74	1988–94	1999–2000
Percent of persons with untreated dental caries (standard error)			
Total ¹	---	30.3 (1.8)	20.5 (3.2)
Sex			
Male	---	34.4 (2.5)	25.9 (4.6)
Female	---	28.1 (2.4)	*16.1 (3.6)
Race and Hispanic origin ²			
Not Hispanic or Latino:			
White	---	27.8 (1.9)	17.3 (3.4)
Black or African American	---	62.6 (6.6)	46.4 (8.4)
Mexican	---	55.6 (7.1)	47.7 (7.3)
Poverty status ³			
Poor	---	47.1 (5.2)	*39.5 (8.5)
Near poor	---	34.5 (2.8)	*21.7 (4.6)
Nonpoor	---	23.2 (2.2)	*15.7 (4.3)
Race, Hispanic origin, and poverty status ^{2,3}			
Not Hispanic or Latino:			
White:			
Poor	---	38.0 (5.8)	* *
Near poor and nonpoor	---	26.1 (2.0)	*16.5 (3.5)
Black or African American:			
Poor	---	68.6 (11.1)	* *
Near poor and nonpoor	---	60.2 (6.7)	* *
Mexican:			
Poor	---	79.4 (6.3)	*50.1 (13.7)
Near poor and nonpoor	---	* *	*50.0 (13.0)

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent or fewer than 30 cases. Standard errors for rates with an RSE of greater than 30 percent are also not shown.

--- Data not available.

¹Includes all other races not shown separately and unknown poverty status.

²Persons of Mexican origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population 18–64 years with dental caries are: 0.1 percentage points higher for white persons and 0.1 percentage points higher for black persons than estimates based on the 1997 Standards. See [Appendix II, Race](#).

³Poverty status is based on family income and family size. Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Persons with unknown poverty status are excluded (4 percent in 1971–74, 6 percent in 1988–94, and 10 percent in 1999–2000). See [Appendix II, Family income; Poverty level](#).

NOTES: Excludes edentulous persons (persons without teeth) of all ages. The majority of edentulous persons are 65 years of age and over. Estimates of edentulism among persons 65 years of age and over are 46 percent in 1971–74, 33 percent in 1988–94, and 30 percent in 1999–2000. See [Appendix II, Dental caries](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 81 (page 1 of 2). Use of mammography for women 40 years of age and over according to selected characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1987</i>	<i>1990</i>	<i>1991</i>	<i>1993</i>	<i>1994</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>
Percent of women having a mammogram within the past 2 years ¹								
40 years and over, age adjusted ^{2,3}	29.0	51.7	54.7	59.7	61.0	67.0	70.3	70.3
40 years and over, crude ²	28.7	51.4	54.6	59.7	60.9	66.9	70.3	70.3
Age								
40–49 years	31.9	55.1	55.6	59.9	61.3	63.4	67.2	64.2
50–64 years	31.7	56.0	60.3	65.1	66.5	73.7	76.5	78.6
65 years and over	22.8	43.4	48.1	54.2	55.0	63.8	66.8	68.0
65–74 years	26.6	48.7	55.7	64.2	63.0	69.4	73.9	74.0
75 years and over	17.3	35.8	37.8	41.0	44.6	57.2	58.9	61.3
Race ⁴								
40 years and over, crude:								
White only	29.6	52.2	55.6	60.0	60.6	67.4	70.6	71.4
Black or African American only	24.0	46.4	48.0	59.1	64.3	66.0	71.0	67.8
American Indian and Alaska Native only	*	43.2	54.5	49.8	65.8	45.2	63.0	47.3
Asian only	*	46.0	45.9	55.1	55.8	60.2	58.3	53.3
Native Hawaiian and Other Pacific Islander only	---	---	---	---	---	---	*	*
2 or more races	---	---	---	---	---	---	70.2	69.2
Hispanic origin and race ⁴								
40 years and over, crude:								
Hispanic or Latino	18.3	45.2	49.2	50.9	51.9	60.2	65.7	61.4
Not Hispanic or Latino	29.4	51.8	54.9	60.3	61.5	67.5	70.7	71.0
White only	30.3	52.7	56.0	60.6	61.3	68.0	71.1	72.1
Black or African American only	23.8	46.0	47.7	59.2	64.4	66.0	71.0	67.9
Age, Hispanic origin, and race ⁴								
40–49 years:								
Hispanic or Latino	*15.3	45.1	44.0	52.6	47.5	55.2	61.6	54.2
Not Hispanic or Latino:								
White only	34.3	57.0	58.1	61.6	62.0	64.4	68.3	67.1
Black or African American only	27.8	48.4	48.0	55.6	67.2	65.0	69.2	60.9
50–64 years:								
Hispanic or Latino	23.0	47.5	61.7	59.2	60.1	67.2	69.7	66.4
Not Hispanic or Latino:								
White only	33.6	58.1	61.5	66.2	67.5	75.3	77.9	80.5
Black or African American only	26.4	48.4	52.4	65.5	63.6	71.2	75.0	77.7
65 years and over:								
Hispanic or Latino	*	41.1	40.9	*35.7	48.0	59.0	67.2	68.2
Not Hispanic or Latino:								
White only	24.0	43.8	49.1	54.7	54.9	64.3	66.8	68.3
Black or African American only	14.1	39.7	41.6	56.3	61.0	60.6	68.1	65.5
Age and poverty status ⁵								
40 years and over, crude:								
Poor	14.6	30.8	35.2	41.1	44.2	50.1	57.4	54.8
Near poor or nonpoor	31.3	54.1	57.5	61.8	63.4	69.1	71.7	72.1
40–49 years:								
Poor	18.4	32.2	33.0	36.1	43.0	44.8	51.3	47.4
Near poor or nonpoor	33.4	57.0	58.1	62.1	63.4	65.3	68.8	65.8
50–64 years:								
Poor	14.6	29.9	37.3	47.3	46.2	52.7	63.3	61.7
Near poor or nonpoor	34.1	58.5	63.0	66.8	68.8	76.1	77.9	80.3
65 years and over:								
Poor	13.1	30.8	35.2	40.4	43.9	51.9	57.6	54.8
Near poor or nonpoor	25.5	46.2	51.1	56.4	57.7	65.8	68.1	69.9

See footnotes at end of table.

Table 81 (page 2 of 2). Use of mammography for women 40 years of age and over according to selected characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1987	1990	1991	1993	1994	1998	1999	2000
Age and education ⁶								
Percent of women having a mammogram within the past 2 years ¹								
40 years and over, crude:								
No high school diploma or GED	17.8	36.4	40.0	46.4	48.2	54.5	56.7	57.7
High school diploma or GED	31.3	52.7	55.8	59.0	61.0	66.7	69.2	69.6
Some college or more	37.7	62.8	65.2	69.5	69.7	72.8	77.3	76.1
40–49 years of age:								
No high school diploma or GED	15.1	38.5	40.8	43.6	50.4	47.3	48.8	46.9
High school diploma or GED	32.6	53.1	52.0	56.6	55.8	59.1	60.8	59.0
Some college or more	39.2	62.3	63.7	66.1	68.7	68.3	74.4	70.5
50–64 years of age:								
No high school diploma or GED	21.2	41.0	43.6	51.4	51.6	58.8	62.3	66.3
High school diploma or GED	33.8	56.5	60.8	62.4	67.8	73.3	77.2	76.6
Some college or more	40.5	68.0	72.7	78.5	74.7	79.8	81.2	84.1
65 years of age and over:								
No high school diploma or GED	16.5	33.0	37.7	44.2	45.6	54.7	56.6	57.5
High school diploma or GED	25.9	47.5	54.0	57.4	59.1	66.8	68.4	72.0
Some college or more	32.3	56.7	57.9	64.8	64.3	71.3	77.1	74.1

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE greater than 30 percent.

--- Data not available.

¹Questions concerning use of mammography differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Mammography](#).

²Includes all other races not shown separately, unknown poverty status in 1987, and unknown education.

³Estimates are age adjusted to the year 2000 standard population using four age groups: 40–49 years, 50–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of women 40 years of age and over with a recent mammogram are: 0.1 percentage points higher for white women; 0.2 percentage points higher for black women; 3.6 percentage points lower for AI/AN women; and 1.1 percentage points higher for Asian and Pacific Islander women than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Poverty status was unknown for 11 percent of women 40 years of age and over in 1987. Missing family income data were imputed for 19–23 percent of women 40 years of age and over in 1990–94. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 35–39 percent of women 40 years of age and over in 1998–2000. Therefore, estimates by poverty for 1998–2000 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶Education categories shown are for 1998 and subsequent years. GED stands for General Educational Development high school equivalency diploma. In years prior to 1998 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. See [Appendix II, Education](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following supplements: cancer control (1987), health promotion and disease prevention (1990–91), and year 2000 objectives (1993–94). Starting in 1998 data are from the family core and sample adult questionnaires.

Table 82 (page 1 of 2). Use of Pap smears for women 18 years of age and over according to selected characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1987</i>	<i>1993</i>	<i>1994</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>
	Percent of women having a Pap smear within the past 3 years ¹					
18 years and over, age adjusted ^{2,3}	74.1	77.6	76.7	79.2	80.8	81.3
18 years and over, crude ²	74.4	77.6	76.6	79.1	80.8	81.3
Age						
18–44 years	83.3	84.4	82.7	84.4	86.8	84.9
18–24 years	74.8	77.6	76.4	73.6	76.8	73.7
25–44 years	86.3	86.2	84.4	87.6	89.9	88.5
45–64 years	70.5	77.3	77.3	81.4	81.7	84.6
45–54 years	75.7	82.2	81.7	83.7	83.8	86.3
55–64 years	65.2	70.6	70.9	78.0	78.4	82.0
65 years and over	50.8	58.0	57.6	59.8	61.0	64.6
65–74 years	57.9	64.7	64.9	67.0	70.0	71.6
75 years and over	40.4	47.8	47.3	51.2	50.8	56.8
Race ⁴						
18 years and over, crude:						
White only	74.1	77.2	76.3	78.9	80.6	81.4
Black or African American only	80.7	82.6	83.0	84.2	85.7	85.1
American Indian and Alaska Native only	85.4	78.2	73.3	74.6	92.2	76.9
Asian only	51.9	69.6	67.2	68.5	64.4	66.3
Native Hawaiian and Other Pacific Islander only	---	---	---	---	*	*
2 or more races	---	---	---	---	86.9	80.2
Hispanic origin and race ⁴						
18 years and over, crude:						
Hispanic or Latino	67.6	77.2	74.3	75.2	76.3	76.9
Not Hispanic or Latino	74.9	77.6	76.9	79.6	81.3	81.8
White only	74.7	77.2	76.5	79.3	81.0	81.9
Black or African American only	80.9	82.7	83.3	84.2	86.0	85.2
Age, Hispanic origin, and race ⁴						
18–44 years:						
Hispanic or Latino	73.9	80.9	80.6	76.4	77.0	78.2
Not Hispanic or Latino:						
White only	84.5	85.1	83.0	85.7	88.7	86.5
Black or African American only	89.1	88.1	89.1	88.9	90.8	88.5
45–64 years:						
Hispanic or Latino	57.7	76.2	70.2	78.3	79.5	77.7
Not Hispanic or Latino:						
White only	71.2	77.3	77.6	81.7	81.9	85.9
Black or African American only	76.2	80.3	81.9	84.1	84.6	85.7
65 years and over:						
Hispanic or Latino	41.7	57.3	44.1	59.8	63.7	66.9
Not Hispanic or Latino:						
White only	51.8	57.5	58.4	59.7	60.5	64.3
Black or African American only	44.8	61.5	60.9	61.7	64.5	67.3
Age and poverty status ⁵						
18 years and over, crude:						
Below poverty	64.2	69.4	68.1	69.8	73.6	72.1
Near or nonpoor	77.0	78.8	78.2	80.6	81.8	82.6
18–44 years:						
Below poverty	76.9	76.2	78.6	77.1	79.7	77.1
Near or nonpoor	85.0	86.0	83.6	85.7	88.0	86.2
45–64 years:						
Below poverty	53.6	66.2	61.8	67.6	73.1	73.5
Near or nonpoor	72.5	78.3	78.9	82.9	82.5	85.7
65 years and over:						
Below poverty	33.2	47.2	44.3	48.2	51.9	53.9
Near or nonpoor	55.8	59.6	60.8	61.7	62.3	66.2

See footnotes at end of table.

Table 82 (page 2 of 2). Use of Pap smears for women 18 years of age and over according to selected characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1987	1993	1994	1998	1999	2000
Age and education ⁶ Percent of women having a Pap smear within the past 3 years ¹						
25 years and over, crude:						
No high school diploma or GED	57.1	61.8	60.7	65.0	66.1	70.0
High school diploma or GED	76.4	78.1	75.8	77.4	79.3	79.9
Some college or more	84.0	84.3	85.1	86.9	87.8	88.1
25–44 years of age:						
No high school diploma or GED	75.1	73.4	73.3	76.8	79.0	79.6
High school diploma or GED	85.6	85.3	82.1	83.9	87.6	86.2
Some college or more	90.1	89.6	89.0	91.5	93.0	91.4
45–64 years of age:						
No high school diploma or GED	58.0	65.5	65.6	69.2	71.6	75.7
High school diploma or GED	72.3	77.6	75.8	81.0	79.8	81.8
Some college or more	80.1	83.1	84.7	85.5	85.7	89.0
65 years of age and over:						
No high school diploma or GED	44.0	50.8	48.0	52.4	51.8	56.7
High school diploma or GED	55.4	61.9	61.4	60.7	63.7	67.0
Some college or more	59.4	62.9	66.9	67.9	68.8	69.8

* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30 percent.

--- Data not available.

¹Questions concerning use of Pap smears differed slightly on the National Health Interview Survey across the years for which data are shown. See [Appendix II, Pap smear](#).

²Includes all other races not shown separately, unknown poverty status for 1987, and unknown education.

³Estimates are age adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standard of the percent of women 18 years of age and over with a recent Pap smear are: identical for white and black women; 0.4 percentage points lower for AI/AN women; and 1.5 percentage points higher for Asian and Pacific Islander women than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Poverty status was unknown for 9 percent of women 18 years of age and over in 1987. Missing family income data were imputed for 17–20 percent of women 18 years of age and over in 1990–94. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 32–35 percent of women 18 years of age and over in 1998–2000. Therefore, estimates by poverty for 1998–2000 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶Education categories shown are for 1998 and subsequent years. In years prior to 1998 the following categories based on number of years of school completed were used: less than 12 years, 12 years, 13 years or more. GED stands for General Educational Development high school equivalency diploma. See [Appendix II, Education](#).

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data starting in 1997 are not strictly comparable with data for earlier years due to the 1997 questionnaire redesign. See [Appendix I, National Health Interview Survey](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the following supplements: cancer control (1987), year 2000 objectives (1993–94). Starting in 1998 data are from the family core and sample adult questionnaires.

Table 83 (page 1 of 2). Visits to physician offices and hospital outpatient and emergency departments by selected characteristics: United States, selected years 1995–2002

[Data are based on reporting by a sample of office-based physicians and hospital outpatient and emergency departments]

Age, sex, and race	All places ¹				Physician offices			
	1995	2000	2001	2002	1995	2000	2001	2002
Number of visits in thousands								
Total	860,859	1,014,848	1,071,692	1,083,474	697,082	823,542	880,487	889,980
Under 18 years	194,644	212,165	216,202	232,665	150,351	163,459	168,663	183,027
18–44 years	285,184	315,774	317,826	314,440	219,065	243,011	244,288	240,432
45–64 years	188,320	255,894	279,955	283,521	159,531	216,783	239,106	242,142
45–54 years	104,891	142,233	154,518	155,910	88,266	119,474	130,795	131,806
55–64 years	83,429	113,661	125,437	127,610	71,264	97,309	108,310	110,336
65 years and over	192,712	231,014	257,709	252,848	168,135	200,289	228,430	224,380
65–74 years	102,605	116,505	126,828	122,476	90,544	102,447	112,978	109,331
75 years and over	90,106	114,510	130,881	130,372	77,591	97,842	115,452	115,049
Number of visits per 100 persons								
Total, age adjusted ²	334	374	385	384	271	304	316	316
Total, crude	329	370	383	383	266	300	314	314
Under 18 years	275	293	298	320	213	226	233	252
18–44 years	264	291	289	285	203	224	222	218
45–64 years	364	422	437	428	309	358	373	366
45–54 years	339	385	397	392	286	323	336	332
55–64 years	401	481	499	483	343	412	431	417
65 years and over	612	706	764	745	534	612	678	661
65–74 years	560	656	702	679	494	577	625	606
75 years and over	683	766	837	818	588	654	739	722
Sex and age								
Male, age adjusted ²	290	325	337	330	232	261	275	270
Male, crude	277	314	325	321	220	251	264	261
Under 18 years	273	302	302	321	209	231	235	254
18–44 years	190	203	207	198	139	148	152	145
45–54 years	275	316	327	324	229	260	273	270
55–64 years	351	428	429	415	300	367	371	359
65–74 years	508	614	670	652	445	539	598	580
75 years and over	711	771	852	773	616	670	758	685
Female, age adjusted ²	377	420	431	435	309	345	356	359
Female, crude	378	424	437	441	310	348	362	365
Under 18 years	277	285	295	319	217	221	231	250
18–44 years	336	377	370	370	265	298	291	290
45–54 years	400	451	464	458	339	384	397	390
55–64 years	446	529	563	545	382	453	485	471
65–74 years	603	692	728	702	534	609	648	628
75 years and over	666	763	828	847	571	645	726	746
Race and age ³								
White, age adjusted ²	339	380	402	393	282	315	338	330
White, crude	338	381	407	397	281	316	343	335
Under 18 years	295	306	322	336	237	243	260	272
18–44 years	267	301	305	295	211	239	242	234
45–54 years	334	386	410	401	286	330	354	346
55–64 years	397	480	513	489	345	416	451	431
65–74 years	557	641	722	676	496	568	651	611
75 years and over	689	764	858	811	598	658	764	720
Black or African American, age adjusted	309	353	327	409	204	239	212	283
Black or African American, crude	281	324	302	376	178	214	189	253
Under 18 years	193	264	201	304	100	167	102	196
18–44 years	260	257	266	298	158	149	154	173
45–54 years	387	383	397	397	281	269	286	281
55–64 years	414	495	476	528	294	373	341	386
65–74 years	553	656	567	*813	429	512	426	*659
75 years and over	534	745	632	*989	395	568	473	*812

See footnotes at end of table.

Table 83 (page 2 of 2). Visits to physician offices and hospital outpatient and emergency departments by selected characteristics: United States, selected years 1995–2002

[Data are based on reporting by a sample of office-based physicians and hospital outpatient and emergency departments]

Age, sex, and race	Hospital outpatient departments				Hospital emergency departments			
	1995	2000	2001	2002	1995	2000	2001	2002
Number of visits in thousands								
Total	67,232	83,289	83,715	83,339	96,545	108,017	107,490	110,155
Under 18 years	17,636	21,076	21,299	21,707	26,657	27,630	26,239	27,932
18–44 years	24,299	26,947	27,430	28,216	41,820	45,816	46,109	45,792
45–64 years	14,811	20,772	21,590	21,436	13,978	18,339	19,260	19,943
45–54 years	8,029	11,558	12,016	12,054	8,595	11,201	11,707	12,050
55–64 years	6,782	9,214	9,574	9,382	5,383	7,138	7,552	7,892
65 years and over	10,486	14,494	13,396	11,980	14,090	16,232	15,883	16,488
65–74 years	6,004	7,515	7,299	6,386	6,057	6,543	6,551	6,759
75 years and over	4,482	6,979	6,097	5,595	8,033	9,690	9,332	9,728
Number of visits per 100 persons								
Total, age adjusted ²	26	31	30	29	37	40	39	39
Total, crude	26	30	30	29	37	39	38	39
Under 18 years	25	29	29	30	38	38	36	38
18–44 years	22	25	25	26	39	42	42	42
45–64 years	29	34	34	32	27	30	30	30
45–54 years	26	31	31	30	28	30	30	30
55–64 years	33	39	38	35	26	30	30	30
65 years and over	33	44	40	35	45	50	47	49
65–74 years	33	42	40	35	33	37	36	37
75 years and over	34	47	39	35	61	65	60	61
Sex and age								
Male, age adjusted ²	21	26	25	24	37	38	37	37
Male, crude	21	25	24	23	36	38	37	37
Under 18 years	25	29	29	28	40	41	38	39
18–44 years	14	17	16	16	37	38	39	37
45–54 years	20	26	26	25	26	30	29	29
55–64 years	26	32	30	28	25	30	28	28
65–74 years	29	38	35	34	34	36	38	38
75 years and over	34	42	37	31	61	59	57	58
Female, age adjusted ²	31	35	35	35	37	41	40	41
Female, crude	31	35	35	35	37	41	40	41
Under 18 years	25	29	29	31	35	35	34	38
18–44 years	31	33	34	35	40	46	45	46
45–54 years	32	36	36	36	29	31	31	32
55–64 years	38	45	45	43	26	31	32	32
65–74 years	36	46	45	36	32	37	35	37
75 years and over	34	49	40	38	61	69	61	63
Race and age ³								
White, age adjusted ²	23	28	28	27	34	37	36	36
White, crude	23	28	28	27	34	37	36	36
Under 18 years	23	27	28	28	35	36	34	36
18–44 years	20	23	23	23	36	39	40	38
45–54 years	23	28	28	27	25	28	28	27
55–64 years	28	36	34	31	24	28	28	27
65–74 years	29	38	37	30	32	35	33	35
75 years and over	31	44	36	31	60	63	58	59
Black or African American, age adjusted	48	51	51	55	58	62	65	71
Black or African American, crude	45	48	49	53	58	62	64	70
Under 18 years	39	40	44	46	53	57	55	63
18–44 years	38	40	41	46	64	68	71	79
45–54 years	55	61	56	57	51	53	56	59
55–64 years	73	70	79	78	47	52	56	65
65–74 years	*77	85	70	87	47	59	71	68
75 years and over	66	85	67	85	73	92	91	92

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent. ¹All places includes visits to physician offices and hospital outpatient and emergency departments. ²Estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#). ³In 1999 the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one race could be checked. Estimates for race in this table are for visits where only one race was recorded. Estimates for visits where multiple races were checked are unreliable and are not presented.

NOTES: Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1 adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the Bureau of the Census. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. The difference between rates for 2000 computed using 1990-based postcensal estimates and rates computed using estimates based on 2000 census counts is minimal. See www.cdc.gov/nchs/about/major/ahcd/census2000.htm. Rates will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) and institutionalized persons are omitted from the denominator. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Table 84 (page 1 of 2). Injury-related visits to hospital emergency departments by sex, age, and intent and mechanism of injury: United States, average annual 1995–96, 1998–99, and 2001–2002

[Data are based on reporting by a sample of hospital emergency departments]

<i>Sex, age, and intent and mechanism of injury¹</i>	<i>1995–96</i>	<i>1998–99</i>	<i>2001–2002</i>	<i>1995–96</i>	<i>1998–99</i>	<i>2001–2002</i>
Both sexes	Injury-related visits in thousands			Injury-related visits per 10,000 persons		
All ages ^{2,3}	36,081	37,361	39,273	1,360.9	1,378.3	1,398.9
Male						
All ages ^{2,3}	20,030	20,445	21,421	1,530.7	1,535.2	1,556.3
Under 18 years ²	6,238	6,054	6,070	1,720.2	1,644.3	1,634.7
Unintentional injuries ⁴	5,478	5,190	4,817	1,510.5	1,409.7	1,297.2
Falls	1,402	1,247	1,267	386.5	338.7	341.3
Struck by or against objects or persons	1,011	1,398	1,378	278.9	379.7	371.1
Motor vehicle traffic	453	388	366	125.0	105.5	98.5
Cut or pierce	493	505	361	136.0	137.1	97.1
Intentional injuries	290	222	190	80.0	60.3	51.1
18–24 years ²	2,980	2,948	3,141	2,396.9	2,295.1	2,316.9
Unintentional injuries ⁴	2,423	2,319	2,170	1,948.7	1,805.3	1,600.8
Falls	299	333	323	240.8	259.5	238.6
Struck by or against objects or persons	387	389	436	311.0	303.1	321.7
Motor vehicle traffic	347	412	424	279.4	320.9	313.1
Cut or pierce	304	344	312	244.8	268.2	230.0
Intentional injuries	335	291	272	269.2	226.5	200.5
25–44 years ²	7,245	7,112	7,242	1,767.4	1,751.7	1,774.5
Unintentional injuries ⁴	5,757	5,391	4,811	1,404.3	1,327.8	1,178.8
Falls	817	847	841	199.4	208.6	206.1
Struck by or against objects or persons	619	819	765	151.0	201.6	187.5
Motor vehicle traffic	912	839	758	222.6	206.6	185.8
Cut or pierce	860	786	696	209.8	193.7	170.7
Intentional injuries	701	473	468	171.0	116.5	114.6
45–64 years ²	2,240	2,822	3,269	883.4	1,011.9	1,036.1
Unintentional injuries ⁴	1,845	2,213	2,132	727.6	793.4	675.6
Falls	445	569	469	175.6	204.0	148.5
Struck by or against objects or persons	186	197	245	73.3	70.6	77.6
Motor vehicle traffic	244	322	332	96.3	115.5	105.2
Cut or pierce	203	290	307	79.9	104.1	97.3
Intentional injuries	86	73	128	33.8	26.2	40.6
65 years and over ²	1,327	1,509	1,700	1,000.7	1,100.3	1,192.5
Unintentional injuries ⁴	1,009	1,151	1,203	760.6	839.3	844.3
Falls	505	584	591	380.9	426.0	414.6
Struck by or against objects or persons	*39	101	87	*29.4	73.3	60.7
Motor vehicle traffic	99	113	142	74.7	82.7	100.0
Cut or pierce	*81	85	91	*61.1	*61.7	63.5
Intentional injuries	*	16	18	*	*	*

See footnotes at end of table.

Table 84 (page 2 of 2). Injury-related visits to hospital emergency departments by sex, age, and intent and mechanism of injury: United States, average annual 1995–96, 1998–99, and 2001–2002

[Data are based on reporting by a sample of hospital emergency departments]

<i>Sex, age, and intent and mechanism of injury¹</i>	<i>1995–96</i>	<i>1998–99</i>	<i>2001–2002</i>	<i>1995–96</i>	<i>1998–99</i>	<i>2001–2002</i>
Female	Injury-related visits in thousands			Injury-related visits per 10,000 persons		
All ages ^{2,3}	16,051	16,917	17,852	1,186.4	1,217.6	1,238.5
Under 18 years ²	4,372	4,290	4,166	1,263.9	1,220.4	1,179.9
Unintentional injuries ⁴	3,760	3,598	3,119	1,087.0	1,023.4	883.3
Falls	1,040	964	867	300.7	274.2	245.5
Struck by or against objects or persons	477	689	611	137.9	196.1	172.9
Motor vehicle traffic	447	394	396	129.3	112.1	112.0
Cut or pierce	253	258	200	73.0	73.4	56.7
Intentional injuries	220	147	204	63.6	41.7	57.7
18–24 years ²	1,900	2,049	2,218	1,523.4	1,589.6	1,634.9
Unintentional injuries ⁴	1,430	1,464	1,493	1,146.7	1,135.8	1,100.1
Falls	268	208	252	214.5	161.7	185.6
Struck by or against objects or persons	134	169	174	107.4	130.8	128.4
Motor vehicle traffic	373	442	482	298.8	342.7	355.4
Cut or pierce	131	122	146	105.3	94.8	107.7
Intentional injuries	239	230	171	191.7	178.6	126.3
25–44 years ²	5,098	5,257	5,515	1,205.8	1,246.7	1,310.5
Unintentional injuries ⁴	3,877	3,820	3,520	916.8	906.1	836.4
Falls	817	908	807	193.3	215.5	191.8
Struck by or against objects or persons	380	405	384	89.8	95.9	91.2
Motor vehicle traffic	872	794	851	206.2	188.4	202.2
Cut or pierce	338	472	373	79.8	111.9	88.5
Intentional injuries	422	422	375	99.8	100.2	89.2
45–64 years ²	2,369	2,802	3,270	873.7	940.4	974.2
Unintentional injuries ⁴	1,857	2,109	2,221	685.2	707.9	661.5
Falls	600	706	750	221.5	237.0	223.3
Struck by or against objects or persons	160	193	210	58.8	64.8	62.6
Motor vehicle traffic	343	317	375	126.5	106.4	111.6
Cut or pierce	127	214	198	46.9	71.8	58.9
Intentional injuries	*64	111	83	*23.5	37.4	24.7
65 years and over ²	2,313	2,518	2,682	1,256.1	1,346.8	1,369.4
Unintentional injuries ⁴	1,931	2,016	1,997	1,049.0	1,078.1	1,019.8
Falls	1,230	1,258	1,231	667.9	672.7	628.3
Struck by or against objects or persons	82	119	158	44.8	63.6	80.6
Motor vehicle traffic	169	148	166	91.6	79.3	85.0
Cut or pierce	*42	73	63	*22.7	*39.0	*32.0
Intentional injuries	*	34	23	*	*	*

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent.

¹Intent and mechanism of injury are based on the first-listed external cause of injury code (E code). Intentional injuries include suicide attempts and assaults. See [Appendix II](#), First-listed external cause of injury and [Appendix II, table VII](#) for listing of E codes.

²Includes all injury-related visits not shown separately in table including those with undetermined intent (0.4 percent in 2001–02), insufficient or no information to code cause of injury (20.9 percent in 2001–02), and resulting from adverse effects of medical treatment (3.6 percent in 2001–02).

³Rates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–24 years, 25–44 years, 45–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

⁴Includes unintentional injury-related visits with mechanism of injury not shown in table.

NOTES: An emergency department visit was considered injury related if the checkbox for injury was indicated, the physician's diagnosis was injury related (ICD–9-CM 800–999), an external cause of injury code was present (ICD–9-CM E800–E999), or the patient's reason for the visit was injury related. Rates for 1995–2000 were computed using 1990-based postcensal estimates of the civilian noninstitutionalized population as of July 1 adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the Bureau of the Census. Rates for 2001 and 2002 were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1. The difference between rates for 2000 computed using 1990-based postcensal estimates and rates computed using estimates based on 2000 census counts is minimal. See www.cdc.gov/nchs/about/major/ahcd/census2000.htm. Rates will be overestimated to the extent that visits by institutionalized persons are counted in the numerator (for example, hospital emergency department visits by nursing home residents) and institutionalized persons are omitted from the denominator. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table 85 (page 1 of 3). Visits to primary care and specialist physicians, according to selected characteristics and type of physician: United States, 1980, 1990, 2000, and 2002

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care physician ¹							
	All primary care				General and family practice			
	1980	1990	2000	2002	1980	1990	2000	2002
Percent of all physician office visits								
Total	56.6	54.9	51.1	54.1	33.5	29.9	24.1	24.1
Under 18 years	76.6	78.3	78.6	78.1	26.1	26.5	19.9	16.4
18–44 years	43.6	44.3	41.7	45.1	34.3	31.9	28.2	29.1
45–64 years	56.0	50.9	46.7	48.8	36.3	32.1	26.4	27.5
45–54 years	54.6	49.4	46.7	49.4	37.4	32.0	27.8	28.2
55–64 years	57.3	52.4	46.7	48.1	35.4	32.1	24.7	26.8
65 years and over	60.3	51.5	45.0	50.0	37.5	28.1	20.2	21.2
65–74 years	59.5	51.2	44.6	50.1	37.4	28.1	19.7	22.1
75 years and over	61.3	51.8	45.4	49.9	37.6	28.0	20.8	20.4
Sex and age								
Male:								
Under 18 years	77.1	77.9	77.4	77.2	25.6	24.1	18.3	15.5
18–44 years	50.5	51.7	50.4	55.5	38.0	35.9	34.2	36.3
45–64 years	55.0	50.5	48.9	50.3	34.4	31.0	28.7	28.6
65 years and over	57.9	51.1	43.1	47.1	35.6	27.7	19.3	21.7
Female:								
Under 18 years	76.0	78.8	79.9	79.1	26.6	29.1	21.7	17.5
18–44 years	40.4	41.0	37.6	40.0	32.5	30.0	25.3	25.5
45–64 years	56.7	51.1	45.2	47.7	37.7	32.8	24.9	26.8
65 years and over	61.8	51.7	46.3	51.8	38.7	28.3	20.9	20.9
Race and age ²								
White:								
Under 18 years	76.5	78.2	77.3	77.7	26.4	27.1	21.2	17.5
18–44 years	43.8	43.2	41.0	45.8	34.5	31.9	29.2	30.1
45–64 years	55.4	49.4	44.6	47.6	36.0	31.5	27.3	28.3
65 years and over	60.0	50.7	43.6	48.4	36.6	27.5	20.3	22.1
Black or African American:								
Under 18 years	77.1	82.1	86.4	78.4	23.7	20.2	*	11.2
18–44 years	41.4	50.4	44.3	39.4	31.7	31.9	22.0	24.2
45–64 years	61.3	58.2	59.4	58.1	38.6	31.2	23.3	22.3
65 years and over	63.3	57.8	52.1	66.4	49.0	28.9	*18.5	*

See footnotes at end of table.

Table 85 (page 2 of 3). Visits to primary care and specialist physicians, according to selected characteristics and type of physician: United States, 1980, 1990, 2000, and 2002

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of primary care physician ¹							
	Internal medicine				Pediatrics			
	1980	1990	2000	2002	1980	1990	2000	2002
Percent of all physician office visits								
Total	12.1	13.8	15.3	17.6	10.9	11.2	11.7	12.4
Under 18 years	2.0	2.9	*	*	48.5	48.9	57.3	59.5
18–44 years	8.6	11.8	12.7	15.4	0.7	0.7	*0.9	0.7
45–64 years	19.5	18.6	20.1	21.2	*	*	*	*
45–54 years	17.1	17.1	18.7	21.1	*	*	*	*
55–64 years	21.8	20.0	21.7	21.4	*	*	*	*
65 years and over	22.7	23.3	24.5	28.7	*	*	*	*
65–74 years	22.1	23.0	24.5	28.0	*	*	*	*
75 years and over	23.5	23.7	24.5	29.5	*	*	*	*
Sex and age								
Male:								
Under 18 years	2.0	3.0	*	*	49.4	50.7	58.0	60.0
18–44 years	11.5	15.0	14.4	18.1	*	*	*1.7	*1.1
45–64 years	20.5	19.2	19.8	21.6	*	*	*	*
65 years and over	22.3	23.3	23.8	25.4	*	*	*	*
Female:								
Under 18 years	2.0	2.8	*	*	47.4	46.9	56.5	58.9
18–44 years	7.3	10.3	11.9	14.0	*	*	*	*0.5
45–64 years	18.9	18.2	20.2	20.9	*	*	*	*
65 years and over	22.9	23.3	25.0	31.0	*	*	*	*
Race and age ²								
White:								
Under 18 years	2.0	2.3	*	*	48.2	48.8	54.7	57.7
18–44 years	8.6	10.6	11.0	15.1	*	*	*0.8	0.6
45–64 years	19.2	17.6	17.1	19.2	*	*	*	*
65 years and over	23.3	23.1	23.0	26.3	*	*	*	*
Black or African American:								
Under 18 years	*	*	*	*	51.2	52.1	75.0	66.7
18–44 years	9.0	18.1	20.9	*14.5	*	*	*	*
45–64 years	22.6	26.9	35.9	35.8	*	*	*	*
65 years and over	14.2	28.7	33.4	*51.1	*	*	*	*

See footnotes at end of table.

Table 85 (page 3 of 3). Visits to primary care and specialist physicians, according to selected characteristics and type of physician: United States, 1980, 1990, 2000, and 2002

[Data are based on reporting by a sample of office-based physicians]

Age, sex, and race	Type of specialist physician ¹											
	All specialists				Obstetrics and gynecology				All other specialists			
	1980	1990	2000	2002	1980	1990	2000	2002	1980	1990	2000	2002
	Percent of all physician office visits											
Total	43.4	45.1	48.9	45.9	9.6	9.0	7.9	7.9	33.8	36.1	40.9	38.0
Under 18 years	23.4	21.7	21.4	21.9	1.3	1.2	*1.1	*1.1	22.2	20.5	20.3	20.8
18–44 years	56.4	55.7	58.3	54.9	21.7	21.5	20.7	21.0	34.7	34.1	37.5	33.9
45–64 years	44.0	49.1	53.3	51.2	4.2	4.8	4.6	6.0	39.8	44.3	48.8	45.2
45–54 years	45.4	50.6	53.3	50.6	5.6	6.5	5.6	7.5	39.8	44.2	47.7	43.1
55–64 years	42.7	47.6	53.3	51.9	2.9	3.2	3.3	4.1	39.8	44.4	50.1	47.7
65 years and over	39.7	48.5	55.0	50.0	1.4	1.2	1.5	*1.5	38.4	47.3	53.5	48.6
65–74 years	40.5	48.8	55.4	49.9	1.7	1.6	2.1	*2.1	38.8	47.2	53.4	47.9
75 years and over	38.7	48.2	54.6	50.1	1.0	*0.7	*1.0	*0.9	37.7	47.5	53.6	49.2
Sex and age												
Male:												
Under 18 years	22.9	22.1	22.6	22.8	...	...	...	...	22.7	21.9	22.3	22.8
18–44 years	49.5	48.3	49.6	44.5	...	...	...	...	49.2	48.2	48.5	44.5
45–64 years	45.0	49.5	51.1	49.7	...	...	...	...	44.4	49.4	50.6	49.7
65 years and over	42.1	48.9	56.9	52.9	...	...	...	...	41.8	48.8	56.9	52.9
Female:												
Under 18 years	24.0	21.2	20.1	20.9	2.5	2.3	2.1	*2.3	21.5	18.9	18.0	18.6
18–44 years	59.6	59.0	62.4	60.0	31.7	31.4	30.2	31.3	27.9	27.6	32.2	28.7
45–64 years	43.3	48.9	54.8	52.3	6.7	7.9	7.3	10.1	36.6	40.9	47.5	42.2
65 years and over	38.2	48.3	53.7	48.2	2.1	1.9	2.6	*2.4	36.1	46.4	51.1	45.7
Race and age ²												
White:												
Under 18 years	23.5	21.8	22.7	22.3	1.1	1.0	*1.2	1.0	22.4	20.8	21.5	21.3
18–44 years	56.2	56.8	59.0	54.2	21.0	21.8	20.8	19.9	35.2	35.0	38.2	34.3
45–64 years	44.6	50.6	55.4	52.4	4.1	4.9	4.8	6.0	40.4	45.7	50.6	46.4
65 years and over	40.0	49.3	56.4	51.6	1.4	1.3	1.5	*1.6	38.6	48.1	54.9	50.0
Black or African American:												
Under 18 years	22.9	17.9	*13.6	*21.6	2.8	*3.4	*	*	20.1	14.5	*12.7	*19.4
18–44 years	58.6	49.6	55.7	60.6	27.1	18.6	20.7	30.9	31.5	31.0	35.0	29.7
45–64 years	38.7	41.8	40.6	41.9	4.8	4.0	*2.4	*5.5	33.9	37.9	38.3	36.5
65 years and over	36.7	42.2	47.9	*33.6	*	*	*	*	35.4	41.3	47.0	*32.7

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

... Category not applicable.

¹Type of physician is based on physician's self-designated primary area of practice. Primary care physicians are defined as practitioners in the fields of general and family practice, general internal medicine, and general pediatrics. Primary care physicians in general and family practice exclude specialists such as sports medicine and geriatrics. Primary care internal medicine physicians exclude internal medicine specialists such as allergists, cardiologists, endocrinologists, etc. Primary care pediatricians exclude pediatric specialists such as adolescent medicine specialists, neonatologists, pediatric allergists, pediatric cardiologists, etc. Specialist physicians include obstetricians and gynecologists in addition to other specialists not included in general and family practice, internal medicine, pediatrics, and all other specialists. See [Appendix II, Physician specialty](#).

²Beginning in 1999 the instruction for the race item on the Patient Record Form was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for visits where only one race was recorded. Estimates for visits where multiple races were checked are unreliable and are not presented.

NOTES: This table presents data on visits to physician offices and excludes visits to other sites such as hospital outpatient and emergency departments. In 1980 the survey excluded Alaska and Hawaii. Data for all other years include all 50 States. Excludes visits with type of physician unknown. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey.

Table 86 (page 1 of 2). Prescription drug use in the past month by sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2000

[Data are based on a sample of the civilian noninstitutionalized population]

Sex and age	Not Hispanic or Latino							
	All persons ¹		White		Black or African American		Mexican ²	
	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000
Percent of population with at least one prescription drug in past month								
Both sexes, age adjusted ³	39.1	44.3	41.1	47.4	36.9	40.1	31.7	32.0
Male	32.7	38.8	34.2	41.7	31.1	34.1	27.5	26.6
Female	45.0	49.4	47.6	52.9	41.4	44.9	36.0	37.1
Both sexes, crude	37.8	43.0	41.4	48.2	31.2	34.6	24.0	24.1
Male	30.6	36.7	33.5	41.5	25.5	28.3	20.1	19.7
Female	44.6	49.2	48.9	54.8	36.2	40.2	28.1	28.8
Under 18 years	20.5	24.1	22.9	27.2	14.8	19.2	16.1	16.4
18–44 years	31.3	34.7	34.3	39.6	27.8	26.5	21.1	19.4
45–64 years	54.8	62.1	55.5	63.5	57.5	61.7	48.1	51.2
65 years and over	73.6	83.9	74.0	84.5	74.5	86.7	67.7	69.1
Male:								
Under 18 years	20.4	25.8	22.3	29.5	15.5	20.4	16.3	17.2
18–44 years	21.5	25.4	23.5	29.4	21.1	17.9	14.9	13.7
45–64 years	47.2	53.6	48.1	55.0	48.2	50.6	43.8	40.2
65 years and over	67.2	81.1	67.4	81.6	64.4	83.1	61.3	62.3
Female:								
Under 18 years	20.6	22.2	23.6	24.8	14.2	17.9	16.0	15.7
18–44 years	40.7	43.8	44.7	49.6	33.4	33.8	28.1	25.7
45–64 years	62.0	69.8	62.6	72.0	64.4	70.4	52.2	60.7
65 years and over	78.3	86.0	78.8	86.6	81.3	89.4	73.0	74.7
Percent of population with three or more prescription drugs in past month								
Both sexes, age adjusted ³	11.8	16.5	12.4	17.4	12.6	16.2	9.0	10.4
Male	9.4	13.2	9.9	14.0	10.2	15.2	7.0	8.9
Female	13.9	19.4	14.6	20.7	14.3	17.1	11.0	11.7
Both sexes, crude	11.0	15.5	12.5	18.0	9.2	12.1	4.8	5.6
Male	8.3	11.8	9.5	13.9	7.0	10.4	3.4	4.5
Female	13.6	19.2	15.4	22.0	11.1	13.6	6.4	6.7
Under 18 years	2.4	3.7	3.2	4.1	1.5	*2.5	*1.2	2.0
18–44 years	5.7	7.5	6.3	9.4	5.4	*5.0	3.0	*
45–64 years	20.0	29.5	20.9	30.1	21.9	29.9	16.0	19.5
65 years and over	35.3	47.6	35.0	47.4	41.2	55.4	31.3	37.1
Male:								
Under 18 years	2.6	3.1	3.3	*3.5	1.7	*	*	2.4
18–44 years	3.6	4.9	4.1	6.3	4.2	*	*1.8	*
45–64 years	15.1	22.4	15.8	23.4	18.7	27.1	11.6	*17.4
65 years and over	31.3	43.9	30.9	43.0	31.7	56.6	27.6	31.5
Female:								
Under 18 years	2.3	4.3	3.0	*4.8	*1.2	*	*1.5	*1.6
18–44 years	7.6	10.1	8.5	12.4	6.4	*	4.3	*
45–64 years	24.7	35.9	25.8	36.9	24.3	32.0	20.3	21.3
65 years and over	38.2	50.3	38.0	50.6	47.7	54.5	34.5	41.6

See footnotes at end of table.

Table 86 (page 2 of 2). Prescription drug use in the past month by sex, age, race, and Hispanic origin: United States, 1988–94 and 1999–2000

[Data are based on a sample of the civilian noninstitutionalized population]

Sex and age	Not Hispanic or Latino							
	All persons ¹		White		Black or African American		Mexican ²	
	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000	1988–94	1999–2000
Standard errors for percent of population with at least one prescription drug in past month ⁴								
Both sexes, age adjusted ³	0.5	1.0	0.7	1.1	0.6	1.4	0.8	1.2
Male	0.6	1.4	0.8	1.6	0.9	2.1	0.9	1.7
Female	0.6	1.1	0.9	1.3	0.9	1.8	1.0	1.5
Both sexes, crude	0.5	1.1	0.7	1.1	0.6	1.6	0.8	1.4
Male	0.7	1.4	0.9	1.6	0.9	2.3	0.9	1.6
Female	0.7	1.2	1.0	1.3	0.9	1.8	0.7	1.9
Under 18 years	0.8	1.3	1.3	2.0	0.7	1.2	0.6	1.3
18–44 years	0.8	1.7	1.0	1.6	0.9	2.4	1.1	2.0
45–64 years	1.0	1.9	1.1	2.2	1.6	3.7	2.0	3.9
65 years and over	0.9	1.3	1.0	1.5	1.5	1.7	2.7	3.9
Male:								
Under 18 years	1.0	1.8	1.4	2.6	1.0	1.5	0.9	1.5
18–44 years	1.0	2.1	1.3	2.4	1.3	3.4	1.2	2.4
45–64 years	1.4	2.7	1.7	3.0	2.2	5.3	2.5	5.3
65 years and over	1.6	2.2	1.8	2.5	2.6	4.1	2.7	4.8
Female:								
Under 18 years	1.0	1.5	1.6	2.3	0.8	1.6	0.9	2.4
18–44 years	1.0	2.4	1.5	2.8	1.3	3.0	1.2	2.3
45–64 years	1.4	2.4	1.7	3.0	2.0	4.8	3.3	4.7
65 years and over	1.1	1.8	1.2	1.9	1.8	2.8	3.4	4.4
Standard errors for percent of population with three or more prescription drugs in past month ⁴								
Both sexes, age adjusted ³	0.2	0.7	0.3	0.8	0.5	1.0	0.4	0.9
Male	0.3	0.8	0.4	1.0	0.6	1.5	0.5	1.2
Female	0.4	0.9	0.4	1.0	0.7	1.2	0.7	1.1
Both sexes, crude	0.3	0.7	0.4	0.9	0.5	1.0	0.3	0.5
Male	0.3	0.8	0.4	1.0	0.5	1.3	0.3	0.7
Female	0.4	0.9	0.6	1.1	0.7	1.3	0.4	0.7
Under 18 years	0.3	0.5	0.5	0.8	0.2	0.6	0.3	0.3
18–44 years	0.3	0.8	0.4	1.0	0.4	1.3	0.3	*
45–64 years	0.8	1.7	0.9	2.1	1.1	2.6	1.3	2.4
65 years and over	0.9	1.9	1.0	2.3	2.2	3.1	2.2	3.7
Male:								
Under 18 years	0.4	0.5	0.6	0.9	0.3	*	*	0.4
18–44 years	0.5	0.9	0.6	1.2	0.6	*	0.4	*
45–64 years	1.0	2.6	1.2	3.0	1.4	4.6	1.8	3.6
65 years and over	1.3	2.7	1.4	3.1	2.3	4.5	3.0	4.8
Female:								
Under 18 years	0.3	0.9	0.5	1.3	0.3	*	0.4	0.4
18–44 years	0.5	1.3	0.7	1.6	0.7	*	0.5	*
45–64 years	1.1	2.3	1.3	2.7	1.6	3.4	2.3	3.6
65 years and over	1.3	2.1	1.4	2.5	3.0	5.0	3.2	4.1

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

¹Includes persons of all races and Hispanic origins, not just those shown separately.

²Persons of Mexican origin may be of any race.

³Age adjusted to the 2000 standard population using four age groups: Under 18, 18–44, 45–64, and 65 years and over. See [Appendix II, Age adjustment](#).

⁴Standard errors of estimates are shown. 1999–2000 estimates are based on a smaller sample size than estimates for 1988–94 and therefore are subject to greater sampling error.

NOTES: Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The two non-Hispanic race categories shown in the table conform to 1997 Standards. The 1999–2000 race-specific estimates are for persons who reported only one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999–2000 estimates can be seen by comparing 1999–2000 data tabulated according to the two Standards: Estimates based on the 1977 Standards of the percent of the population, age adjusted, are: 0.2 percentage points higher for white males; 0.1 percentage points lower for white females; 0.1 percentage points lower for black males; and 0.1 percentage points higher for black females than estimates based on the 1997 Standards. See [Appendix II, Race](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 87 (page 1 of 3). Selected prescription and nonprescription drugs recorded during physician office visits and hospital outpatient department visits, by age and sex: United States, 1995–96 and 2001–02

[Data are based on a sample of visit records from physician offices and hospital outpatient departments]

Age group and National Drug Code (NDC) therapeutic class ¹ (common reasons for use)	Total		Male		Female	
	1995–96	2001–02	1995–96	2001–02	1995–96	2001–02
All ages						
Drug visits ³	189.8	218.6	156.5	180.3	221.5	255.0
Visits with at least one drug per 100 population ²						
Number of drugs per 100 population ⁴						
Total number of drugs ⁵	400.3	521.4	321.1	424.0	475.6	614.0
NSAID ⁶ (pain relief)	19.9	26.9	16.0	21.8	23.7	31.8
Antidepressants (depression and related disorders)	13.8	23.8	9.1	15.4	18.2	31.8
Antihistamines (allergies)	13.7	21.7	10.8	17.9	16.4	25.2
Antiasthmatics/bronchodilators (asthma, breathing)	13.0	20.1	11.7	18.2	14.3	22.0
Nonnarcotic analgesics (pain relief)	14.4	18.3	13.0	17.1	15.7	19.4
Blood glucose/sugar regulators (diabetes)	9.5	17.1	8.6	16.6	10.4	17.5
Hyperlipidemia (high cholesterol)	5.4	16.8	5.4	17.7	5.4	16.0
Hypertension control drugs, not otherwise specified (high blood pressure)	6.0	16.4	4.1	14.3	7.8	18.5
Acid/peptic disorders (gastrointestinal reflux, ulcers)	12.0	15.9	9.8	13.0	14.1	18.8
ACE inhibitors (high blood pressure, heart disease)	9.6	15.2	9.0	14.7	10.2	15.6
Penicillins (bacterial infections)	16.6	13.7	15.5	12.8	17.7	14.7
Diuretics (high blood pressure, heart disease)	10.2	12.7	7.8	10.5	12.6	14.8
Vitamins/minerals (dietary supplements)	9.3	12.6	3.4	7.4	14.8	17.5
Calcium channel blockers (high blood pressure, heart disease)	12.0	12.3	10.4	10.6	13.4	13.9
Estrogens/progestins (menopause, hot flashes) . . . . .	...	...	...	...	19.8	22.7
Under 18 years						
Drug visits ³	153.9	168.4	152.3	167.3	155.6	169.5
Visits with at least one drug per 100 population ²						
Number of drugs per 100 population ⁴						
Total number of drugs ⁵	261.3	317.2	255.6	313.2	267.3	321.4
Penicillins (bacterial infections)	37.2	32.5	36.4	31.4	38.0	33.7
Antihistamines (allergies)	17.5	25.2	16.7	26.0	18.4	24.3
Antiasthmatics/bronchodilators (asthma, breathing)	13.4	22.5	14.8	25.1	11.9	19.7
Erythromycins/lincosamides (infections)	10.2	12.7	11.0	11.9	9.4	13.5
NSAID ⁶ (pain relief)	7.4	12.2	6.9	11.6	7.9	12.8
Nonnarcotic analgesics (pain relief)	12.1	11.1	10.4	11.8	13.9	10.4
Antitussives/expectorants (cough and cold, congestion)	11.8	10.8	11.0	10.8	12.7	10.8
Cephalosporins (bacterial infections)	18.1	10.2	18.8	10.5	17.3	10.0
Nasal decongestants (congestion)	14.0	9.7	12.4	10.2	15.7	9.2
Anorexiant/CNS stimulants (attention deficit disorder, hyperactivity)	3.9	7.4	5.6	10.6	2.1	4.1
18–44 years						
Drug visits ³	136.2	146.9	90.0	100.8	180.4	191.9
Visits with at least one drug per 100 population ²						
Number of drugs per 100 population ⁴						
Total number of drugs ⁵	251.0	292.3	168.8	204.1	331.2	378.4
Antidepressants (depression and related disorders)	14.0	23.4	9.3	14.3	18.5	32.3
NSAID ⁶ (pain relief)	16.7	18.5	14.5	15.0	18.8	22.0
Antihistamines (allergies)	10.8	17.1	7.5	12.1	14.1	21.9
Narcotic analgesics (pain)	11.7	12.3	10.8	11.0	12.7	13.6
Nonnarcotic analgesics (pain relief)	6.0	6.2	4.5	4.6	7.4	7.8
Antiasthmatics/bronchodilator (asthma, breathing)	6.8	10.5	3.3	7.1	10.2	13.7
Vitamins/minerals (dietary supplements)	11.8	9.7	1.1	1.9	22.3	17.3
Nasal corticosteroid inhalants (asthma, breathing, allergies)	4.7	9.3	3.3	7.1	6.1	11.4
Acid/peptic disorders (gastrointestinal reflux, ulcers)	6.6	7.8	5.3	6.8	7.9	8.8
Penicillins (bacterial infections)	9.5	7.5	7.0	5.5	11.9	9.5
Antitussives/expectorants (cough and cold, congestion)	7.7	7.4	5.8	6.2	9.5	8.5
Contraceptive agents (prevent pregnancy) . . . . .	...	...	...	...	13.4	19.1

See footnotes at end of table.

Table 87 (page 2 of 3). Selected prescription and nonprescription drugs recorded during physician office visits and hospital outpatient department visits, by age and sex: United States, 1995–96 and 2001–02

[Data are based on a sample of visit records from physician offices and hospital outpatient departments]

Age group and National Drug Code (NDC) therapeutic class ¹ (common reasons for use)	Total		Male		Female	
	1995–96	2001–02	1995–96	2001–02	1995–96	2001–02
Age 45–64 years						
Drug visits ³	222.4	264.6	185.0	215.7	257.4	310.6
Visits with at least one drug per 100 population ²						
Number of drugs per 100 population ⁴						
Total number of drugs ⁵	505.1	667.6	403.2	533.5	600.4	793.7
NSAID ⁶ (pain relief)	30.3	39.2	23.9	33.9	36.4	44.2
Antidepressants (depression and related disorders)	23.5	37.7	14.9	24.7	31.5	49.9
Blood glucose/sugar regulators (diabetes)	17.7	30.4	16.7	30.3	18.7	30.5
Hyperlipidemia (high cholesterol)	10.4	30.4	12.0	34.0	8.8	27.0
Hypertension control drugs, not otherwise specified (high blood pressure)	9.4	27.1	7.0	25.1	11.7	29.0
Acid/peptic disorders (gastrointestinal reflux, ulcers)	19.8	25.2	18.3	20.0	21.3	30.0
ACE inhibitors (high blood pressure, heart disease)	16.8	25.1	17.6	26.3	16.0	24.0
Antihistamines (allergies)	13.5	23.9	9.1	16.7	17.7	30.8
Narcotic analgesics (pain relief)	17.5	22.5	17.0	19.2	18.0	25.5
Nonnarcotic analgesics (pain relief)	16.3	21.4	15.6	21.3	17.0	21.5
Antiasthmatics/bronchodilators (asthma, breathing)	14.4	20.5	11.4	13.9	17.1	26.7
Beta blockers (high blood pressure, heart disease)	10.6	19.1	10.0	16.8	11.2	21.3
Calcium channel blockers (high blood pressure, heart disease)	19.3	17.6	19.9	18.2	18.8	17.1
Diuretics (high blood pressure, heart disease)	13.5	16.8	11.2	14.6	15.7	18.8
Antianxiety agents (anxiety and related disorders)	13.6	14.2	9.4	10.7	17.6	17.5
Estrogens/progestins (menopause, hot flashes) . . . . .	...	...	...	...	55.7	53.9
Age 65 years and over						
Drug visits ³	399.4	470.8	378.1	439.2	414.7	493.8
Visits with at least one drug per 100 population ²						
Number of drugs per 100 population ⁴						
Total number of drugs ⁵	1,047.4	1,422.9	956.9	1,309.5	1,112.5	1,505.4
Hyperlipidemia (high cholesterol)	24.7	71.3	25.1	79.5	24.5	65.3
Hypertension control drugs, not otherwise specified (high blood pressure)	29.1	69.8	22.7	62.3	33.8	75.2
Nonnarcotic analgesics (pain relief)	44.9	66.7	49.0	69.4	42.0	64.7
Diuretics (high blood pressure, heart disease)	55.2	65.6	48.5	61.7	60.0	68.4
ACE inhibitors (high blood pressure, heart disease)	42.6	64.7	41.2	66.5	43.6	63.4
NSAID ⁶ (pain relief)	41.8	62.2	31.9	47.5	49.0	72.9
Blood glucose/sugar regulators (diabetes)	37.5	62.0	38.0	69.9	37.1	56.3
Calcium channel blockers (high blood pressure, heart disease)	57.3	59.6	52.2	52.3	60.9	64.9
Beta blockers (high blood pressure, heart disease)	25.5	54.2	23.6	54.0	26.8	54.4
Acid/peptic disorders (gastrointestinal reflux, ulcers)	42.2	53.3	36.0	48.2	46.6	56.9
Antiasthmatics/bronchodilators (asthma, breathing)	31.3	45.9	37.1	52.1	27.0	41.5
Thyroid/antithyroid (hyper- and hypothyroidism)	22.2	30.4	10.0	12.1	31.0	43.7
Antidepressants (depression and related disorders)	23.5	39.0	16.7	26.2	28.5	48.3
Estrogens/progestins (menopause, hot flashes) . . . . .	...	...	...	...	37.1	47.4
65–74 years						
Drug visits ³	362.8	432.5	323.0	398.3	394.9	460.8
Visits with at least one drug per 100 population ²						
Number of drugs per 100 population ⁴						
Total number of drugs ⁵	930.5	1,273.1	804.7	1,175.2	1,032.1	1,354.4
Blood glucose/sugar regulators (diabetes)	35.7	66.7	32.4	77.9	38.4	57.5
Hyperlipidemia (high cholesterol)	27.3	77.2	27.1	86.5	27.4	69.4
Nonnarcotic analgesics (pain relief)	38.0	56.0	40.5	63.2	35.9	50.1
NSAID ⁶ (pain relief)	42.0	59.1	31.2	50.3	50.8	66.4
ACE inhibitors (high blood pressure, heart disease)	37.1	62.0	35.6	63.8	38.3	60.4
Diuretics (high blood pressure, heart disease)	40.0	44.1	32.3	43.0	46.3	45.1
Calcium channel blockers (high blood pressure, heart disease)	48.9	53.5	46.2	49.3	51.2	57.0
Acid/peptic disorders (gastrointestinal reflux, ulcers)	38.7	51.1	30.6	44.2	45.2	56.9
Hypertension control drugs, not otherwise specified (high blood pressure)	24.8	65.3	19.2	58.6	29.3	70.9
Beta blockers (high blood pressure, heart disease)	23.7	50.8	20.7	54.2	26.1	48.0
Antiasthmatics/bronchodilators (asthma, breathing)	31.1	42.7	33.0	42.9	29.5	42.5
Antidepressants (depression and related disorders)	22.7	36.9	14.2	25.4	29.6	46.5
Vitamins/minerals (dietary supplements)	14.5	33.3	10.8	31.0	17.5	35.3
Estrogens/progestins (menopause, hot flashes) . . . . .	...	...	...	...	47.5	59.1

See footnotes at end of table.

Table 87 (page 3 of 3). Selected prescription and nonprescription drugs recorded during physician office visits and hospital outpatient department visits, by age and sex: United States, 1995–96 and 2001–02

[Data are based on a sample of visit records from physician offices and hospital outpatient departments]

Age group and National Drug Code (NDC) therapeutic class ¹ (common reasons for use)	Total		Male		Female	
	1995–96	2001–02	1995–96	2001–02	1995–96	2001–02
Age 75 years and over	Visits with at least one drug per 100 population ²					
Drug visits ³	449.2	514.6	466.3	494.3	438.7	527.3
	Number of drugs per 100 population ⁴					
Total number of drugs ⁵	1,206.8	1,594.2	1,200.9	1,490.8	1,210.4	1,658.7
Diuretics (high blood pressure, heart disease)	75.8	90.1	74.5	87.1	76.6	92.0
Nonnarcotic analgesics (pain relief)	54.4	79.0	62.6	77.9	49.4	79.6
Hypertension control drugs, not otherwise specified (high blood pressure)	35.1	74.9	28.4	67.4	39.2	79.6
ACE inhibitors (high blood pressure, heart disease)	50.2	67.9	50.2	70.2	50.1	66.4
Calcium channel blockers (high blood pressure, heart disease)	68.6	66.5	61.8	56.3	72.7	72.8
NSAID ⁶ (pain relief)	41.5	65.7	33.1	43.6	46.7	79.5
Hyperlipidemia (high cholesterol)	21.3	64.5	21.8	70.1	21.0	61.0
Beta blockers (high blood pressure, heart disease)	27.9	58.1	28.3	53.8	27.6	60.9
Blood glucose/sugar regulators (diabetes)	39.8	56.6	46.9	59.1	35.5	55.1
Acid/peptic disorders (gastrointestinal reflux, ulcers)	47.0	55.7	44.7	53.7	48.3	56.9
Antiasthmatics/bronchodilators (asthma, breathing)	31.5	49.7	43.7	64.5	24.0	40.4
Anticoagulants/thrombolytics (blood thinning, reduce or prevent blood clots)	27.6	46.2	33.8	59.1	23.7	38.1
Antidepressants (depression and related disorders)	24.6	41.4	20.7	27.2	27.0	50.2
Glaucoma (elevated eye pressure)	32.6	40.1	32.6	42.8	32.6	38.4

. . . Category not applicable.

¹The National Drug Code (NDC) therapeutic class is a general therapeutic or pharmacological classification scheme for drug products reported to the Food and Drug Administration (FDA) under the provisions of the Drug Listing Act. See [Appendix II, National Drug Code \(NDC\) Directory therapeutic class](#) and [table XI](#).

²Estimated number of drug visits during the 2-year period divided by the sum of population estimates for both years times 100.

³Drug visits are physician office and hospital outpatient department visits in which at least one prescription or nonprescription drug was recorded on the patient record form.

⁴Estimated number of drugs recorded during visits during the 2-year period divided by the sum of population estimates for both years times 100.

⁵Up to six prescription and nonprescription drugs may be recorded per visit. See [Appendix II, Drugs](#).

⁶NSAID is nonsteroidal anti-inflammatory drug. Aspirin was not included as an NSAID in this analysis. See [Appendix II, National Drug Classification \(NDC\) system](#).

NOTE: Drugs recorded on the patient record form are those prescribed, continued, administered, or provided during a physician office visit or hospital outpatient department visit.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

Table 88. Substance abuse clients in specialty treatment units according to substance abused, geographic division, and State: United States, 2000–2003

[Data are based on a 1-day census of treatment providers]

Geographic division and State	All clients			Clients with both alcoholism and drug abuse			Alcoholism only clients			Drug abuse only clients		
	2000	2002	2003	2000	2002	2003	2000	2002	2003	2000	2002	2003
	Clients per 100,000 population											
United States	350.6	391.5	370.8	170.5	188.7	175.4	79.0	82.7	75.6	101.1	120.2	119.8
New England	505.5	531.8	546.5	236.5	237.5	247.4	97.0	103.0	96.5	172.0	191.4	202.6
Connecticut	544.2	603.5	602.3	225.9	242.3	237.0	69.5	83.8	80.4	248.8	277.4	284.9
Maine	387.1	511.3	540.9	202.5	258.0	244.1	128.0	138.1	148.6	56.5	115.3	148.3
Massachusetts	550.2	559.3	580.9	271.3	268.2	282.9	103.6	106.0	103.6	175.2	185.1	194.4
New Hampshire	267.9	248.0	226.2	149.4	115.7	103.3	79.2	96.7	66.7	39.3	35.6	56.2
Rhode Island	561.1	577.8	590.5	205.2	167.8	228.4	85.9	113.2	62.3	270.0	296.9	299.8
Vermont	457.8	393.6	476.0	234.7	225.4	276.4	169.5	107.0	125.0	53.5	61.2	74.6
Middle Atlantic	450.3	524.2	493.1	220.8	257.9	227.5	64.0	66.6	62.3	165.6	199.6	203.3
New Jersey	281.9	369.6	367.2	121.3	150.5	164.4	38.9	38.2	44.0	121.7	180.9	158.8
New York	616.0	728.7	671.7	297.9	359.7	305.5	81.1	90.9	79.6	237.0	278.2	286.5
Pennsylvania	309.8	314.2	303.9	169.7	174.6	150.5	54.8	48.8	48.2	85.3	90.7	105.2
East North Central	343.6	386.5	364.8	158.4	177.3	169.3	99.1	103.9	99.2	86.1	105.3	96.3
Illinois	334.7	360.5	365.1	142.7	146.5	160.6	83.2	83.4	86.0	108.7	130.6	118.5
Indiana	260.0	443.3	367.0	132.0	215.5	174.7	74.9	122.6	100.3	53.1	105.2	92.0
Michigan	436.6	439.8	453.7	175.3	180.3	194.3	138.2	124.6	136.9	123.1	134.9	122.5
Ohio	341.4	341.1	300.9	188.7	194.8	165.6	87.6	80.2	70.3	65.1	66.2	65.0
Wisconsin	292.0	379.6	331.5	130.7	162.6	145.2	115.6	142.6	119.5	45.7	74.5	66.8
West North Central	266.5	286.7	259.2	148.7	164.7	141.6	65.6	65.3	60.1	52.1	56.8	57.5
Iowa	191.3	281.4	248.3	97.8	159.5	129.4	63.5	74.3	69.0	29.9	47.6	50.0
Kansas	447.9	343.4	342.6	289.2	197.6	184.2	91.4	79.6	89.0	67.4	66.1	69.5
Minnesota	168.2	197.7	171.8	81.8	105.0	86.1	44.7	44.2	39.3	41.7	48.6	46.3
Missouri	312.9	326.4	300.1	179.1	192.7	173.4	60.4	61.6	53.5	73.4	72.2	73.2
Nebraska	267.3	312.4	262.9	134.5	199.1	146.4	80.0	63.8	60.8	52.9	49.5	55.7
North Dakota	218.5	296.3	255.4	104.6	158.3	163.5	99.4	103.5	63.8	14.6	34.5	28.1
South Dakota	246.7	331.4	272.5	125.9	179.7	138.1	98.3	117.2	105.7	22.4	34.5	28.7
South Atlantic	328.8	339.0	314.9	161.8	158.2	143.5	80.2	71.2	65.4	86.7	109.7	106.0
Delaware	481.8	509.5	593.6	303.3	387.0	397.9	100.1	49.4	87.9	78.4	73.1	107.8
District of Columbia	1,081.0	1,036.6	914.5	477.5	451.5	290.3	151.7	106.2	123.1	451.8	478.9	501.1
Florida	283.4	286.7	252.8	148.9	134.5	118.9	57.8	51.6	47.0	76.8	100.6	87.0
Georgia	157.3	222.1	178.3	79.3	105.7	82.2	37.5	52.9	30.4	40.5	63.6	65.6
Maryland	574.8	662.6	650.5	242.0	267.0	266.5	109.7	125.5	106.1	223.0	270.0	277.9
North Carolina	381.3	334.2	343.4	192.2	166.2	164.5	113.6	76.4	91.8	75.5	91.6	87.0
South Carolina	331.2	297.7	304.9	153.2	133.5	122.6	110.4	84.2	89.8	67.6	80.1	92.5
Virginia	320.6	325.7	277.8	170.1	153.2	138.7	85.1	81.2	62.0	65.4	91.3	77.2
West Virginia	277.5	274.5	262.0	107.7	144.0	104.6	125.2	78.2	89.9	44.6	52.2	67.4
East South Central	255.3	258.5	290.4	113.4	118.3	124.3	66.3	57.2	68.9	75.6	82.9	97.1
Alabama	194.8	244.1	238.8	68.3	92.5	83.2	31.5	36.0	31.0	94.9	115.6	124.6
Kentucky	444.3	450.9	517.8	196.8	206.6	231.4	148.1	134.3	164.4	99.4	110.0	122.0
Mississippi	266.5	185.2	234.5	161.3	106.2	126.8	64.9	45.6	57.7	40.3	33.5	50.0
Tennessee	162.8	169.9	197.3	64.8	82.1	79.4	35.3	26.0	36.6	62.7	61.8	81.3
West South Central	212.6	192.9	183.9	118.7	101.0	89.3	33.4	29.2	28.9	60.6	62.7	65.7
Arkansas	116.2	140.0	123.2	60.6	74.9	64.5	18.3	23.4	17.6	37.3	41.7	41.0
Louisiana	253.0	282.7	282.8	128.3	131.7	127.0	34.4	45.5	40.7	90.3	105.4	115.1
Oklahoma	212.9	252.6	266.9	116.9	143.8	126.7	57.6	52.6	67.2	38.4	56.2	73.0
Texas	216.3	171.5	158.1	124.4	91.1	78.8	31.1	23.0	21.8	60.8	57.4	57.5
Mountain	475.0	496.8	475.5	207.9	229.7	210.7	154.8	141.3	139.1	112.4	125.8	125.7
Arizona	501.8	480.0	422.8	210.5	204.1	174.2	153.2	110.4	108.6	138.1	165.5	140.0
Colorado	678.3	727.9	683.3	268.3	325.0	292.9	282.4	280.7	259.2	127.6	122.2	131.2
Idaho	217.8	308.9	244.7	143.5	191.5	147.6	47.3	70.8	58.9	27.0	46.6	38.3
Montana	214.9	278.0	282.6	95.3	164.4	160.6	85.2	74.7	79.0	34.4	39.0	43.0
Nevada	361.3	335.2	325.4	178.4	127.2	139.2	70.1	72.5	51.7	112.9	135.5	134.5
New Mexico	551.7	574.2	580.2	232.1	259.4	255.5	177.3	153.0	165.9	142.3	161.7	158.8
Utah	317.4	391.5	417.3	160.0	224.8	196.2	61.5	69.1	83.9	95.9	97.6	137.2
Wyoming	462.3	404.3	712.2	280.4	226.7	345.6	136.3	125.1	254.3	45.6	52.6	112.3
Pacific	365.0	488.3	447.1	179.8	240.9	230.2	76.9	112.8	85.2	108.3	134.7	131.7
Alaska	440.9	468.3	503.2	205.8	263.7	283.3	188.1	165.2	155.4	47.1	39.4	64.5
California	307.8	453.3	423.1	138.4	209.2	210.2	60.5	103.7	73.0	108.8	140.4	140.0
Hawaii	215.7	293.6	295.1	108.7	142.7	127.3	32.5	61.2	51.6	74.5	89.6	116.2
Oregon	634.9	690.0	546.4	360.5	388.4	297.6	124.9	138.6	111.8	149.5	163.0	137.1
Washington	559.8	615.7	553.6	324.1	355.2	321.8	140.0	155.0	140.4	95.7	105.5	91.4

NOTES: Rates are based on the total resident population as of July 1. Client data are as of October 1, 2000; March 29, 2002; and March 31, 2003. Treatment rates for States can vary from year to year for a variety of reasons, including failure of large facilities to respond to the survey in some years, fluctuations in facility openings and closures, and variation in the number of people in treatment on a given day. Estimates for 2000 and 2002 were revised from the previous edition of *Health, United States*. Rates were recalculated based on the 2000 census, and on the total population rather than the population aged 12 and over.

SOURCES: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey of Substance Abuse Treatment Services (N-SSATS) 2000, 2002, and 2003; U.S. Bureau of the Census, Population Division, Estimates of the Population by Selected Age Groups and Sex for the United States and States. Release Date: March 10, 2004; Population Electronic Series ST-EST2003-ASXXXX. Accessed April 23, 2004.

Table 89. Additions to mental health organizations according to type of service and organization: United States, selected years 1986–2000

[Data are based on inventories of mental health organizations]

<i>Service and organization</i>	1986	1990	1994 ¹	1998	2000 ²	1986	1990	1994 ¹	1998	2000 ²
	Additions ⁴ in thousands					Additions per 100,000 civilian population ⁵				
24-hour hospital and residential treatment ³										
All organizations	1,819	2,035	2,267	2,300	2,153	759.9	833.7	874.6	854.8	768.1
State and county mental hospitals	333	276	238	216	218	139.1	113.2	92.0	80.4	77.6
Private psychiatric hospitals	235	407	485	462	529	98.0	166.5	187.1	171.7	188.6
Non-Federal general hospital psychiatric services	849	960	1,067	1,110	1,022	354.8	393.2	411.5	412.4	364.8
Department of Veterans Affairs medical centers ⁶	180	198	173	167	183	75.1	81.2	66.9	61.9	65.4
Residential treatment centers for emotionally disturbed children	25	42	47	45	48	10.2	17.0	18.0	16.7	17.2
All other organizations ⁷	198	153	257	300	153	82.7	62.6	99.0	111.6	54.6
	Less than 24-hour care ⁸									
All organizations	2,955	3,298	3,516	4,048	4,615	1,233.4	1,352.4	1,356.8	1,504.4	1,646.7
State and county mental hospitals	68	48	42	64	55	28.4	19.8	16.1	23.8	19.7
Private psychiatric hospitals	132	163	214	206	358	55.2	66.9	82.4	76.6	127.8
Non-Federal general hospital psychiatric services	533	659	498	628	1,242	222.4	270.0	192.0	233.4	443.1
Department of Veterans Affairs medical centers ⁶	133	184	132	127	144	55.3	75.3	51.1	47.2	51.4
Residential treatment centers for emotionally disturbed children	67	100	167	128	204	28.1	40.8	64.6	47.7	72.8
All other organizations ⁷	2,022	2,145	2,464	2,895	2,612	844.0	879.6	950.7	1,075.8	931.9

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and "All other organizations." This change affects the comparability of trend data prior to 1994 with data for 1994 and later years.

²Preliminary data.

³These data exclude mental health care provided in nonpsychiatric units of hospitals such as general medical units.

⁴See [Appendix II, Addition](#).

⁵Civilian population estimate for 2000 is based on 2000 Census as of July 1; population estimates for 1992–98 are 1990 postcensal estimates.

⁶Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁷Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. See [Appendix I, Survey of Mental Health Organizations](#).

⁸Formerly reported as partial care and outpatient treatment, the survey format was changed in 1994 and the reporting of these services was combined due to similarities in the care provided. These data exclude office-based mental health care (psychiatrists, psychologists, licensed clinical social workers, and psychiatric nurses).

NOTES: Data for 1998 are revised and differ from the previous edition of *Health, United States*. Data for additional years are available. See [Appendix III](#).

SOURCES: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS). Manderscheid RW and Henderson MJ. *Mental Health, United States, 2000*. Washington, DC. U.S. Government Printing Office, 2001; and *Mental Health, United States, 2002*. U.S. Government Printing Office, forthcoming.

Table 90. Home health care patients, according to age, sex, and diagnosis: United States, selected years 1992–2000

[Data are based on a survey of current home health care patients]

<i>Age, sex, and diagnosis</i>	<i>1992</i>	<i>1994</i>	<i>1996</i>	<i>1998</i>	<i>2000</i>
	Number of current patients				
Total home health care patients	1,232,200	1,889,327	2,427,483	1,881,768	1,355,290
	Current patients per 10,000 population				
Total	47.8	71.8	90.6	69.6	48.7
Age at time of survey:					
Under 65 years, crude	12.6	21.0	27.8	25.0	16.4
65 years and over, crude	295.4	424.9	526.3	375.7	277.0
65 years and over, age adjusted ¹	315.8	449.6	546.6	381.0	276.5
65–74 years	151.7	209.1	240.1	202.0	130.2
75–84 years	398.3	542.2	753.6	470.3	347.6
85 years and over	775.9	1,206.1	1,253.4	885.4	694.1
Sex:					
Male, total	32.6	47.8	60.9	47.9	35.1
Under 65 years, crude	10.9	17.8	22.1	22.9	15.6
65 years and over, crude	219.2	303.1	386.4	255.2	199.6
65 years and over, age adjusted ¹	255.8	350.0	438.3	277.6	216.4
65–74 years	121.8	169.9	187.0	159.7	100.7
75–84 years	322.0	427.5	598.7	321.4	270.0
85 years and over	635.2	893.1	1,044.3	653.0	553.9
Female, total	62.4	94.7	118.9	90.4	61.8
Under 65 years, crude	14.3	24.2	33.6	27.0	17.2
65 years and over, crude	347.4	508.9	623.9	460.4	332.6
65 years and over, age adjusted ¹	351.5	506.6	615.0	445.8	315.5
65–74 years	175.3	240.6	283.2	236.3	154.6
75–84 years	445.3	614.5	854.0	568.8	400.4
85 years and over	830.7	1,327.6	1,337.0	981.7	754.9
	Percent distribution				
Age at time of survey: ²					
Under 65 years	23.1	25.7	27.0	31.3	29.5
65 years and over	76.9	74.3	73.0	68.7	70.5
65–74 years	22.6	20.6	18.4	19.7	17.3
75–84 years	33.9	31.2	35.3	29.9	31.3
85 years and over	20.4	22.4	19.4	19.1	21.9
Sex:					
Male	33.2	32.5	32.9	33.6	35.2
Female	66.8	67.5	67.1	66.4	64.8
Primary admission diagnosis: ³					
Malignant neoplasms	5.7	5.7	4.8	3.8	4.9
Diabetes	7.7	8.1	8.5	6.1	7.8
Diseases of the nervous system and sense organs	6.3	8.0	5.8	7.6	6.1
Diseases of the circulatory system	25.9	27.2	25.6	23.6	23.6
Diseases of heart	12.6	14.3	10.9	12.3	10.9
Cerebrovascular diseases	5.8	6.1	7.8	5.1	7.3
Diseases of the respiratory system	6.6	6.1	7.7	7.9	6.8
Decubitus ulcers	1.9	1.1	1.0	1.2	1.9
Diseases of the musculoskeletal system and connective tissue	9.4	8.3	8.8	8.3	9.8
Osteoarthritis	2.5	2.8	3.2	2.7	3.5
Fractures, all sites	3.8	3.7	3.3	4.0	4.1
Fracture of neck of femur (hip)	1.4	1.7	1.3	1.1	1.5
Other	32.7	31.8	34.6	37.5	34.9

¹Age adjusted by the direct method to the year 2000 standard population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over. See [Appendix II, Age adjustment](#).

²Denominator excludes persons with unknown age.

³Denominator excludes persons with unknown diagnosis.

NOTES: Current home health care patients are those who were on the rolls of the agency as of midnight on the day immediately before the date of the survey. Rates are based on the civilian population as of July 1. Population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification*. For a listing of the code numbers, see [Appendix II, table IX](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Home and Hospice Care Survey.

Table 91. Hospice patients, according to age, sex, and diagnosis: United States, selected years 1992–2000

[Data are based on a survey of current hospice patients]

<i>Age, sex, and diagnosis</i>	1992	1994	1996	1998	2000
	Number of current patients				
Total hospice patients.	52,100	60,783	59,363	79,837	105,496
	Current patients per 10,000 population				
Total.	2.0	2.3	2.2	3.0	3.8
Age at time of survey:					
Under 65 years, crude	0.5	0.8	0.5	0.7	0.8
65 years and over, crude.	13.1	12.9	13.9	18.2	24.9
65 years and over, age adjusted ¹	13.7	13.6	14.4	18.4	24.9
65–74 years	7.8	7.3	7.8	9.9	10.1
75–84 years	19.2	16.9	16.9	22.0	31.9
85 years and over	23.4	30.6	34.7	44.7	67.3
Sex:					
Male, total	1.9	2.1	2.0	2.6	3.3
Under 65 years, crude	0.5	0.9	0.5	0.7	0.8
65 years and over, crude	13.9	12.5	14.8	18.5	24.8
65 years and over, age adjusted ¹	16.0	14.4	16.1	20.3	26.9
65–74 years	6.3	7.0	10.4	10.2	13.0
75–84 years	25.8	18.2	18.5	25.2	32.6
85 years and over	28.8	34.8	33.9	49.2	69.9
Female, total	2.1	2.5	2.4	3.3	4.3
Under 65 years, crude	0.4	0.7	0.6	0.8	0.9
65 years and over, crude	12.6	13.2	13.2	18.0	25.0
65 years and over, age adjusted ¹	12.6	13.2	12.9	17.3	23.3
65–74 years	8.9	7.5	5.8	9.6	7.6
75–84 years	15.1	16.1	15.9	19.9	31.5
85 years and over	21.4	29.0	35.0	42.9	66.2
	Percent distribution				
Age at time of survey: ²					
Under 65 years	19.5	30.1	21.3	21.6	18.6
65 years and over	80.5	69.9	78.7	78.4	81.4
65–74 years	27.3	22.2	24.5	22.7	17.2
75–84 years	38.6	30.1	32.4	32.9	37.0
85 years and over	14.6	17.6	21.9	22.7	27.3
Sex:					
Male	46.1	44.7	44.9	42.7	42.6
Female	53.9	55.3	55.1	57.3	57.4
Primary admission diagnosis: ³					
Malignant neoplasms	65.7	57.2	58.3	55.5	51.9
Large intestine and rectum	9.0	8.0	4.0	6.4	4.9
Trachea, bronchus, and lung	21.1	12.5	15.8	13.0	12.3
Breast	3.9	4.8	6.2	4.9	4.8
Prostate	6.0	5.9	6.6	6.1	7.7
Diseases of heart	10.2	9.3	8.3	9.7	12.8
Diseases of the respiratory system.	4.3	6.6	7.3	10.6	6.5
Other	19.8	27.0	26.1	24.3	28.8

¹Age adjusted by the direct method to the year 2000 standard population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over. See [Appendix II, Age adjustment](#).²Denominator excludes persons with unknown age.³Denominator excludes persons with unknown diagnosis.

NOTES: Current hospice patients are those who were on the rolls of the agency as of midnight on the day immediately before the date of the survey. Rates are based on the civilian population as of July 1. Population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Diagnostic categories are based on the *International Classification of Diseases, 9th Revision, Clinical Modification*. For a listing of the code numbers, see [Appendix II, table IX](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Home and Hospice Care Survey.

Table 92 (page 1 of 3). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Discharges ¹			Days of care ¹			Average length of stay ¹		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
	Number per 1,000 population						Number of days		
Total ^{2,3}	124.3	119.7	122.9	601.2	555.1	541.0	4.8	4.6	4.4
Age									
Under 18 years	90.8	76.3	80.4	319.0	302.6	267.0	3.5	4.0	3.3
Under 6 years	203.5	183.2	186.7	632.6	664.8	593.5	3.1	3.6	3.2
6–17 years	34.0	24.3	29.0	163.1	*126.5	109.6	4.8	*5.2	3.8
18–44 years	96.8	95.8	95.1	358.8	352.8	313.4	3.7	3.7	3.3
45–64 years	124.9	125.6	124.1	631.1	592.5	573.0	5.1	4.7	4.6
45–54 years	99.2	110.1	106.6	527.5	473.9	493.5	5.3	4.3	4.6
55–64 years	164.8	149.6	150.7	792.4	775.5	693.7	4.8	5.2	4.6
65 years and over	274.4	269.7	293.1	1,852.5	1,620.5	1,738.7	6.8	6.0	5.9
65–74 years	249.1	229.8	250.5	1,595.2	1,386.4	1,270.4	6.4	6.0	5.1
75 years and over	307.3	318.5	342.6	2,188.4	1,907.6	2,283.5	7.1	6.0	6.7
Under 65 years of age									
All persons under 65 years of age ^{2,4}	102.2	97.6	98.1	416.4	398.9	365.5	4.1	4.1	3.7
Sex ⁴									
Male	79.1	77.9	72.8	374.9	374.0	313.2	4.7	4.8	4.3
Female	124.7	116.7	122.7	456.6	422.8	416.2	3.7	3.6	3.4
Race ^{4,5}									
White only	100.8	94.7	96.4	385.8	368.7	343.0	3.8	3.9	3.6
Black or African American only	126.3	122.8	121.2	688.6	638.3	533.8	5.5	5.2	4.4
American Indian and Alaska Native only	111.9	128.3	*122.7	*494.3	*570.0	*707.9	*4.4	*4.4	*5.8
Asian only	61.7	78.4	44.7	*268.6	249.5	151.0	*4.4	3.2	3.4
Native Hawaiian and Other Pacific Islander only	---	*	*	---	*	*	---	*	*
2 or more races	---	139.1	*157.2	---	*688.8	*703.3	---	*5.0	*4.5
Hispanic origin and race ^{4,5}									
Hispanic or Latino	109.9	90.1	95.9	416.7	389.8	380.5	3.8	4.3	4.0
Not Hispanic or Latino	101.2	98.7	98.4	415.4	401.5	363.8	4.1	4.1	3.7
White only	99.6	95.4	96.8	382.7	368.4	344.0	3.8	3.9	3.6
Black or African American only	125.7	122.7	121.1	692.6	625.5	515.1	5.5	5.1	4.3
Poverty status ^{4,6}									
Poor	186.0	168.6	158.3	922.0	875.8	747.9	5.0	5.2	4.7
Near poor	119.3	138.7	124.4	530.5	615.2	492.8	4.4	4.4	4.0
Nonpoor	82.7	78.8	83.0	308.9	285.1	283.3	3.7	3.6	3.4
Hispanic origin and race and poverty status ^{4,5,6}									
Hispanic or Latino:									
Poor	152.3	119.7	134.1	592.3	558.4	611.6	3.9	4.7	4.6
Near poor	92.7	98.0	105.0	415.0	499.2	381.8	4.5	*5.1	3.6
Nonpoor	92.1	74.7	73.5	294.5	285.2	291.3	3.2	3.8	4.0
Not Hispanic or Latino:									
White only:									
Poor	205.2	182.7	159.2	955.5	907.4	693.8	4.7	5.0	4.4
Near poor	124.3	153.2	128.6	503.4	600.7	486.6	4.0	3.9	3.8
Nonpoor	83.1	78.7	85.0	303.0	284.1	286.1	3.6	3.6	3.4
Black or African American only:									
Poor	199.0	202.4	199.1	*1,300.3	1,216.7	*1,165.9	*6.5	6.0	*5.9
Near poor	139.1	140.9	129.8	819.0	839.1	*612.0	5.9	6.0	*4.7
Nonpoor	85.2	82.4	93.0	402.1	300.9	291.6	4.7	3.7	3.1
Health insurance status ^{4,7}									
Insured	108.1	101.6	104.0	442.5	416.8	389.7	4.1	4.1	3.7
Private	85.6	80.2	84.2	310.2	287.8	274.9	3.6	3.6	3.3
Medicaid	311.6	332.5	278.3	1,575.3	1,695.5	1,305.3	5.1	5.1	4.7
Uninsured	75.3	75.7	69.0	296.3	304.2	249.0	3.9	4.0	3.6

See footnotes at end of table.

Table 92 (page 2 of 3). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Discharges ¹			Days of care ¹			Average length of stay ¹		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Poverty status and health insurance status ^{4,6}									
	Number per 1,000 population						Number of days		
Poor:									
Insured	234.6	204.3	192.6	1,243.1	1,137.9	954.8	5.3	5.6	5.0
Uninsured	102.8	*110.3	90.9	407.7	461.4	359.2	4.0	*4.2	4.0
Near poor:									
Insured	141.2	164.7	146.2	640.0	759.6	603.8	4.5	4.6	4.1
Uninsured	72.0	*	75.5	285.3	297.2	253.4	4.0	*	3.4
Nonpoor:									
Insured	85.5	81.9	86.7	315.6	291.1	294.0	3.7	3.6	3.4
Uninsured	58.5	53.7	54.8	*239.7	*219.6	195.4	*4.1	*4.1	3.6
Geographic region ⁴									
Northeast	96.0	85.6	92.4	455.4	381.6	346.6	4.7	4.5	3.7
Midwest	108.7	99.6	104.7	384.4	359.9	381.8	3.5	3.6	3.6
South	111.8	112.8	106.5	466.1	463.9	400.7	4.2	4.1	3.8
West	82.9	80.0	81.3	327.2	348.3	302.7	3.9	4.4	3.7
Location of residence ⁴									
Within MSA ⁸	99.3	94.0	94.7	411.8	383.0	355.6	4.1	4.1	3.8
Outside MSA ⁸	113.2	111.9	112.1	435.9	459.4	406.7	3.8	4.1	3.6
65 years of age and over									
All persons 65 years of age and over ^{2,9}	276.9	272.1	294.5	1,878.4	1,635.3	1,754.1	6.8	6.0	6.0
Sex ⁹									
Male	291.6	280.2	312.4	2,077.4	1,551.7	1,802.7	7.1	5.5	5.8
Female	265.2	264.0	280.8	1,727.4	1,676.5	1,706.0	6.5	6.4	6.1
Hispanic origin and race ^{5,9}									
Hispanic or Latino	312.7	289.8	290.7	2,512.1	1,882.8	1,488.8	8.0	6.5	5.1
Not Hispanic or Latino	274.6	271.2	294.9	1,846.3	1,618.0	1,770.7	6.7	6.0	6.0
White only	274.8	271.4	293.2	1,808.2	1,586.4	1,684.8	6.6	5.8	5.7
Black or African American only	290.8	300.7	373.8	2,423.5	2,064.8	*	8.3	6.9	*
Poverty status ^{6,9}									
Poor	342.3	362.0	360.1	2,566.3	2,020.2	*2,593.6	7.5	5.6	*7.2
Near poor	311.5	310.8	314.3	2,269.4	1,856.0	1,833.5	7.3	6.0	5.8
Nonpoor	251.5	241.0	274.5	1,606.7	1,487.1	1,574.8	6.4	6.2	5.7
Health insurance status ^{7,9}									
Medicare HMO	217.8	241.9	239.3	1,355.3	1,396.0	1,075.4	6.2	5.8	4.5
Private	271.9	270.9	295.7	1,756.1	1,592.8	1,781.2	6.5	5.9	6.0
Medicaid	539.7	455.0	488.5	3,810.6	3,286.7	2,489.0	7.1	7.2	5.1
Medicare fee-for-service only	252.9	266.0	258.3	1,906.6	1,565.3	*1,836.3	7.5	5.9	*7.1
Geographic region ⁹									
Northeast	265.0	288.0	281.7	1,828.5	1,873.4	1,660.3	6.9	6.5	5.9
Midwest	285.2	244.0	306.6	1,971.1	1,475.3	1,763.7	6.9	6.0	5.8
South	298.1	298.1	319.5	2,140.2	1,783.8	2,068.3	7.2	6.0	6.5
West	237.2	238.5	245.3	1,299.2	1,284.6	1,237.9	5.5	5.4	5.0

See footnotes at end of table.

Table 92 (page 3 of 3). Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, selected years 1997–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Discharges ¹			Days of care ¹			Average length of stay ¹		
	1997	1999	2002	1997	1999	2002	1997	1999	2002
Location of residence ⁹	Number per 1,000 population						Number of days		
Within MSA ⁸	271.3	265.3	283.9	1,875.9	1,653.3	1,663.2	6.9	6.2	5.9
Outside MSA ⁸	295.1	295.3	329.3	1,893.6	1,574.8	2,056.1	6.4	5.3	6.2

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error of 20–30 percent. Data not shown have a relative standard error of greater than 30 percent.

--- Data not available.

¹See [Appendix II, Discharge; Days of care; Average length of stay](#).

²Includes all other races not shown separately and unknown health insurance status.

³Estimates for all persons are age adjusted to the year 2000 standard population using six age groups: Under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years of age and over. See [Appendix II, Age adjustment](#).

⁴Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard population using four age groups: Under 18 years, 18–44 years, 45–54 years, and 55–64 years of age. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standard of the hospital discharge rate for persons under 65 years of age are: 0.2 percentage points lower for white persons; 0.3 percentage points lower for black persons; 12.4 percentage points lower for AI/AN persons; 1.2 percentage points higher for Asian and Pacific Islander persons; and for persons 65 years of age and older: 0.4 percentage points lower for white persons; and 0.6 percentage points higher for black persons than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁶Poor persons are defined as below the poverty threshold. Near poor persons have incomes of 100 percent to less than 200 percent of the poverty threshold. Nonpoor persons have incomes of 200 percent or greater than the poverty threshold. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24–28 percent of persons under 65 years of age in 1997–98 and 30–31 percent in 1999–2002; and 36–41 percent of persons 65 years of age and over in 1997–98 and 44–47 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Poverty level; Family income](#).

⁷Health insurance categories are mutually exclusive. Persons who reported both Medicaid and private coverage are classified as having private coverage. Persons 65 years of age and over who reported Medicare HMO (health maintenance organization) and some other type of health insurance coverage are classified as having Medicare HMO. Starting in 1997 Medicaid includes state-sponsored health plans and State Children’s Health Insurance Program (SCHIP). The category “insured” also includes military, other State, and Medicare coverage. See [Appendix II, Health insurance coverage](#).

⁸MSA is metropolitan statistical area.

⁹Estimates are for persons 65 years of age and over and are age adjusted to the year 2000 standard population using two age groups: 65–74 years and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Estimates of hospital utilization presented in *Health, United States* utilize two data sources: the National Health Interview Survey (NHIS) and the National Hospital Discharge Survey (NHDS). Differences in estimates from the two surveys are particularly evident for children and persons 65 years of age and over. See [Appendix II, Hospital utilization](#). Data for additional years are available. See [Appendix III](#). Standard errors are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, family core questionnaire.

Table 93 (page 1 of 2). Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, selected years 1980–2002

[Data are based on a sample of hospital records]

<i>Characteristic</i>	1980 ¹	1985 ¹	1990	1995	1997	1998	2000 ²	2001 ²	2002 ²
Discharges per 1,000 population									
Total ³	173.4	151.4	125.2	118.0	116.1	117.9	113.3	115.1	117.3
Age									
Under 18 years	75.6	61.4	46.4	42.4	40.6	40.4	40.3	43.4	43.4
18–44 years	155.3	128.0	102.7	91.4	86.0	88.8	84.9	87.3	90.3
45–54 years	174.8	146.8	112.4	98.5	93.7	92.7	92.1	94.4	95.6
55–64 years	215.4	194.8	163.3	148.3	149.1	155.1	141.5	139.3	146.5
65 years and over	383.7	369.8	334.1	347.7	361.1	365.3	353.4	354.3	357.5
65–74 years	315.8	297.2	261.6	260.0	265.9	267.6	254.6	256.1	254.0
75 years and over	489.3	475.6	434.0	459.1	474.0	477.4	462.0	460.0	466.6
Sex ³									
Male	153.2	137.3	113.0	104.8	103.0	102.8	99.1	100.0	102.4
Female	195.0	167.3	139.0	131.7	130.0	133.3	127.7	130.6	132.9
Geographic region ³									
Northeast	162.0	142.6	133.2	133.5	125.5	127.3	127.5	125.2	123.5
Midwest	192.1	158.1	128.8	113.3	115.5	116.4	110.9	113.5	113.6
South	179.7	155.5	132.5	125.2	122.4	126.4	120.9	126.3	126.7
West	150.5	145.7	100.7	96.7	97.9	97.1	89.4	88.8	99.7
Days of care per 1,000 population									
Total ³	1,297.0	997.5	818.9	638.6	595.2	598.6	557.7	562.2	570.9
Age									
Under 18 years	341.4	281.2	226.3	184.7	169.8	182.4	179.0	192.5	195.2
18–44 years	818.6	619.2	467.7	351.7	317.4	328.3	309.4	322.7	333.9
45–54 years	1,314.9	967.8	699.7	516.2	460.8	452.9	437.4	455.4	456.7
55–64 years	1,889.4	1,436.9	1,172.3	867.2	821.4	836.1	729.1	732.2	752.2
65 years and over	4,098.3	3,228.0	2,895.6	2,373.7	2,285.6	2,264.2	2,111.9	2,064.2	2,085.1
65–74 years	3,147.0	2,437.3	2,087.8	1,684.7	1,599.3	1,596.1	1,439.0	1,449.5	1,411.9
75 years and over	5,578.8	4,381.3	4,009.1	3,247.8	3,099.6	3,030.8	2,851.9	2,725.5	2,795.0
Sex ³									
Male	1,239.7	973.3	805.8	623.9	573.8	576.7	535.9	534.5	549.5
Female	1,365.2	1,033.1	840.5	654.9	619.3	622.9	581.0	591.9	596.0
Geographic region ³									
Northeast	1,400.6	1,113.0	1,026.7	839.0	739.2	731.0	718.6	697.7	690.0
Midwest	1,484.8	1,078.6	830.6	590.9	556.3	552.5	500.5	491.6	502.1
South	1,262.3	957.7	820.4	666.0	629.5	643.9	592.5	623.6	618.6
West	956.9	824.7	575.5	451.1	445.3	450.4	408.2	408.3	454.7
Average length of stay in days									
Total ³	7.5	6.6	6.5	5.4	5.1	5.1	4.9	4.9	4.9
Age									
Under 18 years	4.5	4.6	4.9	4.4	4.2	4.5	4.4	4.4	4.5
18–44 years	5.3	4.8	4.6	3.8	3.7	3.7	3.6	3.7	3.7
45–54 years	7.5	6.6	6.2	5.2	4.9	4.9	4.8	4.8	4.8
55–64 years	8.8	7.4	7.2	5.8	5.5	5.4	5.2	5.3	5.1
65 years and over	10.7	8.7	8.7	6.8	6.3	6.2	6.0	5.8	5.8
65–74 years	10.0	8.2	8.0	6.5	6.0	6.0	5.7	5.7	5.6
75 years and over	11.4	9.2	9.2	7.1	6.5	6.3	6.2	5.9	6.0
Sex ³									
Male	8.1	7.1	7.1	6.0	5.6	5.6	5.4	5.3	5.4
Female	7.0	6.2	6.0	5.0	4.8	4.7	4.6	4.5	4.5

See footnotes at end of table.

Table 93 (page 2 of 2). Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, selected years 1980–2002

[Data are based on a sample of hospital records]

Characteristic	1980 ¹	1985 ¹	1990	1995	1997	1998	2000 ²	2001 ²	2002 ²
Geographic region ³	Average length of stay in days								
Northeast	8.6	7.8	7.7	6.3	5.9	5.7	5.6	5.6	5.6
Midwest	7.7	6.8	6.5	5.2	4.8	4.7	4.5	4.3	4.4
South	7.0	6.2	6.2	5.3	5.1	5.1	4.9	4.9	4.9
West	6.4	5.7	5.7	4.7	4.5	4.6	4.6	4.6	4.6

¹Comparisons of data from 1980–85 with data from later years should be made with caution as estimates of change may reflect improvements in the design rather than true changes in hospital use. See [Appendix I, National Hospital Discharge Survey](#).

²Rates for 2000 were computed using Census 2000 counts and rates for 2001 and beyond were computed using 2000-based postcensal estimates.

³Estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

NOTES: Some numbers in this table for 2000 and 2001 were revised and differ from previous editions of *Health, United States*. Rates are based on the civilian population as of July 1. Rates for 1990–99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990–99 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–99 have not been revised to reflect Census 2000. See [Appendix I, National Hospital Discharge Survey; Population Census and Population Estimates](#). Estimates of hospital utilization from the National Health Interview Survey (NHIS) and the National Hospital Discharge Survey (NHDS) may differ because NHIS data are based on household interviews of the civilian noninstitutionalized population, whereas NHDS data are based on hospital discharge records of all persons. See Appendix II, Hospital utilization. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 94. Discharges, days of care, and average length of stay in non-Federal short-stay hospitals for discharges with the diagnosis of human immunodeficiency virus (HIV) and for all discharges: United States, selected years 1986–2002

[Data are based on a sample of hospital records]

Type of discharge, sex, and age	1986 ¹	1987 ¹	1990	1995	1997	1998	2000 ²	2001 ²	2002 ²
Discharges in thousands									
HIV discharges	44	67	146	249	178	189	173	185	189
Male, 20–49 years	35	51	102	162	107	113	88	93	98
Female, 20–49 years	*	*	27	55	46	51	48	55	49
All discharges	34,256	33,387	30,788	30,722	30,914	31,827	31,706	32,653	33,727
Male, 20–49 years	4,300	4,075	3,649	3,360	3,116	3,154	3,195	3,333	3,428
Female, 20–49 years	9,027	8,980	8,228	7,593	7,322	7,639	7,350	7,679	7,948
Discharges per 1,000 population									
HIV discharges	0.18	0.28	0.58	0.94	0.66	0.69	0.62	0.65	0.66
Male, 20–49 years	0.67	0.96	1.79	2.72	1.77	1.88	1.43	1.50	1.56
Female, 20–49 years	*	*	0.47	0.91	0.76	0.84	0.77	0.88	0.78
All discharges	143.7	138.8	122.3	115.7	114.3	116.5	112.8	114.9	117.5
Male, 20–49 years	82.2	76.8	64.2	56.5	51.8	52.6	52.1	53.8	54.9
Female, 20–49 years	166.7	163.6	142.2	125.9	120.8	125.2	118.7	123.0	126.6
Days of care in thousands									
HIV discharges	714	936	2,188	2,326	1,448	1,503	1,257	1,435	1,322
Male, 20–49 years	573	724	1,645	1,408	855	892	723	713	692
Female, 20–49 years	*	*	341	559	364	365	299	454	335
All discharges	218,496	214,942	197,422	164,627	157,458	160,914	155,857	159,365	164,152
Male, 20–49 years	26,488	26,295	22,539	17,984	15,529	16,085	15,665	16,435	16,756
Female, 20–49 years	40,620	39,356	34,473	26,596	24,955	25,976	24,883	26,502	27,224
Days of care per 1,000 population									
HIV discharges	2.99	3.89	8.69	8.76	5.35	5.50	4.47	5.05	4.60
Male, 20–49 years	10.95	13.64	28.96	23.70	14.22	14.86	11.79	11.51	11.08
Female, 20–49 years	*	*	5.90	9.27	6.00	5.98	4.82	7.27	5.33
All discharges	916.5	893.6	784.0	620.2	582.3	589.2	554.6	560.9	571.7
Male, 20–49 years	506.4	495.2	396.8	302.7	258.3	268.0	255.3	265.2	268.3
Female, 20–49 years	750.2	717.1	595.7	441.0	411.7	425.8	401.8	424.7	433.6
Average length of stay in days									
HIV discharges	16.4	14.1	14.9	9.3	8.1	8.0	7.3	7.8	7.0
Male, 20–49 years	16.4	14.1	16.2	8.7	8.0	8.0	8.2	7.7	7.1
Female, 20–49 years	*	*	12.6	10.2	7.9	7.1	6.3	8.2	6.8
All discharges	6.4	6.4	6.4	5.4	5.1	5.1	4.9	4.9	4.9
Male, 20–49 years	6.2	6.5	6.2	5.4	5.0	5.1	4.9	4.9	4.9
Female, 20–49 years	4.5	4.4	4.2	3.5	3.4	3.4	3.4	3.5	3.4

* Statistics based on fewer than 5,000 estimated discharges are considered unreliable and are not shown. These estimates generally have a relative standard error of more than 30 percent or a sample size of less than 30 discharges.

¹Comparisons of data from 1986 and 1987 with data from later years should be made with caution as estimates of change may reflect improvements in the design rather than true changes in hospital use. See [Appendix I, National Hospital Discharge Survey](#).

²Rates for 2000 were computed using Census 2000 counts and rates for 2001 and beyond were computed using 2000-based postcensal estimates.

NOTES: Some numbers in this table for 2000 and 2001 were revised and differ from previous editions of *Health, United States*. Excludes newborn infants. Rates are based on the civilian population as of July 1. Rates for 1990–99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990–99 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–99 have not been revised to reflect Census 2000. See [Appendix I, National Hospital Discharge Survey; Population Census and Population Estimates](#). Discharges with diagnosis of HIV have at least one HIV diagnosis listed on the face sheet of the medical record and are not limited to the first-listed diagnosis. See [Appendix II, Human immunodeficiency virus \(HIV\) infection](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 95 (page 1 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges			Days of care		
	1990	2000 ¹	2002 ¹	1990	2000 ¹	2002 ¹
Both sexes						
Total ^{2,3}	125.2	113.3	117.3	818.9	557.7	570.9
Male						
Number per 1,000 population						
All ages ^{2,3}	113.0	99.1	102.4	805.8	535.9	549.5
Under 18 years ³	46.3	40.9	43.3	233.6	195.6	198.1
Pneumonia	5.3	5.4	6.1	22.6	17.3	21.4
Asthma	3.3	3.5	*1.9	9.3	7.4	*4.5
Injuries and poisoning	6.8	5.0	4.8	30.1	21.4	20.3
Fracture, all sites	2.2	1.8	1.6	9.3	7.2	6.0
18–44 years ³	57.9	45.0	48.2	351.7	217.5	236.3
Alcohol and drug ⁴	3.7	4.0	4.0	33.1	19.1	18.3
Serious mental illness ⁵	3.4	*5.3	6.4	47.1	*43.6	*51.1
Diseases of heart	3.0	2.7	3.1	16.3	9.4	10.6
Intervertebral disc disorders	2.6	1.5	1.2	10.7	3.2	2.8
Injuries and poisoning	13.1	7.3	7.9	65.7	33.2	36.9
Fracture, all sites	4.0	2.5	2.7	22.7	12.8	13.1
45–64 years ³	140.3	112.7	115.8	943.4	570.4	597.0
Malignant neoplasms	10.6	6.2	6.5	99.1	42.1	42.9
Trachea, bronchus, lung	2.7	0.9	0.9	19.1	5.2	7.1
Diabetes	2.9	3.7	3.0	21.2	22.5	17.3
Alcohol and drug ⁴	3.5	3.5	3.9	29.7	15.8	16.4
Serious mental illness ⁵	2.5	*4.0	4.3	34.8	*34.6	*47.6
Diseases of heart	31.7	26.4	25.0	185.0	101.5	98.5
Ischemic heart disease	22.6	17.7	15.9	128.2	63.8	56.7
Acute myocardial infarction	7.4	5.9	5.5	55.8	27.8	23.8
Congestive heart failure	3.0	3.3	3.7	19.7	17.2	19.1
Cerebrovascular diseases	4.1	3.8	3.7	40.7	19.8	22.6
Pneumonia	3.5	3.4	3.2	27.4	20.5	17.7
Injuries and poisoning	11.6	8.8	10.6	82.6	49.8	63.2
Fracture, all sites	3.3	2.5	2.9	24.2	16.2	16.1
65–74 years ³	287.8	264.9	265.6	2,251.5	1,489.7	1,486.7
Malignant neoplasms	27.9	17.6	18.5	277.6	121.2	136.8
Large intestine and rectum	3.0	3.0	2.9	34.2	27.3	28.3
Trachea, bronchus, lung	6.4	2.8	3.5	55.7	19.2	28.4
Prostate	5.1	3.7	3.0	33.1	14.0	*8.6
Diabetes	4.4	4.7	5.1	39.8	29.0	32.4
Serious mental illness ⁵	2.5	*3.4	*2.9	43.8	39.9	*34.7
Diseases of heart	69.4	70.6	67.9	487.2	331.9	303.4
Ischemic heart disease	42.0	39.7	38.2	285.2	171.2	163.4
Acute myocardial infarction	14.0	12.5	13.3	122.4	66.5	79.8
Congestive heart failure	11.4	13.4	12.4	90.2	76.8	65.5
Cerebrovascular diseases	13.8	13.2	13.8	114.8	59.0	56.8
Pneumonia	11.4	12.8	12.5	107.8	82.0	76.5
Hyperplasia of prostate	14.4	5.4	4.8	65.0	15.0	11.7
Osteoarthritis	5.0	9.6	7.6	44.9	46.7	32.6
Injuries and poisoning	17.6	17.9	18.4	139.0	105.7	111.5
Fracture, all sites	4.5	4.7	4.9	45.9	29.9	31.7
Fracture of neck of femur (hip)	1.5	*2.0	1.6	*18.1	*15.9	*10.4
75 years and over ³	478.5	467.4	480.7	4,231.6	2,888.0	2,894.9
Malignant neoplasms	41.0	21.9	23.8	408.3	165.2	179.5
Large intestine and rectum	5.4	4.2	3.7	80.7	44.1	33.7
Trachea, bronchus, lung	5.4	3.0	3.8	53.4	18.3	28.4
Prostate	9.7	3.2	3.3	65.6	*19.4	13.3
Diabetes	4.6	6.5	6.5	51.2	43.2	42.4
Serious mental illness ⁵	*2.6	2.9	3.6	*40.5	*32.6	36.7
Diseases of heart	106.2	113.3	117.4	855.7	600.9	606.9
Ischemic heart disease	49.1	53.0	50.4	398.1	276.1	262.3
Acute myocardial infarction	23.1	23.0	22.8	227.5	136.5	157.4
Congestive heart failure	31.0	30.5	30.5	242.3	175.4	176.9
Cerebrovascular diseases	30.2	30.2	26.8	298.3	171.2	155.3
Pneumonia	38.6	37.2	38.8	393.6	233.3	241.0
Hyperplasia of prostate	17.9	6.8	6.1	109.2	21.6	17.7
Osteoarthritis	5.8	6.2	10.2	60.7	28.7	45.4
Injuries and poisoning	31.2	33.6	32.7	341.3	257.7	212.4
Fracture, all sites	13.7	14.4	13.2	145.1	*119.2	94.8
Fracture of neck of femur (hip)	8.5	8.4	8.3	97.8	63.3	61.7

See footnotes at end of table.

Table 95 (page 2 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges			Days of care		
	1990	2000 ¹	2002 ¹	1990	2000 ¹	2002 ¹
Female						
Number per 1,000 population						
All ages ^{2,3}	139.0	127.7	132.9	840.5	581.0	596.0
Under 18 years ³	46.4	39.6	43.5	218.7	161.5	192.1
Pneumonia	4.0	4.8	5.2	17.4	17.2	19.8
Asthma	2.2	2.4	1.2	6.8	5.5	2.6
Injuries and poisoning	4.3	3.1	3.4	16.7	*12.0	14.1
Fracture, all sites	1.3	0.9	0.8	6.4	2.3	2.4
18–44 years ³	146.8	124.8	132.6	582.0	401.1	431.9
Delivery	69.9	64.5	67.7	195.0	160.2	174.6
Alcohol and drug ⁴	1.6	*2.1	1.9	14.1	*10.8	*9.2
Serious mental illness ⁵	3.7	*5.4	6.9	54.3	*41.1	*52.6
Diseases of heart	1.3	1.7	1.7	7.2	6.3	7.0
Intervertebral disc disorders	1.5	1.0	1.1	7.3	2.4	2.9
Injuries and poisoning	6.7	4.3	4.8	36.6	18.1	18.7
Fracture, all sites	1.6	1.0	1.2	10.7	4.5	5.0
45–64 years ³	131.0	110.2	116.0	886.5	533.6	553.4
Malignant neoplasms	12.7	6.1	5.8	107.4	34.7	34.0
Trachea, bronchus, lung	1.7	0.5	0.7	14.8	3.4	5.1
Breast	2.8	1.3	1.1	12.1	2.6	2.7
Diabetes	2.9	2.9	3.1	25.8	15.0	14.8
Alcohol and drug ⁴	1.0	1.5	1.5	8.0	*7.1	*7.6
Serious mental illness ⁵	4.0	4.6	6.1	60.5	42.7	51.6
Diseases of heart	16.6	14.6	14.6	101.1	59.5	60.4
Ischemic heart disease	9.9	7.8	7.6	57.4	29.5	28.3
Acute myocardial infarction	2.8	2.0	2.4	21.6	10.0	11.4
Congestive heart failure	2.1	2.9	2.9	15.8	13.6	14.5
Cerebrovascular diseases	3.0	3.5	3.2	32.1	19.5	16.3
Pneumonia	3.4	3.6	3.4	26.5	20.8	21.1
Injuries and poisoning	9.4	7.7	8.2	63.3	41.2	43.5
Fracture, all sites	3.1	2.7	2.1	25.0	13.3	10.2
65–74 years ³	241.1	246.1	244.4	1,959.3	1,397.1	1,349.6
Malignant neoplasms	20.9	14.1	14.1	189.8	101.0	107.0
Large intestine and rectum	2.4	1.7	1.9	34.9	15.2	14.4
Trachea, bronchus, lung	2.6	2.4	3.0	26.9	*17.5	20.1
Breast	3.9	2.8	1.8	17.6	*	*5.9
Diabetes	5.8	4.6	5.3	46.8	26.1	28.2
Serious mental illness ⁵	3.9	4.0	3.2	62.8	46.3	36.9
Diseases of heart	45.1	52.1	48.6	316.9	256.0	230.5
Ischemic heart disease	24.4	23.3	21.7	153.8	113.9	100.0
Acute myocardial infarction	7.5	8.0	7.1	58.1	52.8	45.6
Congestive heart failure	9.2	12.7	11.2	81.8	68.4	65.7
Cerebrovascular diseases	11.3	12.3	10.8	96.0	59.4	54.9
Pneumonia	8.7	11.7	11.4	81.8	73.5	69.7
Osteoarthritis	6.9	9.3	11.5	68.9	43.6	48.6
Injuries and poisoning	17.8	18.3	17.3	166.2	109.9	99.5
Fracture, all sites	8.4	7.7	6.9	97.3	43.8	39.4
Fracture of neck of femur (hip)	3.6	3.2	3.3	*59.6	21.1	21.1

See footnotes at end of table.

Table 95 (page 3 of 3). Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges			Days of care		
	1990	2000 ¹	2002 ¹	1990	2000 ¹	2002 ¹
Female—Con.	Number per 1,000 population					
75 years and over ³	409.6	458.8	458.2	3,887.1	2,830.8	2,735.5
Malignant neoplasms	22.1	17.6	17.1	257.3	125.7	131.1
Large intestine and rectum	4.6	3.4	3.8	69.8	28.4	37.8
Trachea, bronchus, lung	2.1	1.9	1.6	20.6	14.0	13.9
Breast	3.9	2.5	1.8	22.0	*8.9	5.2
Diabetes	4.6	6.3	5.1	55.3	34.0	28.5
Serious mental illness ⁵	4.2	4.7	3.3	78.4	49.2	39.0
Diseases of heart	84.6	99.1	95.4	672.8	523.4	483.4
Ischemic heart disease	33.7	35.5	33.5	253.2	185.5	161.2
Acute myocardial infarction	13.1	16.5	15.9	125.9	110.7	98.0
Congestive heart failure	28.0	32.2	28.1	236.6	181.7	149.3
Cerebrovascular diseases	29.6	27.6	25.2	302.0	156.8	130.5
Pneumonia	23.9	30.5	28.7	260.1	209.7	185.5
Osteoarthritis	5.3	8.7	10.4	54.1	40.4	47.0
Injuries and poisoning	46.3	44.7	48.4	489.2	275.4	279.6
Fracture, all sites	31.5	30.0	30.3	352.7	190.0	177.7
Fracture of neck of femur (hip)	18.8	17.9	16.9	236.3	125.3	106.4

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

¹Rates for 2000 were computed using Census 2000 counts and rates for 2001 and beyond were computed using 2000-based postcensal estimates.

²Estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Includes discharges with first-listed diagnoses not shown in table.

⁴Includes abuse, dependence, and withdrawal. These estimates are for non-Federal short-stay hospitals and do not include alcohol and drug discharges from other types of facilities or programs such as the Department of Veterans Affairs or day treatment programs.

⁵These estimates are for non-Federal short-stay hospitals and do not include serious mental illness discharges from other types of facilities or programs such as the Department of Veterans Affairs or long-term hospitals.

NOTES: Some numbers in this table for 2000 and 2001 were revised and differ from previous editions of *Health, United States*. Excludes newborn infants. Rates are based on the civilian population as of July 1. Diagnostic categories are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*. For a listing of the code numbers, see [Appendix II, table IX](#). Rates for 1990–99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990–99 are not strictly comparable with rates for 2000 and beyond because population estimates for 1990–99 have not been revised to reflect Census 2000. See [Appendix I, National Hospital Discharge Survey; Population Census and Population Estimates](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 96 (page 1 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges			Average length of stay		
	1990	2000	2002	1990	2000	2002
Both sexes						
	Number in thousands			Number of days		
Total ^{1,2}	30,788	31,706	33,727	6.5	4.9	4.9
Male						
All ages ^{1,2}	12,280	12,514	13,389	7.1	5.4	5.4
Under 18 years ²	1,572	1,515	1,615	5.0	4.8	4.6
Pneumonia	178	199	228	4.3	3.2	3.5
Asthma	111	129	*69	2.8	2.1	*2.4
Injuries and poisoning	232	185	180	4.4	4.3	4.2
Fracture, all sites	76	68	59	4.2	3.9	3.8
18–44 years ²	3,120	2,498	2,703	6.1	4.8	4.9
Alcohol and drug ³	201	224	226	8.9	4.7	4.5
Serious mental illness ⁴	184	*296	361	13.8	*8.2	*7.9
Diseases of heart	163	148	173	5.4	3.5	3.4
Intervertebral disc disorders	138	81	69	4.2	2.2	2.3
Injuries and poisoning	704	408	445	5.0	4.5	4.7
Fracture, all sites	217	141	153	5.6	5.0	4.8
45–64 years ²	3,115	3,424	3,755	6.7	5.1	5.2
Malignant neoplasms	235	188	211	9.4	6.8	6.6
Trachea, bronchus, lung	60	26	30	7.1	6.0	7.5
Diabetes	65	114	98	7.3	6.0	5.7
Alcohol and drug ³	77	106	125	8.5	4.5	4.2
Serious mental illness ⁴	56	*120	139	13.7	*8.8	*11.1
Diseases of heart	704	802	812	5.8	3.8	3.9
Ischemic heart disease	502	539	515	5.7	3.6	3.6
Acute myocardial infarction	165	178	177	7.5	4.7	4.3
Congestive heart failure	66	101	119	6.7	5.2	5.2
Cerebrovascular diseases	91	116	121	10.0	5.2	6.1
Pneumonia	77	104	103	7.9	6.0	5.5
Injuries and poisoning	257	266	342	7.2	5.7	6.0
Fracture, all sites	74	77	94	7.2	6.4	5.5
65–74 years ²	2,268	2,199	2,205	7.8	5.6	5.6
Malignant neoplasms	220	146	154	9.9	6.9	7.4
Large intestine and rectum	24	24	24	11.4	9.2	9.7
Trachea, bronchus, lung	50	23	29	8.7	6.8	8.1
Prostate	40	31	25	6.5	3.8	*2.8
Diabetes	34	39	43	9.1	6.2	6.3
Serious mental illness ⁴	20	*28	*24	17.4	*11.7	*12.1
Diseases of heart	547	586	564	7.0	4.7	4.5
Ischemic heart disease	331	329	317	6.8	4.3	4.3
Acute myocardial infarction	110	104	110	8.8	5.3	6.0
Congestive heart failure	90	112	103	7.9	5.7	5.3
Cerebrovascular diseases	108	109	114	8.3	4.5	4.1
Pneumonia	90	106	104	9.5	6.4	6.1
Hyperplasia of prostate	113	45	40	4.5	2.8	2.4
Osteoarthritis	39	80	63	9.0	4.9	4.3
Injuries and poisoning	139	149	153	7.9	5.9	6.1
Fracture, all sites	36	39	41	10.2	6.4	6.4
Fracture of neck of femur (hip)	12	*17	13	*11.8	*7.9	*6.4
75 years and over ²	2,203	2,878	3,111	8.8	6.2	6.0
Malignant neoplasms	189	135	154	10.0	7.6	7.5
Large intestine and rectum	25	26	24	15.0	10.6	9.2
Trachea, bronchus, lung	25	18	24	10.0	6.1	7.6
Prostate	45	20	22	6.8	*6.1	4.0
Diabetes	21	40	42	11.0	6.6	6.6
Serious mental illness ⁴	*12	18	23	*15.5	*11.2	10.3
Diseases of heart	489	697	759	8.1	5.3	5.2
Ischemic heart disease	226	326	326	8.1	5.2	5.2
Acute myocardial infarction	106	141	148	9.9	5.9	6.9
Congestive heart failure	143	188	198	7.8	5.7	5.8
Cerebrovascular diseases	139	186	174	9.9	5.7	5.8
Pneumonia	178	229	251	10.2	6.3	6.2
Hyperplasia of prostate	82	42	39	6.1	3.2	2.9
Osteoarthritis	27	38	66	10.5	4.6	4.5
Injuries and poisoning	144	207	211	10.9	7.7	6.5
Fracture, all sites	63	89	85	10.6	*8.3	7.2
Fracture of neck of femur (hip)	39	52	53	11.5	7.5	7.5

See footnotes at end of table.

Table 96 (page 2 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges			Average length of stay		
	1990	2000	2002	1990	2000	2002
	Number in thousands			Number of days		
Female						
All ages ^{1,2}	18,508	19,192	20,338	6.0	4.5	4.5
Under 18 years ²	1,500	1,397	1,547	4.7	4.1	4.4
Pneumonia	129	168	183	4.4	3.6	3.8
Asthma	71	85	42	3.1	2.3	2.2
Injuries and poisoning	138	111	120	3.9	*3.8	4.2
Fracture, all sites	42	32	29	5.0	2.5	2.9
18–44 years ²	8,018	6,941	7,411	4.0	3.2	3.3
Delivery	3,815	3,588	3,783	2.8	2.5	2.6
Alcohol and drug ³	85	*116	105	9.1	*5.2	*4.9
Serious mental illness ⁴	200	*300	385	14.8	*7.6	*7.6
Diseases of heart	73	95	95	5.4	3.7	4.1
Intervertebral disc disorders	84	58	62	4.7	2.3	2.6
Injuries and poisoning	366	237	268	5.5	4.2	3.9
Fracture, all sites	85	57	65	6.9	4.4	4.3
45–64 years ²	3,129	3,534	3,968	6.8	4.8	4.8
Malignant neoplasms	303	195	198	8.5	5.7	5.9
Trachea, bronchus, lung	41	17	25	8.6	6.4	7.1
Breast	67	40	36	4.3	2.1	2.6
Diabetes	70	93	107	8.9	5.2	4.7
Alcohol and drug ³	23	47	51	8.2	*4.8	*5.0
Serious mental illness ⁴	95	146	207	15.2	9.4	8.5
Diseases of heart	397	470	501	6.1	4.1	4.1
Ischemic heart disease	237	251	262	5.8	3.8	3.7
Acute myocardial infarction	68	64	82	7.6	5.0	4.8
Congestive heart failure	51	94	100	7.4	4.6	5.0
Cerebrovascular diseases	72	113	109	10.7	5.5	5.1
Pneumonia	80	117	115	7.9	5.7	6.3
Injuries and poisoning	225	248	279	6.7	5.3	5.3
Fracture, all sites	75	87	70	7.9	4.9	5.0
65–74 years ²	2,421	2,479	2,437	8.1	5.7	5.5
Malignant neoplasms	210	142	141	9.1	7.2	7.6
Large intestine and rectum	24	17	18	14.5	9.0	7.8
Trachea, bronchus, lung	26	25	30	10.2	*7.1	6.8
Breast	40	29	18	4.5	*	*3.2
Diabetes	59	47	52	8.0	5.6	5.4
Serious mental illness ⁴	39	40	32	16.3	11.7	11.4
Diseases of heart	453	525	484	7.0	4.9	4.7
Ischemic heart disease	245	235	216	6.3	4.9	4.6
Acute myocardial infarction	75	81	71	7.8	6.6	6.4
Congestive heart failure	92	128	111	8.9	5.4	5.9
Cerebrovascular diseases	114	124	107	8.5	4.8	5.1
Pneumonia	87	117	114	9.4	6.3	6.1
Osteoarthritis	69	94	115	10.0	4.7	4.2
Injuries and poisoning	179	185	173	9.3	6.0	5.7
Fracture, all sites	85	77	69	11.5	5.7	5.7
Fracture of neck of femur (hip)	36	32	32	*16.7	6.7	6.5

See footnotes at end of table.

Table 96 (page 3 of 3). Discharges and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnoses: United States, selected years 1990–2002

[Data are based on a sample of hospital records]

Sex, age, and first-listed diagnosis	Discharges			Average length of stay		
	1990	2000	2002	1990	2000	2002
Female—Con.	Number in thousands			Number of days		
75 years and over ²	3,440	4,840	4,975	9.5	6.2	6.0
Malignant neoplasms	185	186	186	11.7	7.1	7.7
Large intestine and rectum	39	36	41	15.1	8.4	10.1
Trachea, bronchus, lung	18	20	17	9.9	7.3	8.9
Breast	33	27	19	5.7	*3.5	2.9
Diabetes	39	67	56	11.9	5.4	5.5
Serious mental illness ⁴	35	49	36	18.7	10.5	11.8
Diseases of heart	711	1,045	1,036	8.0	5.3	5.1
Ischemic heart disease	283	375	364	7.5	5.2	4.8
Acute myocardial infarction	110	174	172	9.6	6.7	6.2
Congestive heart failure	235	339	305	8.5	5.6	5.3
Cerebrovascular diseases	249	292	274	10.2	5.7	5.2
Pneumonia	201	322	312	10.9	6.9	6.5
Osteoarthritis	45	91	112	10.2	4.7	4.5
Injuries and poisoning	389	472	526	10.6	6.2	5.8
Fracture, all sites	265	316	329	11.2	6.3	5.9
Fracture of neck of femur (hip)	158	189	183	12.5	7.0	6.3

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have a RSE of greater than 30 percent.

¹ Average length of stay estimates are age adjusted to the year 2000 standard population using six age groups: under 18 years, 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

² Includes discharges with first-listed diagnoses not shown in table.

³ Includes abuse, dependence, and withdrawal. These estimates are for non-Federal short-stay hospitals and do not include alcohol and drug discharges from other types of facilities or programs such as the Department of Veterans Affairs or day treatment programs.

⁴ These estimates are for non-Federal short-stay hospitals and do not include serious mental illness discharges from other types of facilities or programs such as the Department of Veterans Affairs or long-term hospitals.

NOTES: Excludes newborn infants. Diagnostic categories are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*. For a listing of the code numbers, see [Appendix II, table IX](#). Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 97 (page 1 of 3). Selected inpatient procedures according to sex, age, and type of procedure: United States, 1991–92 and 2001–02

[Data are based on a sample of hospital records]

Age and procedure category	Both sexes		Male		Female	
	1991–92	2001–02	1991–92	2001–02	1991–92	2001–02
18 years of age and over						
Number in thousands						
Number of hospital stays with at least one procedure ¹	19,073	18,606	7,154	6,751	11,920	11,856
18 years of age and over, age adjusted ²						
Number per 10,000 population ³						
Hospital stays with at least one procedure	1,024.7	877.0	885.7	708.9	1,180.8	1,054.8
Cardiac catheterization	55.3	58.9	74.8	77.9	38.6	43.2
Insertion, replacement, removal, and revision of pacemaker leads or device	9.4	10.1	11.3	12.5	8.1	8.4
Incision, excision, and occlusion of vessels	40.2	60.3	45.4	64.9	36.4	57.1
Angiocardiology using contrast material	46.2	48.3	61.5	62.0	33.1	36.9
Operations on vessels of heart	34.6	42.6	53.0	63.9	19.4	25.1
Removal of coronary artery obstruction and insertion of stent(s)	19.7	28.6	29.0	41.8	11.8	17.6
Insertion of coronary artery stent(s) ⁴	...	23.6	...	34.7	...	14.2
Coronary artery bypass graft	15.9	14.3	25.6	22.6	8.1	7.6
Diagnostic procedures on small intestine	44.6	45.3	49.1	45.6	41.5	45.3
Diagnostic procedures on large intestine	30.6	26.1	29.5	25.6	31.6	26.7
Diagnostic radiology	88.4	37.1	91.0	36.5	86.6	38.0
Computerized axial tomography	62.9	27.4	66.8	28.2	59.6	26.7
Diagnostic ultrasound	71.0	32.3	66.9	33.0	76.2	32.3
Joint replacement of lower extremity	22.6	33.2	18.9	28.3	25.2	36.7
Total hip replacement	6.7	8.4	6.2	7.7	7.0	8.8
Partial hip replacement	5.1	5.4	3.3	3.4	6.3	6.6
Total knee replacement	8.6	16.0	6.9	14.1	9.9	17.7
Reduction of fracture and dislocation	27.8	24.8	26.0	22.6	27.7	25.3
Excision or destruction of intervertebral disc	16.9	14.0	19.8	15.6	14.1	12.5
Cholecystectomy	29.6	20.3	20.3	14.7	38.7	25.9
Laparoscopic cholecystectomy	9.7	15.1	5.8	9.3	13.4	20.8
Lysis of peritoneal adhesions	17.9	15.1	7.6	6.5	27.7	23.5
18–44 years of age						
Number in thousands						
Number of hospital stays with at least one procedure ¹	8,034	7,034	1,936	1,423	6,099	5,611
Number per 10,000 population ³						
Hospital stays with at least one procedure	735.7	629.1	356.6	254.2	1,110.2	1,004.8
Repair of hernia	5.0	4.5	5.6	2.9	4.4	6.2
Cesarean section and removal of fetus	...	...	...	...	164.1	176.9
Forceps, vacuum, and breech delivery	...	...	...	...	76.7	55.3
Other procedures inducing or assisting delivery ⁵	...	...	...	...	395.0	395.4
Dilation and curettage of uterus	...	...	...	...	26.0	8.0
Total abdominal hysterectomy	...	...	...	...	42.3	36.9
Vaginal hysterectomy	...	...	...	...	16.7	19.4
Cardiac catheterization	8.2	8.5	12.0	11.8	4.6	5.2
Incision, excision, and occlusion of vessels	12.0	19.1	12.1	18.7	11.9	19.5
Angiocardiology using contrast material	7.3	7.6	10.7	10.1	4.0	5.1
Operations on vessels of heart	3.3	4.3	5.6	6.7	1.1	1.9
Removal of coronary artery obstruction and insertion of stent(s)	2.4	3.4	4.0	5.2	*0.7	1.5
Insertion of coronary artery stent(s) ⁴	...	2.7	...	4.2	...	1.2
Coronary artery bypass graft	1.0	1.0	1.7	1.6	*	*
Diagnostic procedures on small intestine	13.1	12.6	13.6	11.2	12.6	14.0
Diagnostic procedures on large intestine	7.2	6.1	6.4	5.3	8.0	6.9
Diagnostic radiology	38.5	15.1	37.6	12.8	39.4	17.5
Computerized axial tomography	25.1	10.6	29.2	10.9	21.2	10.3
Diagnostic ultrasound	31.7	10.4	17.3	7.3	46.1	13.4
Reduction of fracture and dislocation	16.7	13.0	22.9	17.7	10.6	8.2
Excision or destruction of intervertebral disc	14.4	10.4	18.2	11.7	10.6	9.0
Cholecystectomy	16.7	12.7	6.6	4.6	26.7	20.8
Laparoscopic cholecystectomy	6.3	10.7	2.0	3.2	10.5	18.3
Lysis of peritoneal adhesions	15.0	12.2	1.9	1.9	27.9	22.5

See footnotes at end of table.

Table 97 (page 2 of 3). Selected inpatient procedures according to sex, age, and type of procedure: United States, 1991–92 and 2001–02

[Data are based on a sample of hospital records]

Age and procedure category	Both sexes		Male		Female	
	1991–92	2001–02	1991–92	2001–02	1991–92	2001–02
45–64 years of age						
Number in thousands						
Number of hospital stays with at least one procedure ¹	4,305	4,621	2,148	2,281	2,157	2,340
Number per 10,000 population ³						
Hospital stays with at least one procedure.	908.9	704.6	939.3	714.9	880.5	694.9
Transurethral prostatectomy. . . . .	...	...	23.4	6.9	...	...
Repair of hernia	18.5	12.4	23.7	11.1	13.7	13.6
Total abdominal hysterectomy . . . . .	...	...	...	...	52.0	50.4
Vaginal hysterectomy . . . . .	...	...	...	...	17.6	22.2
Cardiac catheterization	91.8	80.4	127.0	104.0	59.0	58.1
Insertion, replacement, removal, and revision of pacemaker leads or device	6.7	4.3	8.3	5.4	5.3	3.3
Incision, excision, and occlusion of vessels	43.5	59.7	47.2	64.2	40.2	55.4
Angiocardiology using contrast material.	77.5	65.4	104.8	83.3	51.9	48.5
Operations on vessels of heart.	57.6	59.4	88.6	88.0	28.7	32.3
Removal of coronary artery obstruction and insertion of stent(s)	34.5	40.3	51.5	58.9	18.7	22.6
Insertion of coronary artery stent(s) ⁴. . . . .	...	33.0	...	49.4	...	17.5
Coronary artery bypass graft.	24.9	19.5	40.1	29.7	10.8	9.8
Diagnostic procedures on small intestine.	42.9	38.9	45.9	40.3	40.1	37.7
Diagnostic procedures on large intestine.	27.7	19.8	25.3	18.7	30.0	20.8
Diagnostic radiology	89.9	34.4	91.4	33.1	88.4	35.6
Computerized axial tomography	57.9	24.0	58.4	24.9	57.4	23.2
Diagnostic ultrasound	65.5	27.4	66.8	29.9	64.2	25.1
Joint replacement of lower extremity.	18.3	30.2	16.9	26.0	19.7	34.2
Total hip replacement.	6.7	9.2	7.1	10.0	6.2	8.4
Partial hip replacement.	2.0	1.2	*1.2	*0.9	2.8	1.4
Total knee replacement	7.4	16.9	5.9	12.7	8.8	20.9
Reduction of fracture and dislocation	22.4	18.0	20.7	18.0	24.1	18.0
Excision or destruction of intervertebral disc	23.1	20.6	25.4	22.0	21.0	19.2
Cholecystectomy	37.0	20.5	24.2	16.7	49.0	24.1
Laparoscopic cholecystectomy	12.4	15.0	7.7	11.2	16.8	18.7
Lysis of peritoneal adhesions	16.2	14.7	7.7	6.0	24.1	23.0
65–74 years of age						
Number in thousands						
Number of hospital stays with at least one procedure ¹	3,288	2,856	1,662	1,381	1,626	1,475
Number per 10,000 population ³						
Hospital stays with at least one procedure.	1,807.2	1,560.6	2,070.6	1,663.0	1,599.3	1,475.6
Transurethral prostatectomy. . . . .	...	...	145.3	54.4	...	...
Repair of hernia	37.9	26.2	52.3	28.2	26.6	24.5
Total abdominal hysterectomy . . . . .	...	...	...	...	24.8	19.9
Vaginal hysterectomy . . . . .	...	...	...	...	14.3	16.0
Cardiac catheterization	170.6	181.5	223.4	235.4	128.9	136.7
Insertion, replacement, removal, and revision of pacemaker leads or device	27.1	25.4	32.0	26.4	23.2	24.6
Incision, excision, and occlusion of vessels	110.5	148.6	134.7	155.3	91.3	143.0
Angiocardiology using contrast material.	139.3	147.3	178.9	182.6	108.0	118.1
Operations on vessels of heart.	116.0	141.1	169.3	207.8	73.9	85.7
Removal of coronary artery obstruction and insertion of stent(s)	60.6	90.8	84.1	130.0	42.0	58.2
Insertion of coronary artery stent(s) ⁴. . . . .	...	74.9	...	107.7	...	47.6
Coronary artery bypass graft.	59.2	51.2	90.7	79.2	34.3	27.9
Diagnostic procedures on small intestine.	106.2	106.9	116.9	107.5	97.7	106.4
Diagnostic procedures on large intestine.	72.6	64.8	70.6	64.5	74.1	65.1
Diagnostic radiology	177.7	77.1	193.8	79.4	165.0	75.2
Computerized axial tomography	132.3	57.0	145.1	57.5	122.3	56.6
Diagnostic ultrasound	149.3	79.3	163.6	80.0	138.0	78.7
Joint replacement of lower extremity.	79.8	110.3	59.4	92.0	95.9	125.5
Total hip replacement.	25.2	25.9	20.5	21.5	28.9	29.5
Partial hip replacement.	8.4	9.5	*3.9	7.7	11.9	11.1
Total knee replacement	38.9	63.4	28.1	52.5	47.4	72.4
Reduction of fracture and dislocation	36.5	39.4	28.5	28.1	42.9	48.7
Excision or destruction of intervertebral disc	16.4	15.6	18.3	16.7	14.9	14.7
Cholecystectomy	59.3	40.3	54.2	36.9	63.3	43.1
Laparoscopic cholecystectomy	18.1	28.3	14.9	22.9	20.6	32.8
Lysis of peritoneal adhesions	25.3	22.4	20.3	17.4	29.3	26.6

See footnotes at end of table.

Table 97 (page 3 of 3). Selected inpatient procedures according to sex, age, and type of procedure: United States, 1991–92 and 2001–02

[Data are based on a sample of hospital records]

Age and procedure category	Both sexes		Male		Female	
	1991–92	2001–02	1991–92	2001–02	1991–92	2001–02
75 years of age and over			Number in thousands			
Number of hospital stays with at least one procedure ¹	3,446	4,096	1,409	1,667	2,037	2,430
			Number per 10,000 population ³			
Hospital stays with at least one procedure.....	2,547.0	2,384.5	2,918.6	2,606.7	2,340.9	2,252.7
Transurethral prostatectomy.....	...	...	262.6	95.3	...	...
Repair of hernia.....	43.5	27.5	67.2	36.4	30.4	22.2
Total abdominal hysterectomy.....	...	...	...	...	14.8	13.6
Vaginal hysterectomy.....	...	...	...	...	7.3	8.3
Cardiac catheterization.....	111.8	174.6	141.4	240.8	95.3	135.3
Insertion, replacement, removal, and revision of pacemaker leads or device.....	59.3	76.9	72.6	101.5	51.9	62.3
Incision, excision, and occlusion of vessels.....	140.2	235.5	163.8	269.9	127.1	215.1
Angiocardiology using contrast material.....	91.2	142.5	114.9	190.0	78.0	114.4
Operations on vessels of heart.....	72.8	124.3	113.5	191.2	50.2	84.7
Removal of coronary artery obstruction and insertion of stent(s).....	37.2	83.0	53.5	120.1	28.2	61.0
Insertion of coronary artery stent(s) ⁴.....	...	69.1	...	99.6	...	50.9
Coronary artery bypass graft.....	36.7	42.0	62.7	71.2	22.3	24.6
Diagnostic procedures on small intestine.....	193.6	215.4	222.4	222.4	177.7	211.2
Diagnostic procedures on large intestine.....	150.5	137.9	152.2	141.2	149.6	135.9
Diagnostic radiology.....	316.7	146.6	331.1	156.9	308.7	140.5
Computerized axial tomography.....	257.4	116.7	262.2	121.5	254.8	113.9
Diagnostic ultrasound.....	268.1	142.0	290.2	160.3	255.8	131.2
Joint replacement of lower extremity.....	117.5	160.5	95.7	135.1	129.6	175.5
Total hip replacement.....	25.7	34.7	21.4	27.6	28.1	38.9
Partial hip replacement.....	46.3	50.5	32.0	28.4	54.3	63.6
Total knee replacement.....	35.8	60.2	30.8	63.0	38.5	58.5
Reduction of fracture and dislocation.....	111.3	111.1	62.7	65.5	138.3	138.1
Excision or destruction of intervertebral disc.....	9.4	11.0	10.5	16.0	8.7	8.1
Cholecystectomy.....	56.1	47.5	60.1	48.6	53.9	46.8
Laparoscopic cholecystectomy.....	13.4	30.0	14.1	27.5	13.0	31.5
Lysis of peritoneal adhesions.....	34.9	28.0	31.0	26.6	37.1	28.8

* Estimates are considered unreliable. Rates for inpatient procedures preceded by an asterisk are based on 5,000–8,999 estimated procedures; those based on fewer than 5,000 are not shown. Estimates that are not shown generally have a relative standard error of more than 30 percent.

... Category not applicable.

¹Includes procedures not shown separately. Average number of procedures per year.

²Estimates are age adjusted to the year 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. See [Appendix II, Age adjustment](#).

³Average annual rate.

⁴The procedure code for insertion of coronary artery stents was not available in 1991–92. Code 36.06 was first used in 1996.

⁵"Other procedures inducing or assisting delivery" includes artificial rupture of membranes, surgical and medical induction of labor, and episiotomy.

NOTES: Up to four procedures were coded for each hospital stay. Data in this table are for "any-listed" procedures, that is, if more than one procedure with the same code (e.g., a coronary artery bypass graft) is performed during the hospital stay, it is counted only once. Procedure categories are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*. See [Appendix II, Procedure](#); for a listing of the code numbers, see [Appendix II, table X](#). Rates are based on the civilian population as of July 1. Rates for 1990–99 use population estimates based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Rates for 1990–99 are not strictly comparable with rates for 2001–2002 because population estimates for 1990–99 have not been revised to reflect Census 2000. See [Appendix I, National Hospital Discharge Survey](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey.

Table 98. Hospital admissions, average length of stay, and outpatient visits, according to type of ownership and size of hospital, and percent outpatient surgery: United States, selected years 1975–2002

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	1999	2000	2001	2002
Admissions								
Number in thousands								
All hospitals	36,157	38,892	33,774	33,282	34,181	34,891	35,644	36,326
Federal	1,913	2,044	1,759	1,559	1,072	1,034	1,001	1,027
Non-Federal ¹	34,243	36,848	32,015	31,723	33,109	33,946	34,644	35,299
Community ²	33,435	36,143	31,181	30,945	32,359	33,089	33,814	34,478
Nonprofit	23,722	25,566	22,878	22,557	23,871	24,453	27,983	25,425
For profit	2,646	3,165	3,066	3,428	3,905	4,141	4,197	4,365
State-local government	7,067	7,413	5,236	4,961	4,583	4,496	4,634	4,688
6–24 beds	174	159	95	124	145	141	140	162
25–49 beds	1,431	1,254	870	944	959	995	1,030	1,062
50–99 beds	3,675	3,700	2,474	2,299	2,317	2,355	2,422	2,471
100–199 beds	7,017	7,162	5,833	6,288	6,684	6,735	6,778	6,826
200–299 beds	6,174	6,596	6,333	6,495	6,389	6,702	6,630	6,800
300–399 beds	4,739	5,358	5,091	4,693	5,419	5,135	5,328	5,607
400–499 beds	3,689	4,401	3,644	3,413	3,045	3,617	3,779	3,593
500 beds or more	6,537	7,513	6,840	6,690	7,400	7,410	7,706	7,958
Average length of stay								
Number of days								
All hospitals	11.4	9.9	9.1	7.8	7.0	6.8	6.7	6.6
Federal	20.3	16.8	14.9	13.1	14.0	12.8	13.2	11.7
Non-Federal ¹	10.9	9.6	8.8	7.5	6.8	6.6	6.6	6.5
Community ²	7.7	7.6	7.2	6.5	5.9	5.8	5.7	5.7
Nonprofit	7.8	7.7	7.3	6.4	5.8	5.7	5.6	5.6
For profit	6.6	6.5	6.4	5.8	5.5	5.4	5.4	5.3
State-local government	7.6	7.3	7.7	7.4	6.9	6.7	6.7	6.6
6–24 beds	5.6	5.3	5.4	5.5	4.5	4.2	4.0	4.1
25–49 beds	6.0	5.8	6.1	5.7	5.2	5.1	5.0	5.0
50–99 beds	6.8	6.7	7.2	7.0	6.7	6.4	6.4	6.4
100–199 beds	7.1	7.0	7.1	6.4	5.9	5.7	5.7	5.7
200–299 beds	7.5	7.4	6.9	6.2	5.7	5.7	5.6	5.5
300–399 beds	7.8	7.6	7.0	6.1	5.6	5.5	5.4	5.5
400–499 beds	8.1	7.9	7.3	6.3	5.9	5.6	5.6	5.5
500 beds or more	9.1	8.7	8.1	7.1	6.3	6.2	6.1	6.1
Outpatient visits³								
Number in thousands								
All hospitals	254,844	262,951	368,184	483,195	573,461	592,673	612,276	640,515
Federal	51,957	50,566	58,527	59,934	70,060	63,402	64,035	75,781
Non-Federal ¹	202,887	212,385	309,657	423,261	503,401	531,972	548,242	564,734
Community ²	190,672	202,310	301,329	414,345	495,346	521,405	538,480	556,404
Nonprofit	131,435	142,156	221,073	303,851	370,784	393,168	404,901	416,910
For profit	7,713	9,696	20,110	31,940	39,896	43,378	44,706	45,215
State-local government	51,525	50,459	60,146	78,554	84,667	84,858	88,873	94,280
6–24 beds	915	1,155	1,471	3,644	4,650	4,555	4,556	5,930
25–49 beds	5,855	6,227	10,812	19,465	23,870	27,007	27,941	29,726
50–99 beds	16,303	17,976	27,582	38,597	46,156	49,385	51,331	53,342
100–199 beds	35,156	36,453	58,940	91,312	110,336	114,183	114,921	117,573
200–299 beds	32,772	36,073	60,561	84,080	90,878	99,248	99,596	102,424
300–399 beds	29,169	30,495	43,699	54,277	75,849	73,444	75,242	79,092
400–499 beds	22,127	25,501	33,394	44,284	43,867	52,205	59,580	57,841
500 beds or more	48,375	48,430	64,870	78,685	99,741	101,378	105,314	110,475
Outpatient surgery								
Percent of total surgeries ⁴								
Community hospitals ²	---	16.3	50.5	58.1	62.4	62.7	63.0	63.4

--- Data not available.

¹The category of non-Federal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See [Appendix II, Hospital](#).

²Community hospitals are non-Federal short-term general and special hospitals whose facilities and services are available to the public. See [Appendix II, Hospital](#).

³Outpatient visits include visits to the emergency department, outpatient department, referred visits (pharmacy, EKG, radiology), and outpatient surgery. See [Appendix II, Outpatient visit](#).

⁴Total surgeries is a measure of patients with at least one surgical procedure. Persons with multiple surgical procedures are counted only once.

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCES: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2004 Editions. Chicago. (Copyrights 1976, 1981, 1991–2004: Used with the permission of Health Forum LLC, an affiliate of the American Hospital Association.)

Table 99. Nursing home residents 65 years of age and over, according to age, sex, and race: United States, 1973–74, 1985, 1995, and 1999

[Data are based on a sample of nursing home residents]

Age, sex, and race	Residents				Residents per 1,000 population			
	1973–74	1985	1995	1999	1973–74	1985	1995	1999
Age								
65 years and over, age adjusted ¹ . . . . .	...	...	...	...	58.5	54.0	45.9	43.3
65 years and over, crude	961,500	1,318,300	1,422,600	1,469,500	44.7	46.2	42.4	42.9
65–74 years	163,100	212,100	190,200	194,800	12.3	12.5	10.1	10.8
75–84 years	384,900	509,000	511,900	517,600	57.7	57.7	45.9	43.0
85 years and over	413,600	597,300	720,400	757,100	257.3	220.3	198.6	182.5
Male								
65 years and over, age adjusted ¹ . . . . .	...	...	...	...	42.5	38.8	32.8	30.6
65 years and over, crude	265,700	334,400	356,800	377,800	30.0	29.0	26.1	26.5
65–74 years	65,100	80,600	79,300	84,100	11.3	10.8	9.5	10.3
75–84 years	102,300	141,300	144,300	149,500	39.9	43.0	33.3	30.8
85 years and over	98,300	112,600	133,100	144,200	182.7	145.7	130.8	116.5
Female								
65 years and over, age adjusted ¹ . . . . .	...	...	...	...	67.5	61.5	52.3	49.8
65 years and over, crude	695,800	983,900	1,065,800	1,091,700	54.9	57.9	53.7	54.6
65–74 years	98,000	131,500	110,900	110,700	13.1	13.8	10.6	11.2
75–84 years	282,600	367,700	367,600	368,100	68.9	66.4	53.9	51.2
85 years and over	315,300	484,700	587,300	612,900	294.9	250.1	224.9	210.5
White²								
65 years and over, age adjusted ¹ . . . . .	...	...	...	...	61.2	55.5	45.4	41.9
65 years and over, crude	920,600	1,227,400	1,271,200	1,279,600	46.9	47.7	42.3	42.1
65–74 years	150,100	187,800	154,400	157,200	12.5	12.3	9.3	10.0
75–84 years	369,700	473,600	453,800	440,600	60.3	59.1	44.9	40.5
85 years and over	400,800	566,000	663,000	681,700	270.8	228.7	200.7	181.8
Black or African American²								
65 years and over, age adjusted ¹ . . . . .	...	...	...	...	28.2	41.5	50.4	55.6
65 years and over, crude	37,700	82,000	122,900	145,900	22.0	35.0	45.2	51.1
65–74 years	12,200	22,500	29,700	30,300	11.1	15.4	18.4	18.2
75–84 years	13,400	30,600	47,300	58,700	26.7	45.3	57.2	66.5
85 years and over	12,100	29,000	45,800	56,900	105.7	141.5	167.1	183.1

... Category not applicable.

¹Age adjusted by the direct method to the year 2000 population standard using the following three age groups: 65–74 years, 75–84 years, and 85 years and over.

²Beginning in 1999 the instruction for the race item on the Current Resident Questionnaire was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for residents for whom only one race was recorded. Estimates for residents where multiple races were checked are unreliable due to small sample sizes and are not shown.

NOTES: Excludes residents in personal care or domiciliary care homes. Age refers to age at time of interview. Civilian population estimates used to compute rates for the 1990s are 1990-based postcensal estimates, as of July 1. Starting in 1997, population figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. Data for additional years are available. See [Appendix III](#).

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Table 100. Nursing home residents 65 years of age and over, according to selected functional status and age, sex, and race: United States, 1985, 1995, and 1999

[Data are based on a sample of nursing home residents]

Age, sex, and race	Functional status ¹											
	Dependent mobility			Incontinent			Dependent eating			Dependent mobility, eating, and incontinent		
	1985	1995	1999	1985	1995	1999	1985	1995	1999	1985	1995	1999
All persons	Percent											
65 years and over, age adjusted ²	75.7	79.0	80.3	55.0	63.8	65.7	40.9	44.9	47.3	32.5	36.5	36.9
65 years and over, crude	74.8	79.0	80.4	54.5	63.8	65.7	40.5	44.9	47.4	32.1	36.5	37.0
65–74 years	61.2	73.0	73.9	42.9	61.9	58.5	33.5	43.8	43.1	25.7	35.8	31.7
75–84 years	70.5	76.5	77.8	55.1	62.5	64.2	39.4	45.2	46.6	30.6	35.3	35.4
85 years and over	83.3	82.4	83.8	58.1	65.3	68.6	43.9	45.0	49.0	35.6	37.5	39.4
Male												
65 years and over, age adjusted ²	71.2	76.6	76.6	54.2	63.8	66.6	36.0	42.1	45.2	28.0	34.3	35.0
65 years and over, crude	67.8	75.8	75.9	51.9	63.9	66.0	34.9	42.7	45.1	26.9	34.8	35.0
65–74 years	55.8	70.6	70.5	38.8	63.4	59.6	32.8	44.2	45.0	24.1	36.9	34.8
75–84 years	65.7	76.6	76.9	54.4	64.6	68.9	32.6	44.1	44.7	25.5	35.5	35.2
85 years and over	79.2	78.2	78.1	58.1	63.4	66.8	39.2	40.2	45.7	30.9	32.7	34.9
Female												
65 years and over, age adjusted ²	77.3	79.7	81.5	55.4	63.6	65.0	42.4	45.6	47.8	33.9	36.9	37.2
65 years and over, crude	77.1	80.1	81.9	55.4	63.8	65.6	42.4	45.6	48.1	33.8	37.0	37.7
65–74 years	64.5	74.8	76.4	45.4	60.9	57.7	34.0	43.6	41.6	26.7	35.0	29.3
75–84 years	72.3	76.5	78.2	55.3	61.7	62.2	42.0	45.7	47.4	32.6	35.2	35.6
85 years and over	84.3	83.3	85.2	58.1	65.7	69.0	45.0	46.0	49.7	36.7	38.6	40.4
White ³												
65 years and over, age adjusted ²	75.2	78.5	79.9	54.6	63.2	64.9	40.4	44.2	46.1	32.1	35.7	35.7
65 years and over, crude	74.3	78.7	80.2	54.2	63.3	65.1	40.1	44.2	46.2	31.7	35.7	35.8
65–74 years	60.2	71.4	72.6	42.2	60.2	57.1	32.6	41.9	40.7	24.9	33.8	28.8
75–84 years	69.6	76.4	77.5	54.2	61.8	63.8	38.9	44.9	45.8	30.1	34.7	34.8
85 years and over	83.1	81.9	83.6	58.2	65.0	67.8	43.5	44.3	47.7	35.5	36.9	38.1
Black or African American ³												
65 years and over, age adjusted ²	83.4	83.2	82.1	61.0	69.3	71.9	49.2	52.2	55.9	38.2	44.0	46.8
65 years and over, crude	81.1	82.1	81.5	59.9	69.1	70.6	47.9	51.7	54.9	37.7	43.7	45.7
65–74 years	70.9	79.6	78.7	48.6	68.3	64.6	43.1	51.2	53.3	33.8	43.1	42.6
75–84 years	82.5	77.8	80.1	70.1	68.9	67.5	47.9	49.5	49.7	40.6	42.3	41.0
85 years and over	87.4	88.0	84.5	57.9	69.8	77.0	51.7	54.3	61.0	37.6	45.5	52.1

¹Nursing home residents who are dependent in mobility and eating require the assistance of a person or special equipment. Nursing home residents who are incontinent have difficulty in controlling bowels and/or bladder or have an ostomy or indwelling catheter.

²Age adjusted by the direct method to the 1995 National Nursing Home Survey population using the following three age groups: 65–74 years, 75–84 years, and 85 years and over.

³Beginning in 1999 the instruction for the race item on the Current Resident Questionnaire was changed so that more than one race could be recorded. In previous years only one racial category could be checked. Estimates for racial groups presented in this table are for residents for whom only one race was recorded. Estimates for residents where multiple races were checked are unreliable due to small sample sizes and are not shown.

NOTES: Age refers to age at time of interview. Excludes residents in personal care or domiciliary care homes. Data for additional years are available. See [Appendix III](#).

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Table 101. Persons employed in health service sites, according to sex: United States, selected years 2000–03

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Site	2000	2001	2002	2003
Both sexes				
Number of persons in thousands				
All employed civilians ¹	136,891	136,933	136,485	137,736
All health service sites ²	12,211	12,558	13,069	13,615
Offices and clinics of physicians	1,387	1,499	1,533	1,673
Offices and clinics of dentists	672	701	734	771
Offices and clinics of chiropractors	120	111	132	142
Offices and clinics of optometrists	95	102	113	92
Offices and clinics of other health practitioners ³	143	140	149	250
Outpatient care centers	772	830	850	873
Home health care services	548	582	636	741
Other health care services ⁴	1,027	1,101	1,188	943
Hospitals	5,202	5,256	5,330	5,652
Nursing care facilities	1,593	1,568	1,715	1,877
Residential care facilities, without nursing	652	668	689	601
Men				
All health service sites ²	2,756	2,778	2,838	2,986
Offices and clinics of physicians	354	379	370	414
Offices and clinics of dentists	158	150	151	163
Offices and clinics of chiropractors	32	39	47	53
Offices and clinics of optometrists	26	27	29	29
Offices and clinics of other health practitioners ³	38	41	42	63
Outpatient care centers	186	185	172	200
Home health care services	45	51	54	56
Other health care services ⁴	304	345	362	297
Hospitals	1,241	1,187	1,195	1,263
Nursing care facilities	195	189	223	267
Residential care facilities, without nursing	177	185	193	181
Women				
All health service sites ²	9,457	9,782	10,232	10,631
Offices and clinics of physicians	1,034	1,120	1,164	1,259
Offices and clinics of dentists	514	551	584	607
Offices and clinics of chiropractors	88	72	85	90
Offices and clinics of optometrists	69	75	84	64
Offices and clinics of other health practitioners ³	106	99	106	186
Outpatient care centers	586	646	678	673
Home health care services	503	531	582	685
Other health care services ⁴	723	756	826	646
Hospitals	3,961	4,069	4,135	4,390
Nursing care facilities	1,398	1,380	1,492	1,611
Residential care facilities, without nursing	475	483	496	420
Both sexes				
Percent of employed civilians				
All health service sites	8.9	9.2	9.6	9.9
Percent distribution				
All health service sites	100.0	100.0	100.0	100.0
Offices and clinics of physicians	11.4	11.9	11.7	12.3
Offices and clinics of dentists	5.5	5.6	5.6	5.7
Offices and clinics of chiropractors	1.0	0.9	1.0	1.0
Offices and clinics of optometrists	0.8	0.8	0.9	0.7
Offices and clinics of other health practitioners ³	1.2	1.1	1.1	1.8
Outpatient care centers	6.3	6.6	6.5	6.4
Home health care services	4.5	4.6	4.9	5.4
Other health care services ⁴	8.4	8.8	9.1	6.9
Hospitals	42.6	41.9	40.8	41.5
Nursing care facilities	13.0	12.5	13.1	13.8
Residential care facilities, without nursing	5.3	5.3	5.3	4.4

¹Excludes workers under the age of 16 years.

²Data for all health service sites for men and women may not sum to all health service sites for total due to rounding.

³Includes health service sites such as acupuncture, nutritionists' offices, speech defect clinics, and other offices and clinics. For a complete list of clinics under this category, see www.census.gov/hhes/www/iindex/cens_797_847.html, Census Industry Code 808.

⁴Includes health service sites such as ambulance services, blood banks, CT-SCAN (computer tomography) centers, and other offices and clinics. For a complete list of clinics under this category, see www.census.gov/hhes/www/iindex/cens_797_847.html, Census Industry Code 818.

NOTES: Annual data are based on data collected each month and averaged over the year. The data presented in this table differ from previous editions of *Health, United States* due to the introduction of the 2002 census industry classification system from the 2002 North American Industry Classification System into the Current Population Survey. Beginning in 2003, data reflect revised population controls used in the Current Population Survey.

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey: Employment and Earnings, January 2004 at www.bls.gov/cps/home.htm#annual and unpublished data.

Table 102 (page 1 of 2). Active non-Federal physicians and doctors of medicine in patient care, according to geographic division and State: United States, 1975, 1985, 1995, and 2002

[Data are based on reporting by physicians]

Geographic division and State	Total physicians ¹				Doctors of medicine in patient care ²			
	1975	1985	1995 ³	2002 ⁴	1975	1985	1995	2002
	Number per 10,000 civilian population							
United States	15.3	20.7	24.2	25.4	13.5	18.0	21.3	22.5
New England	19.1	26.7	32.5	35.0	16.9	22.9	28.8	31.2
Connecticut	19.8	27.6	32.8	34.4	17.7	24.3	29.5	30.9
Maine	12.8	18.7	22.3	27.1	10.7	15.6	18.2	22.6
Massachusetts	20.8	30.2	37.5	39.2	18.3	25.4	33.2	35.1
New Hampshire	14.3	18.1	21.5	25.2	13.1	16.7	19.8	23.0
Rhode Island	17.8	23.3	30.4	33.4	16.1	20.2	26.7	29.7
Vermont	18.2	23.8	26.9	33.7	15.5	20.3	24.2	30.6
Middle Atlantic	19.5	26.1	32.4	33.8	17.0	22.2	28.0	29.2
New Jersey	16.2	23.4	29.3	31.4	14.0	19.8	24.9	26.8
New York	22.7	29.0	35.3	36.5	20.2	25.2	31.6	32.6
Pennsylvania	16.6	23.6	30.1	31.5	13.9	19.2	24.6	25.5
East North Central	13.9	19.3	23.3	25.0	12.0	16.4	19.8	21.5
Illinois	14.5	20.5	24.8	26.0	13.1	18.2	22.1	23.1
Indiana	10.6	14.7	18.4	20.9	9.6	13.2	16.6	18.9
Michigan	15.4	20.8	24.8	25.8	12.0	16.0	19.0	20.1
Ohio	14.1	19.9	23.8	26.0	12.2	16.8	20.0	22.0
Wisconsin	12.5	17.7	21.5	24.1	11.4	15.9	19.6	22.0
West North Central	13.3	18.3	21.8	23.3	11.4	15.6	18.9	20.3
Iowa	11.4	15.6	19.2	19.9	9.4	12.4	15.1	15.7
Kansas	12.8	17.3	20.8	21.7	11.2	15.1	18.0	18.8
Minnesota	14.9	20.5	23.4	25.3	13.7	18.5	21.5	23.3
Missouri	15.0	20.5	23.9	24.8	11.6	16.3	19.7	20.6
Nebraska	12.1	15.7	19.8	22.6	10.9	14.4	18.3	20.8
North Dakota	9.7	15.8	20.5	22.5	9.2	14.9	18.9	20.8
South Dakota	8.2	13.4	16.7	20.1	7.7	12.3	15.7	18.6
South Atlantic	14.0	19.7	23.4	24.8	12.6	17.6	21.0	22.3
Delaware	14.3	19.7	23.4	25.2	12.7	17.1	19.7	21.5
District of Columbia	39.6	55.3	63.6	61.8	34.6	45.6	53.6	53.9
Florida	15.2	20.2	22.9	24.1	13.4	17.8	20.3	21.4
Georgia	11.5	16.2	19.7	20.4	10.6	14.7	18.0	18.8
Maryland	18.6	30.4	34.1	35.3	16.5	24.9	29.9	31.2
North Carolina	11.7	16.9	21.1	23.3	10.6	15.0	19.4	21.4
South Carolina	10.0	14.7	18.9	21.5	9.3	13.6	17.6	19.9
Virginia	12.9	19.5	22.5	24.5	11.9	17.8	20.8	22.5
West Virginia	11.0	16.3	21.0	23.7	10.0	14.6	17.9	19.8
East South Central	10.5	15.0	19.2	21.2	9.7	14.0	17.8	19.6
Alabama	9.2	14.2	18.4	19.9	8.6	13.1	17.0	18.3
Kentucky	10.9	15.1	19.2	21.3	10.1	13.9	18.0	19.8
Mississippi	8.4	11.8	13.9	17.1	8.0	11.1	13.0	15.6
Tennessee	12.4	17.7	22.5	24.2	11.3	16.2	20.8	22.5
West South Central	11.9	16.4	19.5	20.7	10.5	14.5	17.3	18.4
Arkansas	9.1	13.8	17.3	19.2	8.5	12.8	16.0	17.8
Louisiana	11.4	17.3	21.7	24.4	10.5	16.1	20.3	23.0
Oklahoma	11.6	16.1	18.8	19.2	9.4	12.9	14.7	14.8
Texas	12.5	16.8	19.4	20.3	11.0	14.7	17.3	18.1
Mountain	14.3	17.8	20.2	20.4	12.6	15.7	17.8	18.4
Arizona	16.7	20.2	21.4	18.9	14.1	17.1	18.2	17.6
Colorado	17.3	20.7	23.7	24.0	15.0	17.7	20.6	21.2
Idaho	9.5	12.1	13.9	16.6	8.9	11.4	13.1	15.2
Montana	10.6	14.0	18.4	21.9	10.1	13.2	17.1	20.3
Nevada	11.9	16.0	16.7	17.9	10.9	14.5	14.6	16.1
New Mexico	12.2	17.0	20.2	22.0	10.1	14.7	18.0	19.0
Utah	14.1	17.2	19.2	19.8	13.0	15.5	17.6	17.9
Wyoming	9.5	12.9	15.3	18.2	8.9	12.0	13.9	16.6

See footnotes at end of table.

Table 102 (page 2 of 2). Active non-Federal physicians and doctors of medicine in patient care, according to geographic division and State: United States, 1975, 1985, 1995, and 2002

[Data are based on reporting by physicians]

Geographic division and State	Total physicians ¹				Doctors of medicine in patient care ²			
	1975	1985	1995 ³	2002 ⁴	1975	1985	1995	2002
	Number per 10,000 civilian population							
Pacific	17.9	22.5	23.3	24.1	16.3	20.5	21.2	21.9
Alaska	8.4	13.0	15.7	20.0	7.8	12.1	14.2	17.7
California	18.8	23.7	23.7	24.0	17.3	21.5	21.7	21.8
Hawaii	16.2	21.5	24.8	27.7	14.7	19.8	22.8	25.2
Oregon	15.6	19.7	21.6	24.1	13.8	17.6	19.5	21.7
Washington	15.3	20.2	22.5	24.7	13.6	17.9	20.2	22.3

¹Includes active non-Federal doctors of medicine and active doctors of osteopathy. See [Appendix II, Physician](#).

²Excludes doctors of osteopathy (DOs); States with more than 2,500 active DOs are Pennsylvania, Michigan, Ohio, Florida, New York, Texas, California, and New Jersey. States with fewer than 100 active DOs are District of Columbia, Wyoming, Vermont, North Dakota, South Dakota, Louisiana, Montana, and Alaska. Excludes doctors of medicine in medical teaching, administration, research, and other nonpatient care activities.

³Data for doctors of osteopathy are as of July 1996.

⁴Data for doctors of osteopathy are as of June 2002.

NOTE: Data for doctors of medicine are as of December 31.

SOURCES: American Medical Association (AMA). Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1986 edition; 1996–97 edition; 2004 edition; Department of Physician Practice and Communication Information, Division of Survey and Data Resources, AMA. (Copyrights 1976, 1986, 1997, 2004: Used with the permission of the AMA); American Osteopathic Association: 1975–76 Yearbook and Directory of Osteopathic Physicians, 1985–86 Yearbook and Directory of Osteopathic Physicians; American Association of Colleges of Osteopathic Medicine: 2002 Annual Report on Osteopathic Medical Education, 2003.

Table 103. Doctors of medicine, according to activity and place of medical education: United States and outlying U.S. areas, selected years 1975–2002

[Data are based on reporting by physicians]

Activity and place of medical education	1975	1985	1995	1998	1999	2000	2001	2002
Number of doctors of medicine								
Doctors of medicine	393,742	552,716	720,325	777,859	797,634	813,770	836,156	853,187
Professionally active ¹	340,280	497,140	625,443	667,000	668,949	690,128	709,168	717,549
Place of medical education:								
U.S. medical graduates	---	392,007	481,137	509,524	510,738	525,691	537,529	544,779
International medical graduates ²	---	105,133	144,306	157,476	158,211	164,437	171,639	172,770
Activity:								
Non-Federal	312,089	475,573	604,364	648,009	650,899	672,987	693,358	699,249
Patient care ³	287,837	431,527	564,074	606,425	610,656	631,431	652,328	658,123
Office-based practice	213,334	329,041	427,275	468,788	473,241	490,398	514,016	516,246
General and family practice	46,347	53,862	59,932	64,588	66,246	67,534	70,030	71,696
Cardiovascular diseases	5,046	9,054	13,739	15,112	15,586	16,300	16,991	16,989
Dermatology	3,442	5,325	6,959	7,641	7,788	7,969	8,199	8,282
Gastroenterology	1,696	4,135	7,300	7,948	8,185	8,515	8,905	9,044
Internal medicine	28,188	52,712	72,612	83,270	84,633	88,699	94,674	96,496
Pediatrics	12,687	22,392	33,890	38,359	40,502	42,215	44,824	46,097
Pulmonary diseases	1,166	3,035	4,964	4,927	5,745	6,095	6,596	6,672
General surgery	19,710	24,708	24,086	27,509	26,822	24,475	25,632	24,902
Obstetrics and gynecology	15,613	23,525	29,111	31,194	31,103	31,726	32,582	32,738
Ophthalmology	8,795	12,212	14,596	15,560	15,238	15,598	15,994	16,052
Orthopedic surgery	8,148	13,033	17,136	18,479	16,974	17,367	17,829	18,118
Otolaryngology	4,297	5,751	7,139	7,498	7,282	7,581	7,866	8,001
Plastic surgery	1,706	3,299	4,612	5,303	5,127	5,308	5,545	5,593
Urological surgery	5,025	7,081	7,991	8,424	8,229	8,460	8,636	8,615
Anesthesiology	8,970	15,285	23,770	26,218	26,635	27,624	28,868	28,661
Diagnostic radiology	1,978	7,735	12,751	14,241	14,259	14,622	15,596	15,896
Emergency medicine	---	---	11,700	13,253	13,932	14,541	15,823	16,907
Neurology	1,862	4,691	7,623	8,458	8,065	8,559	9,156	9,034
Pathology, anatomical/clinical	4,195	6,877	9,031	9,970	10,074	10,267	10,554	10,103
Psychiatry	12,173	18,521	23,334	24,962	24,393	24,955	25,653	25,350
Radiology	6,970	7,355	5,994	6,353	6,523	6,674	6,830	6,916
Other specialty	15,320	28,453	29,005	29,521	29,900	35,314	37,233	34,084
Hospital-based practice	74,503	102,486	136,799	137,637	137,225	141,033	138,312	141,877
Residents and interns ⁴	53,527	72,159	93,650	92,332	92,461	95,125	92,935	96,547
Full-time hospital staff	20,976	30,327	43,149	45,305	44,764	45,908	45,377	45,330
Other professional activity ⁵	24,252	44,046	40,290	41,584	41,243	41,556	41,118	41,126
Federal ⁶	28,191	21,567	21,079	18,991	18,050	19,381	20,017	20,182
Patient care	24,100	17,293	18,057	15,311	14,678	15,999	16,611	16,701
Office-based practice	2,095	1,156	---	---	---	---	---	---
Hospital-based practice	22,005	16,137	18,057	15,311	14,678	15,999	16,611	16,701
Residents and interns	4,275	3,252	2,702	660	375	600	739	390
Full-time hospital staff	17,730	12,885	15,355	14,651	14,303	15,399	15,872	16,311
Other professional activity ⁵	4,091	4,274	3,022	3,680	3,372	3,382	3,406	3,481
Inactive	21,449	38,646	72,326	69,889	75,893	75,168	81,520	84,166
Not classified	26,145	13,950	20,579	40,032	50,906	45,136	38,314	49,067
Unknown address	5,868	2,980	1,977	938	886	1,098	2,947	523

--- Data not available.

... Category not applicable.

¹Excludes inactive, not classified, and address unknown. See [Appendix II, Physician](#).

²International medical graduates received their medical education in schools outside the United States and Canada.

³Specialty information based on the physician's self-designated primary area of practice. Categories include generalists and specialists. See [Appendix II, Physician specialty](#).

⁴Beginning in 1990 clinical fellows are included in this category. In prior years clinical fellows were included in "Other professional activity."

⁵Includes medical teaching, administration, research, and other. Prior to 1990 this category also included clinical fellows.

⁶Beginning in 1993 data collection for Federal physicians was revised.

NOTES: Data for doctors of medicine are as of December 31, except for 1990–94 data, which are as of January 1. Outlying areas include Puerto Rico, Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake. Data for additional years are available. See [Appendix III](#).

SOURCES: American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician distribution and medical licensure in the U.S., 1975; Physician characteristics and distribution in the U.S., 1981, 1986, 1989, 1990, 1992, 1993, 1994, 1995–96, 1996–97, 1997–98, 1999, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004 editions, Department of Physician Practice and Communications Information, Division of Survey and Data Resources, AMA. (Copyrights 1971, 1976, 1982, 1986, 1989, 1990, 1992, 1993, 1994, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004: Used with the permission of the AMA.)

Table 104. Doctors of medicine in primary care, according to specialty: United States and outlying U.S. areas, selected years 1949–2002

[Data are based on reporting by physicians]

Specialty	1949 ¹	1960 ¹	1970	1980	1990	1995	1999	2000	2001	2002
Number										
Total doctors of medicine ²	201,277	260,484	334,028	467,679	615,421	720,325	797,634	813,770	836,156	853,187
Active doctors of medicine ³	191,577	247,257	310,845	414,916	547,310	625,443	669,949	692,368	713,375	719,431
Primary care generalists	113,222	125,359	115,822	146,093	183,294	207,810	221,206	227,992	246,714	249,484
General/family practice	95,980	88,023	57,948	60,049	70,480	75,976	81,487	83,165	88,597	89,357
Internal medicine	12,453	26,209	39,924	58,462	76,295	88,240	92,976	96,469	105,229	106,499
Pediatrics	4,789	11,127	17,950	27,582	36,519	43,594	46,743	48,358	52,888	53,628
Primary care specialists	---	---	2,817	14,949	27,434	35,290	37,424	40,675	51,134	53,074
Internal medicine	---	---	1,948	13,069	22,054	26,928	27,140	29,382	37,558	38,821
Pediatrics	---	---	869	1,880	5,380	8,362	10,284	11,293	13,576	14,253
Percent of active doctors of medicine										
Primary care generalists	59.1	50.7	37.3	35.2	33.5	33.2	33.0	32.9	34.6	34.7
General/family practice	50.1	35.6	18.6	14.5	12.9	12.1	12.2	12.0	12.4	12.4
Internal medicine	6.5	10.6	12.8	14.1	13.9	14.1	13.9	13.9	14.8	14.8
Pediatrics	2.5	4.5	5.8	6.6	6.7	7.0	7.0	7.0	7.4	7.5
Primary care specialists	---	---	0.9	3.6	5.0	5.6	5.6	5.9	7.2	7.4
Internal medicine	---	---	0.6	3.1	4.0	4.3	4.1	4.2	5.3	5.4
Pediatrics	---	---	0.3	0.5	1.0	1.3	1.5	1.6	1.9	2.0

--- Data not available.

¹Estimated by the Bureau of Health Professions, Health Resources Administration. Active doctors of medicine (M.D.'s) include those with address unknown and primary specialty not classified.

²Includes M.D.'s engaged in Federal and non-Federal patient care (office-based or hospital-based) and other professional activities.

³Beginning in 1970, M.D.'s who are inactive, have unknown address, or primary specialty not classified are excluded. See [Appendix II, Physician](#).

NOTES: See [Appendix II, Physician specialty](#). Data are as of December 31 except for 1990–94 data, which are as of January 1, and 1949 data, which are as of midyear. Outlying areas include Puerto Rico, Virgin Islands, and the Pacific islands of Canton, Caroline, Guam, Mariana, Marshall, American Samoa, and Wake. Data for additional years are available. See [Appendix III](#).

SOURCES: Health Manpower Source Book: Medical Specialists, USDHEW, 1962; American Medical Association (AMA). Distribution of physicians in the United States, 1970; Physician characteristics and distribution in the U.S., 1981, 1992, 1996–97, 1997–98, 1999, 2000–2001, 2001–2002, 2002–2003, 2003–2004, 2004 editions, Department of Data Survey and Planning, Division of Survey and Data Resources, AMA. (Copyrights 1971, 1982, 1992, 1996, 1997, 1997, 1999, 2000, 2001, 2002, 2003, 2004: Used with the permission of the AMA.)

Table 105. Active health personnel according to occupation: United States, selected years 1980–2001

[Data are compiled by the Bureau of Health Professions]

Occupation	1980	1985 ¹	1990	1995	1999	2000 ²	2001
Number of active health personnel							
Chiropractors	25,600	35,000	42,400	52,100	61,500	64,100	66,800
Dentists ³	121,900	133,500	147,500	158,600	164,700	168,000	---
Nurses, registered ⁴	1,272,900	1,538,100	1,789,600	2,115,800	2,201,800	---	---
Associate and diploma	908,300	1,024,500	1,107,300	1,235,100	1,237,400	---	---
Baccalaureate	297,300	419,900	549,000	673,200	731,200	---	---
Masters and doctorate	67,300	93,700	133,300	207,500	229,200	---	---
Nutritionists/Dieticians	32,000	---	57,000	---	---	90,000	---
Occupational therapists	25,000	---	42,000	---	---	72,000	---
Optometrists	21,900	24,000	26,000	28,900	31,500	32,200	---
Pharmacists	142,400	153,500	168,000	181,000	193,400	196,000	---
Physical therapists	50,000	---	92,000	---	---	130,000	---
Physicians	427,122	542,653	567,610	672,859	753,176	772,296	793,263
Federal	17,642	23,305	20,784	21,153	17,338	19,228	20,017
Doctors of medicine ⁵	16,585	21,938	19,166	19,830	17,224	19,110	20,017
Doctors of osteopathy ⁶	1,057	1,367	1,618	1,323	114	118	---
Non-Federal	409,480	519,348	546,826	651,706	735,838	753,068	773,246
Doctors of medicine ⁵	393,407	497,473	520,450	617,362	693,345	708,463	731,672
Doctors of osteopathy ⁶	16,073	21,875	26,376	34,344	42,493	44,605	41,574
Podiatrists ⁷	7,780	9,620	10,353	10,304	11,853	12,242	---
Speech therapists	50,000	---	65,000	---	---	121,000	---
Number per 100,000 population							
Chiropractors	11.3	14.6	17.0	19.6	22.0	22.8	23.5
Dentists ³	54.0	56.5	59.1	59.6	59.0	59.5	---
Nurses, registered ⁴	560.0	641.4	716.9	794.6	789.1	---	---
Associate and diploma	399.9	425.8	443.6	463.8	443.4	---	---
Baccalaureate	130.9	175.6	219.9	252.8	262.0	---	---
Masters and doctorate	29.6	39.9	53.4	77.9	82.1	---	---
Nutritionists/Dieticians	14.0	---	22.8	---	---	31.9	---
Occupational therapists	10.9	---	16.8	---	---	25.5	---
Optometrists	9.6	10.1	10.4	10.9	11.3	11.4	---
Pharmacists	62.5	66.3	67.3	68.0	69.3	69.5	---
Physical therapists	21.8	---	36.9	---	---	46.1	---
Physicians	189.8	221.3	223.9	248.9	265.9	269.7	274.3
Federal	7.8	9.5	8.2	7.8	6.1	6.7	6.9
Doctors of medicine ⁵	7.4	8.9	7.6	7.3	6.1	6.7	6.9
Doctors of osteopathy ⁶	0.5	0.6	0.6	0.5	0.0	0.0	---
Non-Federal	182.0	211.8	215.7	241.1	259.8	263.0	267.3
Doctors of medicine ⁵	174.9	202.9	205.3	228.4	244.8	247.4	253.0
Doctors of osteopathy ⁶	7.1	8.9	10.4	12.7	15.0	15.6	14.4
Podiatrists ⁷	3.4	4.0	4.1	3.9	4.3	4.4	---
Speech therapists	21.8	---	26.0	---	---	42.9	---

--- Data not available.

¹Osteopath, podiatric, and chiropractic data are for 1986.

²Data for speech therapists are for 1996.

³Excludes dentists in military service, U.S. Public Health Service, and Department of Veterans Affairs.

⁴See [Appendix II, Nurse Supply Estimates](#). In 1999 the total number of registered nurses includes an estimated 4,000 nurses whose highest nursing-related educational preparation was not known.

⁵Excludes physicians with unknown addresses and those who do not practice or practice fewer than 20 hours per week. 1990 data for doctors of medicine are as of January 1; in other years these data are as of December 31. See [Appendix II, Physician](#).

⁶Beginning in 2001, doctors of osteopathy include Federal and non-Federal doctors of osteopathy.

⁷Podiatrists in patient care.

NOTES: Ratios for all health occupations are based on resident population. Some numbers have been revised and differ from the previous edition of *Health, United States*.

SOURCES: National Center for Health Workforce Analysis, Bureau of Health Professions: United States Health Personnel FACTBOOK. Health Resources and Services Administration. Rockville, Md., June 2003 and unpublished data; American Medical Association. Physician characteristics and distribution in the U.S., 1981, 1986, 1992, 1996–97, 2001–2002, 2002–2003, and 2003–2004 editions. Chicago, 1982, 1986, 1992, 1997, 2001, 2002, and 2003; American Osteopathic Association. 1980–81 Yearbook and Directory of Osteopathic Physicians. Chicago, 1980. American Association of Colleges of Osteopathic Medicine. Annual statistical report, 1990, 1997, 1999, 2000, and 2001 editions. Rockville, Md., 1990, 1997, 2000, 2001, and 2002; Bureau of Labor Statistics: unpublished data.

Table 106. First-year enrollment and graduates of health professions schools and number of schools, according to profession: United States, selected years 1980–2002

[Data are based on reporting by health professions schools]

Profession	1980	1985	1990	1995	2000	2001	2002 ¹
First-year enrollment ²							
Chiropractic ³	---	1,383	1,485	---	---	---	---
Dentistry	6,132	5,047	3,979	4,121	4,314	4,327	4,407
Medicine (Allopathic)	16,930	16,997	16,756	17,085	16,856	16,699	16,875
Medicine (Osteopathic)	1,426	1,750	1,844	2,217	2,848	2,927	3,043
Nursing:							
Licensed practical	56,316	47,034	52,969	57,906	---	---	---
Registered, total	105,952	118,224	108,580	127,184	---	---	---
Baccalaureate	35,414	39,573	29,858	43,451	---	---	---
Associate degree	53,633	63,776	68,634	76,016	---	---	---
Diploma	16,905	14,875	10,088	7,717	---	---	---
Optometry	1,202	1,187	1,258	1,390	1,410	1,384	1,416
Pharmacy	8,035	6,986	8,033	9,157	8,123	8,382	8,922
Podiatry	695	811	561	630	475	434	419
Public Health ⁴	---	---	4,392	5,356	5,575	5,840	5,895
Graduates							
Chiropractic	2,049	---	1,661	---	---	---	---
Dentistry	5,256	5,353	4,233	3,908	4,171	4,367	4,349
Medicine (Allopathic)	15,113	16,318	15,398	15,883	15,714	15,785	15,652
Medicine (Osteopathic)	1,059	1,474	1,529	1,843	2,279	2,510	2,534
Nursing: ⁵							
Licensed practical	41,892	36,955	35,417	44,234	---	---	---
Registered, total	75,523	82,075	66,088	97,052	---	71,846	72,882
Baccalaureate	24,994	24,975	18,571	31,254	---	31,247	30,522
Associate degree	36,034	45,208	42,318	58,749	---	38,436	40,073
Diploma	14,495	11,892	5,199	7,049	---	2,163	2,287
Occupational therapy	---	---	2,424	3,473	---	---	---
Optometry	1,073	1,114	1,115	1,219	1,315	1,310	1,309
Pharmacy	7,432	5,735	6,956	7,837	7,260	7,000	7,573
Physical therapy	---	---	---	---	---	---	---
Podiatry	597	582	679	558	583	531	478
Public Health	3,326	3,047	3,549	4,636	5,879	5,747	5,664
Schools							
Chiropractic	14	17	17	---	---	---	---
Dentistry	60	60	58	54	55	55	54
Medicine (Allopathic)	126	127	126	125	125	125	125
Medicine (Osteopathic)	14	15	15	16	19	19	19
Nursing: ⁶							
Licensed practical	1,299	1,165	1,154	1,210	---	---	---
Registered, total	1,385	1,473	1,470	1,516	---	1,432	1,459
Baccalaureate	377	441	489	521	---	521	526
Associate degree	697	776	829	876	---	837	857
Diploma	311	256	152	119	---	74	76
Occupational therapy	50	61	69	98	142	141	---
Optometry	16	17	17	17	17	17	17
Pharmacy	72	72	74	75	81	83	83
Physical therapy	---	---	---	---	194	200	---
Podiatry	5	7	7	7	7	7	7
Public Health	21	23	25	27	28	29	32

--- Data not available.

¹First-year enrollment data for optometry are for 2003.

²Data on first-year enrollment for occupational and physical therapy were not available.

³Chiropractic first-year enrollment data are partial data from eight reporting schools.

⁴Number of students entering Schools of Public Health for the first time.

⁵Data for 2000–02 exclude American Samoa, Guam, Puerto Rico, and the Virgin Islands.

⁶Some nursing schools offer more than one type of program. Numbers shown for nursing are number of nursing programs.

NOTES: Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Data on the number of schools are reported as of the beginning of the academic year while data on first-year enrollment and number of graduates are reported as of the end of the academic year.

SOURCES: Association of American Medical Colleges: AAMC Data Book, Statistical Information Related to Medical Education. Washington, DC. 2002 and unpublished data; Bureau of Health Professions: United States Health Personnel FACTBOOK. Health Resources and Services Administration. Rockville, MD. 2003; National League for Nursing: unpublished data; American Dental Association: 2000–01 Survey of Predoctoral Dental Education, Academic Programs, Enrollments, and Graduates, vol. 1, Chicago. 2002; American Association of Colleges of Osteopathic Medicine. 2002 Annual Report on Osteopathic Medical Education, Chevy Chase, Maryland. 2003; American Chiropractic Association: unpublished data; Association of Schools of Public Health: 2002 Annual Data Report. Washington, DC. 2003; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Year 2000–2001 and unpublished data; American Association of Colleges of Pharmacy: Profile of Pharmacy Students, Fall 2002, and unpublished data; American Association of Colleges of Podiatric Medicine: unpublished data; American Medical Association: Health Professions Career and Education Directory, 29th Edition. Chicago. 2001.

Table 107 (page 1 of 2). Total enrollment of minorities in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980–81, 1990–91, 2000–01, and 2001–02

[Data are based on reporting by health professions associations]

<i>Occupation, detailed race, and Hispanic origin</i>	<i>1980–81</i>	<i>1990–91</i>	<i>2000–01</i>	<i>2001–02¹</i>	<i>1980–81</i>	<i>1990–91</i>	<i>2000–01</i>	<i>2001–02¹</i>
Dentistry								
	Number of students				Percent distribution of students			
All races	22,842	15,951	17,349	17,487	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White ²	19,947	11,185	11,185	11,411	87.3	70.1	64.5	65.3
Black or African American	1,022	940	832	854	4.5	5.9	4.8	4.9
Hispanic or Latino ³	780	1,254	925	1,030	3.4	7.9	5.3	5.9
American Indian	53	53	112	74	0.2	0.3	0.6	0.4
Asian	1,040	2,519	4,295	4,118	4.6	15.8	24.8	23.5
Medicine (Allopathic)								
All races ²	65,189	65,163	66,160	66,253	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White ²	55,434	47,893	42,242	41,854	85.0	73.5	63.8	63.2
Black or African American	3,708	4,241	4,900	4,779	5.7	6.5	7.4	7.2
Hispanic or Latino	2,761	3,538	4,220	4,220	4.2	5.4	6.4	6.4
Mexican	951	1,109	1,665	1,649	1.5	1.7	2.5	2.5
Mainland Puerto Rican	329	457	469	450	0.5	0.7	0.7	0.7
Other Hispanic	1,481	1,972	2,086	2,121	2.3	3.0	3.2	3.2
American Indian ⁴	221	277	519	516	0.3	0.4	0.8	0.8
Asian	1,924	8,436	13,331	13,204	3.0	12.9	20.1	19.9
Medicine (Osteopathic)								
All races	4,940	6,792	10,817	11,101	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White ²	4,688	5,680	8,230	8,423	94.9	83.6	76.1	75.9
Black or African American	94	217	400	407	1.9	3.2	3.7	3.7
Hispanic or Latino	52	277	381	386	1.1	4.1	3.5	3.5
American Indian	19	36	72	68	0.4	0.5	0.7	0.6
Asian	87	582	1,734	1,817	1.8	8.6	16.0	16.4
Nursing, registered⁵								
All races	230,966	221,170	204,290	221,334	---	100.0	100.0	100.0
Not Hispanic or Latino:								
White ²	---	183,102	155,577	173,585	---	82.8	76.2	78.4
Black or African American	---	23,094	27,092	26,026	---	10.4	13.3	11.8
Hispanic or Latino	---	6,580	10,476	10,886	---	3.0	5.1	4.9
American Indian	---	1,803	2,843	2,516	---	0.8	1.4	1.1
Asian	---	6,591	8,302	8,321	---	3.0	4.1	3.8
Optometry								
All races ²	4,641	4,760	5,428	5,354	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	4,221	3,706	3,634	3,230	91.0	77.9	66.9	60.3
Black or African American	57	134	126	171	1.2	2.8	2.3	3.2
Hispanic or Latino	108	296	268	302	2.3	6.2	4.9	5.6
American Indian	12	21	27	35	0.3	0.4	0.5	0.7
Asian	243	603	1,373	1,254	5.2	12.7	25.3	23.4
Pharmacy⁶								
All races ²	21,628	22,764	34,481	35,885	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	19,153	18,325	22,565	21,088	88.6	80.5	65.4	58.8
Black or African American	945	1,301	3,132	3,407	4.4	5.7	9.1	9.5
Hispanic or Latino	459	945	1,255	1,322	2.1	4.2	3.6	3.7
American Indian	36	63	137	179	0.2	0.3	0.4	0.5
Asian	1,035	2,130	7,392	7,405	4.8	9.4	21.4	20.6

See footnotes at end of table.

Table 107 (page 2 of 2). Total enrollment of minorities in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980–81, 1990–91, 2000–01, and 2001–02

[Data are based on reporting by health professions associations]

<i>Occupation, detailed race, and Hispanic origin</i>	<i>1980–81</i>	<i>1990–91</i>	<i>2000–01</i>	<i>2001–02</i>	<i>1980–81</i>	<i>1990–91</i>	<i>2000–01</i>	<i>2001–02</i>
Podiatry	Number of students				Percent distribution of students			
All races ²	2,577	2,221	1,968	1,783	100.0	100.0	100.0	100.0
Not Hispanic or Latino:								
White	2,353	1,671	1,305	1,108	91.3	75.2	66.3	62.1
Black or African American	110	235	177	190	4.3	10.6	9.0	10.7
Hispanic or Latino	39	149	103	116	1.5	6.7	5.2	6.5
American Indian	6	7	12	14	0.2	0.3	0.6	0.8
Asian	69	159	272	234	2.7	7.2	14.0	13.1

--- Data not available.

¹Data for optometry are for 2003–04.

²Includes other and unknown races; may also include foreign students.

³Includes students from University of Puerto Rico.

⁴Includes American Indian and Alaska Native and Native Hawaiian; prior to 1997 includes only American Indian and Alaska Native.

⁵In 1990 the National League for Nursing developed a new system for analyzing minority data. In evaluating the former system, much underreporting was noted.

Therefore, race-specific data before 1990 would not be comparable and are not shown. Additional changes in the minority data question were introduced for academic years 2000–01 and 2001–02 resulting in a discontinuity in the trend.

⁶Prior to 1992–93 pharmacy total enrollment data are for students in the final 3 years of pharmacy education. Beginning in 1992–93 pharmacy data are for all students.

NOTES: Total enrollment data are collected at the beginning of the academic year. Data for chiropractic students and occupational and physical therapy students were not available for this table.

SOURCES: Association of American Medical Colleges: AAMC Data Book: Statistical Information Related to Medical Education. Washington, DC. 2002. AAMC Data Warehouse, unpublished data; American Association of Colleges of Osteopathic Medicine: 2002 Annual Report on Osteopathic Medical Education. Chevy Chase, Maryland. 2003; Bureau of Health Professions: Minorities and Women in the Health Fields, 1990 Edition; American Dental Association: 2000–01 Survey of Predoctoral Dental Education, Academic Programs, Enrollments, and Graduates, vol. 1, Chicago. 2002; American Dental Education Association: Unpublished data; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Year 2000–2001 and unpublished data; American Association of Colleges of Pharmacy: Profile of Pharmacy Students, Fall 2001; American Association of Colleges of Podiatric Medicine: unpublished data; National League for Nursing: unpublished data.

Table 108. First-year and total enrollment of women in schools for selected health occupations, according to detailed race and Hispanic origin: United States, academic years 1980–81, 1990–91, 2000–01, and 2001–02

[Data are based on reporting by health professions associations]

Enrollment, occupation, detailed race, and Hispanic origin	Both sexes				Women			
	1980–81	1990–91	2000–01	2001–02 ¹	1980–81	1990–91 ²	2000–01	2001–02 ¹
First-year enrollment								
	Number of students				Percent of students			
Dentistry	6,030	4,001	4,327	4,407	19.8	37.9	39.8	---
Medicine (Allopathic) ³	17,186	16,876	16,699	16,875	28.9	38.8	45.9	47.6
Not Hispanic or Latino:								
White	14,262	11,830	11,038	11,105	27.4	37.7	---	---
Black or African American	1,128	1,263	1,243	1,301	45.5	55.3	---	---
Hispanic or Latino	818	933	1,022	1,028	31.5	42.0	---	---
Mexican	258	285	434	420	30.6	39.3	---	---
Mainland Puerto Rican	95	120	52	38	43.2	43.3	---	---
Other Hispanic or Latino ⁴	465	528	536	570	29.7	43.3	---	---
American Indian	67	76	131	129	35.8	40.8	---	---
Asian	572	2,527	3,265	3,312	31.5	40.3	---	---
Medicine (Osteopathic)	1,496	1,950	2,927	3,043	22.0	34.2	42.4	46.5
Nurses, registered ⁵	110,201	113,526	---	---	92.7	89.3	---	---
Optometry	1,258	1,239	1,384	1,416	25.3	50.6	57.2	62.7
Pharmacy ⁶	7,377	8,267	8,382	8,922	48.4	---	66.4	66.7
Podiatry	695	561	475	434	---	28.0	41.0	43.0
Public Health	3,348	4,289	5,840	5,895	---	62.1	69.8	68.5
Total enrollment								
Dentistry	22,842	15,951	17,349	17,487	17.0	34.4	38.7	---
Medicine (Allopathic) ³	65,189	65,163	66,160	66,253	26.5	37.3	44.6	45.7
Not Hispanic or Latino:								
White	55,434	47,893	42,242	41,854	25.0	35.4	42.5	43.6
Black or African American	3,708	4,241	4,900	4,779	44.3	55.8	62.2	63.7
Hispanic or Latino	2,761	3,538	4,220	4,220	30.1	39.0	46.2	46.3
Mexican	951	1,109	1,665	1,649	26.4	38.5	45.1	45.0
Mainland Puerto Rican	329	457	469	450	35.9	43.1	48.6	48.0
Other Hispanic ⁴	1,481	1,972	2,086	2,121	31.1	38.4	46.6	47.0
American Indian	221	277	519	516	28.5	42.6	48.0	49.6
Asian	1,924	8,436	13,331	13,204	30.4	37.7	44.5	45.4
Medicine (Osteopathic)	4,940	6,792	10,817	11,101	19.7	32.7	41.1	43.1
Nurses, registered ⁵	230,966	221,170	204,290	215,947	94.3	---	90.4	90.5
Optometry	4,641	4,760	5,428	5,354	---	47.3	55.5	60.4
Pharmacy	26,617	29,797	34,481	35,885	47.4	62.4	65.9	65.9
Podiatry	2,577	2,221	1,968	1,783	11.9	28.9	36.4	38.1
Public Health	8,486	11,386	16,019	16,414	55.2	62.5	67.9	68.2

--- Data not available.

¹Data for optometry are for 2003–04.

²Percent of women podiatry students is for 1991–92.

³Includes race and ethnicity unspecified.

⁴Includes Puerto Rican Commonwealth students.

⁵Excludes American Samoa, Guam, Puerto Rico, and Virgin Islands.

⁶Pharmacy first-year enrollment is for students in the first year of the final 3 years of pharmacy education.

NOTES: Total enrollment data are collected at the beginning of the academic year while first-year enrollment data are collected during the academic year. Data for chiropractic students and occupational, physical, and speech therapy students were not available for this table. Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

SOURCES: Association of American Medical Colleges: AAMC Data Book: Statistical Information Related to Medical Education. Washington, DC. 2002. AAMC Data Warehouse, unpublished data; American Association of Colleges of Osteopathic Medicine: 2002 Annual Report on Osteopathic Medical Education. Rockville, Maryland. 2003; Bureau of Health Professions: Minorities and Women in the Health Fields, 1990 edition; American Dental Association: 2000–01 Survey of Predoctoral Dental Education, Academic Programs, Enrollments, and Graduates, vol. 1, Chicago. 2002 and unpublished data; Association of Schools and Colleges of Optometry: Annual Student Data Report Academic Year 2000–2001 and unpublished data; American Association of Colleges of Pharmacy: Profile of Pharmacy Students, Fall 2001; American Association of Colleges of Podiatric Medicine: unpublished data; National League for Nursing: Nursing Data Review. New York. 1997; Nursing data book. New York. 1982 and unpublished data; State-Approved Schools of Nursing-RN. New York. 1973; Association of Schools of Public Health: 2001 Annual Data Report. Washington, DC. 2002.

Table 109. Hospitals, beds, and occupancy rates, according to type of ownership and size of hospital: United States, selected years 1975–2002

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1975	1980	1990	1995	1999	2000	2001	2002
Hospitals								
	Number							
All hospitals	7,156	6,965	6,649	6,291	5,890	5,810	5,801	5,794
Federal	382	359	337	299	264	245	243	240
Non-Federal ¹	6,774	6,606	6,312	5,992	5,626	5,565	5,558	5,554
Community ²	5,875	5,830	5,384	5,194	4,956	4,915	4,908	4,927
Nonprofit	3,339	3,322	3,191	3,092	3,012	3,003	2,998	3,025
For profit	775	730	749	752	747	749	754	766
State-local government	1,761	1,778	1,444	1,350	1,197	1,163	1,156	1,136
6–24 beds	299	259	226	278	299	288	281	321
25–49 beds	1,155	1,029	935	922	887	910	916	931
50–99 beds	1,481	1,462	1,263	1,139	1,082	1,055	1,070	1,072
100–199 beds	1,363	1,370	1,306	1,324	1,266	1,236	1,218	1,190
200–299 beds	678	715	739	718	642	656	635	625
300–399 beds	378	412	408	354	365	341	348	358
400–499 beds	230	266	222	195	161	182	191	174
500 beds or more	291	317	285	264	254	247	249	256
Beds								
All hospitals	1,465,828	1,364,516	1,213,327	1,080,601	993,866	983,628	987,440	975,962
Federal	131,946	117,328	98,255	77,079	55,120	53,067	51,900	49,838
Non-Federal ¹	1,333,882	1,247,188	1,115,072	1,003,522	938,746	930,561	935,540	926,124
Community ²	941,844	988,387	927,360	872,736	829,575	823,560	825,966	820,653
Nonprofit	658,195	692,459	656,755	609,729	586,673	582,988	585,070	582,179
For profit	73,495	87,033	101,377	105,737	106,790	109,883	108,718	108,422
State-local government	210,154	208,895	169,228	157,270	136,112	130,689	132,178	130,052
6–24 beds	5,615	4,932	4,427	5,085	5,442	5,156	4,964	5,629
25–49 beds	41,783	37,478	35,420	34,352	32,816	33,333	33,263	33,200
50–99 beds	106,776	105,278	90,394	82,024	78,121	75,865	76,924	76,882
100–199 beds	192,438	192,892	183,867	187,381	181,115	175,778	174,024	171,625
200–299 beds	164,405	172,390	179,670	175,240	155,831	159,807	154,420	152,682
300–399 beds	127,728	139,434	138,938	121,136	126,259	117,220	119,753	123,399
400–499 beds	101,278	117,724	98,833	86,459	71,580	80,763	84,745	77,145
500 beds or more	201,821	218,259	195,811	181,059	178,411	175,638	177,873	180,091
Occupancy rate³								
	Percent							
All hospitals	76.7	77.7	69.5	65.7	66.1	66.1	66.7	67.8
Federal	80.7	80.1	72.9	72.6	74.4	68.2	69.8	66.0
Non-Federal ¹	76.3	77.4	69.2	65.1	65.6	65.9	66.5	67.9
Community ²	75.0	75.6	66.8	62.8	63.4	63.9	64.5	65.8
Nonprofit	77.5	78.2	69.3	64.5	64.9	65.5	65.8	67.2
For profit	65.9	65.2	52.8	51.8	54.8	55.9	57.8	59.0
State-local government	70.4	71.1	65.3	63.7	63.4	63.2	64.1	64.9
6–24 beds	48.0	46.8	32.3	36.9	33.0	31.7	31.3	32.4
25–49 beds	56.7	52.8	41.3	42.6	41.5	41.3	42.5	44.0
50–99 beds	64.7	64.2	53.8	54.1	54.5	54.8	55.5	56.7
100–199 beds	71.2	71.4	61.5	58.8	59.3	60.0	60.7	61.7
200–299 beds	77.1	77.4	67.1	63.1	64.1	65.0	65.5	66.7
300–399 beds	79.7	79.7	70.0	64.8	66.1	65.7	66.4	68.2
400–499 beds	81.1	81.2	73.5	68.1	68.3	69.1	68.9	70.5
500 beds or more	80.9	82.1	77.3	71.4	71.7	72.2	72.8	74.0

¹The category of non-Federal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See [Appendix II, Hospital](#).

²Community hospitals are non-Federal short-term general and special hospitals whose facilities and services are available to the public. See [Appendix II, Hospital](#).

³Estimated percent of staffed beds that are occupied. See [Appendix II, Occupancy rate](#).

NOTE: Data for additional years are available. See Appendix III.

SOURCES: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1976, 1981, 1991–2004 Editions. Chicago. (Copyrights 1976, 1981, 1991–2004: Used with the permission of Health Forum LLC, an affiliate of the American Hospital Association.)

Table 110. Mental health organizations and beds for 24-hour hospital and residential treatment according to type of organization: United States, selected years 1986–2000

[Data are based on inventories of mental health organizations]

Type of organization	1986	1990	1992	1994 ¹	1998	2000 ²
Number of mental health organizations						
All organizations	4,747	5,284	5,498	5,392	5,722	4,546
State and county mental hospitals	285	273	273	256	229	220
Private psychiatric hospitals	314	462	475	430	348	269
Non-Federal general hospital psychiatric services	1,351	1,674	1,616	1,612	1,707	1,373
Department of Veterans Affairs medical centers ³	139	141	162	161	145	142
Residential treatment centers for emotionally disturbed children	437	501	497	459	461	474
All other organizations ⁴	2,221	2,233	2,475	2,474	2,832	2,068
Number of beds						
All organizations	267,613	272,253	270,867	290,604	267,796	215,221
State and county mental hospitals	119,033	98,789	93,058	81,911	68,872	59,403
Private psychiatric hospitals	30,201	44,871	43,684	42,399	33,408	26,789
Non-Federal general hospital psychiatric services	45,808	53,479	52,059	52,984	54,434	37,692
Department of Veterans Affairs medical centers ³	26,874	21,712	22,466	21,146	16,973	13,030
Residential treatment centers for emotionally disturbed children	24,547	29,756	30,089	32,110	31,965	33,421
All other organizations ⁴	21,150	23,646	29,511	60,054	62,144	44,886
Beds per 100,000 civilian population ⁵						
All organizations	111.7	111.6	107.5	112.1	99.5	76.8
State and county mental hospitals	49.7	40.5	36.9	31.6	25.6	21.2
Private psychiatric hospitals	12.6	18.4	17.3	16.4	12.4	9.6
Non-Federal general hospital psychiatric services	19.1	21.9	20.7	20.4	20.2	13.4
Department of Veterans Affairs medical centers ³	11.2	8.9	8.9	8.2	6.3	4.6
Residential treatment centers for emotionally disturbed children	10.3	12.2	11.9	12.4	11.9	11.9
All other organizations ⁴	8.8	9.7	11.7	23.2	23.1	16.0

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and "All other organizations." This change affects the comparability of trend data prior to 1994 with data for 1994 and later years.

²Preliminary data.

³Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. See Appendix I, Survey of Mental Health Organizations.

⁵Civilian population estimate for 2000 is based on 2000 Census as of July 1; population estimates for 1992–98 are 1990 postcensal estimates.

NOTES: Data for 1998 are revised and differ from the previous edition of *Health, United States*. These data exclude mental health care provided in nonpsychiatric units of hospitals such as general medical units.

SOURCES: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS). Manderscheid RW and Henderson MJ. *Mental Health, United States, 2000*. Washington, DC: U.S. Government Printing Office, 2001; and *Mental Health, United States, 2002*. U.S. Government Printing Office, forthcoming.

Table 111. Community hospital beds and average annual percent change, according to geographic division and State: United States, selected years 1960–2002

[Data are based on reporting by a census of hospitals]

Geographic division and State	1960 ^{1,2}	1970 ¹	1980 ¹	1990 ³	2000 ³	2002	1960–70 ^{1,2}	1970–80 ¹	1980–90 ⁴	1990–2000 ³	2000–02 ³	
	Beds per 1,000 resident population ⁵						Average annual percent change					
United States	3.6	4.3	4.5	3.7	2.9	2.8	1.8	0.5	-1.9	-2.4	-1.7	
New England	3.9	4.1	4.1	3.4	2.5	2.4	0.5	0.0	-1.9	-3.0	-2.0	
Connecticut	3.4	3.4	3.5	2.9	2.3	2.2	0.0	0.3	-1.9	-2.3	-2.2	
Maine	3.4	4.7	4.7	3.7	2.9	2.9	3.3	0.0	-2.4	-2.4	0.0	
Massachusetts	4.2	4.4	4.4	3.6	2.6	2.5	0.5	0.0	-2.0	-3.2	-1.9	
New Hampshire	4.4	4.0	3.9	3.1	2.3	2.3	-0.9	-0.3	-2.3	-2.9	0.0	
Rhode Island	3.7	4.0	3.8	3.2	2.3	2.3	0.8	-0.5	-1.7	-3.2	0.0	
Vermont	4.5	4.5	4.4	3.0	2.7	2.6	0.0	-0.2	-3.8	-1.0	-1.9	
Middle Atlantic	4.0	4.4	4.6	4.1	3.4	3.2	1.0	0.4	-1.1	-1.9	-3.0	
New Jersey	3.1	3.6	4.2	3.7	3.0	2.8	1.5	1.6	-1.3	-2.1	-3.4	
New York	4.3	4.6	4.5	4.1	3.5	3.4	0.7	-0.2	-0.9	-1.6	-1.4	
Pennsylvania	4.1	4.7	4.8	4.4	3.4	3.3	1.4	0.2	-0.9	-2.5	-1.5	
East North Central	3.6	4.4	4.7	3.9	2.9	2.8	2.0	0.7	-1.8	-2.9	-1.7	
Illinois	4.0	4.7	5.1	4.0	3.0	2.9	1.6	0.8	-2.4	-2.8	-1.7	
Indiana	3.1	4.0	4.5	3.9	3.2	3.1	2.6	1.2	-1.4	-2.0	-1.6	
Michigan	3.3	4.3	4.4	3.7	2.6	2.6	2.7	0.2	-1.7	-3.5	0.0	
Ohio	3.4	4.2	4.7	4.0	3.0	3.0	2.1	1.1	-1.6	-2.8	0.0	
Wisconsin	4.3	5.2	4.9	3.8	2.9	2.7	1.9	-0.6	-2.5	-2.7	-3.5	
West North Central	4.3	5.7	5.8	4.9	3.9	3.8	2.9	0.2	-1.7	-2.3	-1.3	
Iowa	3.9	5.6	5.7	5.1	4.0	3.8	3.7	0.2	-1.1	-2.4	-2.5	
Kansas	4.2	5.4	5.8	4.8	4.0	4.0	2.5	0.7	-1.9	-1.8	0.0	
Minnesota	4.8	6.1	5.7	4.4	3.4	3.3	2.4	-0.7	-2.6	-2.5	-1.5	
Missouri	3.9	5.1	5.7	4.8	3.6	3.3	2.7	1.1	-1.7	-2.8	-4.3	
Nebraska	4.4	6.2	6.0	5.5	4.8	4.7	3.5	-0.3	-0.9	-1.4	-1.0	
North Dakota	5.2	6.8	7.4	7.0	6.0	6.1	2.7	0.8	-0.6	-1.5	0.8	
South Dakota	4.5	5.6	5.5	6.1	5.7	6.1	2.2	-0.2	1.0	-0.7	3.4	
South Atlantic	3.3	4.0	4.5	3.7	2.9	2.8	1.9	1.2	-1.9	-2.4	-1.7	
Delaware	3.7	3.7	3.6	3.0	2.3	2.5	0.0	-0.3	-1.8	-2.6	4.3	
District of Columbia	5.9	7.4	7.3	7.6	5.8	5.9	2.3	-0.1	0.4	-2.7	0.9	
Florida	3.1	4.4	5.1	3.9	3.2	3.1	3.6	1.5	-2.6	-2.0	-1.6	
Georgia	2.8	3.8	4.6	4.0	2.9	2.9	3.1	1.9	-1.4	-3.2	0.0	
Maryland	3.3	3.1	3.6	2.8	2.1	2.1	-0.6	1.5	-2.5	-2.8	0.0	
North Carolina	3.4	3.8	4.2	3.3	2.9	2.8	1.1	1.0	-2.4	-1.3	-1.7	
South Carolina	2.9	3.7	3.9	3.3	2.9	2.7	2.5	0.5	-1.7	-1.3	-3.5	
Virginia	3.0	3.7	4.1	3.3	2.4	2.4	2.1	1.0	-2.1	-3.1	0.0	
West Virginia	4.1	5.4	5.5	4.7	4.4	4.3	2.8	0.2	-1.6	-0.7	-1.1	
East South Central	3.0	4.4	5.1	4.7	3.8	3.7	3.9	1.5	-0.8	-2.1	-1.3	
Alabama	2.8	4.3	5.1	4.6	3.7	3.6	4.4	1.7	-1.0	-2.2	-1.4	
Kentucky	3.0	4.0	4.5	4.3	3.7	3.7	2.9	1.2	-0.5	-1.5	0.0	
Mississippi	2.9	4.4	5.3	5.0	4.8	4.6	4.3	1.9	-0.6	-0.4	-2.1	
Tennessee	3.4	4.7	5.5	4.8	3.6	3.5	3.3	1.6	-1.4	-2.8	-1.4	
West South Central	3.3	4.3	4.7	3.8	3.0	2.9	2.7	0.9	-2.1	-2.3	-1.7	
Arkansas	2.9	4.2	5.0	4.6	3.7	3.7	3.8	1.8	-0.8	-2.2	0.0	
Louisiana	3.9	4.2	4.8	4.6	3.9	4.0	0.7	1.3	-0.4	-1.6	1.3	
Oklahoma	3.2	4.5	4.6	4.0	3.2	3.2	3.5	0.2	-1.4	-2.2	0.0	
Texas	3.3	4.3	4.7	3.5	2.7	2.6	2.7	0.9	-2.9	-2.6	-1.9	
Mountain	3.5	4.3	3.8	3.1	2.3	2.2	2.1	-1.2	-2.0	-2.9	-2.2	
Arizona	3.0	4.1	3.6	2.7	2.1	2.0	3.2	-1.3	-2.8	-2.5	-2.4	
Colorado	3.8	4.6	4.2	3.2	2.2	2.1	1.9	-0.9	-2.7	-3.7	-2.3	
Idaho	3.2	4.0	3.7	3.2	2.7	2.5	2.3	-0.8	-1.4	-1.7	-3.8	
Montana	5.1	5.8	5.9	5.8	4.7	4.7	1.3	0.2	-0.2	-2.1	0.0	
Nevada	3.9	4.2	4.2	2.8	1.9	2.1	0.7	0.0	-4.0	-3.8	5.1	
New Mexico	2.9	3.5	3.1	2.8	1.9	1.9	1.9	-1.2	-1.0	-3.8	0.0	
Utah	2.8	3.6	3.1	2.6	1.9	1.9	2.5	-1.5	-1.7	-3.1	0.0	
Wyoming	4.6	5.5	3.6	4.8	3.9	3.8	1.8	-4.1	2.9	-2.1	-1.3	
Pacific	3.1	3.7	3.5	2.7	2.1	2.1	1.8	-0.6	-2.6	-2.5	0.0	
Alaska	2.4	2.3	2.7	2.3	2.3	2.1	-0.4	1.6	-1.6	0.0	-4.4	
California	3.0	3.8	3.6	2.7	2.1	2.1	2.4	-0.5	-2.8	-2.5	0.0	
Hawaii	3.7	3.4	3.1	2.7	2.5	2.6	-0.8	-0.9	-1.4	-0.8	2.0	
Oregon	3.5	4.0	3.5	2.8	1.9	1.9	1.3	-1.3	-2.2	-3.8	0.0	
Washington	3.3	3.5	3.1	2.5	1.9	1.9	0.6	-1.2	-2.1	-2.7	0.0	

¹Data exclude facilities for the mentally retarded. See [Appendix II, Hospital](#).

²1960 data include hospital units of institutions such as prisons and college infirmaries.

³Starting with 1990, data exclude hospital units of institutions, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. See [Appendix II, Hospital](#).

⁴1990 data used in this calculation (not shown in table) exclude only facilities for the mentally retarded, consistent with exclusions from 1980 data.

⁵Civilian population for 1997 and earlier years.

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCES: American Hospital Association (AHA): Hospitals. *JAHA* 35(15):383–430, 1961 (Copyright 1961: Used with permission of AHA); National Center for Health Statistics, Division of Health Care Statistics and AHA Annual Survey of Hospitals for 1970, 1980; Hospital Statistics 1991–92, 2001–2004 Editions. Chicago (Copyrights 1971, 1981, 1991, 2001, 2002, 2003, 2004: Used with permission of Health Forum LLC, an affiliate of the American Hospital Association).

Table 112. Occupancy rates in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1960–2002

[Data are based on reporting by a census of hospitals]

Geographic division and State	1960 ^{1,2}	1970 ¹	1980 ¹	1990 ³	2000 ³	2002	1960–70 ^{1,2}	1970–80 ¹	1980–90 ⁴	1990–2000 ³	2000–02 ³
	Occupancy rate ⁵						Average annual percent change				
United States	75	77	75	67	64	66	0.3	-0.3	-1.1	-0.5	1.6
New England	75	80	80	74	70	73	0.6	0.0	-0.8	-0.6	2.1
Connecticut	78	83	80	77	75	80	0.6	-0.4	-0.4	-0.3	3.3
Maine	73	73	75	72	64	66	0.0	0.3	-0.4	-1.2	1.6
Massachusetts	76	80	82	74	71	74	0.5	0.2	-1.0	-0.4	2.1
New Hampshire	67	73	73	67	59	62	0.9	0.0	-0.9	-1.3	2.5
Rhode Island	76	83	86	79	72	73	0.9	0.4	-0.8	-0.9	0.7
Vermont	69	76	74	67	67	61	1.0	-0.3	-1.0	0.0	-4.6
Middle Atlantic	78	82	83	81	74	73	0.5	0.1	-0.2	-0.9	-0.7
New Jersey	78	83	83	80	69	70	0.6	0.0	-0.4	-1.5	0.7
New York	79	83	86	86	79	77	0.5	0.4	0.0	-0.8	-1.3
Pennsylvania	76	82	80	73	68	70	0.8	-0.2	-0.9	-0.7	1.5
East North Central	78	80	77	65	61	63	0.3	-0.4	-1.7	-0.6	1.6
Illinois	76	79	75	66	60	63	0.4	-0.5	-1.3	-0.9	2.5
Indiana	80	80	78	61	56	59	0.0	-0.3	-2.4	-0.9	2.6
Michigan	81	81	78	66	65	66	0.0	-0.4	-1.7	-0.2	0.8
Ohio	81	82	79	65	61	62	0.1	-0.4	-1.9	-0.6	0.8
Wisconsin	74	73	74	65	60	64	-0.1	0.1	-1.3	-0.8	3.3
West North Central	72	74	71	62	60	61	0.3	-0.4	-1.3	-0.3	0.8
Iowa	73	72	69	62	58	60	-0.1	-0.4	-1.1	-0.7	1.7
Kansas	69	71	69	56	53	55	0.3	-0.3	-2.1	-0.5	1.9
Minnesota	72	74	74	67	67	68	0.3	0.0	-1.0	0.0	0.7
Missouri	76	79	75	62	58	61	0.4	-0.5	-1.9	-0.7	2.6
Nebraska	66	70	67	58	59	58	0.6	-0.4	-1.4	0.2	-0.9
North Dakota	71	67	69	64	60	60	-0.6	0.3	-0.7	-0.6	0.0
South Dakota	66	66	61	62	65	59	0.0	-0.8	0.2	0.5	-4.7
South Atlantic	75	78	76	67	65	68	0.4	-0.3	-1.3	-0.3	2.3
Delaware	70	79	82	77	75	74	1.2	0.4	-0.6	-0.3	-0.7
District of Columbia	81	78	83	75	74	77	-0.4	0.6	-1.0	-0.1	2.0
Florida	74	76	72	62	61	66	0.3	-0.5	-1.5	-0.2	4.0
Georgia	72	77	70	66	63	65	0.7	-0.9	-0.6	-0.5	1.6
Maryland	74	79	84	79	73	73	0.7	0.6	-0.6	-0.8	0.0
North Carolina	74	79	78	73	70	69	0.7	-0.1	-0.7	-0.4	-0.7
South Carolina	77	76	77	71	69	72	-0.1	0.1	-0.8	-0.3	2.2
Virginia	78	81	78	67	68	68	0.4	-0.4	-1.5	0.1	0.0
West Virginia	75	79	76	63	61	62	0.5	-0.4	-1.9	-0.3	0.8
East South Central	72	78	75	63	59	59	0.8	-0.4	-1.7	-0.7	0.0
Alabama	71	80	73	63	60	56	1.2	-0.9	-1.5	-0.5	-3.4
Kentucky	73	80	77	62	62	62	0.9	-0.4	-2.1	0.0	0.0
Mississippi	63	74	71	59	59	57	1.6	-0.4	-1.8	0.0	-1.7
Tennessee	76	78	76	64	56	60	0.3	-0.3	-1.7	-1.3	3.5
West South Central	69	73	70	58	58	62	0.6	-0.4	-1.9	0.0	3.4
Arkansas	70	74	70	62	59	58	0.6	-0.6	-1.2	-0.5	-0.9
Louisiana	68	74	70	57	56	59	0.8	-0.6	-2.0	-0.2	2.6
Oklahoma	71	73	68	58	56	58	0.3	-0.7	-1.6	-0.4	1.8
Texas	68	73	70	57	59	64	0.7	-0.4	-2.0	0.3	4.2
Mountain	70	71	70	61	61	62	0.1	-0.1	-1.4	0.0	0.8
Arizona	74	73	74	62	63	64	-0.1	0.1	-1.8	0.2	0.8
Colorado	81	74	72	64	58	62	-0.9	-0.3	-1.2	-1.0	3.4
Idaho	56	66	65	56	53	53	1.7	-0.2	-1.5	-0.5	0.0
Montana	60	66	66	61	67	69	1.0	0.0	-0.8	0.9	1.5
Nevada	71	73	69	60	71	68	0.3	-0.6	-1.4	1.7	-2.1
New Mexico	65	70	66	58	58	65	0.7	-0.6	-1.3	0.0	5.9
Utah	70	74	70	59	56	55	0.6	-0.6	-1.7	-0.5	-0.9
Wyoming	61	63	57	54	56	54	0.3	-1.0	-0.5	0.4	-1.8
Pacific	71	71	69	64	65	67	0.0	-0.3	-0.7	0.2	1.5
Alaska	54	59	58	50	57	60	0.9	-0.2	-1.5	1.3	2.6
California	74	71	69	64	66	69	-0.4	-0.3	-0.7	0.3	2.2
Hawaii	62	76	75	85	76	74	2.1	-0.1	1.3	-1.1	-1.3
Oregon	66	69	69	57	59	61	0.4	0.0	-1.9	0.3	1.7
Washington	63	70	72	63	60	60	1.1	0.3	-1.3	-0.5	0.0

¹Data exclude facilities for the mentally retarded. See [Appendix II, Hospital](#).

²1960 data include hospital units of institutions such as prisons and college infirmaries.

³Starting with 1990, data exclude hospital units of institutions, facilities for the mentally retarded, and alcoholism and chemical dependency hospitals. See [Appendix II, Hospital](#).

⁴1990 data used in this calculation (not shown in table) exclude only facilities for the mentally retarded, consistent with exclusions from 1980 data.

⁵Estimated percent of staffed beds that are occupied. See [Appendix II, Occupancy rate](#).

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCES: American Hospital Association (AHA): Hospitals. *JAHA* 35(15):383–430, 1961. (Copyright 1961: Used with permission of AHA); AHA Annual Survey of Hospitals, 1970 and 1980 unpublished; Hospital Statistics 1991–92, 2002, and 2004 Editions. Chicago (Copyrights 1971, 1981, 1991, 2002, 2004: Used with permission of Health Forum LLC, an affiliate of the American Hospital Association).

Table 113 (page 1 of 2). Nursing homes, beds, occupancy, and residents, according to geographic division and State: United States, 1995–2002

[Data are based on a census of certified nursing facilities]

Geographic division and State	Nursing homes			Beds		
	1995	2000	2002	1995	2000	2002
United States	16,389	16,886	16,491	1,751,302	1,795,388	1,768,686
New England	1,140	1,137	1,096	115,488	118,562	114,673
Connecticut	267	259	252	32,827	32,433	31,283
Maine	132	126	121	9,243	8,248	7,715
Massachusetts	550	526	499	54,532	56,030	54,033
New Hampshire	74	83	83	7,412	7,837	7,883
Rhode Island	94	99	97	9,612	10,271	10,137
Vermont	23	44	44	1,862	3,743	3,622
Middle Atlantic	1,650	1,796	1,791	244,342	267,772	267,304
New Jersey	300	361	360	43,967	52,195	51,452
New York	624	665	674	107,750	120,514	122,188
Pennsylvania	726	770	757	92,625	95,063	93,664
East North Central	3,171	3,301	3,225	367,879	369,657	361,004
Illinois	827	869	848	103,230	110,766	108,639
Indiana	556	564	545	59,538	56,762	53,869
Michigan	432	439	431	49,473	50,696	49,288
Ohio	943	1,009	994	106,884	105,038	105,341
Wisconsin	413	420	407	48,754	46,395	43,867
West North Central	2,258	2,281	2,228	200,109	193,754	189,985
Iowa	419	467	463	39,959	37,034	36,912
Kansas	429	392	376	30,016	27,067	26,717
Minnesota	432	433	425	43,865	42,149	40,531
Missouri	546	551	538	52,679	54,829	54,702
Nebraska	231	236	230	18,169	17,877	17,034
North Dakota	87	88	84	7,125	6,954	6,622
South Dakota	114	114	112	8,296	7,844	7,467
South Atlantic	2,215	2,418	2,379	243,069	264,147	263,797
Delaware	42	43	42	4,739	4,906	4,712
District of Columbia	19	20	21	3,206	3,078	3,112
Florida	627	732	704	72,656	83,365	82,696
Georgia	352	363	362	38,097	39,817	39,855
Maryland	218	255	245	28,394	31,495	29,529
North Carolina	391	410	415	38,322	41,376	42,361
South Carolina	166	178	176	16,682	18,102	18,062
Virginia	271	278	277	30,070	30,595	32,204
West Virginia	129	139	137	10,903	11,413	11,266
East South Central	1,014	1,071	1,076	99,707	106,250	107,946
Alabama	221	225	230	23,353	25,248	26,263
Kentucky	288	307	303	23,221	25,341	25,629
Mississippi	183	190	204	16,059	17,068	17,997
Tennessee	322	349	339	37,074	38,593	38,057
West South Central	2,264	2,199	2,080	224,695	224,100	217,094
Arkansas	256	255	247	29,952	25,715	25,204
Louisiana	337	337	321	37,769	39,430	38,403
Oklahoma	405	392	373	33,918	33,903	32,665
Texas	1,266	1,215	1,139	123,056	125,052	120,822
Mountain	800	827	797	70,134	75,152	74,001
Arizona	152	150	134	16,162	17,458	16,526
Colorado	219	225	224	19,912	20,240	20,373
Idaho	76	84	82	5,747	6,181	6,328
Montana	100	104	102	7,210	7,667	7,522
Nevada	42	51	44	3,998	5,547	5,232
New Mexico	83	80	82	6,969	7,289	7,474
Utah	91	93	90	7,101	7,651	7,485
Wyoming	37	40	39	3,035	3,119	3,061
Pacific	1,877	1,856	1,819	185,879	175,994	172,882
Alaska	15	15	15	814	821	817
California	1,382	1,369	1,347	140,203	131,762	130,328
Hawaii	34	45	45	2,513	4,006	4,038
Oregon	161	150	145	13,885	13,500	12,904
Washington	285	277	267	28,464	25,905	24,795

See footnotes at end of table.

Table 113 (page 2 of 2). Nursing homes, beds, occupancy, and residents, according to geographic division and State: United States, 1995–2002

[Data are based on a census of certified nursing facilities]

Geographic division and State	Residents			Occupancy rate ¹			Resident rate ²		
	1995	2000	2002	1995	2000	2002	1995	2000	2002
United States	1,479,550	1,480,076	1,458,236	84.5	82.4	82.4	404.5	349.1	317.5
New England	105,792	106,308	103,342	91.6	89.7	90.1	474.2	419.5	377.5
Connecticut	29,948	29,657	28,734	91.2	91.4	91.9	541.7	461.4	410.0
Maine	8,587	7,298	6,995	92.9	88.5	90.7	417.9	313.0	279.5
Massachusetts	49,765	49,805	48,304	91.3	88.9	89.4	477.3	426.8	385.8
New Hampshire	6,877	7,158	7,120	92.8	91.3	90.3	434.1	392.6	356.6
Rhode Island	8,823	9,041	8,910	91.8	88.0	87.9	476.9	432.6	392.4
Vermont	1,792	3,349	3,279	96.2	89.5	90.5	207.0	335.0	304.5
Middle Atlantic	228,649	242,674	240,644	93.6	90.6	90.0	384.0	354.2	323.1
New Jersey	40,397	45,837	44,605	91.9	87.8	86.7	351.6	337.0	299.5
New York	103,409	112,957	113,628	96.0	93.7	93.0	371.8	362.6	337.1
Pennsylvania	84,843	83,880	82,411	91.6	88.2	88.0	419.2	353.1	318.4
East North Central	294,319	289,404	281,448	80.0	78.3	78.0	476.1	414.3	372.7
Illinois	83,696	83,604	81,147	81.1	75.5	74.7	495.3	435.4	392.3
Indiana	44,328	42,328	40,988	74.5	74.6	76.1	548.9	462.3	416.9
Michigan	43,271	42,615	41,541	87.5	84.1	84.3	345.0	299.1	266.5
Ohio	79,026	81,946	80,677	73.9	78.0	76.6	499.5	463.5	422.6
Wisconsin	43,998	38,911	37,095	90.2	83.9	84.6	518.9	406.9	359.6
West North Central	164,660	157,224	152,236	82.3	81.1	80.1	489.6	429.8	395.3
Iowa	27,506	29,204	28,720	68.8	78.9	77.8	458.0	448.5	419.1
Kansas	25,140	22,230	21,117	83.8	82.1	79.0	528.9	429.4	391.7
Minnesota	41,163	38,813	37,374	93.8	92.1	92.2	537.4	453.4	407.9
Missouri	39,891	38,586	37,831	75.7	70.4	69.2	432.8	391.5	367.4
Nebraska	16,166	14,989	14,082	89.0	83.8	82.7	501.4	441.5	396.4
North Dakota	6,868	6,343	6,234	96.4	91.2	94.1	522.0	430.7	401.1
South Dakota	7,926	7,059	6,878	95.5	90.0	92.1	543.3	438.8	404.1
South Atlantic	217,303	227,818	230,229	89.4	86.2	87.3	335.4	291.9	270.6
Delaware	3,819	3,900	3,942	80.6	79.5	83.7	448.7	369.7	333.5
District of Columbia	2,576	2,858	2,817	80.3	92.9	90.5	297.6	318.4	298.9
Florida	61,845	69,050	70,761	85.1	82.8	85.6	228.2	208.4	196.4
Georgia	35,933	36,559	36,337	94.3	91.8	91.2	496.0	416.1	379.9
Maryland	24,716	25,629	25,621	87.0	81.4	86.8	432.7	383.1	348.4
North Carolina	35,511	36,658	37,278	92.7	88.6	88.0	401.1	347.6	322.6
South Carolina	14,568	15,739	16,117	87.3	86.9	89.2	366.0	313.1	291.7
Virginia	28,119	27,091	27,199	93.5	88.5	84.5	385.2	310.4	283.8
West Virginia	10,216	10,334	10,157	93.7	90.5	90.2	355.2	325.2	305.1
East South Central	91,563	96,348	96,369	91.8	90.7	89.3	416.6	385.5	364.9
Alabama	21,691	23,089	23,705	92.9	91.4	90.3	370.1	343.1	331.8
Kentucky	20,696	22,730	22,741	89.1	89.7	88.7	391.9	390.1	371.1
Mississippi	15,247	15,815	15,872	94.9	92.7	88.2	405.3	368.7	356.4
Tennessee	33,929	34,714	34,051	91.5	89.9	89.5	479.6	426.1	392.1
West South Central	169,047	159,160	155,183	75.2	71.0	71.5	486.1	397.6	365.8
Arkansas	20,823	19,317	18,179	69.5	75.1	72.1	508.3	415.5	371.3
Louisiana	32,493	30,735	29,674	86.0	77.9	77.3	639.3	523.8	483.5
Oklahoma	26,377	23,833	22,350	77.8	70.3	68.4	499.1	416.8	383.2
Texas	89,354	85,275	84,980	72.6	68.2	70.3	439.9	358.4	332.5
Mountain	58,738	59,379	58,446	83.8	79.0	79.0	335.9	271.2	238.9
Arizona	12,382	13,253	13,115	76.6	75.9	79.4	233.3	193.4	169.1
Colorado	17,055	17,045	16,351	85.7	84.2	80.3	420.6	353.5	307.9
Idaho	4,697	4,640	4,780	81.7	75.1	75.5	321.7	257.0	242.6
Montana	6,415	5,973	5,815	89.0	77.9	77.3	491.4	389.5	351.0
Nevada	3,645	3,657	4,182	91.2	65.9	79.9	312.0	215.3	203.9
New Mexico	6,051	6,503	6,286	86.8	89.2	84.1	332.0	279.0	243.5
Utah	5,832	5,703	5,399	82.1	74.5	72.1	323.5	262.2	224.2
Wyoming	2,661	2,605	2,518	87.7	83.5	82.3	468.2	386.8	346.2
Pacific	149,479	141,761	140,339	80.4	80.5	81.2	302.4	241.3	215.7
Alaska	634	595	649	77.9	72.5	79.4	348.0	225.9	211.2
California	109,805	106,460	106,384	78.3	80.8	81.6	302.9	250.1	226.0
Hawaii	2,413	3,558	3,780	96.0	88.8	93.6	178.5	202.6	185.7
Oregon	11,673	9,990	9,065	84.1	74.0	70.2	244.9	173.9	143.2
Washington	24,954	21,158	20,461	87.7	81.7	82.5	362.5	251.6	219.8

¹Percent of beds occupied (number of nursing home residents per 100 nursing home beds).

²Number of nursing home residents (all ages) per 1,000 resident population 85 years of age and over. Resident rates for 1995–99 are based on population estimates projected from the 1990 census. Starting with 2000, resident rates are based on the 2000 census.

NOTES: Annual numbers of nursing homes, beds, and residents are based on a 15-month OSCAR reporting cycle. See [Appendix I](#). Data for additional years are available. See [Appendix III](#).

SOURCES: Cowles CM, 1995 Nursing Home Statistical Yearbook. 1996 Nursing Home Statistical Yearbook. 1997 Nursing Home Statistical Yearbook. Anacortes, WA: Cowles Research Group, 1995; 1997; 1998; Cowles CM, 1998 Nursing Home Statistical Yearbook. 1999 Nursing Home Statistical Yearbook. 2000 Nursing Home Statistical Yearbook. Washington, DC: American Association of Homes and Services for the Aging, 1999; 2000; 2001; Cowles CM, 2001 Nursing Home Statistical Yearbook. 2002 Nursing Home Statistical Yearbook. Montgomery Village, MD: Cowles Research Group, 2002; 2003. Based on data from the Centers for Medicare & Medicaid Services' Online Survey Certification and Reporting (OSCAR) database.

Table 114. Medicare-certified providers and suppliers: United States, selected years 1980–2002

[Data are compiled from various Centers for Medicare & Medicaid Services data systems]

<i>Providers or suppliers</i>	<i>1980</i>	<i>1985</i>	<i>1990</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
	Number of providers or suppliers								
Home health agencies	2,924	5,679	5,730	8,437	10,807	9,330	7,857	7,099	6,813
Clinical Lab Improvement Act Facilities	---	---	---	159,907	164,054	166,817	171,018	168,333	173,807
End stage renal disease facilities	999	1,393	1,937	2,876	3,367	3,531	3,787	3,991	4,113
Outpatient physical therapy	419	854	1,195	2,302	2,758	2,890	2,867	2,874	2,836
Portable X-ray	216	308	443	555	656	657	666	675	644
Rural health clinics	391	428	551	2,775	3,673	3,551	3,453	3,334	3,283
Comprehensive outpatient rehabilitation facilities	---	72	186	307	531	590	522	518	524
Ambulatory surgical centers	---	336	1,197	2,112	2,480	2,644	2,894	3,147	3,371
Hospices	---	164	825	1,927	2,344	2,317	2,326	2,267	2,275

--- Data not available.

NOTES: Provider and supplier data for 1980–90 are as of July 1. Provider and supplier data for 1996–98 are as of December. Provider and supplier data for 2000, 2001, and 2002 are as of December 1999, December 2000, and December 2001, respectively. Providers and suppliers certified for Medicare are deemed to meet Medicaid standards.

SOURCES: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information.

Table 115. Total health expenditures as a percent of gross domestic product and per capita health expenditures in dollars: Selected countries and years 1960–2001

[Data compiled by the Organization for Economic Cooperation and Development]

Country	1960	1970	1980	1990	1995	1997	1998	1999	2000	2001 ¹
Health expenditures as a percent of gross domestic product										
Australia	4.1	---	7.0	7.8	8.2	8.5	8.6	8.7	8.9	9.2
Austria	4.3	5.3	7.6	7.1	8.2	7.6	7.7	7.8	7.7	7.7
Belgium	---	4.0	6.4	7.4	8.6	8.4	8.4	8.5	8.6	9.0
Canada	5.4	7.0	7.1	9.0	9.2	8.9	9.1	9.1	9.2	9.7
Czech Republic	---	---	---	5.0	7.3	7.1	7.1	7.1	7.1	7.3
Denmark	---	---	9.1	8.5	8.2	8.2	8.4	8.5	8.3	8.6
Finland	3.8	5.6	6.4	7.8	7.5	7.3	6.9	6.9	6.7	7.0
France	---	---	---	8.6	9.5	9.4	9.3	9.3	9.3	9.5
Germany	---	6.2	8.7	8.5	10.6	10.7	10.6	10.6	10.6	10.7
Greece	---	6.1	6.6	7.4	9.6	9.4	9.4	9.6	9.4	9.4
Hungary	---	---	---	---	7.5	7.0	6.9	6.8	6.7	6.8
Iceland	3.0	4.7	6.2	8.0	8.4	8.2	8.6	9.5	9.3	9.2
Ireland	3.7	5.1	8.4	6.1	6.8	6.4	6.2	6.2	6.4	6.5
Italy	---	---	---	8.0	7.4	7.7	7.7	7.8	8.2	8.4
Japan	3.0	4.5	6.4	5.9	6.8	6.8	7.1	7.5	7.7	8.0
Korea	---	---	---	4.8	4.7	5.0	5.1	5.6	5.9	---
Luxembourg	---	3.6	5.9	6.1	6.4	5.9	5.8	6.1	5.6	---
Mexico	---	---	---	4.8	5.6	5.3	5.4	5.6	5.6	6.0
Netherlands	---	---	7.5	8.0	8.4	8.2	8.6	8.7	8.6	8.9
New Zealand	---	5.1	5.9	6.9	7.2	7.5	8.0	7.9	8.0	8.1
Norway	2.9	4.4	6.9	7.7	7.9	7.8	8.5	8.5	7.6	8.0
Poland	---	---	---	5.3	6.0	6.1	6.4	6.2	6.0	6.3
Portugal	---	2.6	5.6	6.2	8.3	8.6	8.6	8.7	9.0	9.2
Slovak Republic	---	---	---	---	---	5.9	5.8	5.8	5.7	5.7
Spain	1.5	3.6	5.4	6.7	7.6	7.5	7.5	7.5	7.5	7.5
Sweden	---	6.7	8.8	8.2	8.1	8.2	8.3	8.4	8.4	8.7
Switzerland	4.9	5.6	7.6	8.5	10.0	10.4	10.6	10.7	10.7	11.1
Turkey	---	2.4	3.3	3.6	3.4	4.2	4.8	---	---	---
United Kingdom	3.9	4.5	5.6	6.0	7.0	6.8	6.9	7.2	7.3	7.6
United States	5.1	7.0	8.8	12.0	13.4	13.1	13.1	13.2	13.3	14.1
Per capita health expenditures ²										
Australia	\$ 87	---	\$ 658	\$1,300	\$1,778	\$1,978	\$2,077	\$2,230	\$2,363	\$2,513
Austria	64	\$159	662	1,204	1,750	1,786	1,888	2,006	2,170	2,191
Belgium	---	130	576	1,245	1,874	1,986	1,971	2,114	2,260	2,490
Canada	107	255	709	1,674	2,115	2,187	2,288	2,433	2,580	2,792
Czech Republic	---	---	---	575	902	931	943	969	987	1,106
Denmark	---	---	819	1,453	1,880	2,099	2,238	2,344	2,398	2,503
Finland	54	161	509	1,295	1,414	1,548	1,528	1,608	1,699	1,841
France	---	---	---	1,509	1,984	2,032	2,096	2,211	2,387	2,561
Germany	---	223	824	1,600	2,263	2,465	2,520	2,615	2,780	2,808
Greece	---	98	348	695	1,226	1,326	1,406	1,516	1,556	1,511
Hungary	---	---	---	---	671	684	731	771	817	911
Iceland	45	129	576	1,377	1,836	2,002	2,226	2,559	2,605	2,643
Ireland	36	99	452	719	1,223	1,417	1,438	1,623	1,793	1,935
Italy	---	---	---	1,321	1,486	1,684	1,778	1,883	2,060	2,212
Japan	26	130	523	1,082	1,581	1,734	1,730	1,852	2,002	2,131
Korea	---	---	---	354	535	657	628	762	893	---
Luxembourg	---	148	606	1,501	2,138	2,204	2,361	2,685	2,719	---
Mexico	---	---	---	276	379	400	425	462	492	536
Netherlands	---	---	668	1,333	1,787	1,958	2,176	2,310	2,348	2,626
New Zealand	---	177	458	937	1,238	1,357	1,431	1,527	1,611	1,710
Norway	46	132	632	1,363	1,865	2,193	2,439	2,550	2,755	2,920
Poland	---	---	---	259	420	461	543	558	572	629
Portugal	---	46	265	611	1,134	1,341	1,365	1,469	1,519	1,613
Slovak Republic	---	---	---	---	---	606	637	666	641	682
Spain	14	83	328	813	1,163	1,269	1,353	1,426	1,497	1,600
Sweden	---	270	850	1,492	1,680	1,855	1,903	2,053	2,195	2,270
Switzerland	138	292	891	1,836	2,555	2,841	2,952	3,080	3,160	3,322
Turkey	---	23	75	171	190	272	301	---	---	---
United Kingdom	74	144	445	977	1,330	1,516	1,563	1,704	1,813	1,992
United States	143	348	1,067	2,738	3,698	4,007	4,179	4,402	4,670	5,021

--- Data not available.

¹Preliminary figures.

²Per capita health expenditures for each country have been adjusted to U.S. dollars using gross domestic product purchasing power parities for each year.

NOTE: Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

SOURCES: All countries except United States from the Organization for Economic Cooperation and Development Health Data File 2003, following the annual update, www.oecd.org/els/health; United States data from the Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health expenditures, 2002. Internet address: cms.hhs.gov/statistics/nhe.

Table 116. Gross domestic product, Federal and State and local government expenditures, national health expenditures, and average annual percent change: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Gross domestic product, government expenditures, and national health expenditures</i>	1960	1970	1980	1990	1995	1999	2000	2001	2002
Amount in billions									
Gross domestic product (GDP)	\$ 527	\$1,040	\$2,796	\$ 5,803	\$ 7,401	\$ 9,274	\$ 9,825	\$ 10,082	\$ 10,446
Federal government expenditures	85.8	198.6	576.6	1,228.7	1,575.7	1,755.3	1,827.1	1,936.4	2,075.5
State and local government expenditures . .	38.1	107.5	307.8	660.8	902.5	1,105.8	1,196.2	1,292.6	1,356.4
National health expenditures	26.7	73.1	245.8	696.0	990.2	1,222.6	1,309.4	1,420.7	1,553.0
Private	20.1	45.4	140.9	413.5	533.6	669.7	714.9	768.4	839.6
Public	6.6	27.6	104.8	282.5	456.6	552.9	594.6	652.3	713.4
Federal government	2.8	17.6	71.3	192.7	322.4	386.4	416.0	460.3	504.7
State and local government	3.8	10.0	33.5	89.8	134.2	166.4	178.6	192.0	208.7
Amount per capita									
National health expenditures	\$ 143	\$ 348	\$1,067	\$ 2,738	\$ 3,698	\$ 4,402	\$ 4,670	\$ 5,021	\$ 5,440
Private	108	216	612	1,627	1,993	2,411	2,550	2,716	2,941
Public	35	131	455	1,111	1,705	1,991	2,121	2,306	2,499
Percent									
National health expenditures as percent of GDP	5.1	7.0	8.8	12.0	13.4	13.2	13.3	14.1	14.9
Health expenditures as a percent of total government expenditures									
Federal	3.3	8.9	12.4	15.7	20.5	22.0	22.8	23.8	24.3
State and local	9.9	9.3	10.9	13.6	14.9	15.1	14.9	14.9	15.4
Percent distribution									
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private	75.2	62.2	57.3	59.4	53.9	54.8	54.6	54.1	54.1
Public	24.8	37.8	42.7	40.6	46.1	45.2	45.4	45.9	45.9
Average annual percent change from previous year shown									
Gross domestic product . . . . .	...	7.0	10.4	7.6	5.0	5.8	5.9	2.6	3.6
Federal government expenditures . . . . .	...	8.8	11.2	7.9	5.1	2.7	4.1	6.0	7.2
State and local government expenditures . .	...	10.9	11.1	7.9	6.4	5.2	8.2	8.1	4.9
National health expenditures . . . . .	...	10.6	12.9	11.0	7.3	5.4	7.1	8.5	9.3
Private . . . . .	...	8.5	12.0	11.4	5.2	5.8	6.7	7.5	9.3
Public . . . . .	...	15.4	14.3	10.4	10.1	4.9	7.5	9.7	9.4
Federal government . . . . .	...	20.1	15.0	10.5	10.8	4.6	7.6	10.7	9.7
State and local government . . . . .	...	10.2	12.8	10.4	8.4	5.5	7.3	7.5	8.7
National health expenditures, per capita . .	...	9.3	11.9	9.9	6.2	4.5	6.1	7.5	8.3
Private . . . . .	...	7.2	11.0	10.3	4.1	4.9	5.7	6.5	8.3
Public . . . . .	...	14.0	13.2	9.3	8.9	3.9	6.5	8.7	8.4

... Category not applicable.

NOTES: These data include revisions in health expenditures and may differ from previous editions of *Health, United States*. They reflect U.S. Bureau of the Census resident population estimates as of July 2003. Federal and State and local government total expenditures reflect September 2003 revisions from the Bureau of Economic Analysis. Percents are calculated using unrounded data.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health accounts, National health expenditures, 2002. Internet address: www.cms.hhs.gov/statistics/nhe/.

Table 117. Consumer Price Index and average annual percent change for all items, selected items, and medical care components: United States, selected years 1960–2003

[Data are based on reporting by samples of providers and other retail outlets]

<i>Items and medical care components</i>	1960	1970	1980	1990	1995	2000	2001	2002	2003
Consumer Price Index (CPI)									
All items	29.6	38.8	82.4	130.7	152.4	172.2	177.1	179.9	184.0
All items excluding medical care	30.2	39.2	82.8	128.8	148.6	167.3	171.9	174.3	178.1
All services	24.1	35.0	77.9	139.2	168.7	195.3	203.4	209.8	216.5
Food	30.0	39.2	86.8	132.4	148.4	167.8	173.1	176.2	180.0
Apparel	45.7	59.2	90.9	124.1	132.0	129.6	127.3	124.0	120.9
Housing	---	36.4	81.1	128.5	148.5	169.6	176.4	180.3	184.8
Energy	22.4	25.5	86.0	102.1	105.2	124.6	129.3	121.7	136.5
Medical care	22.3	34.0	74.9	162.8	220.5	260.8	272.8	285.6	297.1
Components of medical care									
Medical care services	19.5	32.3	74.8	162.7	224.2	266.0	278.8	292.9	306.0
Professional services	---	37.0	77.9	156.1	201.0	237.7	246.5	253.9	261.2
Physicians' services	21.9	34.5	76.5	160.8	208.8	244.7	253.6	260.6	267.7
Dental services	27.0	39.2	78.9	155.8	206.8	258.5	269.0	281.0	292.5
Eye glasses and eye care ¹	---	---	---	117.3	137.0	149.7	154.5	155.5	155.9
Services by other medical professionals ¹	---	---	---	120.2	143.9	161.9	167.3	171.8	177.1
Hospital and related services	---	---	69.2	178.0	257.8	317.3	338.3	367.8	394.8
Hospital services ²	---	---	---	---	---	115.9	123.6	134.7	144.7
Inpatient hospital services ^{2,3}	---	---	---	---	---	113.8	121.0	131.2	140.1
Outpatient hospital services ^{1,3}	---	---	---	138.7	204.6	263.8	281.1	309.8	337.9
Hospital rooms	9.3	23.6	68.0	175.4	251.2	---	---	---	---
Other inpatient services ¹	---	---	---	142.7	206.8	---	---	---	---
Nursing homes and adult day care ²	---	---	---	---	---	117.0	121.8	127.9	135.2
Medical care commodities	46.9	46.5	75.4	163.4	204.5	238.1	247.6	256.4	262.8
Prescription drugs and medical supplies	54.0	47.4	72.5	181.7	235.0	285.4	300.9	316.5	326.3
Nonprescription drugs and medical supplies ¹	---	---	---	120.6	140.5	149.5	150.6	150.4	152.0
Internal and respiratory over-the-counter drugs	---	42.3	74.9	145.9	167.0	176.9	178.9	178.8	181.2
Nonprescription medical equipment and supplies	---	---	79.2	138.0	166.3	178.1	178.2	177.5	178.1
Average annual percent change from previous year shown									
All items . . . . .	...	2.7	7.8	4.7	3.1	2.5	2.8	1.6	2.3
All items excluding medical care . . . . .	...	2.6	7.8	4.5	2.9	2.4	2.7	1.4	2.2
All services . . . . .	...	3.8	8.3	6.0	3.9	3.0	4.1	3.1	3.2
Food . . . . .	...	2.7	8.3	4.3	2.3	2.5	3.2	1.8	2.2
Apparel . . . . .	...	2.6	4.4	3.2	1.2	-0.4	-1.8	-2.6	-2.5
Housing . . . . .	...	---	8.3	4.7	2.9	2.7	4.0	2.2	2.5
Energy . . . . .	...	1.3	12.9	1.7	0.6	3.4	3.8	-5.9	12.2
Medical care . . . . .	...	4.3	8.2	8.1	6.3	3.4	4.6	4.7	4.0
Components of medical care									
Medical care services . . . . .	...	5.2	8.8	8.1	6.6	3.5	4.8	5.1	4.5
Professional services . . . . .	...	---	7.7	7.2	5.2	3.4	3.7	3.0	2.9
Physicians' services . . . . .	...	4.6	8.3	7.7	5.4	3.2	3.6	2.8	2.7
Dental services . . . . .	...	3.8	7.2	7.0	5.8	4.6	4.1	4.5	4.1
Eye glasses and eye care ¹ . . . . .	...	---	---	---	3.2	1.8	3.2	0.6	0.3
Services by other medical professionals ¹ . . . . .	...	---	---	---	3.7	2.4	3.3	2.7	3.1
Hospital and related services . . . . .	...	---	---	9.9	7.7	4.2	6.6	8.7	7.3
Hospital services ² . . . . .	...	---	---	---	---	---	6.6	9.0	7.4
Inpatient hospital services ^{2,3} . . . . .	...	---	---	---	---	---	6.3	8.4	6.8
Outpatient hospital services ^{1,3} . . . . .	...	---	---	---	8.1	5.2	6.6	10.2	9.1
Hospital rooms . . . . .	...	9.8	11.2	9.9	7.4	---	---	---	---
Other inpatient services ¹ . . . . .	...	---	---	---	7.7	---	---	---	---
Nursing homes and adult day care ² . . . . .	...	---	---	---	---	---	4.1	5.0	5.7
Medical care commodities . . . . .	...	-0.1	5.0	8.0	4.6	3.1	4.0	3.6	2.5
Prescription drugs and medical supplies . . . . .	...	-1.3	4.3	9.6	5.3	4.0	5.4	5.2	3.1
Nonprescription drugs and medical supplies ¹ . . . . .	...	---	---	---	3.1	1.2	0.7	-0.1	1.1
Internal and respiratory over-the-counter drugs . . . . .	...	---	5.9	6.9	2.7	1.2	1.1	-0.1	1.3
Nonprescription medical equipment and supplies . . . . .	...	---	---	5.7	3.8	1.4	0.1	-0.4	0.3

--- Data not available.

... Category not applicable.

¹Dec. 1986 = 100.

²Dec. 1996 = 100.

³Special index based on a substantially smaller sample.

NOTES: Consumer Price Index for all urban consumers (CPI-U) U.S. city average, detailed expenditure categories. 1982–84 = 100, except where noted. Data are not seasonally adjusted.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Consumer Price Index. Various releases. 2003 data available from the Bureau of Labor Statistics Web site at www.bls.gov/cpi/cpid03av.pdf.

Table 118 (page 1 of 2). National health expenditures, average annual percent change, and percent distribution, according to type of expenditure: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	1995	1999	2000	2001	2002
Amount in billions									
National health expenditures	\$26.7	\$73.1	\$245.8	\$696.0	\$990.2	\$1,222.6	\$1,309.4	\$1,420.7	\$1,553.0
Health services and supplies	25.0	67.3	233.5	669.6	957.6	1,181.7	1,261.4	1,370.0	1,496.3
Personal health care	23.4	63.2	214.6	609.4	865.7	1,065.0	1,135.3	1,231.4	1,340.2
Hospital care	9.2	27.6	101.5	253.9	343.6	393.5	413.2	444.3	486.5
Professional services	8.3	20.7	67.3	216.9	316.5	397.6	426.5	464.3	501.5
Physician and clinical services	5.4	14.0	47.1	157.5	220.5	270.9	290.3	315.1	339.5
Other professional services	0.4	0.7	3.6	18.2	28.6	36.7	38.8	42.6	45.9
Dental services	2.0	4.7	13.3	31.5	44.5	56.4	60.7	65.6	70.3
Other personal health care	0.6	1.3	3.3	9.6	22.9	33.7	36.7	40.9	45.8
Nursing home and home health	0.9	4.4	20.1	65.3	105.1	121.9	125.5	132.8	139.3
Home health care ¹	0.1	0.2	2.4	12.6	30.5	32.3	31.7	33.7	36.1
Nursing home care ¹	0.8	4.2	17.7	52.7	74.6	89.6	93.8	99.1	103.2
Retail outlet sales of medical products	5.0	10.5	25.7	73.3	100.5	152.0	170.1	190.0	212.9
Prescription drugs	2.7	5.5	12.0	40.3	60.8	104.4	121.5	140.8	162.4
Other medical products	2.3	5.0	13.7	33.1	39.7	47.6	48.5	49.2	50.5
Government administration and net cost of private health insurance	1.2	2.8	12.1	40.0	60.5	73.0	80.3	90.3	105.0
Government public health activities ²	0.4	1.4	6.7	20.2	31.4	43.7	45.8	48.3	51.2
Investment	1.7	5.7	12.3	26.4	32.6	40.9	48.0	50.6	56.7
Research ³	0.7	2.0	5.5	12.7	17.1	23.4	28.8	31.5	34.3
Construction	1.0	3.8	6.8	13.7	15.5	17.6	19.2	19.2	22.4
Average annual percent change from previous year shown									
National health expenditures . . . . .	...	10.6	12.9	11.0	7.3	5.4	7.1	8.5	9.3
Health services and supplies . . . . .	...	10.4	13.2	11.1	7.4	5.4	6.8	8.6	9.2
Personal health care . . . . .	...	10.5	13.0	11.0	7.3	5.3	6.6	8.5	8.8
Hospital care . . . . .	...	11.7	13.9	9.6	6.2	3.4	5.0	7.5	9.5
Professional services . . . . .	...	9.5	12.5	12.4	7.9	5.9	7.3	8.8	8.0
Physician and clinical services . . . . .	...	10.1	12.9	12.8	7.0	5.3	7.2	8.6	7.7
Other professional services . . . . .	...	6.6	17.1	17.5	9.5	6.4	5.8	9.9	7.6
Dental services . . . . .	...	9.1	11.1	9.0	7.1	6.1	7.7	8.0	7.2
Other personal health care . . . . .	...	7.2	10.0	11.4	18.9	10.1	9.0	11.3	12.1
Nursing home and home health . . . . .	...	17.2	16.3	12.5	10.0	3.8	3.0	5.8	4.9
Home health care ¹ . . . . .	...	14.5	26.9	18.1	19.4	1.4	-1.8	6.2	7.2
Nursing home care ¹ . . . . .	...	17.4	15.4	11.5	7.2	4.7	4.7	5.7	4.1
Retail outlet sales of medical products . . . . .	...	7.8	9.4	11.1	6.5	10.9	11.9	11.7	12.0
Prescription drugs . . . . .	...	7.5	8.2	12.8	8.6	14.5	16.4	15.9	15.3
Other medical products . . . . .	...	8.1	10.6	9.2	3.8	4.6	2.1	1.3	2.6
Government administration and net cost of private health insurance . . . . .	...	8.6	15.9	12.7	8.6	4.8	10.0	12.5	16.2
Government public health activities . . . . .	...	13.2	17.4	11.6	9.2	8.6	4.8	5.5	5.9
Investment . . . . .	...	12.9	7.9	8.0	4.3	5.9	17.3	5.5	11.9
Research ³ . . . . .	...	10.9	10.8	8.8	6.2	8.1	23.1	9.4	8.9
Construction . . . . .	...	14.1	6.1	7.3	2.4	3.2	9.5	-0.3	16.8

See footnotes at end of table.

Table 118 (page 2 of 2). National health expenditures, average annual percent change, and percent distribution, according to type of expenditure: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	1995	1999	2000	2001	2002
Percent distribution									
National health expenditures	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health services and supplies	93.6	92.2	95.0	96.2	96.7	96.7	96.3	96.4	96.4
Personal health care	87.6	86.5	87.3	87.6	87.4	87.1	86.7	86.7	86.3
Hospital care	34.4	37.8	41.3	36.5	34.7	32.2	31.6	31.3	31.3
Professional services	31.3	28.3	27.4	31.2	32.0	32.5	32.6	32.7	32.3
Physician and clinical services	20.1	19.1	19.2	22.6	22.3	22.2	22.2	22.2	21.9
Other professional services	1.5	1.0	1.5	2.6	2.9	3.0	3.0	3.0	3.0
Dental services	7.4	6.4	5.4	4.5	4.5	4.6	4.6	4.6	4.5
Other personal health care	2.4	1.7	1.3	1.4	2.3	2.8	2.8	2.9	2.9
Nursing home and home health	3.4	6.1	8.2	9.4	10.6	10.0	9.6	9.3	9.0
Home health care ¹	0.2	0.3	1.0	1.8	3.1	2.6	2.4	2.4	2.3
Nursing home care ¹	3.2	5.8	7.2	7.6	7.5	7.3	7.2	7.0	6.6
Retail outlet sales of medical products	18.6	14.3	10.5	10.5	10.2	12.4	13.0	13.4	13.7
Prescription drugs	10.0	7.5	4.9	5.8	6.1	8.5	9.3	9.9	10.5
Other medical products	8.5	6.8	5.6	4.7	4.0	3.9	3.7	3.5	3.3
Government administration and net cost of private health insurance	4.5	3.8	4.9	5.7	6.1	6.0	6.1	6.4	6.8
Government public health activities	1.5	1.9	2.7	2.9	3.2	3.6	3.5	3.4	3.3
Investment	6.4	7.8	5.0	3.8	3.3	3.3	3.7	3.6	3.6
Research ³	2.6	2.7	2.2	1.8	1.7	1.9	2.2	2.2	2.2
Construction	3.8	5.2	2.8	2.0	1.6	1.4	1.5	1.3	1.4

. . . Category not applicable.

¹Freestanding facilities only. Additional services of this type are provided in hospital-based facilities and counted as hospital care.

²Includes personal care services delivered by government public health agencies.

³Research and development expenditures of drug companies and other manufacturers and providers of medical equipment and supplies are excluded from "research expenditures," but are included in the expenditure class in which the product falls in that they are covered by the payment received for that product.

NOTES: These data include revisions in health expenditures and differ from previous editions of *Health, United States*. Percents are calculated using unrounded data.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health accounts, National health expenditures, 2002. Internet address: www.cms.hhs.gov/statistics/nhe/.

Table 119 (page 1 of 2). Personal health care expenditures, according to type of expenditure and source of funds: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Type of personal health care expenditures and source of funds</i>	1960	1970	1980	1990	1995	1999	2000	2001	2002
	Amount								
Per capita.	\$ 126	\$ 301	\$ 931	\$2,398	\$3,233	\$ 3,835	\$ 4,049	\$ 4,352	\$ 4,695
	Amount in billions								
All personal health care expenditures ¹	\$ 23.4	\$ 63.2	\$214.6	\$609.4	\$865.7	\$1,065.0	\$1,135.3	\$1,231.4	\$1,340.2
	Percent distribution								
All sources of funds.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	55.2	39.7	27.1	22.5	16.9	17.3	17.0	16.3	15.9
Private health insurance	21.4	22.3	28.3	33.4	33.4	34.4	35.1	35.5	35.8
Other private funds	2.0	2.8	4.3	5.0	5.1	5.3	4.8	4.4	4.2
Government	21.4	35.2	40.3	39.0	44.6	43.0	43.1	43.8	44.2
Federal	8.7	22.9	29.3	28.6	34.1	32.6	32.8	33.5	33.6
State and local	12.6	12.3	11.1	10.5	10.5	10.3	10.4	10.4	10.6
	Amount in billions								
Hospital care expenditures ²	\$ 9.2	\$ 27.6	\$101.5	\$253.9	\$343.6	\$ 393.5	\$ 413.2	\$ 444.3	\$ 486.5
	Percent distribution								
All sources of funds.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	20.8	9.1	5.2	4.4	3.1	3.2	3.1	2.9	3.0
Private health insurance	35.8	32.6	35.6	38.3	32.5	32.5	33.3	33.6	33.9
Other private funds	1.2	3.3	4.9	4.1	4.3	5.2	4.9	4.3	4.2
Government ³	42.2	55.1	54.3	53.2	60.1	59.1	58.8	59.1	58.9
Medicaid ⁴ . . . . .	...	9.6	10.4	10.9	15.9	16.8	16.9	16.9	17.1
Medicare . . . . .	...	19.4	26.0	26.7	31.2	31.2	30.7	30.9	30.7
	Amount in billions								
Physician services expenditures	\$ 5.4	\$ 14.0	\$ 47.1	\$157.5	\$220.5	\$ 270.9	\$ 290.3	\$ 315.1	\$ 339.5
	Percent distribution								
All sources of funds.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	61.6	46.1	30.2	19.3	11.9	11.7	11.1	10.5	10.1
Private health insurance	29.8	30.1	35.3	43.0	48.5	47.6	48.5	48.7	49.1
Other private funds	1.4	1.6	3.9	7.2	8.0	8.3	7.3	7.1	6.9
Government ³	7.2	22.2	30.5	30.6	31.6	32.4	33.1	33.8	33.8
Medicaid ⁴ . . . . .	...	4.6	5.2	4.5	6.7	6.5	6.6	6.9	7.2
Medicare . . . . .	...	11.8	17.4	19.1	19.0	20.1	20.4	20.6	20.3
	Amount in billions								
Nursing home expenditures ⁵	\$ 0.8	\$ 4.2	\$ 17.7	\$ 52.7	\$ 74.6	\$ 89.6	\$ 93.8	\$ 99.1	\$ 103.2
	Percent distribution								
All sources of funds.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	77.9	53.6	40.0	37.5	26.9	28.1	27.9	26.9	25.1
Private health insurance	0.0	0.2	1.2	5.8	7.5	8.4	7.8	7.7	7.5
Other private funds	6.3	4.9	4.5	7.5	6.4	5.0	4.4	3.8	3.4
Government ³	15.7	41.2	54.2	49.2	59.1	58.5	59.8	61.7	64.0
Medicaid ⁴ . . . . .	...	22.3	50.2	43.9	47.5	46.7	47.5	47.3	49.3
Medicare . . . . .	...	3.4	1.7	3.2	9.3	9.7	10.1	12.1	12.5

See footnotes at end of table.

Table 119 (page 2 of 2). Personal health care expenditures, according to type of expenditure and source of funds: United States, selected years 1960–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Type of personal health care expenditures and source of funds</i>	1960	1970	1980	1990	1995	1999	2000	2001	2002
Amount in billions									
Prescription drug expenditures	\$ 2.7	\$ 5.5	\$ 12.0	\$ 40.3	\$ 60.8	\$104.4	\$121.5	\$140.8	\$162.4
Percent distribution									
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	96.0	82.4	69.4	59.1	42.7	32.9	31.5	30.2	29.9
Private health insurance	1.3	8.8	16.7	24.4	37.1	45.8	46.5	47.5	47.8
Other private funds	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Government ³	2.7	8.8	13.9	16.6	20.1	21.3	21.9	22.4	22.3
Medicaid ⁴ . . . . .	...	7.6	11.7	12.6	16.0	16.5	17.1	17.5	17.5
Medicare . . . . .	...	0.0	0.0	0.5	1.3	2.0	1.9	1.7	1.6
Amount in billions									
All other personal health care expenditures ⁶	\$ 5.3	\$ 11.9	\$ 36.3	\$104.9	\$166.2	\$206.6	\$216.5	\$232.0	\$248.6
Percent distribution									
All sources of funds	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out-of-pocket payments	84.2	78.6	64.3	49.6	38.3	39.1	38.4	36.7	35.8
Private health insurance	1.6	3.3	15.5	24.7	25.2	26.3	26.1	25.8	25.0
Other private funds	4.2	3.6	4.3	4.7	4.3	4.2	4.0	3.7	3.5
Government ³	10.1	14.5	16.0	20.9	32.2	30.4	31.5	33.8	35.6
Medicaid ⁴ . . . . .	...	3.3	3.9	6.5	12.5	14.9	15.7	16.9	18.3
Medicare . . . . .	...	1.1	3.8	7.1	13.1	8.9	9.0	9.7	10.2

... Category not applicable.

¹Includes all expenditures for specified health services and supplies other than expenses for program administration, net cost of private health insurance, and government public health activities.

²Includes expenditures for hospital-based nursing home care and home health agency care.

³Includes other government expenditures for these health care services, for example, Medicaid State Children's Health Insurance Program (SCHIP) expansion and SCHIP, care funded by the Department of Veterans Affairs, and State and locally financed subsidies to hospitals.

⁴Excludes Medicaid SCHIP expansion and SCHIP.

⁵Includes expenditures for care in freestanding nursing homes. Expenditures for care in facility-based nursing homes are included with hospital care.

⁶Includes expenditures for dental services, other professional services, home health care, nonprescription drugs and other medical nondurables, vision products and other medical durables, and other personal health care, not shown separately.

NOTES: These data include revisions in health expenditures and differ from previous editions of *Health, United States*. Percents are calculated using unrounded data.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National health accounts, National health expenditures, 2002. Internet address: www.cms.hhs.gov/statistics/nhe/.

Table 120 (page 1 of 2). Expenses for health care and prescribed medicine according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

Characteristic	Total expenses ¹										
	Population in millions ²			Percent of persons with expense				Mean annual expense per person with expense ³			
	1997	1999	2000	1987	1997	1999	2000	1987	1997	1999	2000
All ages	271.3	276.4	278.4	84.5	84.1	84.3	83.5	\$2,368	\$2,601	\$2,643	\$2,700
Under 65 years:											
Total	237.1	241.7	243.6	83.2	82.5	82.8	81.8	\$1,843	\$1,972	\$2,004	\$2,127
Under 6 years	23.8	23.8	24.1	88.9	88.0	87.9	86.7	1,566	921	1,028	1,124
6–17 years	48.1	48.8	48.4	80.2	81.7	81.5	80.0	1,032	1,033	1,056	1,117
18–44 years	108.9	109.0	109.0	81.5	78.3	78.9	77.7	1,620	1,787	1,917	1,905
45–64 years	56.3	60.1	62.1	87.0	89.2	88.9	88.5	3,138	3,461	3,230	3,562
Sex											
Male	118.0	120.0	120.9	78.8	77.6	77.8	76.6	1,739	1,782	1,748	2,036
Female	119.1	121.8	122.7	87.5	87.4	87.7	87.0	1,933	2,139	2,227	2,206
Hispanic origin and race											
Hispanic or Latino	29.4	31.2	32.0	71.0	69.5	68.7	69.0	1,470	1,642	1,559	1,449
Not Hispanic or Latino:											
White	166.2	168.3	169.2	86.9	87.2	87.5	86.6	1,849	2,116	2,108	2,225
Black or African American . .	31.3	31.9	32.1	72.2	72.1	72.0	71.3	2,230	1,581	1,899	2,259
Other	10.2	10.3	10.2	72.8	75.8	81.1	76.0	1,223	1,311	1,607	1,813
Insurance status ⁴											
Any private insurance	174.0	183.1	181.6	86.5	86.5	86.8	85.9	1,767	2,010	1,945	2,026
Public insurance only	29.8	28.6	29.7	82.4	83.3	84.5	83.6	2,965	2,397	2,914	3,229
Uninsured all year	33.3	30.1	32.3	61.8	61.1	56.4	57.3	1,152	1,178	1,255	1,500
65 years and over	34.2	34.7	34.8	93.7	95.2	95.3	95.5	\$5,848	\$6,381	\$6,511	\$6,140
Sex											
Male	14.6	14.6	15.0	92.0	94.5	94.9	93.4	5,985	7,170	6,837	6,584
Female	19.6	20.1	19.8	94.9	95.7	95.6	97.1	5,753	5,799	6,274	5,817
Hispanic origin and race											
Hispanic or Latino	1.7	1.8	1.9	82.5	94.2	94.3	92.5	5,569	6,677	6,737	5,510
Not Hispanic or Latino:											
White	28.8	29.1	28.9	94.9	95.9	95.9	95.9	5,757	6,413	6,615	6,233
Black or African American . .	2.8	2.9	2.9	88.5	92.2	92.9	94.0	7,049	6,284	5,772	5,905
Other	*	*	*	*	*	*	*	*	*	*	*
Insurance status ⁵											
Medicare only	8.8	11.3	12.0	85.9	92.1	93.7	94.8	4,607	5,878	5,945	5,272
Medicare and private insurance	21.7	19.5	19.2	95.4	97.0	97.3	96.0	5,786	6,223	6,339	6,296
Medicare and other public coverage	3.2	3.4	3.2	94.4	93.2	90.5	96.3	8,986	8,993	9,835	8,425

See footnotes at end of table.

Table 120 (page 2 of 2). Expenses for health care and prescribed medicine according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

Characteristic	Prescribed medicine expenses ⁶							
	Percent of persons with expense				Mean annual out-of-pocket expense per person with expense ³			
	1987	1997	1999	2000	1987	1997	1999	2000
All ages	57.3	62.1	62.4	62.3	\$139	\$217	\$260	\$274
Under 65 years:								
Total	54.0	58.7	58.7	58.5	\$103	\$153	\$181	199
Under 6 years	61.8	61.3	58.5	56.9	36	38	37	37
6–17 years	44.3	48.2	46.2	46.2	68	58	69	70
18–44 years	51.3	55.9	56.4	56.0	80	131	151	151
45–64 years	65.3	71.8	73.1	73.3	196	285	325	375
Sex								
Male	46.5	51.5	51.6	51.3	95	136	162	175
Female	61.4	65.8	65.7	65.6	109	166	194	218
Hispanic origin and race								
Hispanic or Latino	41.6	47.7	45.9	45.0	74	102	145	146
Not Hispanic or Latino:								
White	57.7	63.1	63.7	63.8	108	166	190	214
Black or African American	44.1	50.0	48.1	47.6	91	123	163	164
Other	41.1	44.8	48.7	47.8	76	133	137	140
Insurance status ⁴								
Any private insurance	56.5	61.6	61.8	61.6	106	146	161	171
Public insurance only	56.5	62.0	61.8	62.4	71	151	260	285
Uninsured all year	35.1	40.2	37.2	37.6	114	221	253	330
65 years and over	81.6	86.0	88.0	88.3	\$321	\$518	\$635	\$623
Sex								
Male	78.0	82.8	86.1	83.9	299	467	549	467
Female	84.0	88.3	89.3	91.5	335	554	696	731
Hispanic origin and race								
Hispanic or Latino	74.7	87.5	85.9	83.9	*424	423	479	525
Not Hispanic or Latino:								
White	82.3	86.7	88.7	89.0	327	535	654	646
Black or African American	79.5	85.3	85.4	85.3	252	430	573	532
Other	*	*	*	*				
Insurance status								
Medicare only	70.6	82.1	86.2	87.7	355	599	758	744
Medicare and private insurance	83.4	88.1	89.9	89.0	333	526	612	576
Medicare and other public coverage	88.2	85.0	84.4	88.5	121	290	407	493

* Estimates are considered unreliable. Data not shown are based on fewer than 100 sample cases. Data preceded by an asterisk have a relative standard error equal to or greater than 30 percent.

¹Includes expenses for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and other medical equipment, supplies, and services that were purchased or rented during the year. Excludes expenses for over-the-counter medications, alternative care services, phone contacts with health providers, and premiums for health insurance.

²Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenditures for persons only in this population for part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates).

³Data on expenses have been converted to 2000 dollars using the Consumer Price Index (all items) and differ from previous editions of *Health, United States*.

⁴Any private insurance includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other than Medicare, Medicaid, or other public coverage for hospital or physician services. Public insurance only includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year. Uninsured includes persons not covered by either private or public insurance throughout the entire year or period of eligibility for the survey.

⁵Populations do not add to total because uninsured persons and persons with unknown insurance status were excluded.

⁶Includes expenses for all prescribed medications that were purchased or refilled during the survey year.

NOTES: 1987 estimates are based on National Medical Expenditure Survey (NMES); 1996–2000 estimates are based on Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, NMES data were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in about an 11-percent reduction from the unadjusted 1987 NMES expenditure estimates. See Zuvekas S and Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. Inquiry, vol. 39. Spring 2002. Persons of Hispanic origin may be of any race. Data for additional years are available. See [Appendix III](#).

SOURCE: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 1987 National Medical Expenditure Survey and 1996–2000 Medical Expenditure Panel Surveys.

Table 121 (page 1 of 2). Sources of payment for health care according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

Characteristic	All sources	Sources of payment for health care							
		Out of pocket				Private insurance ¹			
		1987	1997	1999	2000	1987	1997	1999	2000
		Percent distribution							
All ages	100.0	24.8	19.4	19.2	19.4	36.6	40.3	39.9	40.3
Under 65 years:									
Total	100.0	26.2	21.1	20.7	20.3	46.6	53.1	53.9	52.5
Under 6 years	100.0	18.5	14.2	13.8	10.3	39.5	49.3	45.2	51.2
6–17 years	100.0	35.7	29.0	27.2	27.7	47.3	53.2	53.4	48.8
18–44 years	100.0	27.4	21.1	19.5	19.9	46.8	52.9	55.7	51.2
45–64 years	100.0	24.0	20.1	21.3	20.2	47.8	53.6	53.4	54.5
Sex									
Male	100.0	24.5	21.3	20.5	18.1	44.6	50.3	51.8	52.2
Female	100.0	27.5	21.0	20.9	22.1	48.1	55.1	55.3	52.7
Hispanic origin and race									
Hispanic or Latino	100.0	22.0	18.8	19.3	20.5	36.1	42.3	44.2	45.8
Not Hispanic or Latino:									
White	100.0	28.2	21.8	22.1	21.7	50.1	55.8	56.9	55.1
Black or African American	100.0	15.5	17.1	13.2	11.8	30.0	42.3	43.8	40.5
Other	100.0	27.2	21.2	16.9	17.0	46.7	45.2	40.2	51.2
Insurance status									
Any private insurance ²	100.0	29.0	21.6	21.4	21.2	60.0	67.6	69.7	70.2
Public insurance only ³	100.0	8.9	10.6	10.3	9.8	...	...	...	...
Uninsured all year ⁴	100.0	40.6	41.3	45.7	40.4	...	...	...	...
65 years and over	100.0	22.0	16.3	16.4	17.5	15.8	16.5	13.9	14.9
Sex									
Male	100.0	21.7	14.2	14.0	14.2	17.6	20.1	13.7	16.8
Female	100.0	22.2	18.1	18.3	20.2	14.4	13.2	14.1	13.3
Hispanic origin and race									
Hispanic or Latino	100.0	*13.5	13.6	10.1	13.9	*4.7	5.9	*10.8	8.4
Not Hispanic or Latino:									
White	100.0	23.7	17.0	17.0	18.3	16.7	17.9	14.4	15.2
Black or African American	100.0	11.2	11.4	13.5	13.6	*11.9	8.8	10.9	9.3
Other	100.0	*	*	*	*	*	*	*	*
Insurance status									
Medicare only	100.0	29.8	19.8	19.7	22.2	...	...	...	...
Medicare and private insurance	100.0	23.4	17.3	17.4	17.0	18.9	25.7	23.9	25.3
Medicare and other public coverage	100.0	*6.2	5.2	5.4	9.1	...	...	...	...

See footnotes at end of table.

Table 121 (page 2 of 2). Sources of payment for health care according to selected population characteristics: United States, selected years 1987–2000

[Data are based on household interviews of a sample of the noninstitutionalized population and a sample of medical providers]

Characteristic	Sources of payment for health care							
	Public coverage ⁵				Other ⁶			
	1987	1997	1999	2000	1987	1997	1999	2000
	Percent distribution							
All ages	34.1	34.4	35.7	35.4	4.5	5.9	5.1	5.0
Under 65 years:								
Total	21.3	18.1	19.2	21.3	6.0	7.7	6.2	6.0
Under 6 years	35.8	25.4	31.1	33.6	6.2	11.2	*9.9	4.9
6–17 years	11.8	14.1	14.7	20.1	5.2	3.7	4.7	3.4
18–44 years	19.4	15.7	18.1	21.1	6.4	10.3	6.7	7.8
45–64 years	22.4	20.3	19.8	20.2	5.8	6.0	5.6	5.2
Sex								
Male	23.9	19.5	19.8	23.5	7.1	8.9	7.9	6.3
Female	19.2	17.0	18.8	19.5	5.2	6.8	5.0	5.7
Hispanic origin and race								
Hispanic or Latino	35.8	28.9	26.6	27.5	6.0	10.0	9.9	6.2
Not Hispanic or Latino:								
White	15.9	15.3	15.0	18.0	5.8	7.1	5.9	5.2
Black or African American	47.2	30.7	37.4	38.8	7.3	9.9	5.7	8.8
Other	21.0	23.7	*37.5	19.0	5.1	9.9	*5.4	*12.8
Insurance status								
Any private insurance ²	6.2	6.6	5.1	5.3	4.8	4.2	3.8	3.3
Public insurance only ³	87.2	80.7	82.1	84.4	3.9	8.7	7.6	5.8
Uninsured all year ⁴	28.6	7.5	*16.1	*21.2	30.9	51.1	38.2	38.4
65 years and over	60.8	64.8	66.6	64.7	1.5	2.5	3.1	2.9
Sex								
Male	58.8	63.4	69.4	66.9	*1.9	2.3	*2.8	2.2
Female	62.3	65.9	64.3	63.0	1.1	2.7	3.3	3.5
Hispanic origin and race								
Hispanic or Latino	80.2	77.8	76.5	75.6	*1.6	*2.7	*2.7	*2.2
Not Hispanic or Latino:								
White	58.0	62.6	65.3	64.1	1.6	2.5	3.3	2.4
Black or African American	76.3	77.6	73.5	68.3	0.6	2.2	2.1	*8.9
Other	*	*	*	*	*	*	*	*
Insurance status								
Medicare only	68.8	72.4	73.0	72.2	1.4	7.7	7.4	5.7
Medicare and private insurance	56.1	56.3	57.5	57.1	1.6	0.6	*1.1	*0.6
Medicare and other public coverage	92.9	92.7	92.2	87.3	1.0	*2.1	*2.4	*3.6

. . . Category not applicable. * Estimates are considered unreliable. Data not shown are based on fewer than 100 sample cases. Data preceded by an asterisk have a relative standard error equal to or greater than 30 percent.

¹Private insurance—Includes any type of private insurance payments reported for people with private health insurance coverage during the year.

²Includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other than Medicare, Medicaid, or other public coverage for hospital or physician services.

³Includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year.

⁴Includes individuals not covered by either private or public insurance throughout the entire year or period of eligibility for the survey. However, a portion of expenses for the uninsured were paid by sources that were not defined as health insurance coverage such as the Department of Veterans Affairs, community and neighborhood clinics, the Indian Health Service, State and local health departments, State programs other than Medicaid, Workers' Compensation, and other unclassified sources (e.g., automobile, homeowner's, liability insurance).

⁵Public coverage—Includes payments made by Medicare, Medicaid, the Department of Veterans Affairs, other Federal sources (e.g., Indian Health Service, military treatment facilities, and other care provided by the Federal Government), and various State and local sources (e.g., community and neighborhood clinics, State and local health departments, and State programs other than Medicaid).

⁶Other sources—Includes Workers' Compensation, unclassified sources (automobile, homeowner's, or liability insurance, and other miscellaneous or unknown sources), Medicaid payments reported for people who were not enrolled in the program at any time during the year, and any type of private insurance payments reported for people without private health insurance coverage during the year as defined in the survey.

NOTES: 1987 estimates are based on the National Medical Expenditure Survey (NMES) while 1996–2000 estimates are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, data for NMES were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall, this resulted in an approximate 11 percent reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S and Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. Inquiry. vol. 39. Spring 2002. Persons of Hispanic origin may be of any race. Data for additional years are available. See [Appendix III](#).

SOURCE: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 1987 National Medical Expenditure Survey and 1996–2000 Medical Expenditure Panel Surveys.

Table 122. Out-of-pocket health care expenses for persons with medical expenses by age: United States, selected years 1987–2000

[Data are based on household interviews for a sample of the noninstitutionalized population and a sample of medical providers]

Age and year	Percent of persons with expense	Amount paid out of pocket for persons with expense ¹						
		Total	\$0	\$1–124	\$125–249	\$250–499	\$500–999	\$1,000+
All ages		Percent distribution						
1987	84.5	100.0	10.4	29.2	16.6	17.4	13.3	13.1
1998	83.8	100.0	7.7	36.5	15.8	16.1	12.2	11.8
1999	84.3	100.0	7.4	35.9	15.5	15.6	12.8	12.7
2000	83.5	100.0	6.9	34.8	15.0	16.2	13.0	14.1
Under 6 years								
1987	88.9	100.0	19.2	38.7	18.9	14.7	5.3	3.2
1998	87.6	100.0	17.4	60.1	12.4	6.8	2.3	0.9
1999	87.9	100.0	17.7	60.5	12.2	5.9	2.6	1.1
2000	86.7	100.0	16.7	61.0	11.1	7.5	2.4	1.3
6–17 years								
1987	80.2	100.0	15.5	37.9	18.2	12.4	8.5	7.6
1998	80.6	100.0	16.3	47.0	15.0	11.1	5.6	5.1
1999	81.5	100.0	15.0	46.6	15.4	11.2	6.0	5.8
2000	80.0	100.0	14.7	46.5	14.5	11.2	6.5	6.6
18–44 years								
1987	81.5	100.0	10.1	32.3	17.7	18.2	11.9	9.8
1998	78.0	100.0	6.4	40.2	17.9	17.0	10.7	7.7
1999	78.9	100.0	6.4	40.2	17.6	16.6	11.1	8.1
2000	77.7	100.0	5.8	39.1	17.8	17.1	11.7	8.5
45–64 years								
1987	87.0	100.0	5.7	20.4	15.6	20.7	18.8	18.8
1998	89.2	100.0	2.9	25.6	16.2	20.1	17.7	17.5
1999	88.9	100.0	2.7	24.0	16.4	19.7	19.0	18.2
2000	88.5	100.0	2.6	22.3	15.6	19.9	18.8	20.9
65–74 years								
1987	92.8	100.0	5.3	15.4	11.6	18.5	22.1	27.1
1998	94.3	100.0	2.0	17.8	13.3	20.7	20.6	25.6
1999	95.3	100.0	1.4	16.1	11.3	17.9	23.7	29.6
2000	94.7	100.0	1.5	14.4	10.6	20.2	20.1	33.2
75 years or more								
1987	95.1	100.0	5.6	12.9	10.0	17.1	21.2	33.2
1998	96.3	100.0	3.0	14.3	11.6	17.7	22.2	31.3
1999	95.3	100.0	2.6	14.5	10.2	18.6	20.2	33.8
2000	96.5	100.0	2.6	14.2	8.4	18.2	22.0	34.6

¹1987 dollars were converted to 1998 dollars using the national Consumer Price Index (CPI). Starting in 1998 actual dollars are shown.

NOTES: Out-of-pocket expenses include expenditures for inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and various other medical equipment, supplies, and services that were purchased or rented during the year. Out-of-pocket expenses for over-the-counter medications, alternative care services, phone contacts with health providers, and premiums for health insurance policies are not included in these estimates. 1987 estimates are based on the National Medical Expenditure Survey (NMES) while estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, data for the NMES were adjusted to be more comparable to MEPS using estimated charge to payment ratios for 1987. Overall this resulted in an approximate 11 percent reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S and Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. Inquiry. vol 39. Spring 2002.

SOURCES: Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 1987 National Medical Expenditure Survey and 1998–2000 Medical Expenditure Panel Surveys.

Table 123 (page 1 of 2). Expenditures for health services and supplies and percent distribution, by type of payer: United States, selected calendar years 1987–2000

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of payer	1987	1993	1994	1995	1996	1997	1998	1999	2000
Amount in billions									
Total ¹	\$477.8	\$856.3	\$904.8	\$957.7	\$1,005.7	\$1,053.9	\$1,111.5	\$1,175.0	\$1,255.5
Private	331.5	548.8	573.0	607.3	633.4	666.3	716.4	754.8	806.3
Private business	123.3	223.7	237.8	251.2	265.5	270.2	288.1	307.6	334.5
Employer contribution to private health insurance premiums	85.3	163.9	172.6	183.4	194.9	197.0	210.5	224.3	246.2
Private employer contribution to Medicare hospital insurance trust fund ²	24.6	35.8	40.5	43.1	45.8	49.6	53.6	57.4	61.4
Workers compensation and temporary disability insurance	11.7	21.1	21.6	21.4	21.4	20.0	20.2	22.0	22.7
Industrial inplant health services	1.7	2.8	3.1	3.3	3.4	3.6	3.8	4.0	4.2
Household	185.8	288.9	297.5	314.4	323.2	347.7	376.5	393.9	418.8
Employee contribution to private health insurance premiums and individual policy premiums	41.3	86.4	88.6	95.6	96.8	107.0	116.1	120.0	126.4
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ²	29.4	43.7	50.6	55.9	59.2	62.9	68.8	74.8	81.5
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	6.2	11.9	14.4	16.4	15.1	15.4	17.0	14.8	16.3
Out-of-pocket health spending	108.9	146.9	143.9	146.5	152.1	162.3	174.5	184.4	194.5
Other private revenues	22.4	36.2	37.7	41.7	44.7	48.5	51.8	53.3	53.0
Public	146.2	307.5	331.8	350.4	372.3	387.6	395.1	420.2	449.3
Federal Government	75.1	175.5	184.9	196.6	213.0	218.9	214.9	223.7	237.1
Employer contributions to private health insurance premiums	4.9	11.5	11.9	11.3	11.3	11.4	11.4	13.2	14.3
Medicaid ³	28.1	78.1	83.1	88.1	94.2	97.1	101.9	110.8	120.8
Other ⁴	42.1	85.8	90.0	97.2	107.4	110.4	101.6	99.6	102.0
State and local government	71.1	132.0	146.9	153.8	159.3	168.7	180.3	196.5	212.1
Employer contributions to private health insurance premiums	16.4	36.3	39.0	39.8	41.8	44.1	45.2	52.0	56.9
Medicaid ³	22.8	45.8	53.7	59.2	61.5	66.4	73.4	80.1	86.1
Other ⁵	32.0	49.9	54.2	54.7	56.0	58.2	61.6	64.5	69.1
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private	69.4	64.1	63.3	63.4	63.0	63.2	64.5	64.2	64.2
Private business	25.8	26.1	26.3	26.2	26.4	25.6	25.9	26.2	26.6
Employer contribution to private health insurance premiums	17.9	19.1	19.1	19.2	19.4	18.7	18.9	19.1	19.6
Private employer contribution to Medicare hospital insurance trust fund ²	5.2	4.2	4.5	4.5	4.6	4.7	4.8	4.9	4.9
Workers compensation and temporary disability insurance	2.4	2.5	2.4	2.2	2.1	1.9	1.8	1.9	1.8
Industrial inplant health services	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Household	38.9	33.7	32.9	32.8	32.1	33.0	33.9	33.5	33.4
Employee contribution to private health insurance premiums and individual policy premiums	8.7	10.1	9.8	10.0	9.6	10.2	10.4	10.2	10.1
Employee and self-employment contributions and voluntary premiums paid to Medicare hospital insurance trust fund ²	6.1	5.1	5.6	5.8	5.9	6.0	6.2	6.4	6.5
Premiums paid by individuals to Medicare supplementary medical insurance trust fund	1.3	1.4	1.6	1.7	1.5	1.5	1.5	1.3	1.3
Out-of-pocket health spending	22.8	17.2	15.9	15.3	15.1	15.4	15.7	15.7	15.5
Other private revenues	4.7	4.2	4.2	4.4	4.4	4.6	4.7	4.5	4.2

See footnotes at end of table.

Table 123 (page 2 of 2). Expenditures for health services and supplies and percent distribution, by type of payer: United States, selected calendar years 1987–2000

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of payer	1987	1993	1994	1995	1996	1997	1998	1999	2000
	Percent distribution								
Public	30.6	35.9	36.7	36.6	37.0	36.8	35.5	35.8	35.8
Federal Government	15.7	20.5	20.4	20.5	21.2	20.8	19.3	19.0	18.9
Employer contributions to private health insurance premiums	1.0	1.3	1.3	1.2	1.1	1.1	1.0	1.1	1.1
Medicaid ³	5.9	9.1	9.2	9.2	9.4	9.2	9.2	9.4	9.6
Other ⁴	8.8	10.0	9.9	10.1	10.7	10.5	9.1	8.5	8.1
State and local government	14.9	15.4	16.2	16.1	15.8	16.0	16.2	16.7	16.9
Employer contributions to private health insurance premiums	3.4	4.2	4.3	4.2	4.2	4.2	4.1	4.4	4.5
Medicaid ³	4.8	5.3	5.9	6.2	6.1	6.3	6.6	6.8	6.9
Other ⁵	6.7	5.8	6.0	5.7	5.6	5.5	5.5	5.5	5.5

¹Excludes research and construction.

²Includes one-half of self-employment contribution to Medicare hospital insurance trust fund.

³Includes Medicaid buy-in premiums for Medicare.

⁴Includes expenditures for Medicare with adjustments for contributions by employers and individuals and premiums paid to the Medicare insurance trust fund and maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, Indian Health Service, Federal workers' compensation, and other miscellaneous general hospital and medical programs, public health activities, Department of Defense, and Department of Veterans Affairs.

⁵Includes other public and general assistance, maternal and child health, vocational rehabilitation, public health activities, hospital subsidies, and employer contributions to Medicare hospital insurance trust fund.

NOTES: This table disaggregates health expenditures according to four classes of payers: businesses, households (individuals), Federal Government, and State and local governments with a small amount of revenue coming from non-patient revenue sources such as philanthropy. Where businesses or households pay dedicated funds into government health programs (for example, Medicare) or employers and employees share in the cost of health premiums, these costs are assigned to businesses or households accordingly. This results in a lower share of expenditures being assigned to the Federal Government than for tabulations of expenditures by source of funds. Estimates of national health expenditure by source of funds aim to track government-sponsored health programs over time and do not delineate the role of business employers in paying for health care. Figures may not sum to totals due to rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. The Burden of Health Care Costs: Business, Households, and Government, 2000. Health Care Financing Review vol 23, no 2. Washington. Winter 2001.

Table 124 (page 1 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, according to selected characteristics: United States, selected years 1991–2004

[Data are based on surveys of employers]

<i>Characteristic</i>	1991	1994	1996	1998	1999	2000	2001	2002	2003	2004
Total compensation per employee-hour worked										
State and local government	\$22.31	\$25.27	\$25.73	\$27.28	\$28.00	\$29.05	\$30.06	\$31.29	\$32.62	\$34.21
Total private industry	15.40	17.08	17.49	18.50	19.00	19.85	20.81	21.71	22.37	23.29
Industry:										
Goods producing	18.48	20.85	21.27	22.26	22.86	23.55	24.40	25.44	26.25	27.19
Service producing	14.31	15.82	16.28	17.31	17.82	18.72	19.74	20.66	21.30	22.33
Occupational group: ¹										
White collar	18.15	20.26	21.10	22.38	23.02	24.19	25.34	26.43	28.85	---
Blue collar	15.15	16.92	17.04	17.56	17.98	18.73	19.35	20.15	21.21	---
Service	7.82	8.38	8.61	9.37	9.58	9.72	10.32	10.95	13.68	---
Management, professional and related	---	---	---	---	---	---	---	---	---	40.23
Sales and office	---	---	---	---	---	---	---	---	---	18.42
Service	---	---	---	---	---	---	---	---	---	11.66
Natural resources, construction and maintenance	---	---	---	---	---	---	---	---	---	26.55
Production, transportation and material moving	---	---	---	---	---	---	---	---	---	20.21
Census region:										
Northeast	17.56	20.03	20.57	20.38	20.94	22.67	23.91	25.00	25.70	26.29
Midwest	15.05	16.26	16.30	18.15	18.36	19.22	20.47	21.25	22.40	23.26
South	13.68	15.05	15.62	16.45	16.97	17.81	18.59	19.49	19.95	20.80
West	15.97	18.08	18.78	19.94	20.74	20.88	21.86	22.68	23.07	24.54
Union status:										
Union	19.76	23.26	23.31	23.59	24.75	25.88	27.80	29.42	30.68	31.94
Nonunion	14.54	16.04	16.61	17.80	18.20	19.07	19.98	20.79	21.36	22.28
Establishment employment size:										
1–99 employees	13.38	14.58	14.85	15.92	16.27	17.16	17.86	18.51	18.93	19.47
100 or more	17.34	19.45	20.09	21.20	21.88	22.81	24.19	25.48	26.42	27.81
100–499	14.31	15.88	16.61	17.52	18.14	19.30	20.97	21.99	22.62	23.91
500 or more	20.60	23.35	24.03	25.56	26.37	26.93	28.17	29.79	30.94	32.54
Wages and salaries as a percent of total compensation										
State and local government	69.6	69.5	69.8	70.3	70.6	70.8	71.0	70.8	70.0	69.2
Total private industry	72.3	71.1	71.9	72.8	73.0	73.0	72.9	72.8	72.2	71.5
Industry:										
Goods producing	68.7	66.5	67.6	69.0	69.3	69.0	69.1	68.7	67.7	66.7
Service producing	73.9	73.1	73.8	74.4	74.4	74.5	74.4	74.2	73.7	72.9
Occupational group: ¹										
White collar	73.8	72.7	73.2	73.9	73.9	74.0	73.8	73.7	72.9	---
Blue collar	68.4	66.8	68.1	69.2	69.6	69.4	69.7	69.5	68.5	---
Service	76.2	75.5	75.8	77.4	77.7	77.9	77.5	76.9	72.4	---
Management, professional and related	---	---	---	---	---	---	---	---	---	72.1
Sales and office	---	---	---	---	---	---	---	---	---	73.0
Service	---	---	---	---	---	---	---	---	---	75.8
Natural resources, construction and maintenance	---	---	---	---	---	---	---	---	---	69.1
Production, transportation and material moving	---	---	---	---	---	---	---	---	---	66.9
Census region:										
Northeast	72.0	70.5	70.9	72.1	72.0	72.2	72.0	71.9	71.2	70.4
Midwest	71.1	69.7	71.1	71.6	71.9	72.4	71.8	72.0	71.6	71.1
South	73.3	72.1	72.7	73.9	74.0	73.5	73.7	73.6	73.2	72.5
West	72.8	72.0	73.1	74.0	74.1	74.0	74.1	73.5	72.6	71.6
Union status:										
Union	65.9	63.5	64.0	65.2	65.5	65.2	66.0	65.7	65.0	63.6
Nonunion	74.1	72.9	73.6	74.2	74.4	74.4	74.1	74.0	73.5	72.8
Establishment employment size:										
1–99 employees	74.7	73.5	74.7	75.4	75.5	75.5	75.1	75.0	74.6	74.3
100 or more	70.5	69.3	69.9	70.8	71.0	71.0	71.1	70.9	70.2	69.1
100–499	72.1	71.6	71.6	72.3	72.6	72.8	72.5	72.2	71.4	70.7
500 or more	69.3	67.6	68.6	69.6	69.7	69.4	69.8	69.8	69.1	67.7

See footnotes at end of table.

Table 124 (page 2 of 2). Employers' costs per employee-hour worked for total compensation, wages and salaries, and health insurance, according to selected characteristics: United States, selected years 1991–2004

[Data are based on surveys of employers]

Characteristic	1991	1994	1996	1998	1999	2000	2001	2002	2003	2004
Health insurance as a percent of total compensation										
State and local government	6.9	8.2	7.7	7.5	7.6	7.8	8.5	8.6	9.2	9.8
Total private industry	6.0	6.7	5.9	5.4	5.4	5.5	6.2	5.9	6.3	6.6
Industry:										
Goods producing	6.9	8.1	7.2	6.6	6.6	6.9	7.6	7.2	7.5	7.8
Service producing	5.5	6.0	5.4	4.9	4.9	4.9	5.6	5.5	5.9	6.2
Occupational group: ¹										
White collar	5.6	6.2	5.5	5.0	5.0	5.0	5.6	5.4	6.4	---
Blue collar	7.0	8.0	7.2	6.7	6.7	6.8	7.5	7.3	8.0	---
Service	4.6	5.4	4.8	4.3	4.2	4.3	5.0	5.1	7.0	---
Management, professional and related	---	---	---	---	---	---	---	---	---	5.4
Sales and office	---	---	---	---	---	---	---	---	---	7.3
Service	---	---	---	---	---	---	---	---	---	6.0
Natural resources, construction and maintenance	---	---	---	---	---	---	---	---	---	6.9
Production, transportation and material moving	---	---	---	---	---	---	---	---	---	8.5
Census region:										
Northeast	6.2	6.9	6.2	5.6	5.7	5.6	6.3	5.9	6.3	6.5
Midwest	6.3	7.3	6.3	5.7	5.8	5.8	6.6	6.4	6.6	7.0
South	5.5	6.3	5.9	5.3	5.2	5.4	6.2	5.8	6.2	6.5
West	5.8	6.1	5.2	4.9	4.8	5.0	5.4	5.6	6.0	6.3
Union status:										
Union	8.2	9.8	8.8	8.4	8.2	8.4	8.9	8.7	9.1	9.6
Nonunion	5.4	5.9	5.3	4.8	4.9	5.0	5.7	5.4	5.8	6.1
Establishment employment size:										
1–99 employees	5.1	5.7	5.0	4.6	4.7	4.8	5.3	5.2	5.5	5.8
100 or more	6.6	7.3	6.6	6.0	5.9	6.0	6.9	6.6	7.0	7.2
100–499	6.3	6.5	6.3	5.8	5.6	5.6	6.6	6.4	6.9	7.1
500 or more	6.8	7.9	6.9	6.2	6.2	6.4	7.1	6.7	7.0	7.3

--- Data not available.

¹Starting in 2004, sample establishments were classified by industry categories based on the 2000 North American Industry Classification (NAICS) system, as defined by the U.S. Office of Management and Budget. Within a sample establishment, specific job categories were selected and classified into about 800 occupational classifications according to the 2000 Standard Occupational Classification (SOC) system. Individual occupations were combined to represent one of five higher-level aggregations such as management, professional, and related occupations. For more detailed information on NAICS and SOC, including background and definitions, see the Bureau of Labor Statistics Web sites: www.bls.gov/bls/naics.htm and www.bls.gov/soc/home.htm. NAICS and SOC replace the 1987 Standard Industrial Classification System (SIC) and the Occupational Classification System (OCS).

NOTES: Costs are calculated from March survey data each year. Total compensation includes wages and salaries, and benefits. See [Appendix II, Employer costs for employee compensation](#). Data for additional years are available. See [Appendix III](#).

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey, Employer Costs for Employee Compensation, March release; News pub no 04–1105, June 24, 2004. Washington, DC. Data are available on the Bureau of Labor Statistics Web site at www.bls.gov/ncs/ect/home.htm#data.

Table 125. Hospital expenses, according to type of ownership and size of hospital: United States, selected years 1980–2002

[Data are based on reporting by a census of hospitals]

Type of ownership and size of hospital	1980	1990	1995	2000	2001	2002	1980–90	1990–95	1995–2000	2000–02
Total expenses	Amount in billions						Average annual percent change			
All hospitals	\$ 91.9	\$234.9	\$320.3	\$395.4	\$426.8	\$ 462.2	9.8	6.4	4.3	8.1
Federal	7.9	15.2	20.2	23.9	27.5	29.7	6.8	5.9	3.4	11.5
Non-Federal ¹	84.0	219.6	300.0	371.5	399.4	432.5	10.1	6.4	4.4	7.9
Community ²	76.9	203.7	285.6	356.6	383.7	416.6	10.2	7.0	4.5	8.1
Nonprofit	55.8	150.7	209.6	267.1	287.3	312.7	10.4	6.8	5.0	8.2
For profit	5.8	18.8	26.7	35.0	37.3	40.1	12.5	7.3	5.6	7.0
State-local government	15.2	34.2	49.3	54.5	59.1	63.8	8.4	7.6	2.0	8.2
6–24 beds	0.2	0.5	1.1	1.5	1.6	2.2	9.6	17.1	6.4	21.1
25–49 beds	1.7	4.0	7.2	10.4	11.4	12.6	8.9	12.5	7.6	10.1
50–99 beds	5.4	12.6	17.8	22.3	24.0	26.1	8.8	7.2	4.6	8.2
100–199 beds	12.5	33.3	50.7	63.4	66.4	71.4	10.3	8.8	4.6	6.1
200–299 beds	13.4	38.7	55.8	67.1	68.9	75.6	11.2	7.6	3.8	6.1
300–399 beds	11.5	33.1	43.3	54.3	59.0	66.1	11.2	5.5	4.6	10.3
400–499 beds	10.5	25.3	33.7	41.3	47.3	47.4	9.2	5.9	4.2	7.1
500 beds or more	21.6	56.2	76.1	96.3	105.1	115.1	10.0	6.3	4.8	9.3
Expenses per inpatient day	Amount									
Community ²	\$ 245	\$ 687	\$ 968	\$1,149	\$1,217	\$ 1,290	10.9	7.1	3.5	6.0
Nonprofit	246	692	994	1,182	1,255	1,329	10.9	7.5	3.5	6.0
For profit	257	752	947	1,057	1,121	1,181	11.3	4.7	2.2	5.7
State-local government	239	634	878	1,064	1,114	1,188	10.2	6.7	3.9	5.7
6–24 beds	203	526	678	896	1,020	1,028	10.0	5.2	5.7	7.1
25–49 beds	197	489	696	891	907	987	9.5	7.3	5.1	5.2
50–99 beds	191	493	647	745	786	816	9.9	5.6	2.9	4.7
100–199 beds	215	585	796	925	974	1,038	10.5	6.4	3.0	5.9
200–299 beds	239	665	943	1,122	1,174	1,263	10.8	7.2	3.5	6.1
300–399 beds	248	731	1,070	1,277	1,338	1,398	11.4	7.9	3.6	4.6
400–499 beds	215	756	1,135	1,353	1,492	1,583	13.4	8.5	3.6	8.2
500 beds or more	239	825	1,212	1,468	1,549	1,641	13.2	8.0	3.9	5.7
Expenses per inpatient stay										
Community ²	\$1,851	\$4,947	\$6,216	\$6,649	\$6,980	\$ 7,355	10.3	4.7	1.4	5.2
Nonprofit	1,902	5,001	6,279	6,717	7,052	7,458	10.2	4.7	1.4	5.4
For profit	1,676	4,727	5,425	5,642	5,972	6,161	10.9	2.8	0.8	4.5
State-local government	1,750	4,838	6,445	7,106	7,400	7,773	10.7	5.9	2.0	4.6
6–24 beds	1,072	2,701	3,578	3,652	3,826	4,135	9.7	5.8	0.4	6.4
25–49 beds	1,138	2,967	3,797	4,381	4,557	4,848	10.1	5.1	2.9	5.2
50–99 beds	1,271	3,461	4,427	4,760	4,943	5,197	10.5	5.0	1.5	4.5
100–199 beds	1,512	4,109	5,103	5,305	5,595	5,935	10.5	4.4	0.8	5.8
200–299 beds	1,767	4,618	5,851	6,392	6,590	6,951	10.1	4.8	1.8	4.3
300–399 beds	1,881	5,096	6,512	6,988	7,240	7,635	10.5	5.0	1.4	4.5
400–499 beds	2,090	5,500	7,164	7,629	8,436	8,762	10.2	5.4	1.3	7.2
500 beds or more	2,517	6,667	8,531	9,149	9,453	10,007	10.2	5.1	1.4	4.6

¹The category of non-Federal hospitals comprises psychiatric, tuberculosis and other respiratory diseases hospitals, and long-term and short-term general and other special hospitals. See [Appendix II, Hospital](#).

²Community hospitals are non-Federal short-term general and special hospitals whose facilities and services are available to the public. See [Appendix II, Hospital](#).

NOTES: In 2002 employee payroll and benefit expenses comprised 52 percent of expenses in community hospitals and 62 percent in Federal hospitals. Data for additional years are available. See [Appendix III](#).

SOURCES: American Hospital Association Annual Survey of Hospitals. Hospital Statistics, 1981, 1991–2004 Editions. Chicago, 1981, 1991–2004 (Copyrights 1981, 1991–2004: Used with the permission of the Health Forum LLC, an affiliate of the American Hospital Association); and unpublished data.

Table 126. Nursing home average monthly charges per resident and percent of residents, according to primary source of payments and selected facility characteristics: United States, 1985, 1995, and 1999

[Data are based on reporting by a sample of nursing homes]

Facility characteristic	Primary source of payment									
	All sources		Own income or family support ¹		Medicare			Medicaid		
	1999	1985	1995	1999	1985	1995	1999	1985	1995	1999
	Average monthly charge ²									
All facilities	\$3,891	\$1,450	\$3,081	\$3,947	\$2,141	\$5,546	\$5,764	\$1,504	\$2,769	\$3,505
Ownership										
Proprietary	3,698	1,444	3,190	3,984	2,058	5,668	5,275	1,363	2,560	3,312
Nonprofit and government	4,225	1,462	2,967	3,903	*	5,304	6,548	1,851	3,201	3,918
Certification										
Both Medicare and Medicaid	4,060	---	3,365	4,211	---	5,472	5,887	---	2,910	3,626
Medicare only	4,437	---	3,344	3,873	---	*	*	---	---	---
Medicaid only	2,508	---	2,352	2,533	---	---	---	---	2,069	2,501
Neither	2,360	---	2,390	2,685	---	---	---	---	---	---
Bed size										
Less than 50 beds	3,808	886	3,377	3,358	*	*	*	1,335	2,990	3,533
50–99 beds	3,627	1,388	2,849	3,698	1,760	4,929	*	1,323	2,335	3,121
100–199 beds	3,867	1,567	3,138	4,160	2,192	4,918	5,318	1,413	2,659	3,487
200 beds or more	4,281	1,701	3,316	4,029	2,767	4,523	5,912	1,919	3,520	4,011
Geographic region										
Northeast	4,852	1,645	4,117	5,300	2,109	4,883	6,368	2,035	3,671	4,397
Midwest	3,474	1,398	2,650	3,413	2,745	5,439	4,726	1,382	2,478	3,239
South	3,263	1,359	2,945	3,467	2,033	4,889	4,859	1,200	2,333	2,943
West	4,725	1,498	3,666	4,868	1,838	8,825	*	1,501	2,848	3,865
	Percent of residents									
All facilities	100.0	41.6	27.8	23.7	1.4	9.9	14.7	50.4	60.2	58.7
Ownership										
Proprietary	100.0	40.1	24.1	20.2	1.6	10.4	14.2	52.1	63.8	62.9
Nonprofit and government	100.0	44.9	34.3	30.2	*	9.2	15.5	46.6	54.0	51.1
Certification										
Both Medicare and Medicaid	100.0	---	23.1	21.5	---	11.6	15.5	---	63.9	60.4
Medicare only	100.0	---	71.2	71.4	---	16.2	*21.0	---	---	---
Medicaid only	100.0	---	32.1	21.9	---	---	---	---	63.0	69.5
Neither	100.0	---	91.0	73.6	---	---	---	---	---	---
Bed size										
Less than 50 beds	100.0	53.1	35.3	40.3	*	13.1	*15.9	33.8	49.9	42.5
50–99 beds	100.0	49.5	34.5	28.3	*	6.2	12.4	42.9	57.6	56.9
100–199 beds	100.0	39.6	26.2	21.8	1.5	10.6	15.0	55.2	61.5	61.0
200 beds or more	100.0	30.1	22.0	20.1	*	12.1	16.3	57.7	62.4	58.1
Geographic region										
Northeast	100.0	34.8	18.2	18.0	1.7	14.0	16.4	52.9	64.9	62.3
Midwest	100.0	49.1	36.3	32.9	*	6.7	13.3	45.9	55.8	51.1
South	100.0	39.4	26.1	19.2	*	10.1	14.9	53.8	62.2	63.5
West	100.0	40.4	27.9	23.9	*	10.5	13.9	49.2	57.9	57.8

* Estimates are considered unreliable. Data not shown have a relative standard error greater than 30 percent. After 1995 data preceded by an asterisk have a relative standard error of 20–30 percent.

--- Data not available.

... Category not applicable.

¹Includes private health insurance.

²Includes life-care residents and no-charge residents.

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCES: Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Nursing Home Survey for other data years.

Table 127. Mental health expenditures, percent distribution, and per capita expenditures, according to type of mental health organization: United States, selected years 1975–2000

[Data are based on an inventory of Mental Health Organizations (IMHO)]

Type of organization	1975	1979	1983	1986	1990	1992	1994 ¹	1998	2000 ²
Amount in millions									
All organizations	\$6,564	\$8,764	\$14,432	\$18,458	\$28,410	\$29,765	\$33,136	\$38,512	\$32,966
State and county psychiatric hospitals	3,185	3,757	5,491	6,326	7,774	7,970	7,825	7,117	6,732
Private psychiatric hospitals	467	743	1,712	2,629	6,101	5,302	6,468	4,106	3,642
Non-Federal general hospital psychiatric services	621	723	2,176	2,878	4,662	5,193	5,344	5,589	5,868
Department of Veterans Affairs medical centers ³	699	848	1,316	1,338	1,480	1,530	1,386	1,690	1,159
Residential treatment centers for emotionally disturbed children	279	436	573	978	1,969	2,167	2,360	3,557	3,600
All other organizations ⁴	1,313	2,256	3,164	4,310	6,424	7,603	9,753	16,454	11,964
Percent distribution									
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county psychiatric hospitals	48.5	42.9	38.0	34.3	27.4	26.8	23.6	18.5	20.4
Private psychiatric hospitals	7.1	8.5	11.9	14.2	21.5	17.8	19.5	10.7	11.0
Non-Federal general hospital psychiatric services	9.5	8.2	15.1	15.6	16.4	17.4	16.1	14.5	17.8
Department of Veterans Affairs medical centers ³	10.6	9.7	9.1	7.2	5.2	5.1	4.2	4.4	3.5
Residential treatment centers for emotionally disturbed children	4.2	5.0	4.0	5.3	6.9	7.3	7.1	9.2	10.9
All other organizations ⁴	20.0	25.7	21.9	23.3	22.6	25.5	29.4	42.7	36.3
Amount per capita ⁵									
All organizations	\$ 31	\$ 40	\$ 62	\$ 77	\$ 116	\$ 117	\$ 128	\$ 143	\$ 118
State and county psychiatric hospitals	15	17	24	26	32	31	30	26	24
Private psychiatric hospitals	2	3	7	11	25	21	25	15	13
Non-Federal general hospital psychiatric services	3	3	9	12	19	20	21	21	21
Department of Veterans Affairs medical centers ³	3	4	6	6	6	6	5	6	4
Residential treatment centers for emotionally disturbed children	1	2	2	4	8	9	9	13	13
All other organizations ⁴	6	10	14	18	26	30	38	61	43

¹Beginning in 1994 data for supportive residential clients (moderately staffed housing arrangements such as supervised apartments, group homes, and halfway houses) are included in the totals and all other organizations. This change affects the comparability of trend data prior to 1994 with data for 1994 and later years.

²Preliminary data.

³Includes Department of Veterans Affairs neuropsychiatric hospitals, general hospital psychiatric services, and psychiatric outpatient clinics.

⁴Includes freestanding psychiatric outpatient clinics, partial care organizations, multiservice mental health organizations, residential treatment centers for adults, substance abuse organizations, and in 1975 and 1979 Federally funded community mental health centers.

⁵Civilian population as of January 1 each year through 1998. The rates for 2000 are based on the decennial census sample civilian population.

NOTES: Changes in reporting procedures and definitions may affect the comparability of data prior to 1980 with those of later years. Mental health expenditures include salaries, other operating expenditures, and capital expenditures. These data exclude mental health care provided in nonpsychiatric units of hospitals such as general medical units. These data include revisions for 1998 data and differ from the previous editions of *Health, United States*.

SOURCES: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Division of State and Community Systems Development, Survey and Analysis Branch. Manderscheid RW, Henderson MJ. *Mental health, United States, 2002*. U.S. Government Printing Office, 2004.

Table 128. Federal spending for human immunodeficiency virus (HIV)-related activities, according to agency and type of activity: United States, selected fiscal years 1985–2003

[Data are compiled from Federal Government appropriations]

<i>Agency and type of activity</i>	<i>1985</i>	<i>1990</i>	<i>1995</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002¹</i>	<i>2003</i>
Agency	Amount in millions							
All Federal spending	\$209	\$3,070	\$7,019	\$10,779	\$12,025	\$14,184	\$14,988	\$16,677
Department of Health and Human Services, total	201	2,372	5,200	8,494	9,621	11,406	12,039	13,292
Department of Health and Human Services discretionary spending, total ²	109	1,592	2,700	4,094	4,546	5,226	5,789	6,142
National Institutes of Health	66	908	1,334	1,793	2,004	2,247	2,499	2,717
Substance Abuse and Mental Health Services Administration	—	50	24	92	110	157	169	171
Centers for Disease Control and Prevention	33	443	590	657	687	859	931	936
Food and Drug Administration	9	57	73	70	76	76	76	80
Health Resources and Services Administration (HRSA)	—	113	661	1,416	1,599	1,815	1,917	2,025
Agency for Healthcare Research and Quality	—	8	9	2	2	3	3	2
Office of the Secretary ³	—	10	6	12	13	15	14	18
Indian Health Service	—	3	4	4	4	4	4	4
Emergency Fund . . . . .	...	...	...	50	50	50	50	50
Global AIDS Trust Fund . . . . .	...	...	...	...	...	...	125	99
The International Mother and Child HIV Prevention Initiative ⁴ . . . . .	...	...	...	...	...	...	...	40
Centers for Medicare & Medicaid Services	75	780	2,500	4,400	5,000	5,600	6,250	7,150
Social Security Administration ⁵	17	...	...	...	...	...	...	...
Ricky Ray Hemophilia Relief Fund (HRSA) ⁶ . . . . .	...	...	...	...	75	580	...	...
Social Security Administration ⁵ . . . . .	...	239	881	1,158	1,240	1,259	1,351	1,395
Department of Veterans Affairs	8	220	317	401	345	405	391	396
Department of Defense	—	124	110	86	97	108	96	78
Agency for International Development	—	71	120	139	200	430	510	873
Department of Housing and Urban Development	—	—	171	225	232	257	277	292
Office of Personnel Management	—	37	212	266	279	292	297	321
Other departments	—	7	8	10	11	27	27	30
Activity								
Research	75	1,013	1,460	1,900	2,125	2,368	2,614	2,821
Department of Health and Human Services discretionary spending ²	75	974	1,417	1,869	2,085	2,328	2,580	2,800
Department of Veterans Affairs	—	6	5	7	7	7	8	8
Department of Defense	—	33	38	24	33	33	26	13
Education and prevention	33	591	770	902	998	1,396	1,629	1,940
Department of Health and Human Services discretionary spending ²	33	460	604	719	751	950	1,091	1,130
Department of Veterans Affairs	—	29	31	30	33	35	35	35
Department of Defense	—	28	12	10	10	17	17	11
Agency for International Development	—	71	120	139	200	380	473	749
Other	—	3	3	4	4	14	13	15
Medical care	83	1,227	3,738	6,595	7,356	8,324	9,117	10,229
Centers for Medicare & Medicaid Services: Medicaid (Federal share)	70	670	1,500	2,900	3,300	3,700	4,200	4,800
Medicare	5	110	1,000	1,500	1,700	1,900	2,050	2,350
Department of Health and Human Services discretionary spending ²	—	158	680	1,507	1,711	1,948	2,118	2,212
Department of Veterans Affairs	8	185	281	364	305	363	348	353
Department of Defense	—	63	60	52	54	58	53	54
Agency for International Development	—	—	—	—	—	50	38	124
Office of Personnel Management	—	37	212	266	279	292	297	321
Other	—	4	5	6	7	13	14	15
Cash assistance	17	239	1,052	1,383	1,547	2,096	1,628	1,687
Social Security Administration: Disability Insurance	12	184	631	828	870	919	961	985
Supplemental Security Income	5	55	250	330	370	340	390	410
Department of Housing and Urban Development	—	—	171	225	232	257	277	292
Ricky Ray Hemophilia Relief Fund ⁶ . . . . .	...	...	...	...	75	580	...	...

— Quantity zero. Category not applicable.

¹Preliminary figures.

²Discretionary spending is contrasted with entitlement spending. Medicare and Medicaid are examples of entitlement spending.

³The Office of the Assistant Secretary for Health prior to FY 1996.

⁴The International Mother and Child HIV Prevention Initiative was introduced in 2002 with funding starting in fiscal year 2003.

⁵Prior to 1995 the Social Security Administration was part of the Department of Health and Human Services.

⁶The Ricky Ray Hemophilia Relief Fund was established by the U.S. Congress in 1998 to make compassionate payments to certain individuals who were treated with antihemophilic factor between July 1, 1982 and December 31, 1987, and who contracted HIV. Some family members may also be covered by the Fund.

SOURCE: Office of the Assistant Secretary for Budget, Technology, and Finance, Office of the Secretary, Department of Health and Human Services. Unpublished data.

Table 129 (page 1 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1984</i>	<i>1989</i>	<i>1995</i>	<i>1997¹</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Number in millions									
Total ²	157.5	162.7	164.2	165.8	170.8	174.3	173.0	174.1	171.3
Percent of population									
Total, age adjusted ^{2,3}	77.1	76.2	71.6	70.9	72.3	72.9	71.7	71.5	69.7
Total, crude ²	76.8	75.9	71.3	70.7	72.1	72.8	71.7	71.5	69.7
Age									
Under 18 years	72.6	71.8	65.2	66.1	68.4	68.8	67.0	66.7	63.9
Under 6 years	68.1	67.9	59.5	61.3	64.7	64.7	63.1	63.4	60.7
6–17 years	74.9	74.0	68.3	68.5	70.2	70.9	68.9	68.3	65.4
18–44 years	76.5	75.5	70.9	69.4	71.1	72.0	70.9	70.6	69.2
18–24 years	67.4	64.5	60.8	59.3	61.5	63.2	60.9	60.9	60.8
25–34 years	77.4	75.9	70.1	68.1	70.6	71.2	70.6	70.8	68.8
35–44 years	83.9	82.7	77.7	76.4	76.9	77.9	77.1	76.3	74.7
45–64 years	83.3	82.5	80.1	79.0	79.0	79.3	78.7	78.6	77.2
45–54 years	83.3	83.4	80.9	80.4	80.0	80.4	80.0	79.4	77.5
55–64 years	83.3	81.6	79.0	76.9	77.3	77.7	76.6	77.3	76.8
Sex ³									
Male	77.7	76.5	72.1	71.2	72.5	73.0	72.1	71.7	69.5
Female	76.5	75.9	71.1	70.6	72.1	72.8	71.4	71.3	69.9
Race ^{3,4}									
White only	80.1	79.3	74.7	74.3	75.9	76.8	75.8	75.2	73.5
Black or African American only	59.2	58.7	54.9	56.1	55.9	58.1	56.9	57.4	56.1
American Indian and Alaska Native only	#	#	#	40.6	43.6	41.3	44.2	49.4	38.0
Asian only	70.9	71.6	68.4	68.2	72.2	73.2	71.9	72.1	70.7
Native Hawaiian and Other Pacific Islander only	---	---	---	---	---	*	*	*	*
2 or more races	---	---	---	---	---	63.5	63.1	62.6	58.6
Hispanic origin and race ^{3,4}									
Hispanic or Latino	57.1	53.2	48.0	47.9	49.9	50.3	49.0	47.6	46.1
Mexican	54.9	48.5	44.3	43.9	45.6	48.0	46.6	45.0	44.2
Puerto Rican	51.0	46.8	48.9	48.2	52.7	51.4	52.6	51.5	50.8
Cuban	72.1	70.0	63.4	70.7	71.7	71.4	63.6	66.1	62.1
Other Hispanic or Latino	62.0	62.4	52.9	51.2	52.8	53.4	51.6	50.5	47.3
Not Hispanic or Latino	78.9	78.6	74.6	74.1	75.5	76.3	75.1	75.2	73.5
White only	82.4	82.5	78.6	78.0	79.6	80.3	79.3	79.2	77.6
Black or African American only	59.4	58.8	55.3	56.3	56.1	58.2	57.0	57.6	56.2
Age and percent of poverty level ⁵									
All ages: ³									
Below 100 percent	33.0	27.5	23.0	24.2	24.8	26.4	26.6	26.8	26.7
100–149 percent	61.8	54.2	47.9	43.8	45.2	43.0	42.2	42.1	39.2
150–199 percent	77.2	70.6	65.2	63.0	61.9	59.4	58.8	57.3	56.6
200 percent or more	91.6	91.0	88.4	86.4	86.9	87.1	85.7	85.6	83.9
Under 18 years:									
Below 100 percent	28.7	22.3	16.9	18.3	19.2	20.4	19.6	18.4	17.1
100–149 percent	66.2	59.6	48.5	43.5	46.9	42.8	40.0	41.0	35.4
150–199 percent	80.9	75.9	67.4	65.7	66.1	61.0	59.9	56.6	55.6
200 percent or more	92.3	92.7	89.5	87.8	88.6	89.0	86.8	86.9	84.6
Geographic region ³									
Northeast	80.7	82.1	75.5	74.3	76.4	77.1	76.5	76.5	73.9
Midwest	80.9	81.7	77.5	77.3	79.1	80.2	78.9	78.1	76.5
South	74.5	71.7	67.1	67.5	67.8	68.0	67.0	66.3	64.8
West	72.3	71.8	68.1	65.8	67.8	68.9	67.1	68.6	66.7
Location of residence ³									
Within MSA ⁶	77.8	76.8	72.5	71.5	73.2	74.3	72.7	72.6	71.0
Outside MSA ⁶	75.5	74.0	68.1	68.5	68.9	67.8	67.7	66.9	64.1

See footnotes at end of table.

Table 129 (page 2 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Private insurance obtained through workplace ⁷								
	1984	1989	1995	1997 ¹	1998	1999	2000	2001	2002
	Number in millions								
Total ²	141.8	146.3	150.7	155.6	159.3	162.6	161.6	163.1	160.3
	Percent of population								
Total, age adjusted ^{2,3}	69.2	68.4	65.6	66.5	67.4	68.1	67.0	67.0	65.2
Total, crude ²	69.1	68.3	65.4	66.3	67.3	68.0	67.0	67.0	65.2
Age									
Under 18 years	66.5	65.8	60.4	62.7	64.1	64.6	63.1	63.2	60.5
Under 6 years	62.1	62.3	55.1	58.2	60.9	60.8	59.2	59.6	57.4
6–17 years	68.7	67.7	63.3	64.9	65.7	66.5	65.0	64.9	62.0
18–44 years	69.6	68.4	65.3	65.5	66.5	67.7	66.5	66.3	64.7
18–24 years	58.7	55.3	53.5	54.7	55.7	57.8	55.5	55.8	54.8
25–34 years	71.2	69.5	65.0	64.5	66.7	67.2	66.6	66.7	64.6
35–44 years	77.4	76.2	72.7	72.6	72.5	73.8	72.8	72.2	71.0
45–64 years	71.8	71.6	72.2	72.6	72.7	72.7	72.5	72.5	71.4
45–54 years	74.6	74.4	74.7	75.4	75.1	75.1	75.3	74.5	72.9
55–64 years	69.0	68.3	68.4	68.3	69.1	69.2	68.1	69.4	69.1
Sex ³									
Male	70.1	68.9	66.3	66.9	67.6	68.1	67.4	67.1	65.1
Female	68.4	67.9	65.0	66.1	67.2	68.0	66.6	66.8	65.3
Race ^{3,4}									
White only	72.0	71.2	68.5	69.6	70.8	71.6	70.8	70.3	68.8
Black or African American only	53.3	53.6	51.1	53.9	53.2	55.4	54.1	55.1	53.3
American Indian and Alaska Native only	#	#	#	38.3	41.4	38.4	42.0	47.3	35.8
Asian only	64.4	60.2	59.8	61.7	63.8	65.3	64.9	65.7	62.5
Native Hawaiian and Other Pacific Islander only	---	---	---	---	---	*	*	*	*
2 or more races	---	---	---	---	---	59.9	61.2	58.6	55.5
Hispanic origin and race ^{3,4}									
Hispanic or Latino	52.9	48.6	44.6	45.1	46.8	47.3	46.1	45.0	43.4
Mexican	51.7	45.6	42.3	42.1	43.4	45.4	44.3	43.1	42.1
Puerto Rican	48.3	43.4	45.6	46.1	50.2	48.3	50.6	48.4	48.7
Cuban	57.6	56.3	53.8	58.1	60.3	63.7	53.5	56.7	52.2
Other Hispanic or Latino	57.7	55.7	47.7	48.2	49.4	50.0	48.0	48.0	44.2
Not Hispanic or Latino	70.7	70.5	68.3	69.4	70.3	71.1	70.1	70.4	68.7
White only	74.0	74.0	72.1	73.1	74.2	74.8	73.9	74.0	72.6
Black or African American only	53.4	53.7	51.5	54.1	53.4	55.5	54.2	55.3	53.5
Age and percent of poverty level ⁵									
All ages: ³									
Below 100 percent	23.8	19.7	17.6	20.5	20.5	22.3	21.8	23.0	22.5
100–149 percent	51.1	45.0	41.7	38.6	40.0	38.2	37.3	37.2	34.8
150–199 percent	68.6	61.9	58.6	57.9	55.9	53.6	53.3	52.1	51.1
200 percent or more	85.0	83.9	82.4	82.0	81.9	82.1	81.1	81.0	79.4
Under 18 years:									
Below 100 percent	23.2	17.5	13.6	16.2	16.8	17.5	16.7	16.3	15.0
100–149 percent	58.3	52.5	43.6	39.6	42.6	39.2	36.4	37.2	32.7
150–199 percent	75.8	70.1	61.8	62.5	61.6	56.3	55.7	53.1	51.0
200 percent or more	86.9	86.7	84.4	83.9	83.9	84.4	82.6	83.0	80.9

See footnotes at end of table.

Table 129 (page 3 of 3). Private health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Private insurance obtained through workplace ⁷								
	1984	1989	1995	1997 ¹	1998	1999	2000	2001	2002
Geographic region ³									
	Percent of population								
Northeast	74.1	75.1	69.9	71.0	73.0	73.5	72.2	73.0	70.6
Midwest	72.1	73.4	71.4	72.6	73.7	75.4	74.7	73.7	72.3
South	66.2	63.8	62.0	63.0	63.3	63.7	62.4	61.8	60.5
West	64.9	64.2	60.8	60.9	61.6	61.9	61.1	62.8	60.4
Location of residence ³									
Within MSA ⁶	71.0	69.8	66.9	67.4	68.5	69.6	68.1	68.3	66.7
Outside MSA ⁶	65.3	63.5	60.8	62.8	63.0	62.0	62.3	61.6	59.2

#Estimates calculated upon request.

* Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30 percent.

-- Data not available.

¹In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See [Appendix I, National Health Interview Survey](#) and [Appendix II, Health insurance coverage](#).

²Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

³Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with private health insurance are: 0.1 percentage points lower for the white group; 0.1 percentage points higher for the black group; 0.9 percentage points lower for the Asian and Pacific Islander group; and 0.2 percentage points higher for the AI/AN group than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poverty status was unknown for 10–11 percent of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 15–16 percent of persons under 65 years of age in 1994–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28–31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶MSA is metropolitan statistical area.

⁷Private insurance originally obtained through a present or former employer or union. Starting in 1997 also includes private insurance obtained through workplace, self-employment, or professional association.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

Table 130 (page 1 of 2). Medicaid coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1984</i>	<i>1989</i>	<i>1995</i>	<i>1997¹</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Number in millions									
Total ²	14.0	15.4	26.6	22.9	21.1	21.9	22.9	25.2	29.1
Percent of population									
Total, age adjusted ^{2,3}	6.7	7.1	11.3	9.6	8.8	9.0	9.4	10.3	11.8
Total, crude ²	6.8	7.2	11.5	9.7	8.9	9.1	9.5	10.4	11.8
Age									
Under 18 years	11.9	12.6	21.5	18.4	17.1	18.1	19.4	21.2	24.5
Under 6 years	15.5	15.7	29.3	24.7	22.4	23.5	24.3	25.8	29.6
6–17 years	10.1	10.9	17.4	15.2	14.5	15.5	17.0	19.0	22.1
18–44 years	5.1	5.2	7.8	6.6	5.8	5.7	5.6	6.3	7.1
18–24 years	6.4	6.8	10.4	8.8	8.0	8.1	8.1	8.4	9.8
25–34 years	5.3	5.2	8.2	6.8	5.7	5.7	5.5	6.2	6.6
35–44 years	3.5	4.0	5.9	5.2	4.6	4.3	4.3	5.1	5.8
45–64 years	3.4	4.3	5.6	4.6	4.5	4.4	4.5	4.7	5.4
45–54 years	3.2	3.8	5.1	4.0	4.1	3.9	4.2	4.4	5.1
55–64 years	3.6	4.9	6.4	5.6	5.0	5.3	4.9	5.2	5.8
Sex ³									
Male	5.2	5.6	9.2	8.1	7.5	7.7	8.0	8.9	10.4
Female	8.0	8.6	13.3	11.0	10.1	10.4	10.8	11.6	13.1
Race ^{3,4}									
White only	4.6	5.1	8.8	7.5	6.7	6.9	7.2	8.1	9.5
Black or African American only	18.9	17.8	26.0	20.5	19.6	18.7	19.4	20.4	21.5
American Indian and Alaska Native only	#	#	#	18.0	14.1	19.5	14.3	15.5	21.3
Asian only	9.1	11.3	10.7	9.4	6.7	8.4	7.8	8.8	10.2
Native Hawaiian and Other Pacific Islander only	---	---	---	---	---	*	*	*	*
2 or more races	---	---	---	---	---	15.8	15.6	14.6	17.5
Hispanic origin and race ^{3,4}									
Hispanic or Latino	12.2	12.7	19.8	16.0	14.1	14.1	14.2	16.0	18.9
Mexican	11.1	11.5	18.8	15.3	12.6	12.4	12.5	14.6	17.8
Puerto Rican	28.6	26.9	31.1	28.9	24.5	27.0	27.6	28.5	27.6
Cuban	4.8	7.8	13.8	8.2	*9.1	8.3	9.7	12.2	15.2
Other Hispanic or Latino	7.4	10.4	16.9	13.9	13.9	13.8	14.1	15.0	18.7
Not Hispanic or Latino	6.2	6.6	10.2	8.7	8.0	8.2	8.6	9.3	10.5
White only	3.7	4.2	7.1	6.2	5.7	6.0	6.3	7.0	8.0
Black or African American only	19.1	17.8	25.6	20.3	19.4	18.7	19.3	20.3	21.5
Age and percent of poverty level ⁵									
All ages: ³									
Below 100 percent	30.5	35.3	44.7	37.1	35.7	35.3	35.2	36.7	39.4
100–149 percent	7.5	11.0	18.0	16.7	15.2	17.4	19.1	21.7	25.2
150–199 percent	3.1	5.0	7.9	7.8	7.4	10.1	10.7	13.1	14.9
200 percent or more	0.6	1.1	1.8	1.8	1.9	2.2	2.5	2.7	3.3
Under 18 years:									
Below 100 percent	43.1	47.8	66.0	58.0	57.0	57.7	58.5	61.4	66.3
100–149 percent	9.0	12.3	27.2	28.7	25.1	31.4	35.0	38.9	47.0
150–199 percent	4.4	6.1	13.1	13.0	13.1	17.9	21.3	25.7	28.9
200 percent or more	0.8	1.6	3.3	3.1	3.4	4.2	5.1	5.7	7.1

See footnotes at end of table.

Table 130 (page 2 of 2). Medicaid coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1984</i>	<i>1989</i>	<i>1995</i>	<i>1997¹</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Geographic region³		Percent of population							
Northeast	8.5	6.8	11.7	11.2	9.8	10.1	10.5	10.8	12.6
Midwest	7.2	7.5	10.3	8.2	7.5	7.3	7.9	9.0	10.3
South	5.0	6.4	11.1	8.6	8.6	8.9	9.4	10.7	12.0
West	6.9	8.2	12.4	11.4	9.7	10.3	10.2	10.6	12.5
Location of residence³									
Within MSA ⁶	7.1	7.0	11.1	9.5	8.5	8.4	8.8	9.8	10.9
Outside MSA ⁶	5.9	7.8	12.0	9.9	9.8	11.5	11.9	12.4	15.3

#Estimates calculated upon request.

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent.

--- Data not available.

¹In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See [Appendix I, National Health Interview Survey](#) and [Appendix II, Health insurance coverage](#).

²Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

³Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with Medicaid are: 0.1 percentage points higher for the white group; 0.1 percentage points lower for the black group; 0.8 percentage points higher for the Asian and Pacific Islander group; and 0.8 percentage points higher for the AI/AN group than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poverty status was unknown for 10–11 percent of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 15–16 percent of persons under 65 years of age in 1994–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28–31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶MSA is metropolitan statistical area.

NOTES: Medicaid includes other public assistance through 1996. Starting in 1997 includes state-sponsored health plans. Starting in 1999 includes State Children’s Health Insurance Program (SCHIP). In 2002, 9.2 percent of persons under 65 years of age were covered by Medicaid, 1.2 percent by state-sponsored health plans, and 1.4 percent by SCHIP. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

Table 131 (page 1 of 2). No health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

<i>Characteristic</i>	<i>1984</i>	<i>1989</i>	<i>1995</i>	<i>1997¹</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Number in millions									
Total ²	29.8	33.4	37.1	41.0	39.2	38.5	40.5	39.2	40.6
Percent of population									
Total, age adjusted ^{2,3}	14.3	15.3	15.9	17.4	16.5	16.1	16.8	16.2	16.6
Total, crude ²	14.5	15.6	16.1	17.5	16.6	16.1	16.8	16.1	16.5
Age									
Under 18 years	13.9	14.7	13.4	14.0	12.7	11.9	12.4	11.0	10.7
Under 6 years	14.9	15.1	11.8	12.5	11.5	11.0	11.7	9.7	9.1
6–17 years	13.4	14.5	14.3	14.7	13.3	12.3	12.8	11.7	11.5
18–44 years	17.1	18.4	20.4	22.4	21.4	21.0	22.0	21.7	22.5
18–24 years	25.0	27.1	28.0	30.1	29.0	27.4	29.7	29.3	28.2
25–34 years	16.2	18.3	21.1	23.8	22.2	22.1	22.7	22.3	23.8
35–44 years	11.2	12.3	15.1	16.7	16.4	16.3	16.8	16.7	17.8
45–64 years	9.6	10.5	10.9	12.4	12.2	12.2	12.7	12.3	13.1
45–54 years	10.5	11.0	11.6	12.8	12.6	12.8	12.8	13.0	14.1
55–64 years	8.7	10.0	9.9	11.8	11.4	11.4	12.5	11.0	11.6
Sex ³									
Male	15.0	16.4	17.2	18.5	17.5	17.2	17.8	17.2	18.2
Female	13.6	14.3	14.6	16.2	15.5	15.0	15.8	15.1	15.1
Race ^{3,4}									
White only	13.4	14.2	15.3	16.3	15.2	14.6	15.2	14.7	15.3
Black or African American only	20.0	21.4	18.2	20.2	20.7	19.5	20.0	19.3	19.3
American Indian and Alaska Native only	#	#	#	38.2	39.0	38.3	38.2	33.4	38.7
Asian only	18.0	18.5	18.2	19.3	18.1	16.4	17.3	17.1	17.2
Native Hawaiian and Other Pacific Islander only	---	---	---	---	---	*	*	*	*
2 or more races	---	---	---	---	---	16.8	18.4	18.6	19.2
Hispanic origin and race ^{3,4}									
Hispanic or Latino	29.1	32.4	31.5	34.3	34.0	33.9	35.4	34.8	33.8
Mexican	33.2	38.8	36.2	39.2	40.0	38.0	39.9	39.0	37.0
Puerto Rican	18.1	23.3	18.3	19.4	19.4	19.8	16.4	16.0	19.5
Cuban	21.6	20.9	22.1	20.5	18.4	19.7	25.2	19.2	20.5
Other Hispanic or Latino	27.5	25.2	29.7	32.9	31.1	30.8	32.7	33.1	32.9
Not Hispanic or Latino	13.0	13.5	14.0	15.1	14.1	13.5	14.1	13.4	14.0
White only	11.8	11.9	12.9	13.7	12.5	12.1	12.5	11.9	12.6
Black or African American only	19.7	21.3	18.1	20.1	20.7	19.4	20.0	19.2	19.2
Age and percent of poverty level ⁵									
All ages: ³									
Below 100 percent	34.7	35.8	31.7	35.2	35.7	35.6	35.2	34.0	31.4
100–149 percent	27.0	31.3	31.7	35.4	35.6	34.7	35.2	32.0	32.8
150–199 percent	17.4	21.8	24.0	26.3	26.3	27.2	27.2	26.5	25.6
200 percent or more	5.8	6.8	8.6	10.0	9.2	9.1	10.0	9.9	10.9
Under 18 years:									
Below 100 percent	28.9	31.6	20.0	23.2	22.7	22.3	21.8	20.6	16.9
100–149 percent	22.8	26.1	24.8	26.5	27.4	24.2	25.1	19.4	19.2
150–199 percent	12.7	15.8	18.0	19.9	17.5	19.1	17.6	17.3	14.2
200 percent or more	4.2	4.4	6.4	7.1	6.0	5.4	6.5	5.8	6.7

See footnotes at end of table.

Table 131 (page 2 of 2). No health insurance coverage among persons under 65 years of age, according to selected characteristics: United States, selected years 1984–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	1984	1989	1995	1997 ¹	1998	1999	2000	2001	2002
Geographic region ³									
Percent of population									
Northeast	10.1	10.7	13.1	13.4	12.3	12.2	12.1	11.6	12.7
Midwest	11.1	10.5	12.1	13.1	11.9	11.5	12.3	11.7	12.4
South	17.4	19.4	19.2	20.7	20.0	19.8	20.4	20.0	20.2
West	17.8	18.4	17.7	20.4	19.9	18.6	20.2	18.6	18.8
Location of residence ³									
Within MSA ⁶	13.3	14.9	15.2	16.7	15.8	15.3	16.3	15.6	16.1
Outside MSA ⁶	16.4	16.9	18.7	19.9	19.2	18.9	18.8	18.5	18.9

#Estimates calculated upon request.

* Estimates are considered unreliable. Data not shown have a relative standard error of greater than 30 percent.

--- Data not available.

¹In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See [Appendix I, National Health Interview Survey](#) and [Appendix II, Health insurance coverage](#).

²Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

³Estimates are for persons under 65 years of age and are age adjusted to the year 2000 standard using three age groups: under 18 years, 18–44 years, and 45–64 years. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with no health insurance coverage are: 0.1 percentage points higher for the white group; identical for the black group; 0.1 percentage points lower for the Asian and Pacific Islander group; and 1.5 percentage points higher for the AI/AN group than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Poverty status was unknown for 10–11 percent of persons under 65 years of age in 1984 and 1989. Missing family income data were imputed for 15–16 percent of persons under 65 years of age in 1994–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28–31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶MSA is metropolitan statistical area.

NOTES: Persons not covered by private insurance, Medicaid, State Children’s Health Insurance Program (SCHIP), public assistance (through 1996), state-sponsored or other government-sponsored health plans (starting in 1997), Medicare, or military plans are considered to have no health insurance coverage and are included in this table. See [Appendix II, Health insurance coverage](#). Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

Table 132 (page 1 of 3). Health insurance coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Private insurance ¹						Private insurance obtained through workplace ^{1,2}					
	1989	1995	1999	2000	2001	2002	1989	1995	1999	2000	2001	2002
Number in millions												
Total ³	22.4	23.5	20.8	20.6	20.6	20.0	11.2	12.4	11.3	11.7	11.9	11.5
Percent of population												
Total, age adjusted ^{3,4}	76.1	74.5	64.0	63.1	62.7	60.6	37.3	38.9	34.6	35.6	36.0	34.7
Total, crude ³	76.5	74.6	64.1	63.1	62.7	60.6	38.4	39.5	34.9	35.8	36.1	34.8
Age												
65–74 years	78.2	75.1	64.5	62.7	63.0	60.5	43.7	43.3	38.6	39.4	39.7	37.8
75 years and over	73.9	73.9	63.5	63.6	62.4	60.6	30.2	34.1	30.3	31.4	31.9	31.4
75–84 years	75.9	75.7	64.6	64.6	63.9	61.4	32.0	36.0	32.3	33.1	33.3	33.1
85 years and over	65.5	67.3	59.6	59.5	57.0	57.5	22.8	27.3	23.2	24.7	26.7	25.4
Sex ⁴												
Male	77.4	76.6	64.5	64.3	63.8	62.0	42.1	43.3	38.6	39.7	40.1	38.9
Female	75.4	73.2	63.8	62.2	61.9	59.6	34.0	35.8	31.8	32.5	33.0	31.8
Race ^{4,5}												
White only	79.8	78.3	67.6	66.9	66.4	64.0	38.7	40.4	35.8	37.2	37.4	35.9
Black or African American only	42.3	40.3	39.9	35.6	37.6	36.4	23.7	24.6	27.5	25.0	27.9	26.9
American Indian and Alaska Native only	*	*	*35.2	*	*31.8	*	*	*	*33.3	*	*	*
Asian only	#	#	33.1	43.3	40.9	40.0	#	#	21.4	23.2	23.5	27.8
Native Hawaiian and Other Pacific Islander only	---	---	*	*	*	*	---	---	*	*	*	*
2 or more races	---	---	56.0	63.1	50.0	55.0	---	---	*26.9	48.4	32.3	35.4
Hispanic origin and race ^{4,5}												
Hispanic or Latino	42.3	39.8	26.9	23.4	24.0	23.1	22.2	18.4	17.4	15.1	16.2	16.3
Mexican	33.5	31.8	27.4	20.3	24.8	21.4	20.2	15.9	16.9	12.8	16.8	15.6
Not Hispanic or Latino	77.2	76.2	66.2	65.5	65.2	63.0	37.7	39.9	35.7	36.8	37.2	35.9
White only	81.0	80.3	69.7	69.1	68.8	66.4	39.3	41.7	36.8	38.3	38.6	37.1
Black or African American only	42.4	40.1	40.1	35.6	37.6	36.5	23.7	24.4	27.6	25.0	28.0	27.0
Percent of poverty level ^{4,6}												
Below 100 percent	46.1	40.0	31.8	33.3	32.2	30.0	11.6	13.8	11.7	12.5	15.0	12.6
100–149 percent	67.7	67.6	46.5	46.0	47.5	45.4	22.2	26.7	17.6	18.7	22.6	19.3
150–199 percent	81.1	76.0	60.0	61.2	61.3	58.0	39.0	38.7	28.0	29.1	28.6	28.6
200 percent or more	85.5	85.3	73.4	72.6	71.3	69.5	49.4	49.3	43.0	44.9	43.7	43.1
Geographic region ⁴												
Northeast	76.1	76.2	66.0	66.7	66.1	65.6	42.2	44.6	39.7	38.7	38.8	39.8
Midwest	81.9	82.3	77.0	75.9	72.4	71.6	40.0	44.7	38.5	41.2	40.5	37.2
South	73.0	70.7	60.2	58.4	60.2	57.2	32.0	33.7	31.0	31.9	34.1	33.1
West	74.7	68.8	51.5	51.5	51.7	47.8	37.1	33.6	30.6	31.7	30.6	29.1
Location of residence ⁴												
Within MSA ⁷	76.6	74.7	62.8	61.4	61.2	59.7	39.9	40.9	36.0	36.9	36.5	35.7
Outside MSA ⁷	74.8	73.9	68.2	68.5	68.1	63.4	30.2	32.2	30.0	31.5	34.1	31.5

See footnotes at end of table.

Table 132 (page 2 of 3). Health insurance coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Medicare health maintenance organization ^{1,8}						Medicaid ^{1,9}					
	1989	1995	1999	2000	2001	2002	1989	1995	1999	2000	2001	2002
	Number in millions											
Total ³	---	---	5.2	5.0	4.2	3.9	2.0	3.0	2.4	2.5	2.7	2.6
	Percent of population											
Total, age adjusted ^{3,4}	---	---	16.0	15.2	12.9	11.9	7.2	9.6	7.4	7.6	8.1	8.0
Total, crude ³	---	---	16.0	15.2	12.9	11.9	7.0	9.4	7.3	7.6	8.1	8.0
Age												
65–74 years	---	---	16.1	15.8	12.8	11.8	6.3	8.4	6.6	7.7	7.8	8.1
75 years and over	---	---	15.9	14.6	13.1	12.0	8.2	10.9	8.1	7.5	8.5	7.9
75–84 years	---	---	16.5	15.5	13.4	12.7	7.9	9.9	7.2	7.2	8.1	8.0
85 years and over	---	---	13.7	11.1	11.9	9.2	9.7	14.3	11.4	8.6	10.3	7.5
Sex ⁴												
Male	---	---	16.5	15.6	12.5	12.4	5.2	5.8	5.3	5.5	6.1	5.7
Female	---	---	15.6	15.0	13.3	11.5	8.6	12.2	8.8	9.2	9.7	9.7
Race ^{4,5}												
White only	---	---	15.8	15.2	13.0	11.7	5.6	7.4	5.6	5.6	6.2	6.3
Black or African American only	---	---	16.5	14.7	11.2	10.8	21.2	28.4	18.2	19.6	20.0	19.4
American Indian and Alaska Native only	---	---	*	*	*	*	*	*	*	*35.8	*	*
Asian only	---	---	18.9	16.0	13.4	19.1	#	#	28.2	21.3	23.7	20.0
Native Hawaiian and Other Pacific Islander only	---	---	*	*	*	*	---	---	*	*	*	*
2 or more races	---	---	*21.8	*29.8	*16.3	*15.0	---	---	*	*	*19.9	*
Hispanic origin and race ^{4,5}												
Hispanic or Latino	---	---	25.7	25.0	20.1	22.1	26.4	32.7	24.0	29.6	30.1	28.6
Mexican	---	---	26.0	24.5	18.9	20.1	#	#	17.5	28.1	25.6	24.6
Not Hispanic or Latino	---	---	15.4	14.6	12.5	11.2	6.6	8.5	6.4	6.3	6.8	6.6
White only	---	---	15.2	14.5	12.5	11.1	4.9	6.1	4.7	4.6	4.9	5.0
Black or African American only	---	---	16.5	14.7	11.2	10.6	21.1	28.5	18.1	19.5	20.0	19.4
Percent of poverty level ^{4,6}												
Below 100 percent	---	---	13.9	15.1	9.1	9.2	28.2	36.4	30.1	28.6	31.4	30.0
100–149 percent	---	---	17.4	16.6	12.9	11.8	9.0	12.8	13.9	14.2	15.4	13.5
150–199 percent	---	---	18.8	15.9	14.0	12.9	4.7	5.9	5.2	5.5	7.0	6.9
200 percent or more	---	---	15.4	14.8	13.3	12.1	2.4	2.4	2.8	2.9	3.1	3.2
Geographic region ⁴												
Northeast	---	---	17.5	12.5	13.5	10.3	5.4	8.9	7.3	7.4	7.9	7.7
Midwest	---	---	9.0	8.4	7.5	6.0	3.7	5.8	5.7	4.5	5.1	5.1
South	---	---	12.2	13.2	10.2	9.0	9.7	11.8	8.2	9.4	9.3	9.4
West	---	---	31.0	30.6	23.8	26.4	9.4	11.5	8.2	8.6	10.0	9.3
Location of residence ⁴												
Within MSA ⁷	---	---	19.7	18.7	15.8	14.5	6.5	8.9	6.9	7.2	8.1	7.6
Outside MSA ⁷	---	---	3.4	4.4	3.1	3.0	8.8	11.7	8.8	9.0	8.3	9.3

See footnotes at end of table.

Table 132 (page 3 of 3). Health insurance coverage for persons 65 years of age and over, according to type of coverage and selected characteristics: United States, selected years 1989–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent.

Estimates calculated upon request.

- - - Data not available.

¹Almost all persons 65 years of age and over are covered by Medicare also.

²Private insurance originally obtained through a present or former employer or union. Starting in 1997 also includes private insurance obtained through workplace, self-employed, or professional association.

³Includes all other races not shown separately and, in 1984 and 1989, unknown poverty level.

⁴Estimates are for persons 65 years of age and over and are age adjusted to the year 2000 standard using two age groups: 65–74 years and 75 years and over. Age-adjusted estimates in this table may differ from other age-adjusted estimates based on the same data and presented elsewhere if different age groups are used in the adjustment procedure. See [Appendix II, Age adjustment](#).

⁵The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Age-adjusted estimates based on the 1977 Standards of the percent with private health insurance are: 0.1 percentage points lower for the white group; 0.3 percentage points higher for the black group; and 1 percentage point higher for the Asian and Pacific Islander group than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁶Poverty status was unknown for 15–18 percent of persons 65 years of age and over in 1984 and 1989. Missing family income data were imputed for 22–25 percent of persons 65 years of age and over in 1994–96. Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 36 percent of persons 65 years of age and over in 1997, 41 percent in 1998, and 44–47 percent in 1999–2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁷MSA is metropolitan statistical area.

⁸Persons reporting Medicare coverage are considered to have health maintenance organization (HMO) coverage if they responded yes when asked if they were under a Medicare managed care arrangement such as an HMO.

⁹Includes public assistance through 1996. Starting in 1997 includes State-sponsored health plans. In 2002 the age-adjusted percent of the population 65 years of age and over covered by Medicaid was 7.3 percent, and 0.7 percent were covered by State-sponsored health plans.

NOTES: In 1997 the National Health Interview Survey (NHIS) was redesigned, including changes to the questions on health insurance coverage. See [Appendix I, National Health Interview Survey](#) and [Appendix II, Health insurance coverage](#). Percents do not add to 100 because (1) elderly persons with more than one type of insurance in addition to Medicare appear in more than one column, (2) elderly persons with Medicare fee-for-service only are not shown, and (3) the percent of elderly persons without health insurance (1.3 percent in 2002) is not shown. Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, health insurance supplements (1984, 1989, 1994–1996). Starting in 1997 data are from the family core questionnaires.

Table 133 (page 1 of 2). Health maintenance organization (HMO) coverage among persons under 65 years of age by private insurance and Medicaid, according to selected characteristics: United States, 1998–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Private ¹ and Medicaid ²				Private ¹				Medicaid ²			
	1998	2000	2001	2002	1998	2000	2001	2002	1998	2000	2001	2002
Number of persons in millions												
Total under age 65 years ³	83.2	86.2	78.0	76.3	72.3	71.3	68.0	63.4	10.7	10.8	9.8	12.8
Percent of population												
Total under age 65 years ³	35.2	35.7	32.0	31.1	30.5	29.5	27.9	25.8	4.5	4.5	4.0	5.2
Age												
Under 18 years	39.4	39.7	35.4	35.3	30.1	28.4	27.1	24.6	9.4	9.3	8.5	10.9
Under 6 years	41.7	42.2	37.5	37.2	29.2	27.7	26.5	23.5	12.7	12.2	11.1	13.9
6–17 years	38.3	38.5	34.4	34.4	30.5	28.7	27.4	25.2	7.7	7.9	7.2	9.4
18–44 years	33.4	34.0	30.3	29.2	30.6	29.9	27.8	26.0	2.8	2.7	2.5	3.2
18–24 years	28.8	30.1	26.2	25.7	25.0	24.4	22.9	21.4	3.9	4.0	3.3	4.4
25–34 years	34.8	34.2	31.1	30.5	31.8	31.4	28.6	27.3	2.9	2.6	2.5	3.3
35–44 years	34.9	36.1	32.2	30.4	32.7	31.8	30.2	27.8	2.0	1.9	2.0	2.5
45–64 years	33.0	34.0	31.0	29.3	31.0	30.4	29.1	26.8	1.6	1.8	1.6	2.1
45–54 years	34.3	35.3	32.2	30.3	32.5	31.4	30.4	28.1	1.6	1.9	1.7	2.1
55–64 years	31.1	32.0	29.1	27.7	28.7	28.9	27.1	24.9	1.7	1.8	1.5	2.2
Sex												
Male	34.2	35.0	31.3	30.3	30.4	29.3	27.8	25.7	3.7	3.8	3.4	4.6
Female	36.1	36.5	32.7	31.8	30.7	29.8	28.0	25.9	5.3	5.1	4.6	5.8
Race ⁴												
White only	33.9	34.6	30.8	29.5	30.6	29.7	27.8	25.6	3.2	3.2	2.9	3.8
Black or African American only	40.9	41.6	37.2	37.9	29.1	29.3	28.0	26.6	11.6	10.6	9.2	11.4
American Indian and Alaska Native only	30.3	21.7	22.2	18.8	21.9	14.6	15.1	*10.8	*8.2	*7.0	*7.0	*
Asian only	41.6	40.7	37.5	36.3	37.5	36.3	33.7	32.0	4.0	*3.2	*3.6	4.3
Native Hawaiian and Other Pacific Islander only	---	*	*	*	---	*	*	*	---	*	*	*
2 or more races	---	40.5	36.0	34.2	---	29.6	27.1	24.2	---	10.3	8.9	10.3
Hispanic origin and race ⁴												
Hispanic or Latino	34.6	35.7	32.2	33.3	26.8	26.3	25.0	23.6	7.7	7.8	7.2	9.7
Mexican	31.6	32.6	30.5	31.8	24.9	24.2	23.0	21.7	6.6	7.5	7.4	10.1
Puerto Rican	44.8	46.1	42.0	40.0	27.9	29.2	29.5	27.4	16.2	14.8	12.1	12.8
Cuban	42.0	44.3	41.4	42.0	36.5	35.3	37.3	36.3	*	*4.3	*4.0	*5.4
Other Hispanic or Latino	35.3	38.9	31.5	33.2	28.4	29.9	26.6	25.5	6.9	5.9	4.9	7.8
Not Hispanic or Latino	35.2	35.7	32.0	30.7	31.1	30.0	28.4	26.2	4.1	4.0	3.6	4.5
White only	34.0	34.5	30.7	29.1	31.2	30.0	28.3	25.9	2.7	2.7	2.4	3.1
Black or African American only	40.6	41.7	37.3	37.8	29.1	29.4	28.0	26.5	11.3	10.5	9.2	11.4
Percent of poverty level ⁵												
Below 100 percent	30.9	30.5	27.0	29.4	9.3	9.9	9.2	8.2	21.3	19.5	17.8	21.3
100–149 percent	26.6	26.6	26.3	27.0	18.7	16.9	17.3	14.8	7.8	9.2	8.8	12.2
150–199 percent	30.3	30.1	27.1	27.6	26.9	24.6	22.5	21.3	3.2	5.4	4.7	6.3
200 percent or more	37.8	38.5	34.3	32.3	36.9	35.5	33.5	31.3	0.8	0.9	0.8	1.0
Geographic region												
Northeast	44.4	46.6	42.8	39.5	39.7	40.8	39.7	35.2	4.8	3.9	3.1	4.3
Midwest	29.9	29.6	26.4	25.3	25.8	23.5	22.8	21.0	4.0	3.0	3.6	4.3
South	30.7	31.0	26.9	27.4	26.2	25.3	22.6	21.3	4.3	5.1	4.2	6.1
West	40.7	41.2	37.3	36.4	35.4	33.8	32.1	30.8	5.1	5.5	5.1	5.5

See footnotes at end of table.

Table 133 (page 2 of 2). Health maintenance organization (HMO) coverage among persons under 65 years of age by private insurance and Medicaid, according to selected characteristics: United States, 1998–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Private ¹ and Medicaid ²				Private ¹				Medicaid ²			
	1998	2000	2001	2002	1998	2000	2001	2002	1998	2000	2001	2002
Location of residence					Percent of population							
Within MSA ⁶	38.4	39.2	34.8	33.6	33.7	32.5	30.8	28.6	4.5	4.3	4.0	5.0
Outside MSA ⁶	22.9	22.3	20.6	20.6	18.4	17.2	16.3	14.3	4.5	5.1	4.2	6.3

--- Data not available.

* Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error (RSE) of 20–30 percent. Data not shown have an RSE of greater than 30 percent.

¹Persons reporting private health insurance coverage are considered to have health maintenance organization (HMO) coverage if they responded HMO or Individual Practice Association (IPA) when asked their plan type.

²Persons reporting Medicaid coverage are considered to have HMO coverage if they must choose from a book or list of doctors or the doctor is assigned or if they are required to sign up with a certain primary care doctor, group of doctors, or certain clinic for all routine care.

³Includes all other races not shown separately.

⁴The race groups, white, black, American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander, and 2 or more races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999 race-specific estimates are tabulated according to 1997 Standards for Federal data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The five single race categories plus multiple race categories shown in the table conform to 1997 Standards. The 1999 and later race-specific estimates are for persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one racial group. Prior to data year 1999, data were tabulated according to 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. The effect of the 1997 Standard on the 1999 estimates can be seen by comparing 1999 data tabulated according to the two Standards. Estimates based on the 1977 Standards of the percent with HMO coverage among those under 65 years are: identical for the white group; 0.1 percentage points higher for the black group; 0.4 percentage points higher for the Asian and Pacific Islander group; and 0.1 percentage points higher for the AI/AN group than estimates based on the 1997 Standards. See [Appendix II, Race](#).

⁵Starting with *Health, United States, 2004* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 24 percent of persons under 65 years of age in 1997 and 28–31 percent in 1998 to 2002. Therefore, estimates by poverty for 1997–2001 differ from those in previous editions of *Health, United States*. See [Appendix II, Family income; Poverty level](#).

⁶MSA is metropolitan statistical area.

NOTES: Standard errors for selected years are available in the spreadsheet version of this table. See www.cdc.gov/nchs/hus.htm. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. Data are from the family core questionnaires.

Table 134. Health maintenance organizations (HMOs) and enrollment, according to model type, geographic region, and Federal program: United States, selected years 1976–2003

[Data are based on a census of health maintenance organizations]

<i>Plans and enrollment</i>	1976	1980	1990	1995	1998	1999	2000	2001	2002	2003
	Plans					Number				
All plans	174	235	572	562	651	643	568	541	500	454
Model type: ¹										
Individual practice association ²	41	97	360	332	317	309	278	257	229	203
Group ³	122	138	212	108	116	123	101	104	100	105
Mixed	---	---	---	122	212	208	188	180	171	146
Geographic region:										
Northeast	29	55	115	100	107	110	98	96	87	84
Midwest	52	72	160	157	185	179	161	190	140	133
South	23	45	176	196	237	239	203	158	178	149
West	70	63	121	109	122	115	106	97	95	88
	Enrollment¹					Number of persons in millions				
Total	6.0	9.1	33.0	50.9	76.6	81.3	80.9	79.5	76.1	71.8
Model type: ¹										
Individual practice association ²	0.4	1.7	13.7	20.1	32.6	32.8	33.4	33.1	31.6	28.0
Group ³	5.6	7.4	19.3	13.3	13.8	15.9	15.2	15.6	15.0	16.1
Mixed	---	---	---	17.6	30.1	32.6	32.3	30.9	29.6	27.7
Federal program: ⁴										
Medicaid ⁵	---	0.3	1.2	3.5	7.8	10.4	10.8	11.4	12.8	14.5
Medicare	---	0.4	1.8	2.9	5.7	6.5	6.6	6.1	5.4	4.9
	Percent of HMO enrollees									
Model type: ¹										
Individual practice association ²	6.6	18.7	41.6	39.4	42.6	40.3	41.3	41.6	41.5	38.9
Group ³	93.4	81.3	58.4	26.0	18.0	19.6	18.9	19.5	19.4	22.4
Mixed	---	---	---	34.5	39.2	40.1	39.9	38.8	38.8	38.6
Federal program: ⁴										
Medicaid ⁵	---	2.9	3.5	6.9	10.2	12.7	13.3	14.3	16.9	20.2
Medicare	---	4.3	5.4	5.7	7.4	8.0	8.1	7.7	7.1	6.9
	Percent of population enrolled in HMOs									
Total	2.8	4.0	13.4	19.4	28.6	30.1	30.0	28.3	26.4	24.6
Geographic region:										
Northeast	2.0	3.1	14.6	24.4	37.8	36.7	36.5	35.1	33.4	31.8
Midwest	1.5	2.8	12.6	16.4	22.7	23.3	23.2	21.7	20.6	19.7
South	0.4	0.8	7.1	12.4	21.0	23.9	22.6	21.0	19.8	17.1
West	9.7	12.2	23.2	28.6	39.1	41.4	41.7	40.7	38.2	35.8

--- Data not available.

¹Enrollment or number of plans may not equal total because some plans did not report these characteristics.

²An HMO operating under an individual practice association model contracts with an association of physicians from various settings (a mixture of solo and group practices) to provide health services.

³Group includes staff, group, and network model types. See [Appendix II, Health maintenance organization](#).

⁴Federal program enrollment in HMOs refers to enrollment by Medicaid or Medicare beneficiaries, where the Medicaid or Medicare program contracts directly with the HMO to pay the appropriate annual premium.

⁵Data for 1990 and later include enrollment in managed care health insuring organizations.

NOTES: Data as of June 30 in 1976–80, and January 1 from 1990 onwards. Open-ended enrollment in HMO plans, amounting to 7.6 million on Jan. 1, 2003, is included from 1994 onwards. See [Appendix II, Health maintenance organization](#). HMOs in Guam are included starting in 1994; HMOs in Puerto Rico, starting in 1998. In 2003 HMO enrollment in Guam was 32,000 and in Puerto Rico, 1,726,000. Data for additional years are available. See [Appendix III](#).

SOURCES: The InterStudy Edge, 1990, vol. 2; Competitive Edge, vols. 1–12, 1991–2003; Excelsior, Minnesota (Copyrights 1985–2003: Used with the permission of InterStudy); Office of Health Maintenance Organizations: Summary of the National HMO census of prepaid plans—June 1976 and National HMO Census 1980. Public Health Service. Washington. U.S. Government Printing Office. DHHS Pub. No. (PHS) 80–50159; InterStudy: National HMO Census: Annual Report on the Growth of HMOs in the U.S., 1984–1985 Editions; Population estimates used for calculations of regional percents from the U.S. Bureau of the Census at www.census.gov/popest/states/tables/NST-EST2003-08.xls.

Table 135 (page 1 of 2). Medical care benefits for employees of private establishments by size of establishment and occupation: United States, selected years 1990–97

[Data are based on a survey of employers]

Size of establishment and type of benefit	All			Professional, technical, and related			Clerical and sales			Blue-collar and service		
	1990	1994	1996	1990	1994	1996	1990	1994	1996	1990	1994	1996
Small private establishments ¹												
Participation in medical care benefit:												
Full-time employees	69	66	64	82	80	76	75	70	69	60	57	56
Part-time employees	6	7	6	6	11	14	7	9	9	6	5	3
Type of medical care benefit among participating full-time employees												
Percent of participating full-time employees												
Fee arrangement	100	100	100	100	100	100	100	100	100	100	100	100
Traditional fee-for-service	74	55	36	69	53	31	77	55	34	73	57	41
Preferred provider organization (PPO)	13	24	35	16	27	41	13	24	36	11	23	32
Health maintenance organization (HMO)	14	19	27	15	20	27	10	19	28	15	20	25
Other	0	1	2	0	0	1	0	2	2	0	0	2
Individual coverage:												
Employee contributions not required	58	47	48	56	49	49	53	44	46	62	48	48
Employee contributions required	42	53	52	44	51	51	47	56	54	38	52	51
Family coverage:												
Employee contributions not required	32	19	24	28	17	21	29	15	20	37	23	29
Employee contributions required	68	81	75	72	83	78	71	85	80	63	77	70
Average monthly contribution												
Individual coverage:												
Average monthly employee contribution:												
Total	\$ 25	\$ 41	\$ 43	\$ 24	\$ 47	\$ 41	\$ 24	\$ 41	\$ 42	\$ 27	\$ 38	\$ 44
Non-HMO	25	39	43	24	46	40	24	38	43	28	36	45
HMO	25	49	41	24	48	42	27	50	42	25	47	41
Family coverage:												
Average monthly employee contribution:												
Total	109	160	182	112	181	190	106	160	181	111	149	177
Non-HMO	104	151	181	110	173	192	102	155	181	101	137	175
HMO	135	190	182	118	204	183	134	178	183	145	191	182

See footnotes at end of table.

Table 135 (page 2 of 2). Medical care benefits for employees of private establishments by size of establishment and occupation: United States, selected years 1990–97

[Data are based on a survey of employers]

Size of establishment and type of benefit	All			Professional, technical, and related			Clerical and sales			Blue-collar and service		
	1991	1995	1997	1991	1995	1997	1991	1995	1997	1991	1995	1997
Medium and large private establishments ²	Percent of all employees											
Participation in medical care benefit:												
Full-time employees	83	77	76	85	80	79	81	76	78	84	75	74
Part-time employees	28	19	21	42	31	29	26	20	20	26	15	19
Type of medical care benefit among participating full-time employees	Percent of participating full-time employees											
Fee arrangement	100	100	100	100	100	100	100	100	100	100	100	100
Traditional fee-for-service	67	37	27	62	29	20	59	30	22	73	45	33
Preferred provider organization (PPO)	16	34	40	19	36	40	21	36	42	12	33	39
Health maintenance organization (HMO)	17	27	33	18	33	40	19	32	36	14	21	28
Other	0	1	1	1	1	0	0	2	0	0	1	0
Individual coverage:												
Employee contributions not required	49	33	31	45	21	20	43	24	24	55	44	40
Employee contributions required	51	67	69	55	79	80	57	76	76	45	56	60
Family coverage:												
Employee contributions not required	31	22	20	25	11	10	27	15	14	37	33	29
Employee contributions required	69	78	80	75	89	90	73	85	86	63	67	71
Individual coverage:	Average monthly contribution											
Average monthly employee contribution:												
Total	\$ 27	\$ 34	\$ 39	\$ 26	\$ 35	\$ 37	\$ 28	\$ 36	\$ 39	\$ 26	\$ 32	\$ 40
Non-HMO	26	33	42	26	33	40	27	34	41	25	32	43
HMO	29	36	34	29	38	33	32	39	36	28	32	34
Family coverage:												
Average monthly employee contribution:												
Total	97	118	130	96	120	125	108	127	135	91	112	131
Non-HMO	92	112	132	93	116	128	104	120	134	84	106	134
HMO	118	133	126	110	128	120	121	141	138	122	130	124

¹Less than 100 employees in all private nonfarm industries.

²100 or more employees in all private nonfarm industries.

NOTE: In 1992–93, 88 percent of full-time employees in private establishments were offered health care plans by their employers (96 percent in medium and large private establishments and 80 percent in small private establishments). In 1999 the National Compensation Survey was redesigned. Starting in 1999, only participation rates in medical care benefits for full-time and part-time employees are available for this table, but not details on type of coverage or employee contributions. In 2000 in medium and large private establishments, the participation rate in health benefits was 67 percent for full-time employees and 28 percent for part-time employees; in small private establishments, 56 percent of full-time and 6 percent of part-time employees received health benefits through their employers.

SOURCES: U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey; Employee benefits in small private establishments, 1990 Bulletin 2388, September 1991, 1994 Bulletin 2475, April 1996, and 1996 Bulletin 2507, April 1999. Employee benefits in medium and large private establishments, 1991 Bulletin 2422, May 1993, 1997 Bulletin 2517, Sept. 1999, and news release USDL 97–246. July 25, 1997. Blostin AP and Pfuntner JN. Employee medical care contributions on the rise. Compensation and Working Conditions, Spring 1998.

Table 136 (page 1 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of service	1970	1980	1990	1995	1998	1999	2000	2001	2002 ¹
Enrollees									
Number in millions									
Total ²	20.4	28.4	34.3	37.6	38.9	39.2	39.7	40.1	40.5
Hospital insurance	20.1	28.0	33.7	37.2	38.5	38.8	39.3	39.7	40.1
Supplementary medical insurance	19.5	27.3	32.6	35.6	36.8	37.0	37.3	37.7	38.0
Expenditures									
Amount in billions									
Total	\$ 7.5	\$ 36.8	\$ 111.0	\$ 184.2	\$ 213.4	\$ 213.0	\$ 221.8	\$ 244.8	\$ 265.7
Total hospital insurance (HI)	5.3	25.6	67.0	117.6	135.8	130.6	131.1	143.4	152.5
HI payments to managed care organizations ³	---	0.0	2.7	6.7	19.0	20.9	21.4	20.8	19.2
HI payments for fee-for-service utilization	5.3	25.6	64.3	110.9	116.8	109.8	109.7	122.6	133.3
Inpatient hospital	4.8	24.1	56.9	82.3	87.4	86.6	87.4	95.7	104.1
Skilled nursing facility	0.2	0.4	2.5	9.1	13.1	10.4	10.9	13.4	15.3
Home health agency	0.1	0.5	3.7	16.2	11.6	7.6	3.8	4.2	5.1
Home health agency transfer ⁴	---	---	---	---	0.5	0.6	1.7	3.1	1.2
Hospice	---	---	0.3	1.9	2.2	2.6	3.0	3.7	4.9
Administrative expenses ⁵	0.2	0.5	0.8	1.2	1.8	1.9	2.6	2.2	2.6
Total supplementary medical insurance (SMI)	2.2	11.2	44.0	66.6	77.6	82.3	90.7	101.4	113.2
SMI payments to managed care organizations ³	0.0	0.2	2.8	6.6	15.3	17.7	18.4	17.6	17.5
SMI payments for fee-for-service utilization ⁶	2.2	11.0	41.2	60.0	62.3	64.6	72.3	83.8	95.7
Physician/supplies ⁷	1.8	8.2	29.6	---	---	---	---	---	---
Outpatient hospital ⁸	0.1	1.9	8.5	---	---	---	---	---	---
Independent laboratory ⁹	0.0	0.1	1.5	---	---	---	---	---	---
Physician fee schedule	---	---	---	31.7	32.4	33.4	37.0	42.0	44.8
Durable medical equipment	---	---	---	3.7	4.0	4.3	4.7	5.4	6.6
Laboratory ¹⁰	---	---	---	4.3	3.6	3.8	4.0	4.4	5.0
Other ¹¹	---	---	---	9.9	12.3	12.2	13.7	16.1	19.5
Hospital ¹²	---	---	---	8.7	8.7	8.8	8.5	12.8	13.5
Home health agency	0.0	0.2	0.1	0.2	0.2	1.2	4.4	4.4	5.2
Home health agency transfer ⁴	---	---	---	---	-0.5	-0.6	-1.7	-3.1	-1.2
Administrative expenses ⁵	0.2	0.6	1.5	1.6	1.5	1.6	1.8	1.7	2.2
Percent distribution of expenditures									
Total hospital insurance (HI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
HI payments to managed care organizations ³	---	0.0	4.0	5.7	14.0	16.0	16.4	14.5	12.6
HI payments for fee-for-service utilization	100.0	100.0	96.0	94.3	86.0	84.0	83.7	85.5	87.4
Inpatient hospital	90.6	94.5	85.1	70.1	64.5	66.3	66.8	66.9	68.4
Skilled nursing facility	3.8	1.6	3.7	7.7	9.7	8.0	8.3	9.4	10.0
Home health agency	1.9	2.0	5.5	13.8	8.6	5.8	2.9	2.9	3.3
Home health agency transfer ⁴	---	---	---	---	0.4	0.5	1.3	2.2	0.8
Hospice	---	---	0.4	1.6	1.6	2.0	2.3	2.6	3.2
Administrative expenses ⁵	3.8	2.0	1.1	1.1	1.3	1.4	2.0	1.5	1.7

See footnotes at end of table.

Table 136 (page 2 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–2002

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of service	1970	1980	1990	1995	1998	1999	2000	2001	2002 ¹
Percent distribution of expenditures									
Total supplementary medical insurance (SMI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SMI payments to managed care organizations ³	0.0	1.8	6.4	9.9	19.7	21.5	20.3	17.4	15.5
SMI payments for fee-for-service utilization ⁶	100.0	98.2	93.6	90.1	80.2	78.5	79.8	82.7	84.5
Physician/supplies ⁷	85.7	73.2	67.3	---	---	---	---	---	---
Outpatient hospital ⁸	4.8	17.0	19.3	---	---	---	---	---	---
Independent laboratory ⁹	0.0	0.9	3.4	---	---	---	---	---	---
Physician fee schedule	---	---	---	47.5	41.8	40.5	40.7	41.5	39.6
Durable medical equipment	---	---	---	5.5	5.2	5.2	5.2	5.3	5.8
Laboratory ¹⁰	---	---	---	6.4	4.6	4.6	4.4	4.3	4.4
Other ¹¹	---	---	---	14.8	15.9	14.8	15.1	15.9	17.2
Hospital ¹²	---	---	---	13.0	11.2	10.7	9.4	12.7	11.9
Home health agency	0.0	1.8	0.2	0.3	0.3	1.5	4.8	4.3	4.6
Home health agency transfer ⁴	---	---	---	0.0	-0.6	-0.7	-1.9	-3.1	-1.0
Administrative expenses ⁵	9.5	5.4	3.4	2.4	1.9	1.9	2.0	1.7	1.9

--- Data not available.

0.0 Quantity greater than 0 but less than 0.05.

¹Preliminary figures.

²Average number enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs for the period. See Appendix II, Medicare.

³Medicare-approved managed care organizations.

⁴Reflects annual home health HI to SMI transfer amounts for 1998 and later.

⁵Includes research, costs of experiments and demonstration projects, and peer review activity.

⁶Type of service reporting categories for fee-for-service reimbursement differ before and after 1991.

⁷Includes payment for physicians, practitioners, durable medical equipment, and all suppliers other than Independent laboratory, which is shown separately through 1990. Beginning in 1991, those physician services subject to the Physician fee schedule are so broken out. Payments for laboratory services paid under the Laboratory fee schedule and performed in a physician office are included under "Laboratory" beginning in 1991. Payments for durable medical equipment are broken out and so labeled beginning in 1991. The remaining services from the "Physician" category are included in "Other."

⁸Includes payments for hospital outpatient department services, for skilled nursing facility outpatient services, for Part B services received as an inpatient in a hospital or skilled nursing facility setting, and for other types of outpatient facilities. Beginning in 1991, payments for hospital outpatient department services, except for laboratory services, are listed under "Hospital." Hospital outpatient laboratory services are included in the "Laboratory" line.

⁹Beginning in 1991 those independent laboratory services that were paid under the laboratory fee schedule (most of Independent lab) are included in the "Laboratory" line; the remaining services are included in "Physician fee schedule" and "Other" lines.

¹⁰Payments for laboratory services paid under the laboratory fee schedule performed in a physician office, independent lab, or in a hospital outpatient department.

¹¹Includes payments for physician-administered drugs, free-standing ambulatory surgical center facility services; ambulance services; supplies; free-standing end-stage renal disease (ESRD) dialysis facility services; rural health clinics; outpatient rehabilitation facilities; psychiatric hospitals; and federally qualified health centers.

¹²Includes the hospital facility costs for Medicare Part B services that are predominantly in the outpatient department, with the exception of hospital outpatient laboratory services, which are included on the "Laboratory" line. Physician reimbursement is included on the "Physician fee schedule" line.

NOTES: Percents are calculated using unrounded data. Table includes service disbursements as of February 2004 for Medicare enrollees residing in Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Totals do not necessarily equal the sum of rounded components. Some numbers in this table have been revised and differ from previous editions of *Health, United States*.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, Medicare and Medicaid Cost Estimates Group, Medicare Administrative Data.

Table 137. Medicare enrollees and program payments among fee-for-service Medicare beneficiaries, according to sex and age: United States and other areas, 1994–2001

[Data are compiled from administrative data by the Centers for Medicare & Medicaid Services]

<i>Sex and age</i>	1994	1995	1996	1997	1998	1999	2000	2001
Fee-for-service enrollees in thousands								
Total	34,076	34,062	33,704	33,009	32,349	32,179	32,740	33,860
Sex								
Male	14,533	14,563	14,440	14,149	13,902	13,872	14,195	14,746
Female	19,543	19,499	19,264	18,860	18,477	18,307	18,545	19,113
Age								
Under 65 years	4,031	4,239	4,413	4,498	4,617	4,742	4,907	5,172
65–74 years	16,713	16,373	15,810	15,099	14,433	14,072	14,230	14,689
75–84 years	9,845	9,911	9,915	9,847	9,722	9,748	9,919	10,211
85 years and over	3,486	3,540	3,566	3,565	3,577	3,618	3,684	3,787
Fee-for-service program payments in millions								
Total	\$146,549	\$158,980	\$167,063	\$175,423	\$168,164	\$166,687	\$174,261	\$197,505
Sex								
Male	63,907	68,758	71,011	75,357	72,883	73,171	76,230	86,314
Female	82,642	90,222	95,052	100,066	95,281	93,516	98,031	111,190
Age								
Under 65 years	18,835	21,029	24,160	25,798	23,746	24,262	25,773	29,720
65–74 years	55,147	58,093	58,737	59,687	57,342	56,031	57,494	64,634
75–84 years	50,719	55,256	58,058	61,708	59,745	59,518	62,685	70,850
85 years and over	21,847	24,602	26,108	28,231	27,331	26,875	28,309	32,300
Percent distribution of fee-for-service program payments								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sex								
Male	43.6	43.2	42.5	43.0	43.3	43.9	43.7	43.7
Female	56.4	56.8	56.9	57.0	56.7	56.1	56.3	56.3
Age								
Under 65 years	12.9	13.2	14.5	14.7	14.1	14.6	14.8	15.0
65–74 years	37.6	36.5	35.2	34.0	34.1	33.6	33.0	32.7
75–84 years	34.6	34.8	34.8	35.2	35.5	35.7	36.0	35.9
85 years and over	14.9	15.5	15.6	16.1	16.3	16.1	16.2	16.4
Average fee-for-service payment per enrollee								
Total	\$ 4,301	\$ 4,667	\$ 4,957	\$ 5,314	\$ 5,198	\$ 5,180	\$ 5,323	\$ 5,833
Sex								
Male	4,397	4,721	4,918	5,326	5,243	5,275	5,370	5,853
Female	4,229	4,627	4,934	5,306	5,165	5,108	5,286	5,818
Age								
Under 65 years	4,673	4,960	5,475	5,735	5,143	5,117	5,252	5,746
65–74 years	3,300	3,548	3,715	3,953	3,973	3,982	4,040	4,400
75–84 years	5,152	5,576	5,856	6,267	6,145	6,106	6,320	6,939
85 years and over	6,267	6,950	7,321	7,919	7,641	7,428	7,684	8,529

NOTES: Table includes data for Medicare enrollees residing in Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Number of fee-for-service enrollees is based on five-percent annual Denominator File using the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database and Group Health Plan data. Fee-for-service program payments are based on a five-percent annual Denominator File and fee-for-service billing reimbursement for a five-percent sample of Medicare beneficiaries as recorded in CMS' National Claims History using CMS' Enrollment Database, Group Health Plan, and National Claims History data.

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for years 1996 to 2003. Website: www.cms.hhs.gov/review/supp/.

Table 138 (page 1 of 2). Medicare beneficiaries by race and ethnicity, according to selected characteristics: United States, 1992 and 2000

[Data are based on household interviews of a sample of current Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino							
	All		White		Black or African American		Hispanic or Latino	
	1992	2000	1992	2000	1992	2000	1992	2000
	Number of beneficiaries in millions							
All Medicare beneficiaries	36.8	40.6	30.9	32.4	3.3	3.7	1.9	2.8
	Percent distribution of beneficiaries							
All Medicare beneficiaries	100.0	100.0	84.2	80.1	8.9	9.1	5.2	7.0
	Percent of beneficiaries with at least one service							
Medical care use								
All Medicare beneficiaries:								
Long-term care facility stay	7.7	9.3	8.0	9.7	6.2	8.8	4.2	6.0
Community-only residents:								
Inpatient hospital	17.9	19.2	18.1	19.2	18.4	22.8	16.6	16.2
Outpatient hospital	57.9	69.8	57.8	70.7	61.1	69.0	53.1	63.7
Physician/supplier ¹	92.4	94.9	93.0	95.4	89.1	92.8	87.9	92.9
Dental	40.4	43.5	43.1	46.9	23.5	24.1	29.1	33.9
Prescription medicine	85.2	91.1	85.5	91.5	83.1	89.5	84.6	90.1
	Expenditures per beneficiary							
Expenditures								
All Medicare beneficiaries:								
Total health care ²	\$6,716	\$10,490	\$6,816	\$10,475	\$7,043	\$12,328	\$5,784	\$9,089
Long-term care facility ³	1,581	2,310	1,674	2,406	1,255	2,438	*758	1,799
Community-only residents:								
Total personal health care	5,054	7,911	4,988	7,814	5,530	9,419	4,938	6,934
Inpatient hospital	2,098	2,664	2,058	2,605	2,493	3,465	1,999	2,133
Outpatient hospital	504	875	478	796	668	1,523	511	915
Physician/supplier ¹	1,524	2,491	1,525	2,503	1,398	2,621	1,587	2,234
Dental	142	258	153	278	70	101	97	193
Prescription medicine	468	1,163	481	1,182	417	1,135	389	1,014
Long-term care facility residents only:								
Long-term care facility ⁴	23,054	32,442	23,177	31,795	21,272	36,132	*25,026	*39,057
	Percent distribution of beneficiaries							
Sex								
Both sexes	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	42.9	43.4	42.7	43.3	42.0	40.0	46.7	46.9
Female	57.1	56.6	57.3	56.7	58.0	60.0	53.3	53.1
	Eligibility criteria and age							
All Medicare beneficiaries ⁵	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disabled	10.2	13.6	8.6	11.5	19.1	23.3	16.5	21.7
Under 45 years	3.5	3.9	2.9	3.2	7.6	7.5	6.9	5.5
45-64 years	6.5	9.8	5.8	8.3	11.5	15.8	9.6	16.3
Aged	89.8	86.4	91.4	88.5	81.0	76.7	83.5	78.3
65-74 years	51.5	45.4	52.0	46.7	48.0	41.7	49.4	45.5
75-84 years	28.8	30.0	29.5	31.4	24.0	25.9	27.1	22.9
85 years and over	9.7	10.9	9.9	11.5	9.0	9.0	6.9	9.9
	Living arrangement							
All living arrangements	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Alone	27.0	29.3	27.5	29.8	27.7	32.5	20.2	22.9
With spouse	51.2	49.0	53.3	51.0	33.3	30.0	50.4	49.2
With children	9.1	9.5	7.7	7.6	16.8	18.6	16.6	14.8
With others	7.6	7.1	6.2	6.2	18.1	13.7	10.8	9.9
Long-term care facility	5.1	5.1	5.3	5.4	4.0	5.2	*2.0	*3.3

See footnotes at end of table.

Table 138 (page 2 of 2). Medicare beneficiaries by race and ethnicity, according to selected characteristics: United States, 1992 and 2000

[Data are based on household interviews of a sample of current Medicare beneficiaries and Medicare administrative records]

Characteristic	Not Hispanic or Latino							
	All		White		Black or African American		Hispanic or Latino	
	1992	2000	1992	2000	1992	2000	1992	2000
Age and limitation of activity ⁶	Percent distribution of beneficiaries							
Disabled	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	22.7	27.3	21.8	25.2	26.2	35.7	21.2	30.1
IADL only	39.0	35.1	38.9	35.5	35.8	33.2	46.1	37.3
1 or 2 ADL	21.2	21.8	21.5	23.2	21.2	17.7	*20.9	*16.8
3–5 ADL	17.2	15.9	17.9	16.1	*16.8	*13.5	*11.9	*15.8
65–74 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	67.0	71.5	68.7	72.6	55.1	64.8	59.2	69.4
IADL only	17.8	15.4	17.0	15.1	22.9	18.0	*20.9	*13.6
1 or 2 ADL	10.4	8.6	9.6	8.2	14.4	10.8	*15.7	*13.2
3–5 ADL	4.8	4.5	4.6	4.2	*7.6	*6.3	*4.2	*4.0
75–84 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	46.6	52.2	47.5	53.1	42.0	46.2	44.3	48.3
IADL only	23.9	23.0	23.6	22.7	26.7	20.9	*27.8	29.9
1 or 2 ADL	16.5	14.3	16.8	13.8	15.3	17.7	*14.9	*18.6
3–5 ADL	13.0	10.6	12.2	10.4	*15.9	15.2	*13.0	*8.2
85 years and over	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	19.9	24.9	20.2	25.1	*19.6	*25.9	*19.7	*23.4
IADL only	20.9	22.6	20.2	22.4	*22.1	*19.7	*24.7	*24.7
1 or 2 ADL	23.5	22.2	23.5	22.3	*24.3	*19.3	*23.7	*28.1
3–5 ADL	35.8	30.4	36.1	30.2	*34.0	35.1	*31.8	*23.8

* Estimates are considered unreliable. Cell is based on 50 persons or fewer or the estimate has a relative standard error of 30 percent or higher.

¹Physician/supplier services include medical and osteopathic doctor and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment and nondurable medical supplies.

²Total health care expenditures by Medicare beneficiaries, including expenses paid by Medicare and all other sources of payment for the following services: inpatient hospital, outpatient hospital, physician/supplier, dental, prescription medicine, home health, hospice and long term care facility care. Does not include health insurance premiums.

³Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year, for beneficiaries who resided in a facility for part of the year and in the community for part of the year, and expenditures for short-term facility stays for full-year or part-year community residents. See [Appendix II, Long-term care facility](#).

⁴Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year. It does not include expenditures for short-term facility stays for full-year community residents. See [Appendix II, Long-term care facility](#).

⁵Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups “Aged” and “Disabled.”

⁶See [Appendix II](#) for definitions of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). Includes data for both community and long-term care facility residents.

NOTES: Percents and percent distributions are calculated using unrounded numbers. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Health and Health Care of the Medicare Population; www.cms.hhs.gov/mcbs/PubHHC99.asp.

Table 139. Medicaid recipients and medical vendor payments, according to basis of eligibility, and race and ethnicity: United States, selected fiscal years 1972–2001

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

<i>Basis of eligibility and race and ethnicity</i>	1972	1980	1990	1995	1997	1998 ¹	1999 ²	2000	2001
Recipients									
	Number in millions								
All recipients	17.6	21.6	25.3	36.3	34.9	40.6	40.1	42.8	46.0
	Percent of recipients								
Basis of eligibility:³									
Aged (65 years and over)	18.8	15.9	12.7	11.4	11.3	9.8	9.4	8.7	8.3
Blind and disabled	9.8	13.5	14.7	16.1	17.6	16.3	16.7	16.1	15.4
Adults in families with dependent children ⁴	17.8	22.6	23.8	21.0	19.5	19.5	18.7	20.5	21.1
Children under age 21 ⁵	44.5	43.2	44.4	47.3	45.3	46.7	46.9	46.1	45.7
Other Title XIX ⁶	9.0	6.9	3.9	1.7	6.3	7.8	8.4	8.6	9.5
Race and ethnicity:⁷									
White	---	---	42.8	45.5	44.4	41.3	---	---	40.2
Black or African American	---	---	25.1	24.7	23.5	24.2	---	---	23.1
American Indian or Alaska Native	---	---	1.0	0.8	1.0	0.8	---	---	1.3
Asian or Pacific Islander	---	---	2.0	2.2	1.9	2.5	---	---	3.0
Hispanic or Latino	---	---	15.2	17.2	14.3	15.6	---	---	17.9
Unknown	---	---	14.0	9.6	14.9	15.5	---	---	14.6
Vendor payments⁸									
	Amount in billions								
All payments	\$ 6.3	\$ 23.3	\$ 64.9	\$120.1	\$124.4	\$ 142.3	\$ 153.5	\$ 168.3	\$ 186.3
	Percent distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Basis of eligibility:									
Aged (65 years and over)	30.6	37.5	33.2	30.4	30.3	28.5	27.7	26.4	25.9
Blind and disabled	22.2	32.7	37.6	41.1	43.5	42.4	42.9	43.2	43.1
Adults in families with dependent children ⁴	15.3	13.9	13.2	11.2	9.9	10.4	10.3	10.6	10.7
Children under age 21 ⁵	18.1	13.4	14.0	15.0	14.1	16.0	15.7	15.9	16.3
Other Title XIX ⁶	13.9	2.6	1.6	1.2	2.2	2.6	3.4	3.9	3.9
Race and ethnicity:⁷									
White	---	---	53.4	54.3	55.0	54.3	---	---	54.4
Black or African American	---	---	18.3	19.2	18.5	19.6	---	---	19.8
American Indian or Alaska Native	---	---	0.6	0.5	0.6	0.8	---	---	1.1
Asian or Pacific Islander	---	---	1.0	1.2	0.9	1.4	---	---	2.5
Hispanic or Latino	---	---	5.3	7.3	6.8	8.2	---	---	9.4
Unknown	---	---	21.3	17.6	18.2	15.7	---	---	12.9
Vendor payments per recipient⁸									
	Amount								
All recipients	\$ 358	\$1,079	\$2,568	\$3,311	\$3,568	\$ 3,501	\$ 3,819	\$ 3,936	\$ 4,053
Basis of eligibility:									
Aged (65 years and over)	580	2,540	6,717	8,868	9,538	10,242	11,268	11,929	12,725
Blind and disabled	807	2,618	6,564	8,435	8,832	9,095	9,832	10,559	11,318
Adults in families with dependent children ⁴	307	662	1,429	1,777	1,809	1,876	2,104	2,030	2,059
Children under age 21 ⁵	145	335	811	1,047	1,111	1,203	1,282	1,358	1,448
Other Title XIX ⁶	555	398	1,062	2,380	1,242	1,166	1,532	1,778	1,680
Race and ethnicity:⁷									
White	---	---	3,207	3,953	4,421	4,609	---	---	5,489
Black or African American	---	---	1,878	2,568	2,798	2,836	---	---	3,480
American Indian or Alaska Native	---	---	1,706	2,142	2,500	3,297	---	---	3,452
Asian or Pacific Islander	---	---	1,257	1,713	1,610	1,924	---	---	3,283
Hispanic or Latino	---	---	903	1,400	1,699	1,842	---	---	2,126
Unknown	---	---	3,909	6,099	4,356	3,531	---	---	3,576

--- Data not available.

¹Prior to 1999 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year; and vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$19.3 billion in 1998 and \$18 billion in 1997). The total number of persons who were Medicaid eligible and enrolled was 41.4 million in 1998, 41.6 million in 1997, and 41.2 million in 1996 (HCFA Medicaid Statistics, Program and Financial Statistics FY1996, FY1997, and FY1998, unpublished).

²Starting in 1999, the Medicaid data system was changed. See [Appendix I, Medicaid Data System](#).

³In 1980 and 1985 recipients are included in more than one category. In 1990–96, 0.2–2.5 percent of recipients have unknown basis of eligibility. From 1997 onwards, unknowns are included in Other Title XIX.

⁴Includes adults in the Aid to Families with Dependent Children (AFDC) program. From 1997 onwards includes adults in the Temporary Assistance for Needy Families (TANF) program. From 2001 onwards includes women in the Breast and Cervical Cancer Prevention and Treatment Program.

⁵Includes children in the AFDC program. From 1997 onwards includes children and foster care children in the TANF program.

⁶Includes some participants in the Supplemental Security Income program and other people deemed medically needy in participating States. From 1997 onwards excludes foster care children and includes unknown eligibility.

⁷Race and ethnicity as determined on initial Medicaid application. Categories are mutually exclusive. Starting in 2001, Hispanic category included Hispanic persons regardless of race. Persons indicating more than one race were included in the unknown category.

⁸Vendor payments exclude disproportionate share hospital payments (\$15.5 billion in FY2001).

NOTES: 1972 data are for fiscal year ending June 30. All other years are for fiscal year ending September 30. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services, Enterprise Databases Group, Division of Information Distribution, Medicaid Data System. Before 1999 Medicaid Statistical Report HCFA–2082. From 1999 onwards Medicaid Statistical Information System, MSIS. www.cms.hhs.gov/medicaid/msis/mstats.asp.

Table 140 (page 1 of 2). Medicaid recipients and medical vendor payments, according to type of service: United States, selected fiscal years 1972–2001

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Type of service	1972	1980	1990	1995	1997	1998 ¹	1999 ²	2000	2001
Recipients									
Number in millions									
All recipients	17.6	21.6	25.3	36.3	34.9	40.6	40.2	42.8	46.0
Percent of recipients									
Inpatient hospital	16.1	17.0	18.2	15.3	13.6	10.5	11.2	11.5	10.6
Mental health facility	0.2	0.3	0.4	0.2	0.3	0.3	0.2	0.2	0.2
Mentally retarded intermediate care facility	---	0.6	0.6	0.4	0.4	0.3	0.3	0.3	0.3
Nursing facility	---	---	---	4.6	4.6	4.0	4.0	4.0	3.7
Skilled	3.1	2.8	2.4	---	---	---	---	---	---
Intermediate care	---	3.7	3.4	---	---	---	---	---	---
Physician	69.8	63.7	67.6	65.6	60.7	45.6	45.7	44.7	43.5
Dental	13.6	21.5	18.0	17.6	17.0	12.2	14.0	13.8	15.3
Other practitioner	9.1	15.0	15.3	15.2	14.7	10.7	9.9	11.1	11.1
Outpatient hospital	29.6	44.9	49.0	46.1	39.1	29.9	30.9	30.9	29.8
Clinic	2.8	7.1	11.1	14.7	13.5	13.0	16.8	17.9	18.4
Laboratory and radiological	20.0	14.9	35.5	36.0	31.8	23.1	25.4	26.6	26.8
Home health	0.6	1.8	2.8	4.5	5.3	3.0	2.0	2.3	2.2
Prescribed drugs	63.3	63.4	68.5	65.4	60.1	47.6	49.4	48.0	47.6
Family planning	---	5.2	6.9	6.9	6.0	4.9	---	---	---
Early and periodic screening	---	---	11.7	18.2	18.5	15.2	---	---	---
Rural health clinic	---	---	0.9	3.4	4.1	---	---	---	---
Capitated payment services	---	---	---	---	---	49.7	51.5	49.7	50.5
Primary care case management	---	---	---	---	---	---	9.7	13.0	13.9
Personal support	---	---	---	---	---	---	10.1	10.6	10.8
Other care	14.4	11.9	20.3	31.5	35.5	36.0	21.6	21.4	21.5
Vendor payments ³									
Amount in billions									
All payments	\$ 6.3	\$ 23.3	\$ 64.9	\$120.1	\$124.4	\$142.3	\$153.5	\$168.3	\$186.3
Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	40.6	27.5	25.7	21.9	18.6	15.1	14.5	14.4	13.9
Mental health facility	1.8	3.3	2.6	2.1	1.6	2.0	1.1	1.1	1.1
Mentally retarded intermediate care facility	---	8.5	11.3	8.6	7.9	6.7	6.1	5.6	5.2
Nursing facility	---	---	---	24.2	24.5	22.4	21.7	20.5	20.0
Skilled	23.3	15.8	12.4	---	---	---	---	---	---
Intermediate care	---	18.0	14.9	---	---	---	---	---	---
Physician	12.6	8.0	6.2	6.1	5.7	4.3	4.3	4.0	4.0
Dental	2.7	2.0	0.9	0.8	0.8	0.6	0.8	0.8	1.0
Other practitioner	0.9	0.8	0.6	0.8	0.8	0.4	0.3	0.4	0.4
Outpatient hospital	5.8	4.7	5.1	5.5	5.0	4.0	4.0	4.2	4.0
Clinic	0.7	1.4	2.6	3.6	3.4	2.8	3.8	3.7	3.0
Laboratory and radiological	1.3	0.5	1.1	1.0	0.8	0.7	0.8	0.8	0.9
Home health	0.4	1.4	5.2	7.8	9.8	1.9	1.9	1.9	1.9
Prescribed drugs	8.1	5.7	6.8	8.1	9.6	9.5	10.8	11.9	12.7
Family planning	---	0.3	0.4	0.4	0.3	0.3	---	---	---
Early and periodic screening	---	---	0.3	1.0	1.3	0.9	---	---	---
Rural health clinic	---	---	0.1	0.2	0.2	---	---	---	---
Capitated payment services	---	---	---	---	---	13.6	14.0	14.5	15.7
Primary care case management	---	---	---	---	---	---	0.3	0.1	0.1
Personal support	---	---	---	---	---	---	6.9	6.9	7.0
Other care	1.8	1.9	3.7	7.7	8.9	13.6	8.6	8.8	9.2

See footnotes at end of table.

Table 140 (page 2 of 2). Medicaid recipients and medical vendor payments, according to type of service: United States, selected fiscal years 1972–2001

[Data are compiled by the Centers for Medicare & Medicaid Services from the Medicaid Data System]

Type of service	1972	1980	1990	1995	1997	1998 ¹	1999 ²	2000	2001
Vendor payments per recipient ³					Amount				
Total payment per recipient	\$ 358	\$ 1,079	\$ 2,568	\$ 3,311	\$ 3,568	\$ 3,501	\$ 3,819	\$ 3,936	\$ 4,053
Inpatient hospital	903	1,742	3,630	4,735	4,877	5,031	4,943	4,919	5,313
Mental health facility	2,825	11,742	18,548	29,847	22,990	20,701	18,094	17,800	21,482
Mentally retarded intermediate care facility	---	16,438	50,048	68,613	72,033	74,960	76,443	79,330	83,227
Nursing facility	---	---	---	17,424	19,029	19,379	20,568	20,220	21,894
Skilled	2,665	6,081	13,356	---	---	---	---	---	---
Intermediate care	---	5,326	11,236	---	---	---	---	---	---
Physician	65	136	235	309	333	327	357	356	371
Dental	71	99	130	160	175	182	214	238	270
Other practitioner	37	61	96	178	190	135	118	139	149
Outpatient hospital	70	113	269	397	453	474	491	533	546
Clinic	82	209	602	804	902	742	860	805	662
Laboratory and radiological	23	38	80	90	93	100	114	113	131
Home health	229	847	4,733	5,740	6,575	2,206	3,571	3,135	3,478
Prescribed drugs	46	96	256	413	571	699	837	975	1,083
Family planning	---	72	151	206	200	223	---	---	---
Early and periodic screening	---	---	67	177	251	216	---	---	---
Rural health clinic	---	---	154	174	213	---	---	---	---
Capitated payment services	---	---	---	---	---	955	1,040	1,148	1,257
Primary care case management	---	---	---	---	---	---	119	30	29
Personal support	---	---	---	---	---	---	2,583	2,543	2,639
Other care	44	172	465	807	891	1,331	1,508	1,600	1,734

--- Data not available.

. . . Category not applicable.

¹Prior to 1999 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year; and vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$19.3 billion in 1998 and \$18 billion in 1997). The total number of persons who were Medicaid eligible and enrolled was 41.4 million in 1998, 41.6 million in 1997, and 41.2 million in 1996 (HCFA Medicaid Statistics, Program and Financial Statistics FY1996, FY1997, and FY1998, unpublished).

²Starting in 1999, the Medicaid data system was changed. See Appendix I, Medicaid Data System.

³Payments exclude disproportionate share hospital payments (\$15.5 billion in FY2001).

NOTES: 1972 data are for fiscal year ending June 30. All other years are for fiscal year ending September 30. Unknown services are included with Other care (0.1 percent of recipients and 0.2 percent of payments in 2001). Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services, Enterprise Databases Group, Division of Information Distribution, Medicaid Data System. Before 1999 Medicaid Statistical Report HCFA–2082. From 1999 onwards Medicaid Statistical Information System, MSIS.

www.cms.hhs.gov/medicaid/msis/mstats.asp.

Table 141. Department of Veterans Affairs health care expenditures and use, and persons treated according to selected characteristics: United States, selected fiscal years 1970–2003

[Data are compiled from patient records, enrollment information, and budgetary data by the Department of Veterans Affairs]

	1970	1980	1990	1995	1999	2000	2001	2002	2003
Health care expenditures									
Amount in millions									
All expenditures ¹	\$1,689	\$ 5,981	\$11,500	\$16,126	\$17,876	\$19,327	\$21,316	\$23,003	\$25,647
Percent distribution									
All services	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital	71.3	64.3	57.5	49.0	38.8	37.3	34.7	33.6	32.2
Outpatient care	14.0	19.1	25.3	30.2	44.0	45.7	48.0	48.8	49.5
Nursing home care	5.5	7.1	9.5	10.0	8.5	8.2	8.1	8.0	8.1
All other ²	9.1	9.6	7.7	10.8	8.7	8.8	9.2	9.6	10.2
Health care use									
Number in thousands									
Inpatient hospital stays ³	787	1,248	1,029	879	611	579	584	590	588
Outpatient visits	7,312	17,971	22,602	27,527	36,928	38,370	42,901	46,058	49,760
Nursing home stays ⁴	47	57	75	79	92	91	93	87	93
Inpatients ⁵									
Total	---	---	598	527	447	417	426	436	443
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.9	39.3	33.8	34.4	34.6	35.2	36.2
Veterans without service-connected disability	---	---	60.3	59.9	65.3	64.7	64.5	63.9	62.9
Low income	---	---	54.8	56.2	44.8	41.7	41.4	40.9	40.8
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled ⁶	---	---	---	---	12.8	16.0	15.7	13.6	13.5
Veterans receiving medical care subject to copayments ⁷	---	---	2.8	2.8	4.7	5.2	6.0	7.7	8.0
Other and unknown ⁸	---	---	2.7	0.9	3.0	1.8	1.4	1.7	0.6
Nonveterans	---	---	0.8	0.8	0.9	0.9	0.9	0.9	0.8
Outpatients ⁵									
Number in thousands									
Total	---	---	2,564	2,790	3,400	3,657	4,072	4,456	4,715
Percent distribution									
Total	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Veterans with service-connected disability	---	---	38.3	37.5	30.5	30.7	30.0	29.5	30.3
Veterans without service-connected disability	---	---	49.8	50.5	60.6	60.8	62.5	63.9	63.4
Low income	---	---	41.1	42.2	38.8	37.6	36.6	34.1	32.7
Veterans receiving aid and attendance or housebound benefits or who are catastrophically disabled ⁶	---	---	---	---	3.2	3.8	3.7	3.3	3.4
Veterans receiving medical care subject to copayments ⁷	---	---	3.6	4.2	11.7	15.4	19.9	23.6	26.1
Other and unknown ⁸	---	---	5.1	4.1	6.9	4.0	2.3	2.9	1.1
Nonveterans	---	---	11.8	12.0	8.9	8.5	7.5	6.6	6.3

--- Data not available.

¹Health care expenditures exclude construction, medical administration, and miscellaneous operating expenses at Department of Veterans Affairs headquarters.

²Includes miscellaneous benefits and services, contract hospitals, education and training, subsidies to State veterans hospitals, nursing homes and residential rehabilitation treatment programs (formerly domiciliaries), and the Civilian Health and Medical Program of the Department of Veterans Affairs.

³One-day dialysis patients were included in 1980. Interfacility transfers were included beginning in 1990.

⁴Includes Department of Veterans Affairs nursing home and residential rehabilitation treatment program (formerly domiciliary) stays, and community nursing home care stays.

⁵Individuals. The inpatient and outpatient totals are not additive since almost all inpatients are also treated as outpatients.

⁶Veterans who are receiving aid and attendance or housebound benefits; veterans who have been determined by the Department of Veterans Affairs to be catastrophically disabled.

⁷Financial means-tested veterans who receive medical care subject to copayments according to income level.

⁸Prisoner of war, exposed to Agent Orange, and so forth. Prior to fiscal year 1994, veterans who reported exposure to Agent Orange were classified as exempt. Beginning in fiscal year 1994 those veterans reporting Agent Orange exposure but not treated for it were means tested and placed in the low income or other group depending on income.

NOTES: Figures may not add to totals due to rounding. In 1970, the fiscal year ended June 30; 1980 and later the fiscal year ended September 30. The veteran population was estimated at 25.2 million at the end of FY 2003, with 38 percent age 65 or over, compared with 11 percent in 1980. Seventeen percent had served during World War II, 14 percent during the Korean conflict, 33 percent during the Vietnam era, 15 percent during the Persian Gulf War, and 25 percent during peacetime. These percentages add to more than 100 due to veterans serving during more than one war. Beginning in fiscal year 1995 categories for health care expenditures and health care use were revised. In fiscal year 1999 a new priority system for reporting data was introduced and starting in 1999, data reflect the new categories. Data for additional years are available. See [Appendix III](#).

SOURCES: Department of Veterans Affairs (VA), Office of the Assistant Deputy Under Secretary for Health, National Patient Care Database, National Enrollment Database, budgetary data, and unpublished data. Veteran population estimates were provided by the VA's Office of the Actuary.

Table 142 (page 1 of 2). Personal health care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State¹</i>	<i>1991</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1991–98</i>	<i>1998</i>
	Per capita expenditures						Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$2,685	\$3,193	\$3,334	\$3,472	\$3,606	\$3,759	4.9	1.00
New England	3,115	3,745	3,945	4,092	4,303	4,540	5.5	1.21
Connecticut	3,338	3,900	4,138	4,250	4,442	4,656	4.9	1.24
Maine	2,464	3,018	3,256	3,512	3,755	4,025	7.3	1.07
Massachusetts	3,334	4,056	4,200	4,347	4,556	4,810	5.4	1.28
New Hampshire	2,511	3,029	3,264	3,441	3,650	3,840	6.3	1.02
Rhode Island	2,943	3,569	3,867	3,978	4,235	4,497	6.2	1.20
Vermont	2,393	2,890	3,133	3,273	3,455	3,654	6.2	0.97
Mideast ²	3,108	3,748	3,905	4,063	4,209	4,386	5.0	1.17
Delaware	2,878	3,565	3,737	3,847	4,083	4,258	5.8	1.13
Maryland	2,796	3,291	3,401	3,573	3,696	3,848	4.7	1.02
New Jersey	2,966	3,622	3,830	4,009	4,080	4,197	5.1	1.12
New York	3,288	3,997	4,162	4,346	4,486	4,706	5.3	1.25
Pennsylvania	2,988	3,547	3,683	3,791	4,003	4,168	4.9	1.11
Great Lakes	2,666	3,172	3,318	3,467	3,606	3,733	4.9	0.99
Illinois	2,743	3,259	3,394	3,535	3,653	3,801	4.8	1.01
Indiana	2,508	3,052	3,156	3,196	3,416	3,566	5.2	0.95
Michigan	2,643	3,114	3,289	3,457	3,602	3,676	4.8	0.98
Ohio	2,709	3,209	3,353	3,542	3,635	3,747	4.7	1.00
Wisconsin	2,610	3,138	3,306	3,476	3,654	3,845	5.7	1.02
Plains	2,544	3,115	3,271	3,436	3,592	3,797	5.9	1.01
Iowa	2,524	3,014	3,165	3,368	3,519	3,765	5.9	1.00
Kansas	2,574	3,067	3,249	3,412	3,573	3,707	5.3	0.99
Minnesota	2,606	3,246	3,439	3,614	3,791	3,986	6.3	1.06
Missouri	2,555	3,159	3,262	3,390	3,531	3,754	5.6	1.00
Nebraska	2,383	2,947	3,083	3,287	3,407	3,627	6.2	0.96
North Dakota	2,555	3,155	3,420	3,540	3,680	3,881	6.2	1.03
South Dakota	2,394	2,880	3,068	3,253	3,453	3,650	6.2	0.97
Southeast	2,557	3,081	3,241	3,400	3,557	3,686	5.4	0.98
Alabama	2,561	3,059	3,234	3,422	3,626	3,630	5.1	0.97
Arkansas	2,408	2,840	3,012	3,177	3,355	3,540	5.7	0.94
Florida	2,976	3,523	3,632	3,774	3,875	4,046	4.5	1.08
Georgia	2,527	3,007	3,170	3,291	3,412	3,505	4.8	0.93
Kentucky	2,424	2,898	3,098	3,300	3,519	3,711	6.3	0.99
Louisiana	2,619	3,243	3,376	3,496	3,639	3,742	5.2	1.00
Mississippi	2,190	2,686	2,933	3,145	3,286	3,474	6.8	0.92
North Carolina	2,271	2,854	3,040	3,232	3,420	3,535	6.5	0.94
South Carolina	2,276	2,839	2,985	3,131	3,399	3,529	6.5	0.94
Tennessee	2,594	3,186	3,415	3,569	3,728	3,808	5.6	1.01
Virginia	2,378	2,743	2,858	3,009	3,155	3,284	4.7	0.87
West Virginia	2,568	3,233	3,442	3,649	3,858	4,044	6.7	1.08
Southwest	2,373	2,794	2,934	3,075	3,194	3,339	5.0	0.89
Arizona	2,407	2,729	2,769	2,862	2,935	3,100	3.7	0.82
New Mexico	2,211	2,609	2,744	2,943	3,058	3,209	5.5	0.85
Oklahoma	2,336	2,819	3,014	3,188	3,268	3,397	5.5	0.90
Texas	2,387	2,821	2,975	3,117	3,255	3,397	5.2	0.90
Rocky Mountains	2,267	2,608	2,751	2,874	3,010	3,145	4.8	0.84
Colorado	2,481	2,835	2,977	3,071	3,202	3,331	4.3	0.89
Idaho	2,082	2,436	2,580	2,765	2,883	3,035	5.5	0.81
Montana	2,304	2,655	2,876	2,917	3,114	3,314	5.3	0.88
Utah	1,960	2,250	2,349	2,506	2,638	2,731	4.8	0.73
Wyoming	2,234	2,658	2,850	3,046	3,185	3,381	6.1	0.90

See footnotes at end of table.

Table 142 (page 2 of 2). Personal health care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State</i> ¹	<i>1991</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1991–98</i>	<i>1998</i>
	Per capita expenditures						Average annual percent change	Ratio to U.S. per capita expenditures
Far West	\$2,634	\$3,028	\$3,109	\$3,183	\$3,255	\$3,414	3.8	0.91
Alaska	2,459	2,811	3,050	3,227	3,340	3,442	4.9	0.92
California	2,690	3,071	3,132	3,200	3,265	3,429	3.5	0.91
Hawaii	2,638	3,248	3,462	3,656	3,664	3,770	5.2	1.00
Nevada	2,393	2,829	2,881	2,949	3,028	3,147	4.0	0.84
Oregon	2,337	2,780	2,924	3,019	3,160	3,334	5.2	0.89
Washington	2,545	2,946	3,075	3,142	3,225	3,382	4.1	0.90

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately. Per capita spending in DC is substantially higher than per capita spending in most states. Most of this higher spending comes from spending on hospital care. One contributing factor to higher spending is the concentration of several higher-cost academic medical centers in a very small geographic area populated with a small number of people. Another factor could be the inability of current data sources and methods to accurately portray spending flows between providers located in DC and beneficiary resident locations. As a result, per capita spending in DC is not shown.

NOTES: Personal health care includes the following types of services: hospital care, physician and other professional services, nursing home care and home health care, drugs and nondurable products, dental services, durable products, and other personal health care not otherwise specified. Per capita expenditures for each category except the last three are shown in tables 141–144. Services not shown separately accounted for 6 percent of personal health care expenditures in 1991 and 10 percent in 1998. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 143 (page 1 of 2). Hospital care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State¹</i>	<i>1991</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1991–98</i>	<i>1998</i>
	Per capita expenditures						Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$1,109	\$1,279	\$1,310	\$1,344	\$1,372	\$1,405	3.4	1.00
New England	1,253	1,438	1,463	1,503	1,562	1,613	3.7	1.15
Connecticut	1,206	1,345	1,343	1,387	1,423	1,478	2.9	1.05
Maine	1,015	1,204	1,296	1,385	1,441	1,501	5.7	1.07
Massachusetts	1,416	1,636	1,635	1,675	1,738	1,807	3.5	1.29
New Hampshire	987	1,123	1,180	1,187	1,235	1,234	3.2	0.88
Rhode Island	1,191	1,368	1,473	1,498	1,632	1,626	4.5	1.16
Vermont	948	1,135	1,244	1,259	1,304	1,328	4.9	0.95
Mideast ²	1,320	1,553	1,575	1,616	1,645	1,656	3.3	1.18
Delaware	1,187	1,457	1,513	1,467	1,565	1,581	4.2	1.13
Maryland	1,158	1,312	1,360	1,424	1,457	1,486	3.6	1.06
New Jersey	1,187	1,430	1,424	1,509	1,467	1,481	3.2	1.05
New York	1,380	1,646	1,672	1,726	1,754	1,769	3.6	1.26
Pennsylvania	1,332	1,520	1,548	1,538	1,610	1,599	2.6	1.14
Great Lakes	1,134	1,317	1,361	1,405	1,455	1,471	3.8	1.05
Illinois	1,238	1,416	1,455	1,491	1,531	1,558	3.3	1.11
Indiana	1,048	1,239	1,273	1,228	1,365	1,413	4.4	1.01
Michigan	1,129	1,318	1,393	1,444	1,474	1,489	4.0	1.06
Ohio	1,132	1,325	1,366	1,434	1,459	1,437	3.5	1.02
Wisconsin	998	1,151	1,173	1,266	1,336	1,377	4.7	0.98
Plains	1,069	1,269	1,317	1,365	1,415	1,460	4.6	1.04
Iowa	1,095	1,269	1,325	1,406	1,455	1,520	4.8	1.08
Kansas	1,083	1,278	1,333	1,369	1,412	1,428	4.0	1.02
Minnesota	933	1,060	1,104	1,156	1,249	1,254	4.3	0.89
Missouri	1,170	1,437	1,464	1,476	1,494	1,566	4.3	1.11
Nebraska	1,043	1,258	1,316	1,419	1,433	1,507	5.4	1.07
North Dakota	1,062	1,357	1,466	1,532	1,647	1,741	7.3	1.24
South Dakota	1,106	1,269	1,370	1,436	1,499	1,534	4.8	1.09
Southeast	1,085	1,253	1,297	1,343	1,378	1,409	3.8	1.00
Alabama	1,109	1,284	1,376	1,445	1,473	1,432	3.7	1.02
Arkansas	1,028	1,167	1,228	1,320	1,354	1,430	4.8	1.02
Florida	1,130	1,267	1,290	1,317	1,322	1,371	2.8	0.98
Georgia	1,089	1,249	1,270	1,299	1,309	1,329	2.9	0.95
Kentucky	1,067	1,220	1,266	1,340	1,411	1,479	4.8	1.05
Louisiana	1,207	1,453	1,502	1,520	1,563	1,601	4.1	1.14
Mississippi	1,025	1,231	1,365	1,456	1,443	1,551	6.1	1.10
North Carolina	972	1,169	1,246	1,306	1,366	1,373	5.1	0.98
South Carolina	1,073	1,303	1,326	1,345	1,467	1,480	4.7	1.05
Tennessee	1,122	1,311	1,296	1,346	1,379	1,375	3.0	0.98
Virginia	1,016	1,113	1,167	1,212	1,258	1,286	3.4	0.92
West Virginia	1,186	1,381	1,452	1,562	1,635	1,693	5.2	1.20
Southwest	992	1,137	1,157	1,191	1,205	1,255	3.4	0.89
Arizona	920	1,000	998	1,012	1,022	1,085	2.4	0.77
New Mexico	1,051	1,213	1,218	1,267	1,313	1,389	4.1	0.99
Oklahoma	1,000	1,152	1,210	1,275	1,282	1,307	3.9	0.93
Texas	1,001	1,159	1,179	1,211	1,225	1,274	3.5	0.91
Rocky Mountains	921	1,013	1,067	1,097	1,131	1,164	3.4	0.83
Colorado	986	1,067	1,114	1,111	1,139	1,147	2.2	0.82
Idaho	848	933	978	1,073	1,094	1,163	4.6	0.83
Montana	983	1,111	1,232	1,206	1,333	1,440	5.6	1.02
Utah	781	882	917	978	995	1,016	3.8	0.72
Wyoming	1,038	1,142	1,238	1,341	1,380	1,439	4.8	1.02

See footnotes at end of table.

Table 143 (page 2 of 2). Hospital care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State</i> ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
	Per capita expenditures						Average annual percent change	Ratio to U.S. per capita expenditures
Far West.	\$ 974	\$1,093	\$1,099	\$1,098	\$1,088	\$1,146	2.3	0.82
Alaska.	1,118	1,306	1,447	1,496	1,502	1,496	4.3	1.06
California.	998	1,106	1,103	1,092	1,076	1,145	2.0	0.81
Hawaii.	1,074	1,318	1,371	1,462	1,413	1,391	3.8	0.99
Nevada.	879	1,013	1,001	1,021	1,027	1,033	2.3	0.74
Oregon.	822	964	1,001	1,021	1,049	1,112	4.4	0.79
Washington.	904	1,038	1,061	1,078	1,085	1,116	3.1	0.79

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See Appendix II, Geographic region and division.

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately. Per capita spending in DC is substantially higher than per capita spending in most states. Most of this higher spending comes from spending on hospital care. One contributing factor to higher spending is the concentration of several higher-cost academic medical centers in a very small geographic area populated with a small number of people. Another factor could be the inability of current data sources and methods to accurately portray spending flows between providers located in DC and beneficiary resident locations. As a result, per capita spending in DC is not shown.

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 144. Physician and other professional services per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State¹</i>	1991	1994	1995	1996	1997	1998	1991–98	1998
	Per capita expenditures						Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$ 795	\$ 932	\$ 972	\$1,003	\$1,043	\$1,095	4.7	1.00
New England	823	980	1,045	1,080	1,163	1,246	6.1	1.14
Connecticut	945	1,072	1,182	1,188	1,249	1,304	4.7	1.19
Maine	621	736	796	847	929	1,020	7.4	0.93
Massachusetts	845	1,035	1,073	1,117	1,224	1,316	6.5	1.20
New Hampshire	726	881	964	1,039	1,101	1,189	7.3	1.09
Rhode Island	751	890	974	974	1,022	1,128	6.0	1.03
Vermont	634	752	796	838	911	988	6.5	0.90
Mideast ²	812	982	1,027	1,044	1,079	1,136	4.9	1.04
Delaware	843	1,002	1,011	1,024	1,084	1,123	4.2	1.03
Maryland	871	1,056	1,060	1,080	1,099	1,140	3.9	1.04
New Jersey	879	1,052	1,153	1,155	1,193	1,225	4.9	1.12
New York	758	936	982	1,006	1,044	1,112	5.6	1.01
Pennsylvania	806	954	980	998	1,034	1,103	4.6	1.01
Great Lakes	747	882	914	944	963	1,015	4.5	0.93
Illinois	751	901	929	970	991	1,046	4.9	0.95
Indiana	681	820	828	860	883	944	4.8	0.86
Michigan	744	855	889	918	937	973	3.9	0.89
Ohio	776	882	911	943	941	992	3.6	0.91
Wisconsin	751	955	1,030	1,033	1,083	1,151	6.3	1.05
Plains	690	852	892	937	983	1,051	6.2	0.96
Iowa	662	798	823	856	888	956	5.4	0.87
Kansas	757	879	940	969	993	1,039	4.6	0.95
Minnesota	775	1,020	1,107	1,189	1,260	1,347	8.2	1.23
Missouri	649	781	787	822	869	938	5.4	0.86
Nebraska	580	723	724	750	790	839	5.4	0.77
North Dakota	671	826	915	911	880	914	4.5	0.83
South Dakota	590	733	764	815	908	998	7.8	0.91
Southeast	765	899	936	969	1,018	1,059	4.8	0.97
Alabama	777	902	913	941	1,020	1,075	4.7	0.98
Arkansas	707	808	842	836	903	941	4.2	0.86
Florida	1,033	1,182	1,178	1,201	1,235	1,273	3.0	1.16
Georgia	767	883	966	1,007	1,066	1,091	5.2	1.00
Kentucky	656	783	862	898	935	976	5.8	0.89
Louisiana	702	829	844	867	917	968	4.7	0.88
Mississippi	564	661	719	757	838	879	6.5	0.80
North Carolina	627	782	811	854	891	941	6.0	0.86
South Carolina	571	705	747	784	846	896	6.7	0.82
Tennessee	720	877	999	1,052	1,112	1,149	6.9	1.05
Virginia	716	822	827	865	894	928	3.8	0.85
West Virginia	682	862	896	923	983	1,040	6.2	0.95
Southwest	718	809	856	887	935	989	4.7	0.90
Arizona	856	920	918	949	982	1,037	2.8	0.95
New Mexico	591	689	735	810	843	878	5.8	0.80
Oklahoma	656	765	804	841	886	948	5.4	0.87
Texas	711	803	861	887	941	995	4.9	0.91
Rocky Mountains	678	764	796	830	877	925	4.5	0.84
Colorado	788	897	929	964	1,007	1,058	4.3	0.97
Idaho	618	693	739	767	813	852	4.7	0.78
Montana	609	639	696	730	777	825	4.4	0.75
Utah	557	629	637	675	726	763	4.6	0.70
Wyoming	594	693	746	760	811	896	6.0	0.82
Far West	977	1,108	1,148	1,181	1,212	1,261	3.7	1.15
Alaska	701	740	792	866	902	953	4.5	0.87
California	1,039	1,184	1,221	1,259	1,290	1,340	3.7	1.22
Hawaii	799	1,012	1,118	1,214	1,235	1,311	7.3	1.20
Nevada	898	960	993	1,000	1,035	1,085	2.7	0.99
Oregon	737	854	899	911	963	1,001	4.5	0.91
Washington	831	914	957	969	988	1,037	3.2	0.95

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately.

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 145. Nursing home care and home health care per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State</i> ¹	1991	1994	1995	1996	1997	1998	1991–98	1998
	Per capita expenditures						Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$290	\$374	\$398	\$420	\$430	\$433	5.9	1.00
New England	492	618	656	688	693	702	5.2	1.62
Connecticut	578	734	780	827	847	860	5.8	1.99
Maine	384	492	516	525	532	538	4.9	1.24
Massachusetts	534	664	702	735	733	739	4.7	1.71
New Hampshire	268	375	419	450	465	470	8.3	1.08
Rhode Island	443	541	571	587	574	606	4.6	1.40
Vermont	316	357	378	403	412	411	3.9	0.95
Mideast ²	447	548	578	609	623	648	5.5	1.50
Delaware	328	417	455	492	495	520	6.8	1.20
Maryland	247	323	344	354	369	395	7.0	0.91
New Jersey	309	425	474	499	513	514	7.5	1.19
New York	628	730	749	784	789	827	4.0	1.91
Pennsylvania	353	452	489	530	559	582	7.4	1.34
Great Lakes	306	381	405	425	442	445	5.5	1.03
Illinois	286	359	379	391	403	409	5.2	0.94
Indiana	331	426	443	459	470	464	4.9	1.07
Michigan	246	295	316	339	374	342	4.8	0.79
Ohio	341	438	468	500	511	549	7.1	1.27
Wisconsin	360	424	454	466	480	478	4.2	1.10
Plains	327	404	425	453	465	474	5.5	1.09
Iowa	326	400	424	461	476	502	6.4	1.16
Kansas	289	357	374	404	420	421	5.5	0.97
Minnesota	412	490	502	505	496	503	2.9	1.16
Missouri	285	371	401	443	473	476	7.6	1.10
Nebraska	289	378	397	431	441	459	6.8	1.06
North Dakota	378	405	423	442	455	470	3.2	1.09
South Dakota	274	345	359	387	391	401	5.6	0.93
Southeast	240	340	368	396	406	404	7.7	0.93
Alabama	213	303	333	357	369	360	7.8	0.83
Arkansas	251	332	359	376	410	415	7.4	0.96
Florida	282	404	439	464	465	471	7.6	1.09
Georgia	201	288	303	311	308	308	6.3	0.71
Kentucky	253	345	377	411	446	458	8.8	1.06
Louisiana	265	389	424	471	470	431	7.2	1.00
Mississippi	210	307	327	367	382	366	8.3	0.84
North Carolina	242	355	381	413	433	430	8.5	0.99
South Carolina	197	274	304	337	340	349	8.5	0.81
Tennessee	286	410	448	478	491	474	7.5	1.09
Virginia	177	236	247	271	289	296	7.6	0.68
West Virginia	237	329	375	411	414	414	8.3	0.96
Southwest	205	287	318	346	358	340	7.5	0.79
Arizona	162	247	248	257	251	242	5.9	0.56
New Mexico	149	190	221	239	242	238	6.9	0.55
Oklahoma	257	363	412	440	426	402	6.6	0.93
Texas	209	291	327	361	381	362	8.2	0.84
Rocky Mountains	193	248	260	274	283	277	5.3	0.64
Colorado	203	254	266	289	307	307	6.1	0.71
Idaho	176	254	266	279	281	272	6.4	0.63
Montana	249	336	346	331	322	317	3.5	0.73
Utah	166	189	203	213	218	202	2.9	0.47
Wyoming	173	266	281	301	308	296	8.0	0.68
Far West	173	226	236	240	242	245	5.1	0.57
Alaska	95	121	127	99	97	90	-0.8	0.21
California	155	208	218	224	228	232	5.9	0.54
Hawaii	160	189	195	206	215	223	4.8	0.51
Nevada	143	249	229	218	207	203	5.1	0.47
Oregon	246	267	275	288	299	300	2.8	0.69
Washington	256	321	344	329	323	326	3.5	0.75

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately.

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 146. Drugs and other nondurables per capita expenditures, by geographic region and State: United States, selected years 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State¹</i>	1991	1994	1995	1996	1997	1998	1991–98	1998
	Per capita expenditures						Average annual percent change	Ratio to U.S. per capita expenditures
United States	\$260	\$313	\$337	\$370	\$406	\$451	8.2	1.00
New England	265	323	348	380	418	479	8.8	1.06
Connecticut	280	344	375	410	448	521	9.3	1.15
Maine	225	277	301	342	398	449	10.4	1.00
Massachusetts	267	323	347	375	410	469	8.4	1.04
New Hampshire	261	314	336	366	402	455	8.2	1.01
Rhode Island	281	343	373	413	451	511	8.9	1.13
Vermont	230	277	298	321	351	401	8.2	0.89
Mideast ²	274	337	365	405	449	506	9.1	1.12
Delaware	267	324	349	395	456	524	10.1	1.16
Maryland	274	306	319	356	406	449	7.3	0.99
New Jersey	304	381	416	455	498	562	9.2	1.25
New York	262	326	356	399	437	492	9.4	1.09
Pennsylvania	274	337	366	404	452	513	9.4	1.14
Great Lakes	261	319	345	381	413	453	8.2	1.00
Illinois	255	310	335	368	393	430	7.7	0.95
Indiana	264	331	361	389	422	449	7.9	1.00
Michigan	279	341	371	418	458	498	8.6	1.10
Ohio	260	313	338	371	407	448	8.1	0.99
Wisconsin	245	298	320	352	379	434	8.5	0.96
Plains	246	298	320	348	379	429	8.3	0.95
Iowa	240	292	316	348	375	426	8.6	0.94
Kansas	245	292	312	344	379	413	7.7	0.92
Minnesota	233	286	309	340	372	424	8.9	0.94
Missouri	263	316	336	355	387	442	7.7	0.98
Nebraska	257	319	345	380	414	476	9.2	1.06
North Dakota	237	286	307	332	358	392	7.4	0.87
South Dakota	220	264	280	302	323	363	7.4	0.81
Southeast	268	328	356	392	434	482	8.8	1.07
Alabama	271	327	351	385	432	471	8.2	1.04
Arkansas	266	322	346	388	418	464	8.3	1.03
Florida	285	359	395	444	488	552	9.9	1.22
Georgia	255	308	333	364	403	441	8.1	0.98
Kentucky	275	335	363	399	444	499	8.9	1.11
Louisiana	272	330	357	381	415	456	7.6	1.01
Mississippi	253	304	325	355	396	444	8.4	0.98
North Carolina	251	305	331	366	411	452	8.8	1.00
South Carolina	240	298	325	364	412	449	9.4	0.99
Tennessee	286	348	376	408	453	507	8.5	1.12
Virginia	254	307	333	360	393	434	7.9	0.96
West Virginia	287	357	392	422	477	524	9.0	1.16
Southwest	258	309	332	362	392	433	7.7	0.96
Arizona	254	313	342	371	400	443	8.3	0.98
New Mexico	228	268	284	312	332	363	6.9	0.80
Oklahoma	246	304	333	362	384	424	8.1	0.94
Texas	264	313	333	364	397	439	7.5	0.97
Rocky Mountains	231	280	301	328	353	390	7.7	0.86
Colorado	231	281	304	325	347	389	7.8	0.86
Idaho	226	275	297	325	352	386	7.9	0.86
Montana	236	289	311	338	358	397	7.7	0.88
Utah	236	282	302	336	369	394	7.6	0.87
Wyoming	222	259	275	304	332	370	7.5	0.82
Far West	243	274	288	308	339	374	6.4	0.83
Alaska	228	257	275	301	323	360	6.7	0.80
California	239	264	275	292	323	355	5.8	0.79
Hawaii	314	353	372	388	407	431	4.7	0.96
Nevada	256	329	362	391	429	472	9.1	1.05
Oregon	238	294	316	349	378	422	8.5	0.94
Washington	252	290	308	335	369	416	7.4	0.92

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

²The Mideast region includes spending in the District of Columbia (DC), although it is not listed separately.

NOTE: Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 147. Medicare expenditures as a percent of total personal health care expenditures by geographic region and State: United States, 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State¹</i>	1991	1992	1993	1994	1995	1996	1997	1998
	Percent							
United States	17.3	17.9	18.3	19.5	20.5	21.0	21.2	20.6
New England	16.5	17.4	18.1	19.1	20.3	21.2	21.0	20.2
Connecticut	15.5	16.5	17.4	18.5	19.7	20.6	20.5	20.5
Maine	16.4	16.6	16.8	18.2	19.1	19.5	19.6	19.0
Massachusetts	17.4	18.4	19.2	20.1	21.7	22.6	22.1	20.7
New Hampshire	13.9	14.5	14.5	15.8	16.4	16.9	16.7	16.6
Rhode Island	17.9	18.5	18.8	20.1	20.5	22.4	22.8	22.0
Vermont	15.0	15.4	15.6	16.5	17.2	17.6	17.3	16.6
Mideast	17.5	18.2	18.6	19.3	20.1	20.6	21.1	21.1
Delaware	15.1	15.9	16.0	16.3	16.5	17.4	16.9	17.4
District of Columbia	13.1	12.3	12.6	13.2	14.0	15.2	16.1	16.9
Maryland	16.3	17.2	17.4	17.9	18.1	18.3	18.8	19.2
New Jersey	16.8	18.5	18.8	19.1	19.7	19.8	21.1	21.4
New York	16.1	16.6	17.0	17.8	18.9	19.3	19.8	19.6
Pennsylvania	21.2	21.6	22.3	23.0	24.1	24.9	24.9	24.8
Great Lakes	17.0	17.6	17.7	18.8	19.8	20.0	20.1	20.0
Illinois	16.9	17.3	17.5	18.7	19.4	19.5	19.5	19.2
Indiana	16.8	17.5	17.6	18.6	19.9	20.5	20.4	19.8
Michigan	17.7	18.6	18.9	20.2	21.4	21.7	21.8	22.0
Ohio	17.5	18.1	18.1	19.1	20.2	20.3	20.9	21.1
Wisconsin	15.2	15.6	15.3	16.0	16.6	16.8	16.8	16.2
Plains	17.0	17.4	17.4	17.9	18.7	18.8	18.9	18.1
Iowa	17.5	18.0	17.7	18.1	18.7	18.6	18.8	17.8
Kansas	17.4	17.9	18.0	18.8	19.8	19.8	20.4	19.6
Minnesota	14.4	14.6	14.3	14.4	15.0	15.2	15.1	14.7
Missouri	19.1	20.0	20.3	21.2	22.4	22.4	22.4	21.1
Nebraska	15.9	15.7	15.7	16.4	17.2	17.4	18.0	17.2
North Dakota	16.4	16.4	16.7	17.1	17.3	17.0	17.2	16.7
South Dakota	16.5	17.0	16.7	17.2	17.8	17.8	17.7	17.3
Southeast	19.3	20.0	20.3	21.8	22.9	23.3	23.3	22.5
Alabama	19.6	20.8	21.3	22.6	23.6	23.7	23.4	22.6
Arkansas	21.8	21.7	21.3	22.7	23.7	23.9	23.8	23.1
Florida	23.3	24.2	25.1	27.2	28.6	28.8	29.0	28.1
Georgia	15.9	17.0	16.6	17.5	18.3	18.5	18.4	17.3
Kentucky	18.8	19.2	19.5	20.8	21.2	21.4	21.2	20.2
Louisiana	19.4	20.1	20.5	22.9	24.9	26.5	26.9	26.3
Mississippi	21.0	22.5	22.4	24.1	25.4	26.7	27.0	25.1
North Carolina	17.5	17.4	17.3	18.1	19.4	19.6	19.4	19.3
South Carolina	15.1	15.9	16.3	18.6	19.4	20.2	19.8	19.7
Tennessee	18.7	19.4	19.9	21.1	21.7	22.1	21.6	20.6
Virginia	14.9	15.8	15.9	17.1	17.9	18.3	18.5	18.0
West Virginia	20.5	21.3	20.5	21.7	22.5	23.7	23.9	23.1
Southwest	16.4	16.8	17.3	19.4	21.1	21.9	22.3	21.0
Arizona	19.7	19.6	19.3	20.4	21.7	22.2	22.6	21.1
New Mexico	14.7	14.6	14.6	16.1	17.2	17.4	17.5	16.9
Oklahoma	19.1	19.7	20.0	22.4	24.3	25.0	25.5	24.0
Texas	15.4	15.9	16.6	19.0	20.8	21.6	22.0	20.9
Rocky Mountains	13.9	14.6	15.1	16.2	17.2	17.4	17.2	16.4
Colorado	13.4	14.0	14.6	15.8	16.9	17.4	17.1	16.5
Idaho	15.1	15.9	15.9	17.3	18.3	18.3	18.6	17.7
Montana	17.1	17.9	18.4	19.1	18.9	19.1	19.1	18.4
Utah	12.4	13.2	13.8	14.7	16.1	16.1	15.8	14.7
Wyoming	14.3	15.2	16.2	17.2	18.1	17.3	17.1	16.1
Far West	16.1	16.2	17.0	18.2	19.2	19.7	20.1	19.3
Alaska	6.5	6.9	7.1	7.8	8.7	9.0	9.3	9.1
California	16.5	16.5	17.5	18.9	20.1	20.7	21.1	20.1
Hawaii	12.1	12.6	12.8	13.0	13.6	13.4	14.3	14.1
Nevada	16.3	16.7	18.1	19.1	20.2	20.9	21.7	20.7
Oregon	17.2	17.5	17.4	18.3	19.0	19.4	19.5	19.1
Washington	15.0	15.3	15.2	15.8	16.3	16.5	17.0	16.7

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 148. Medicaid expenditures as a percent of total personal health care expenditures by geographic region and State: United States, 1991–98

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

<i>Geographic region and State¹</i>	<i>1991</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>
	Percent							
United States	13.2	13.7	14.7	15.2	15.6	15.9	15.7	15.7
New England	17.0	16.7	16.6	18.0	18.8	17.8	18.6	18.8
Connecticut	15.7	14.8	15.9	17.0	18.0	17.7	18.5	17.5
Maine	18.3	19.0	21.3	22.1	21.1	21.1	21.9	21.1
Massachusetts	18.1	17.3	16.2	18.0	19.2	17.3	18.3	19.3
New Hampshire	11.7	12.4	13.2	14.5	15.6	15.1	15.7	15.6
Rhode Island	18.6	21.5	20.9	21.2	20.7	20.6	21.4	21.6
Vermont	15.6	15.2	15.6	16.7	17.0	17.6	17.3	18.0
Mideast	18.1	18.5	19.3	20.1	21.0	21.7	21.5	22.2
Delaware	10.2	10.4	11.0	11.4	12.7	14.3	12.6	12.5
District of Columbia	19.2	18.5	20.5	21.7	20.9	20.9	22.5	20.5
Maryland	11.7	12.2	12.5	13.2	13.5	13.5	13.8	12.7
New Jersey	13.1	12.3	13.6	13.9	14.0	13.9	14.6	14.0
New York	26.4	26.5	27.5	28.4	29.8	30.7	29.7	31.5
Pennsylvania	10.4	12.3	12.0	13.3	14.0	15.4	16.1	16.3
Great Lakes	12.2	13.3	14.4	14.3	14.4	14.8	14.6	14.5
Illinois	9.1	11.8	13.2	13.5	14.2	15.1	15.1	14.8
Indiana	14.0	14.9	16.4	14.0	12.0	13.2	12.1	12.0
Michigan	12.2	12.6	14.2	14.6	15.0	15.1	15.3	14.9
Ohio	14.0	14.5	15.0	15.2	15.6	15.4	15.4	15.6
Wisconsin	14.1	14.0	14.0	14.0	13.7	13.6	13.5	13.4
Plains	12.1	13.0	13.4	13.8	13.9	13.9	13.8	14.3
Iowa	11.9	12.0	12.5	12.8	12.8	13.0	12.8	15.4
Kansas	9.7	10.3	11.3	11.4	10.7	10.7	10.8	10.8
Minnesota	15.5	15.2	16.0	16.7	16.9	16.5	15.4	15.4
Missouri	10.3	13.0	12.7	13.2	13.6	13.5	14.3	14.4
Nebraska	11.4	11.8	12.9	12.8	12.6	13.2	13.4	14.4
North Dakota	14.9	14.1	14.5	14.0	13.6	14.3	14.2	13.8
South Dakota	12.7	13.0	13.7	13.8	13.7	13.8	13.1	13.4
Southeast	11.7	12.2	13.4	14.0	14.4	14.2	14.1	14.0
Alabama	8.8	10.1	10.8	11.5	12.2	12.7	13.1	13.0
Arkansas	13.6	14.9	15.4	15.3	15.5	15.6	15.3	15.5
Florida	8.5	9.1	9.9	10.2	10.6	10.4	10.7	10.4
Georgia	12.1	11.8	12.8	14.0	13.8	13.5	12.8	12.2
Kentucky	13.8	15.4	16.2	16.6	16.1	16.6	17.7	16.9
Louisiana	17.8	17.7	22.1	24.3	23.1	20.0	18.9	19.1
Mississippi	14.8	14.7	15.4	16.4	16.8	16.8	16.8	15.8
North Carolina	12.9	13.3	14.3	14.8	16.7	17.3	17.2	16.9
South Carolina	14.8	15.3	15.9	16.5	16.7	16.6	16.0	16.6
Tennessee	12.6	13.9	14.1	15.6	17.1	16.3	16.4	17.4
Virginia	8.9	9.0	9.8	9.8	10.1	10.1	10.2	9.9
West Virginia	15.3	17.5	19.7	19.5	18.6	17.7	17.0	17.3
Southwest	11.1	12.1	13.0	13.7	13.5	13.6	13.2	12.6
Arizona	8.6	11.0	11.3	12.0	11.8	12.2	12.2	12.0
New Mexico	12.1	13.1	14.3	15.5	16.5	18.3	17.9	17.7
Oklahoma	12.3	12.5	12.2	11.2	11.0	10.9	10.9	11.8
Texas	11.4	12.2	13.4	14.3	14.1	14.0	13.5	12.5
Rocky Mountains	10.2	10.9	11.4	11.8	11.8	12.2	11.9	11.9
Colorado	9.1	10.1	10.5	11.1	11.3	11.6	11.5	11.4
Idaho	10.7	11.1	11.3	11.3	11.3	12.1	12.2	12.1
Montana	13.5	13.7	15.2	15.2	14.4	15.4	14.3	13.8
Utah	10.8	11.3	11.7	11.8	11.8	12.0	11.4	11.8
Wyoming	10.1	11.3	11.8	12.7	12.6	12.9	12.7	12.3
Far West	10.9	10.9	12.4	12.8	13.3	14.3	14.0	13.3
Alaska	13.8	14.7	17.3	16.3	15.9	17.1	17.5	16.9
California	10.8	10.7	12.3	12.6	12.9	14.1	13.7	12.7
Hawaii	9.1	8.7	10.0	12.5	16.0	13.9	13.4	14.2
Nevada	7.7	8.7	9.2	8.7	9.2	9.0	9.0	9.1
Oregon	10.4	10.8	11.8	13.2	14.8	15.2	14.5	15.3
Washington	12.9	13.1	14.3	14.8	15.3	16.3	16.3	16.2

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, National Health Accounts, State Health Expenditures. www.cms.hhs.gov/statistics/nhe/state-estimates-residence/.

Table 149 (page 1 of 2). State mental health agency per capita expenditures for mental health services and average annual percent change by geographic region and State: United States, selected fiscal years 1981–2001

[Data are based on reporting by State mental health agencies]

<i>Geographic region and State¹</i>	<i>1981</i>	<i>1983</i>	<i>1985</i>	<i>1987</i>	<i>1990</i>	<i>1993</i>	<i>1997</i>	<i>2001</i>	<i>1981–90</i>	<i>1990–2001</i>
	Amount per capita								Average annual percent change	
United States	\$ 27	\$31	\$35	\$ 38	\$ 48	\$ 54	\$ 64	\$ 81	6.6	4.9
New England:										
Connecticut ²	32	39	44	56	73	82	99	129	9.6	5.3
Maine	25	32	36	42	67	70	88	107	11.6	4.3
Massachusetts	32	36	46	62	84	83	90	107	11.3	2.2
New Hampshire	35	39	42	36	63	78	99	112	6.7	5.4
Rhode Island ²	36	32	35	41	50	61	63	88	3.7	5.3
Vermont	32	40	44	44	54	74	92	130	6.0	8.3
Mideast:										
Delaware ²	44	51	46	41	55	56	73	93	2.5	4.9
District of Columbia ³	- - -	23	28	130	268	315	337	398	- - -	3.7
Maryland	33	37	40	49	61	64	76	127	7.1	6.9
New Jersey	26	31	36	43	57	68	69	90	9.1	4.2
New York	67	74	90	99	118	131	113	176	6.5	3.7
Pennsylvania ⁴	41	47	52	50	57	68	68	152	3.7	9.3
Great Lakes:										
Illinois	18	21	24	25	34	36	51	64	7.3	5.9
Indiana	19	23	27	31	47	39	40	65	10.6	3.0
Michigan	33	39	49	61	74	75	87	90	9.4	1.8
Ohio	25	29	30	34	41	47	52	61	5.7	3.7
Wisconsin	22	27	28	31	37	35	44	72	5.9	6.2
Plains:										
Iowa	8	10	11	12	17	13	29	73	8.7	14.2
Kansas	18	22	27	28	35	48	59	60	7.7	5.0
Minnesota ⁵	17	30	32	42	54	69	87	105	8.8	6.2
Missouri	24	25	28	32	35	41	56	60	4.3	5.0
Nebraska	17	19	21	21	29	34	39	51	6.1	5.3
North Dakota	39	42	36	42	40	43	48	79	0.3	6.4
South Dakota	17	21	22	27	25	47	54	61	4.4	8.4
Southeast:										
Alabama	20	24	28	29	38	43	47	57	7.4	3.8
Arkansas ⁴	17	20	24	24	26	30	30	28	4.8	0.7
Florida ⁴	20	23	26	25	37	31	44	35	7.1	-0.5
Georgia	25	26	23	32	51	49	47	46	8.2	-0.9
Kentucky	15	17	19	23	23	25	35	49	4.9	7.1
Louisiana	19	23	26	25	28	39	43	45	4.4	4.4
Mississippi	14	16	24	22	34	41	56	87	10.4	8.9
North Carolina	24	29	38	41	46	50	62	76	7.5	4.7
South Carolina	31	33	33	45	51	56	64	74	5.7	3.4
Tennessee	18	20	23	24	29	37	23	69	5.4	8.2
Virginia	23	29	32	35	45	40	49	65	7.7	3.4
West Virginia	20	20	22	23	24	22	23	26	2.0	0.7
Southwest:										
Arizona	10	10	12	16	27	60	68	89	11.7	11.5
New Mexico ⁴	24	25	25	24	23	24	31	33	-0.5	3.3
Oklahoma	22	33	31	30	36	38	41	39	5.6	0.7
Texas	13	16	17	19	23	31	39	38	6.5	4.7
Rocky Mountains:										
Colorado	24	25	28	30	34	41	57	64	3.9	5.9
Idaho	13	15	15	17	20	26	29	46	4.9	7.9
Montana	25	28	29	28	28	34	93	124	1.3	14.5
Utah ⁴	13	16	17	19	21	25	28	33	5.5	4.2
Wyoming	23	28	31	30	35	42	43	61	4.8	5.2

See footnotes at end of table.

Table 149 (page 2 of 2). State mental health agency per capita expenditures for mental health services and average annual percent change by geographic region and State: United States, selected fiscal years 1981–2001

[Data are based on reporting by State mental health agencies]

<i>Geographic region and State¹</i>	<i>1981</i>	<i>1983</i>	<i>1985</i>	<i>1987</i>	<i>1990</i>	<i>1993</i>	<i>1997</i>	<i>2001</i>	<i>1981–90</i>	<i>1990–2001</i>
	Amount per capita								Average annual percent change	
Far West:										
Alaska ⁴	\$38	\$41	\$45	\$50	\$72	\$86	\$79	\$ 81	7.4	1.1
California	28	29	34	30	42	50	58	92	4.6	7.4
Hawaii	19	22	23	26	38	71	85	175	8.0	14.9
Nevada	22	25	26	28	33	32	45	57	4.6	5.1
Oregon	21	21	25	28	41	60	68	97	7.7	8.1
Washington	18	24	30	37	43	66	79	88	10.2	6.7

- - - Data not available.

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic divisions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

²In 2001 children's mental health expenditures were not included.

³Transfer of St. Elizabeths Hospital from the National Institute of Mental Health to the District of Columbia Office of Mental Health took place over the years 1985–93.

⁴In 2001 Medicaid revenues for community programs were not included.

⁵Data for 1981 not comparable with later years' data for Minnesota. Average annual percent change is for 1983–90.

NOTES: Expenditures are for mental illness, excluding mental retardation and substance abuse. Starting in 1990 data for Puerto Rico, and starting in 1993 data for Guam are included in the U.S. total. In 2001, 20 states included funds for mental health services in jails or prisons and 12 states included some part of publicly supported housing expenses for adults and children with mental illness. State data omissions and inclusions are likely to be consistent across years.

SOURCES: National Association of State Mental Health Program Directors and the National Association of State Mental Health Program Directors Research Institute, Inc.: Final Report: Funding sources and expenditures of State mental health agencies: Revenue/expenditure study results, fiscal year 1990. Nov. 1992; Supplemental report fiscal year 1993. March 1996; Fiscal year 1997: Final report. July 1999; Fiscal year 2001: Final report. April 2003; Website: www.nri-inc.org.

Table 150 (page 1 of 2). Medicare enrollees, enrollees in managed care, payments per enrollee, and short-stay hospital utilization by geographic region and State: United States, 1994 and 2001

[Data are compiled by the Centers for Medicare & Medicaid Services]

Geographic division and State ¹	Short-stay hospital utilization								
	Enrollment in thousands ²	Percent of enrollees in managed care ³		Payments per fee-for-service enrollee		Discharges per 1,000 enrollees ⁴		Average length of stay in days ⁴	
		2001	1994	2001	1994	2001	1994	2001	1994	2001
United States ⁵	39,177	7.9	15.8	\$4,375	\$5,942	345	390	7.5	5.9
New England:									
Connecticut	519	2.6	14.4	4,426	6,525	287	313	8.1	6.2
Maine	219	0.1	0.2	3,464	4,861	322	320	7.6	5.6
Massachusetts	959	6.1	23.0	5,147	6,779	350	362	7.6	5.8
New Hampshire	171	0.2	1.1	3,414	4,918	281	283	7.6	5.7
Rhode Island	170	7.0	33.3	4,148	6,274	312	352	8.1	6.4
Vermont	91	0.1	0.2	3,182	5,059	283	287	7.6	5.7
Mideast:									
Delaware	117	0.2	2.7	4,712	6,225	326	344	8.1	6.3
District of Columbia	75	3.9	6.4	5,655	7,202	376	396	10.1	7.7
Maryland	655	1.4	3.1	4,997	6,804	362	387	7.5	5.6
New Jersey	1,215	2.6	12.6	4,531	7,560	354	375	10.2	7.4
New York	2,707	6.2	17.4	4,855	6,883	334	363	11.2	7.9
Pennsylvania	2,092	3.3	24.6	5,212	6,306	379	405	8.0	6.1
Great Lakes:									
Illinois	1,633	5.5	9.6	4,324	5,884	374	417	7.3	5.6
Indiana	852	2.6	3.5	3,945	5,352	345	365	6.9	5.6
Michigan	1,412	0.7	5.9	4,307	6,265	328	368	7.6	6.0
Ohio	1,711	2.4	15.0	3,982	5,697	350	389	7.1	5.5
Wisconsin	780	2.0	5.7	3,246	4,832	310	329	6.8	5.3
Plains:									
Iowa	475	3.1	3.6	3,080	4,762	322	364	6.6	5.3
Kansas	386	3.3	7.9	3,847	5,129	348	386	6.5	5.4
Minnesota	660	19.6	12.6	3,394	4,756	334	355	5.7	5.0
Missouri	866	3.4	14.6	4,191	5,549	349	408	7.3	5.6
Nebraska	256	2.2	4.1	2,926	4,931	281	297	6.3	5.3
North Dakota	103	0.6	0.6	3,218	4,454	327	319	6.3	5.0
South Dakota	118	0.1	0.6	2,952	4,356	356	351	6.1	5.1
Southeast:									
Alabama	698	0.8	8.0	4,454	5,530	413	450	7.0	5.5
Arkansas	433	0.2	4.2	3,719	5,193	366	406	7.0	5.9
Florida	2,865	13.8	23.4	5,027	6,685	326	374	7.1	5.8
Georgia	944	0.4	4.5	4,402	5,568	378	373	6.9	5.7
Kentucky	627	2.3	4.5	3,862	5,492	396	422	7.2	5.5
Louisiana	605	0.4	14.4	5,468	7,083	399	465	7.2	6.0
Mississippi	424	0.1	1.8	4,189	5,896	423	464	7.4	6.4
North Carolina	1,157	0.5	4.3	3,465	5,230	314	366	8.0	5.9
South Carolina	581	0.1	0.3	3,777	5,651	319	385	8.3	6.2
Tennessee	846	0.3	5.0	4,441	5,511	375	395	7.1	5.9
Virginia	912	1.5	2.1	3,748	5,028	348	350	7.3	6.0
West Virginia	340	8.3	7.3	3,798	5,344	420	438	7.1	5.7
Southwest:									
Arizona	692	24.8	33.6	4,442	5,077	292	307	5.9	4.9
New Mexico	238	13.6	14.6	3,110	4,362	301	280	6.0	5.3
Oklahoma	511	2.5	10.1	4,098	5,774	355	420	7.0	5.8
Texas	2,304	4.1	11.3	4,703	6,382	333	389	7.2	5.9
Rocky Mountains:									
Colorado	480	17.2	32.0	3,935	4,961	302	305	6.0	4.9
Idaho	170	2.5	9.6	3,045	4,696	274	300	5.2	4.6
Montana	138	0.4	0.4	3,114	4,572	306	324	5.9	4.7
Utah	211	9.4	3.2	3,443	4,514	238	263	5.4	4.7
Wyoming	67	3.3	2.6	3,537	4,867	315	334	5.6	4.9

See footnotes at end of table.

Table 150 (page 2 of 2). Medicare enrollees, enrollees in managed care, payments per enrollee, and short-stay hospital utilization by geographic region and State: United States, 1994 and 2001

[Data are compiled by the Centers for Medicare & Medicaid Services]

Geographic division and State ¹	Short-stay hospital utilization								
	Enrollment in thousands ²	Percent of enrollees in managed care ³		Payments per fee-for-service enrollee		Discharges per 1,000 enrollees ⁴		Average length of stay in days ⁴	
		2001	1994	2001	1994	2001	1994	2001	1994	2001
Far West:									
Alaska	44	0.6	0.8	3,687	5,563	269	300	6.3	6.0
California	3,965	30.0	38.8	5,219	6,679	366	332	6.1	6.1
Hawaii	171	29.8	33.8	3,069	4,017	301	226	9.1	8.2
Nevada	258	19.0	32.7	4,306	5,494	291	288	7.0	6.1
Oregon	503	27.7	35.6	3,285	4,820	305	316	5.2	4.6
Washington	750	12.5	20.6	3,401	4,858	269	273	5.3	4.9

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent States. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables.

²Total persons enrolled in hospital insurance, supplementary medical insurance, or both, as of July 1. Includes fee-for-service and managed care enrollees.

³Includes enrollees in Medicare-approved managed care organizations.

⁴Data are for fee-for-service enrollees only.

⁵Includes residents of any of the 50 States and the District of Columbia. Excludes Puerto Rico, Guam, Virgin Islands, residence unknown, foreign countries, and other outlying areas not shown separately.

NOTES: Enrollment and percent of enrollees in managed care are based on a five-percent annual Denominator File using the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database and Group Health Plan data. Payments per fee-for-service enrollee are based on fee-for-service billing reimbursement for a five-percent sample of Medicare beneficiaries as recorded in CMS' National Claims History. Short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MEDPAR) stay records for a 20-percent sample of Medicare beneficiaries.

Figures may not sum to totals due to rounding. Data for additional years are available. See [Appendix III](#).

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for the years 1996 to 2003. Website: www.cms.hhs.gov/review/supp/.

Table 151 (page 1 of 2). Medicaid recipients, recipients in managed care, payments per recipient, and recipients per 100 persons below the poverty level by geographic region and State: United States, selected fiscal years 1989–2001

[Data are compiled from Medicaid administrative records by the Centers for Medicare & Medicaid Services]

Geographic region and State ¹	Recipients in thousands		Percent of recipients in managed care		Payments per recipient			Recipients per 100 persons below the poverty level	
	1996 ²	2001	1996 ²	2001	1990	1996 ²	2001	1989–90	2000–2001
United States	36,118	45,972	40	57	\$2,568	\$3,369	\$4,053	75	139
New England:									
Connecticut	329	685	61	72	4,829	6,179	4,324	167	236
Maine	167	252	1	43	3,248	4,321	5,808	88	187
Massachusetts	715	1,055	70	65	4,622	5,285	5,486	103	177
New Hampshire	100	97	16	8	5,423	5,496	7,121	53	134
Rhode Island	130	188	63	68	3,778	5,280	5,823	163	198
Vermont	102	150	–	61	2,530	2,954	3,616	108	222
Mideast:									
Delaware	82	123	78	82	3,004	3,773	4,891	68	190
District of Columbia	143	141	55	64	2,629	4,955	5,900	86	159
Maryland	399	656	64	68	3,300	5,138	5,041	74	171
New Jersey	714	881	43	60	4,054	5,217	5,693	83	126
New York	3,281	3,591	23	26	5,099	6,811	7,725	95	137
Pennsylvania	1,168	1,558	53	76	2,449	3,993	4,901	88	137
Great Lakes:									
Illinois	1,454	1,658	13	9	2,271	3,689	4,916	69	120
Indiana	594	777	31	70	3,859	4,130	4,319	45	146
Michigan	1,172	1,353	73	90	2,094	2,867	3,930	85	141
Ohio	1,478	1,498	32	21	2,566	3,729	5,365	98	120
Wisconsin	434	637	32	52	3,179	4,384	5,027	95	129
Plains:									
Iowa	308	320	41	89	2,589	3,534	5,197	80	152
Kansas	251	273	32	58	2,524	3,425	5,026	71	103
Minnesota	455	601	33	64	3,709	5,342	6,271	70	180
Missouri	636	979	35	45	2,002	3,171	3,709	63	191
Nebraska	191	243	27	75	2,595	3,548	4,487	61	154
North Dakota	61	64	55	58	3,955	4,889	5,933	58	85
South Dakota	77	110	65	97	3,368	4,114	3,896	51	164
Southeast:									
Alabama	546	882	11	54	1,731	2,675	3,338	43	112
Arkansas	363	532	39	58	2,267	3,375	3,250	55	109
Florida	1,638	2,472	64	62	2,273	2,851	3,474	55	131
Georgia	1,185	1,514	32	84	3,190	2,604	2,677	64	145
Kentucky	641	807	53	81	2,089	3,014	4,031	81	162
Louisiana	778	805	6	7	2,247	3,154	3,582	58	109
Mississippi	510	708	7	51	1,354	2,633	3,081	67	146
North Carolina	1,130	1,310	37	70	2,531	3,255	4,201	66	131
South Carolina	503	761	1	6	2,343	3,026	4,071	52	144
Tennessee	1,409	1,602	100	100	1,896	2,049	2,534	67	195
Virginia	623	620	68	61	2,596	2,849	4,383	53	114
West Virginia	395	349	30	46	1,443	2,855	4,487	80	127
Southwest:									
Arizona	528	763	86	96	–	–	3,214	–	106
New Mexico	318	385	45	64	2,120	2,757	3,851	39	122
Oklahoma	358	589	19	68	2,516	2,852	3,422	56	108
Texas	2,572	2,660	4	41	1,928	2,672	3,626	47	86
Rocky Mountains:									
Colorado	271	393	80	92	2,705	3,815	4,969	45	107
Idaho	119	157	37	28	2,973	3,402	4,541	36	92
Montana	101	108	59	64	2,793	3,478	4,390	47	83
Utah	152	233	82	93	2,279	2,775	4,571	72	102
Wyoming	51	51	1	–	2,036	3,571	4,755	59	101

See footnotes at end of table.

Table 151 (page 2 of 2). Medicaid recipients, recipients in managed care, payments per recipient, and recipients per 100 persons below the poverty level by geographic region and State: United States, selected fiscal years 1989–2001

[Data are compiled from Medicaid administrative records by the Centers for Medicare & Medicaid Services]

Geographic region and State ¹	Recipients in thousands		Percent of recipients in managed care		Payments per recipient			Recipients per 100 persons below the poverty level	
	1996 ²	2001	1996 ²	2001	1990	1996 ²	2001	1989–90	2000–2001
Far West:									
Alaska	69	105	—	—	3,562	4,027	5,314	70	188
California	5,107	8,583	23	52	1,795	2,178	2,315	88	188
Hawaii	41	---	80	78	2,252	6,574	---	73	---
Nevada	109	154	41	38	3,161	3,361	3,886	37	91
Oregon	450	582	91	87	2,283	2,915	3,245	74	142
Washington	621	958	100	100	2,128	2,242	2,833	98	151

— Quantity zero.

--- Data not available.

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent States. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

²Prior to 1999 recipient counts exclude those individuals who only received coverage under prepaid health care and for whom no direct vendor payments were made during the year; and vendor payments exclude payments to health maintenance organizations and other prepaid health plans (\$15 billion in 1996). The total number of persons who were Medicaid eligible and enrolled was 41.2 million in 1996 (CMS Medicaid Statistics, Program and Financial Statistics FY1996, unpublished).

NOTES: Payments exclude disproportionate share hospital payments (\$15.5 billion in FY2001). Data for additional years are available. See [Appendix III](#).

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services, Enterprise Databases Group, Division of Information Distribution, Medicaid Data System; Department of Commerce, Bureau of the Census, Housing and Household Economic Statistics Division.

Table 152. Persons enrolled in health maintenance organizations (HMOs) by geographic region and State: United States, selected years 1980–2003

[Data are based on a census of health maintenance organizations]

<i>Geographic region and State¹</i>	<i>2003</i>	<i>1980</i>	<i>1985</i>	<i>1990</i>	<i>1995</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	
	Number in thousands				Percent of population					
United States ²	71,843	4.0	7.9	13.5	19.4	30.0	27.9	26.4	24.6	
New England:										
Connecticut	1,306	2.4	7.1	19.9	21.2	44.6	39.7	38.3	37.8	
Maine	274	0.4	0.3	2.6	7.0	22.3	27.9	23.9	21.1	
Massachusetts	2,489	2.9	13.7	26.5	39.0	53.0	44.3	42.4	38.7	
New Hampshire	331	1.2	5.6	9.6	18.5	33.7	39.3	30.3	25.9	
Rhode Island	339	3.7	9.1	20.6	19.6	38.1	35.0	34.8	31.7	
Vermont	61	—	—	6.4	12.5	4.6	4.2	10.5	9.9	
Mideast:										
Delaware	123	—	3.9	17.5	18.4	22.0	22.8	23.0	15.3	
District of Columbia ³	159	---	---	---	---	35.2	31.0	31.2	27.8	
Maryland ⁴	1,670	2.0	4.8	14.2	29.5	43.9	38.4	34.7	30.6	
New Jersey	2,323	2.0	5.6	12.3	14.7	30.9	31.7	30.9	27.0	
New York	6,207	5.5	8.0	15.1	26.6	35.8	35.0	33.6	32.4	
Pennsylvania	3,911	1.2	5.0	12.5	21.5	33.9	33.4	31.2	31.7	
Great Lakes:										
Illinois	1,852	1.9	7.1	12.6	17.2	21.0	19.2	18.0	14.7	
Indiana	731	0.5	3.6	6.1	8.3	12.4	11.7	10.7	11.9	
Michigan	2,613	2.4	9.9	15.2	20.5	27.1	26.7	25.5	26.0	
Ohio	2,123	2.2	6.7	13.3	16.3	25.1	23.4	21.6	18.6	
Wisconsin	1,582	8.5	17.8	21.7	24.0	30.2	29.6	29.3	29.1	
Plains:										
Iowa	279	0.2	4.8	10.1	4.5	7.4	6.5	5.1	9.5	
Kansas	211	—	3.3	7.9	4.7	17.9	16.1	13.2	7.8	
Minnesota	1,386	9.9	22.2	16.4	26.5	29.9	28.2	26.9	27.6	
Missouri	1,830	2.3	6.0	8.2	18.5	35.2	31.0	31.2	32.3	
Nebraska	152	1.1	1.8	5.1	8.6	11.2	9.9	8.7	8.8	
North Dakota	2	0.4	2.5	1.7	1.2	2.5	1.3	0.4	0.4	
South Dakota	81	—	—	3.3	2.8	6.7	9.7	11.5	10.6	
Southeast:										
Alabama	171	0.3	0.9	5.3	7.3	7.2	6.5	4.7	3.8	
Arkansas	192	—	0.1	2.2	3.8	10.4	10.5	7.7	7.1	
Florida	4,339	1.5	5.6	10.6	18.8	31.4	29.8	29.8	26.0	
Georgia	1,151	0.1	2.9	4.8	7.6	17.4	15.9	15.2	13.4	
Kentucky	1,278	0.9	1.6	5.7	16.1	31.5	30.4	31.8	31.2	
Louisiana	547	0.6	0.9	5.4	7.2	17.0	15.6	14.0	12.2	
Mississippi	24	—	—	—	0.7	1.1	0.9	1.4	0.8	
North Carolina	963	0.6	1.6	4.8	8.3	17.8	16.3	14.8	11.6	
South Carolina	266	0.2	1.0	1.9	5.5	9.9	9.5	8.0	6.5	
Tennessee	1,046	—	1.8	3.7	12.2	33.0	33.0	18.6	18.0	
Virginia ⁴	1,203	—	1.1	6.1	7.7	18.5	16.2	15.9	16.5	
West Virginia ⁴	183	0.7	1.7	3.9	5.8	10.3	10.9	10.0	10.1	
Southwest:										
Arizona	1,161	6.0	10.3	16.2	25.8	30.9	32.4	25.8	21.3	
New Mexico	562	1.4	2.0	12.7	15.1	37.7	27.9	29.0	30.3	
Oklahoma	486	—	2.1	5.5	7.6	14.7	13.9	14.8	13.9	
Texas	2,789	0.6	3.4	6.9	12.0	18.5	17.5	14.9	12.8	
Rocky Mountains:										
Colorado	1,366	6.9	10.8	20.0	23.3	39.5	36.4	32.9	30.3	
Idaho	38	1.2	—	1.8	1.4	7.9	4.3	2.9	2.8	
Montana	47	—	—	1.0	2.4	7.0	7.7	5.8	5.2	
Utah	600	0.6	8.8	13.9	25.1	35.3	35.5	32.0	25.9	
Wyoming	12	—	—	—	—	1.4	1.7	2.0	2.4	
Far West:										
Alaska	—	—	—	—	—	—	—	—	—	
California	17,026	16.8	22.5	30.7	36.0	53.5	53.4	50.5	48.5	
Hawaii	374	15.3	18.1	21.6	21.0	30.0	31.8	32.8	30.0	
Nevada	459	—	5.8	8.5	15.9	23.5	20.4	22.4	21.1	
Oregon	851	12.0	14.0	24.7	40.0	41.1	35.5	30.1	24.2	
Washington	917	9.4	8.7	14.6	18.7	15.2	15.3	17.4	15.1	

— Quantity zero. --- Data not available.

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent states. These BEA geographic regions differ from Bureau of the Census geographic regions and divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

²HMOs in Guam included starting in 1994; HMOs in Puerto Rico, starting in 1998. In 2003 HMO enrollment in Guam was 32,000 and in Puerto Rico, 1,726,000.

³Data for District of Columbia (DC) not included for 1980–96 because data not adjusted for high proportion of enrollees of DC-based HMOs living in Maryland and Virginia.

⁴Includes partial enrollment for five plans serving the District of Columbia.

NOTES: Data for 1980–90 are for pure HMO enrollment at midyear. Data for 1994–2003 are for pure and open-ended enrollment as of January 1. In 1990 open-ended enrollment accounted for 3 percent of HMO enrollment compared with 11 percent in 2003. See [Appendix II, Health maintenance organization](#). Data for additional years are available. See [Appendix III](#).

SOURCE: InterStudy National Health Maintenance Organization Census. The InterStudy Edge, Managed care: A decade in review 1980–1990. The InterStudy Competitive Edge, vols 5–13, 1995–2003. St. Paul, Minnesota (Copyrights 1991, 1995–2003: Used with the permission of InterStudy).

Table 153. Persons under 65 years of age without health insurance coverage by State: United States, selected years 1987–2002

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Geographic region and State ¹	2002	1987	1990	1995	1997 ²	1998	1999 ³	2000	2001	2002
	Number in thousands					Percent of population				
United States	43,316	14.4	15.7	17.3	18.2	18.4	16.4	16.1	16.5	17.2
New England:										
Connecticut	355	7.4	8.0	10.3	13.8	14.3	10.4	11.3	11.7	12.3
Maine	144	9.9	12.6	15.4	17.1	14.6	12.2	12.8	12.3	13.4
Massachusetts	637	7.0	10.2	12.5	14.3	11.6	10.6	9.9	9.3	11.3
New Hampshire	125	11.4	11.1	11.4	13.3	12.5	10.1	9.6	11.0	11.2
Rhode Island	104	7.8	13.1	15.4	12.3	7.6	7.4	8.7	9.0	11.3
Vermont	66	11.1	10.5	14.5	10.8	11.0	12.2	9.9	10.8	12.2
Mideast:										
Delaware	79	11.9	15.6	17.2	15.1	17.1	11.2	10.6	10.5	11.2
District of Columbia	73	17.1	21.3	19.3	18.3	19.2	16.1	16.0	14.2	14.5
Maryland	725	10.9	14.2	17.2	14.9	18.9	12.8	11.8	13.8	15.0
New Jersey	1,181	9.0	11.3	16.2	18.4	18.0	13.7	14.0	15.1	15.8
New York	3,014	13.1	13.6	17.2	20.0	19.7	17.6	18.5	17.7	17.9
Pennsylvania	1,377	8.4	11.8	11.6	11.7	12.1	9.7	10.0	10.6	13.3
Great Lakes:										
Illinois	1,758	10.9	12.2	12.3	13.9	16.6	14.8	15.5	15.3	15.9
Indiana	794	15.2	12.3	14.6	12.8	16.1	10.7	12.8	13.6	14.8
Michigan	1,152	9.4	10.4	11.0	13.2	14.9	11.3	10.3	11.7	13.1
Ohio	1,331	10.3	11.7	13.5	13.1	11.7	11.6	12.8	12.8	13.5
Wisconsin	535	7.4	7.8	8.1	9.1	13.2	11.3	8.5	8.8	11.0
Plains:										
Iowa	274	8.3	9.4	12.9	13.6	10.9	8.8	10.3	8.7	10.9
Kansas	280	11.6	12.3	14.2	13.6	12.2	13.6	12.6	13.5	11.9
Minnesota	397	7.4	9.9	9.0	10.2	10.3	8.3	9.0	8.8	8.8
Missouri	646	11.8	14.2	16.7	14.7	12.1	7.7	10.7	11.6	13.2
Nebraska	173	11.0	9.6	10.3	12.2	10.2	11.6	10.3	10.8	11.6
North Dakota	69	8.7	7.2	9.4	11.7	16.5	13.8	13.2	11.2	12.7
South Dakota	84	15.4	13.5	10.8	13.7	16.3	12.4	12.9	10.9	13.0
Southeast:										
Alabama	564	17.9	19.3	15.7	18.0	19.5	15.2	14.9	14.9	14.8
Arkansas	438	23.5	20.1	20.5	28.1	21.7	16.7	16.7	18.8	18.9
Florida	2,816	20.5	21.5	21.7	23.6	21.1	21.8	21.1	20.6	20.6
Georgia	1,354	14.5	17.1	20.0	19.3	19.4	16.7	15.7	18.1	17.6
Kentucky	546	16.8	15.1	16.8	16.9	16.0	14.9	15.3	14.1	15.5
Louisiana	814	18.9	22.1	22.9	22.0	21.3	24.2	20.4	21.7	20.8
Mississippi	464	19.3	22.1	22.3	22.6	22.9	17.9	15.5	18.4	18.7
North Carolina	1,362	15.0	15.6	16.4	17.6	17.0	16.5	15.3	16.3	19.0
South Carolina	496	12.4	18.1	16.0	18.7	17.4	18.0	13.7	14.1	14.4
Tennessee	606	16.6	15.4	16.4	15.2	14.3	11.5	12.2	12.6	12.0
Virginia	962	11.4	17.3	15.2	14.1	15.8	14.9	13.0	12.2	15.2
West Virginia	254	15.9	16.0	18.3	20.5	20.8	18.4	16.5	15.8	17.3
Southwest:										
Arizona	913	20.4	18.1	23.2	27.7	26.9	23.2	18.7	20.0	19.4
New Mexico	385	25.3	24.6	28.3	25.2	24.0	28.1	27.2	23.9	24.2
Oklahoma	600	20.4	21.2	22.1	20.2	21.2	19.3	21.9	20.9	19.9
Texas	5,515	23.0	23.2	27.0	26.7	26.9	24.9	25.4	25.9	28.4
Rocky Mountains:										
Colorado	717	15.6	16.3	15.9	16.4	16.4	17.0	15.8	17.2	17.8
Idaho	233	17.2	16.9	15.9	19.9	19.7	20.8	17.3	17.9	20.2
Montana	139	17.3	15.7	14.8	22.0	21.9	20.1	19.2	15.9	17.9
Utah	305	13.4	9.8	13.0	14.8	15.1	14.5	13.6	16.0	14.3
Wyoming	86	12.7	13.7	17.6	17.4	18.8	17.0	17.8	18.1	20.0
Far West:										
Alaska	117	17.0	16.1	12.9	18.9	17.9	19.4	20.0	16.6	20.0
California	6,361	18.5	21.1	22.6	23.7	24.4	21.4	20.4	21.3	20.0
Hawaii	121	8.5	7.8	9.9	8.7	11.3	11.3	10.6	10.8	11.4
Nevada	417	17.4	18.3	21.1	19.9	23.7	20.6	18.8	17.9	22.3
Oregon	511	17.2	14.6	13.9	14.8	16.0	15.8	14.4	14.2	16.5
Washington	848	14.4	12.7	13.7	12.4	13.4	15.5	15.3	14.8	15.7

¹Data are shown for Bureau of Economic Analysis (BEA) regions that are constructed to show economically interdependent States. These BEA geographic regions differ from Bureau of the Census geographic divisions shown in some *Health, United States* tables. See [Appendix II, Geographic region and division](#).

²Beginning with data for 1997, people with no coverage other than access to the Indian Health Service are no longer considered covered by health insurance. The effect of this change on the number uninsured is negligible.

³Starting in 1999 estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls. In 1999 the use of verification questions decreased the percent uninsured by 1.2 percentage points.

NOTES: Methodology and sample size changed in 1992, 1993, 1994, 1999, and 2000. See [Appendix I, Current Population Survey](#). Data for additional years are available. See Appendix III. These data include revisions for 1999 and differ from previous editions of *Health, United States*.

SOURCES: U.S. Bureau of the Census, Current Population Survey, March; Health insurance historical table 6. Health insurance coverage status and type of coverage by State—people under 65: 1987–2001. www.census.gov/hhes/hlthins/historic/histht6.html. Oct. 23, 2003.

Appendix Contents

I. Data Sources 393

Government Sources	394
Abortion Surveillance	394
AIDS Surveillance	395
Census of Fatal Occupational Injuries (CFOI)	395
Consumer Price Index (CPI)	396
Current Population Survey (CPS)	397
Department of Veterans Affairs National Patient Care Database and National Enrollment Database	398
Drug Abuse Warning Network (DAWN)	399
Employee Benefits Survey—See National Compensation Survey	
Medicaid Data System	400
Medical Expenditure Panel Survey (MEPS)	401
Medicare Administrative Data	402
Medicare Current Beneficiary Survey (MCBS)	403
Monitoring the Future Study (MTF)	404
National Ambulatory Medical Care Survey (NAMCS)	405
National Compensation Survey	406
National Health Accounts	407
State Health Expenditures	409
National Health Care Survey (NHCS)	410
National Health and Nutrition Examination Survey (NHANES)	410
National Health Interview Survey (NHIS)	413
National Health Provider Inventory (NHPI)	414
National Home and Hospice Care Survey (NHHCS)	415
National Hospital Ambulatory Medical Care Survey (NHAMCS)	416
National Hospital Discharge Survey (NHDS)	417
National Immunization Survey (NIS)	419
National Medical Expenditure Survey (NMES)—See Medical Expenditure Panel Survey	
National Notifiable Diseases Surveillance System (NNDSS)	419
National Nursing Home Survey (NNHS)	420
National Survey on Drug Use & Health (NSDUH)	422
National Survey of Family Growth (NSFG)	423
National Survey of Substance Abuse Treatment Services (N-SSATS)	424
National Vital Statistics System (NVSS)	425
Birth File	426
Mortality File	426

Multiple Cause-of-Death File	427
Linked Birth/Infant Death Data Set	428
Compressed Mortality File	428
Online Survey Certification and Reporting Database (OSCAR)	428
Population Census and Population Estimates	429
Decennial Census	429
Race Data on the 1990 Census	429
Race Data on the 2000 Census	429
Modified Decennial Census Files	430
Bridged-Race Population Estimates for Census 2000	430
Postcensal Population Estimates	430
Intercensal Population Estimates	431
Special Population Estimates	431
Sexually Transmitted Disease (STD) Surveillance	432
Surveillance, Epidemiology, and End Results Program (SEER)	432
Survey of Mental Health Organizations (SMHO)	433
Survey of Occupational Injuries and Illnesses (SOII)	434
Youth Risk Behavior Survey (YRBS)	435

Private and Global Sources 436

Alan Guttmacher Institute Abortion Provider Survey	436
American Association of Colleges of Pharmacy	437
American Association of Colleges of Podiatric Medicine	437
American Dental Association	437
American Hospital Association Annual Survey of Hospitals	437
American Medical Association Physician Masterfile	437
Association of American Medical Colleges	438
Association of Schools and Colleges of Optometry	438
Association of Schools of Public Health	438
European Health for All Database	438
InterStudy National Health Maintenance Organization Census	439
National League for Nursing	439
Organization for Economic Cooperation and Development Health Data	439
United Nations Demographic Yearbook	440
World Health Statistics Annual	440

II. Definitions and Methods	441		
Acquired immunodeficiency syndrome (AIDS)	441	Drug abuse treatment clients—See <i>Substance abuse treatment clients</i>	
Active physician—See <i>Physician</i>		Drug Class, Major	451
Activities of daily living (ADL)	441	Drugs	451
Addition	441	Education	451
Admission	442	Emergency department	453
Age	442	Emergency department/emergency room visit	453
Age adjustment	442	Employer costs for employee compensation	453
AIDS—See <i>Acquired immunodeficiency syndrome</i>		Ethnicity—See <i>Hispanic origin</i>	
Alcohol abuse treatment clients—See <i>Substance abuse treatment clients</i>		Expenditures—See <i>Health expenditures, national; Appendix I, National Health Accounts</i>	
Alcohol consumption	443	Family income	453
Average annual rate of change (percent change)	445	Federal hospitals—See <i>Hospital</i>	
Average length of stay	445	Federal physicians—See <i>Physician</i>	
Bed	445	Fee-for-service health insurance	454
Birth cohort	445	Fertility rate—See <i>Rate: Birth and related rates</i>	
Birth rate	445	First-listed diagnosis	455
Birthweight	445	First-listed external cause of injury	455
Body mass index (BMI)	445	General hospitals—See <i>Hospital</i>	
Cause of death	445	General hospitals providing separate psychiatric services—See <i>Mental health organization</i>	
Cause-of-death ranking	446	Geographic region and division	455
Chronic condition—See <i>Condition</i>		Gestation	456
Cigarette smoking	446	Gross domestic product (GDP)	456
Civilian noninstitutionalized population; Civilian population—See <i>Population</i>		Health care contact	456
Cocaine-related emergency department episodes	448	Health expenditures, national	456
Cohort fertility	448	Health insurance coverage	457
Community hospitals—See <i>Hospital</i>		Health maintenance organization (HMO)	457
Comparability ratio	448	Health services and supplies expenditures—See <i>Health expenditures, national</i>	
Compensation—See <i>Employer costs for employee compensation</i>		Health status, respondent-assessed	458
Condition	450	Hispanic origin	458
Consumer Price Index (CPI)	450	HIV—See <i>Human immunodeficiency virus (HIV) disease</i>	
Crude birth rate; Crude death rate—See <i>Rate: Birth and related rates; Rate: Death and related rates</i>		Home health care	459
Days of care	450	Home visit	459
Death rate—See <i>Rate: Death and related rates</i>		Hospice care	459
Dental caries	450	Hospital	459
Dental visit	450	Hospital-based physician—See <i>Physician</i>	
Diagnosis—See <i>First-listed diagnosis</i>		Hospital days—See <i>Days of care</i>	
Diagnostic and other nonsurgical procedures—See <i>Procedure</i>		Hospital utilization	460
Discharge	450	Human immunodeficiency virus (HIV) disease	460
Domiciliary care homes—See <i>Long-term care facility; Nursing home</i>		ICD; ICD codes—See <i>Cause of death; International Classification of Diseases</i>	
Drug abuse—See <i>Illicit drug use</i>		Illicit drug use	461
		Incidence	461
		Income—See <i>Family Income</i>	
		Individual practice association (IPA)—See <i>Health maintenance organization (HMO)</i>	
		Industry of employment	461

Infant death	462	Nursing home	471
Injury—See <i>First-listed external cause of injury</i>		Nursing home expenditures—See <i>Health expenditures, national</i>	
Injury-related visit	462	Obesity—See <i>Body mass index (BMI)</i>	
Inpatient	462	Occupancy rate	472
Inpatient care—See <i>Mental health service type</i>		Office	472
Inpatient days—See <i>Days of care</i>		Office-based physician—See <i>Physician</i>	
Instrumental activities of daily living (IADL)	462	Office visit	472
Insured—See <i>Health insurance coverage</i>		Operations—See <i>Procedure</i>	
Intermediate care facilities—See <i>Nursing home</i>		Outpatient department	472
International Classification of Diseases (ICD)	462	Outpatient surgery	472
International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)	463	Outpatient visit	472
Late fetal death rate—See <i>Rate: Death and related rates</i>		Overweight—See <i>Body mass index (BMI)</i>	
Leading causes of death—See <i>Cause-of-death ranking</i>		Pap smear	472
Length of stay—See <i>Average length of stay</i>		Partial care organization—See <i>Mental health organization</i>	
Life expectancy	463	Partial care treatment—See <i>Mental health service type</i>	
Limitation of activity	463	Patient—See <i>Home health care; Hospice care; Inpatient; Office visit; Outpatient visit</i>	
Live-birth order	463	Percent change—See <i>Average annual rate of change</i>	
Long-term care facility	463	Perinatal mortality rate; ratio—See <i>Rate: Death and related rates</i>	
Low birthweight—See <i>Birthweight</i>		Personal care homes with or without nursing—See <i>Nursing home</i>	
Mammography	463	Personal health care expenditures—See <i>Health expenditures, national</i>	
Managed care	464	Physician	473
Marital status	464	Physician specialty	474
Maternal age—See <i>Age</i>		Point-of-service (POS) plan	474
Maternal death	466	Population	474
Maternal education—See <i>Education</i>		Postneonatal mortality rate—See <i>Rate: Death and related rates</i>	
Maternal mortality rate—See <i>Rate: Death and related rates</i>		Poverty level	475
Medicaid	466	Preferred provider organization (PPO)	475
Medical specialties—See <i>Physician specialty</i>		Prenatal Care	475
Medical vendor payments	467	Prevalence	475
Medicare	467	Primary admission diagnosis	475
Mental health organization	467	Primary care specialties—See <i>Physician specialty</i>	
Mental health service type	468	Private expenditures—See <i>Health expenditures, national</i>	
Metropolitan statistical area (MSA)	468	Procedure	476
Micropolitan statistical area	469	Proprietary hospitals—See <i>Hospital</i>	
Multiservice mental health organizations—See <i>Mental health organization</i>		Psychiatric hospitals—See <i>Hospital; Mental health organization</i>	
National Drug Code (NDC) Directory therapeutic class	469	Public expenditures—See <i>Health expenditures, national</i>	
Neonatal mortality rate—See <i>Rate: Death and related rates</i>		Public health activities	476
Non-Federal physicians—See <i>Physician</i>		Race	476
Nonpatient revenues	470	Rate	480
Nonprofit hospitals—See <i>Hospital</i>			
Notifiable disease	470		
Nurse supply estimates	470		
Nursing care	471		
Nursing care homes—See <i>Nursing home</i>			

Region—See <i>Geographic region and division</i>	
Registered hospitals—See <i>Hospital</i>	
Registered nursing education	481
Registration area	481
Relative standard error	481
Relative survival rate	481
Reporting area	481
Resident	481
Resident population—See <i>Population</i>	
Residential treatment care—See <i>Mental health service type</i>	
Residential treatment centers for emotionally disturbed children—See <i>Mental health organization</i>	
Rural—See <i>Urbanization</i>	
Self-assessment of health—See <i>Health status, respondent-assessed</i>	
Serious psychological distress	482
Short-stay hospital—See <i>Hospital</i>	
Skilled nursing facility—See <i>Nursing home</i>	
Smoker—See <i>Cigarette smoking; Tobacco use</i>	
Specialty hospital—See <i>Hospital</i>	
State health agency	482
State Children’s Health Insurance Program (SCHIP)	482
Substance use	482
Substance abuse treatment clients	483
Suicidal ideation	483
Surgical operation—See <i>Procedure</i>	
Surgical specialty—See <i>Physician specialty</i>	
Tobacco use—See <i>Cigarette smoking</i>	
Uninsured	483
Urbanization	483
Usual source of care	484
Wages and salaries—See <i>Employer costs for employee compensation</i>	
Years of potential life lost	484

Appendix Tables

I. United States standard population and proportion distribution by age for age adjusting death rates	442
II. Numbers of live births and mother’s age groups used to adjust maternal mortality rates to live births in the United States in 1970	442
III. United States standard population and age groups used to age adjust survey data	444

IV. Revision of the <i>International Classification of Diseases (ICD)</i> according to year of conference by which adopted and years in use in the United States	446
V. Cause-of-death codes, according to applicable revision of <i>International Classification of Diseases (ICD)</i>	447
VI. Comparability of selected causes of death between the Ninth and Tenth Revisions of the <i>International Classification of Diseases (ICD)</i>	449
VII. Codes for first-listed external causes of injury from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i>	454
VIII. Codes for industries, according to the <i>Standard Industrial Classification (SIC) Manual</i>	462
IX. Codes for diagnostic categories from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i>	464
X. Codes for procedure categories from the <i>International Classification Diseases, Ninth revision, Clinical Modification</i>	465
XI. National Drug Code (NDC) therapeutic class analgesic drug recodes	470
XII. Current cigarette smoking by persons 18 years of age and over, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993–95	477
XIII. Private health care coverage for persons under 65 years of age, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993–95	478

Appendix Figures

I. Census Bureau: Four Geographic Regions and 9 Divisions of the United States	454
II. Bureau of Economic Analysis: Eight Geographic Regions of the United States	455
III. Additional Data Years Available	485

Appendix I

Data Sources

This report consolidates the most current data on the health of the population of the United States, the availability and use of health resources, and health care expenditures. Information was obtained from data files and published reports of many Federal Government and private and global agencies and organizations. In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, data in this report vary considerably with respect to source, method of collection, definitions, and reference period.

Although a detailed description and comprehensive evaluation of each data source are beyond the scope of this Appendix, users should be aware of the general strengths and weaknesses of the different data collection systems. For example, population-based surveys obtain socioeconomic data, data on family characteristics, and information on the impact of an illness, such as days lost from work or limitation of activity. These data are limited by the amount of information a respondent remembers or is willing to report. A respondent may not know detailed medical information, such as precise diagnoses or the types of operations performed, and therefore cannot report it. Health care providers, such as physicians and hospitals, usually have good diagnostic information but little or no information about the socioeconomic characteristics of individuals or the impact of illnesses on individuals.

The populations covered by different data collection systems may not be the same, and understanding the differences is critical to interpreting the data. Data on vital statistics and national expenditures cover the entire population. Most data on morbidity and utilization of health resources cover only the civilian noninstitutionalized population. Such statistics may not include data for military personnel, who are usually young; for institutionalized people, who may be any age; or for nursing home residents, who are usually old.

All data collection systems are subject to error, and records may be incomplete or contain inaccurate information. People may not remember essential information, a question may not mean the same thing to different respondents, and some institutions or individuals may not respond at all. It is not always possible to measure the magnitude of these errors or

their effect on the data. Where possible, table notes describe the universe and method of data collection to enable the user to place his or her evaluation on the data quality.

Some information is collected in more than one survey, and estimates of the same statistic may vary among surveys because of different survey methodologies, sampling frames, questionnaires, definitions, and tabulation categories. For example, cigarette use is measured by the National Health Interview Survey, the National Survey on Drug Use & Health, the Monitoring the Future Survey, and the Youth Risk Behavior Survey, which use slightly different questions for persons of differing ages and interview in different settings (at school versus at home), so estimates will differ.

Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Numbers of births and deaths from the vital statistics system represent complete counts (except for births in those States where data are based on a 50-percent sample for certain years). Therefore, they are not subject to sampling error. However, when the figures are used for analytical purposes, such as the comparison of rates over a period, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is rare, estimates may be unstable and considerable caution must be observed in interpreting the statistics. Estimates that are unreliable because of large sampling errors or small numbers of events are noted with asterisks in selected tables. The criteria used to designate unreliable estimates are indicated in notes to the applicable tables.

Government data sources are listed alphabetically by data set name; private and global sources are listed separately. To the extent possible, government data systems are described using a standard format. "Overview" is a brief, general statement about the purpose or objectives of the data system. "Selected Content" lists major data elements that are collected or estimated using interpolation or modeling. "Data Years" gives the years that the survey or data system has existed or been fielded. "Coverage" describes the population that the data system represents; for example, residents of the United States, the noninstitutionalized population, persons in specific population groups, or other entities that comprise the survey. The "Methodology" section presents a short description of methods used to collect data. "Sample Size

and Response Rates” are given for surveys. “Issues Affecting Interpretation” describes major changes in the data collection methodology or other factors that must be considered when analyzing trends—for example, a major survey redesign that may introduce a discontinuity in the trend. For more information about the methodology, data files, and history of a data source, consult the “References” and Web sites at the end of each summary. For more information about private and global organizations’ data sources, refer to the organization’s Web sites.

Government Sources

Abortion Surveillance

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Overview: The abortion surveillance program documents the number and characteristics of women obtaining legal induced abortions, monitors unintended pregnancy, and assists efforts to identify and reduce preventable causes of morbidity and mortality associated with abortions.

Selected Content: Content includes age, race/ethnicity, marital status, previous live births, period of gestation, and previous induced abortions of women obtaining legal induced abortions.

Data Years: Between 1973 and 1997, the number of abortions is based on reporting from 52 reporting areas: 50 States, the District of Columbia, and New York City. In 1998 and 1999, CDC compiled abortion data from 48 reporting areas: Alaska, California, New Hampshire, and Oklahoma did not report, and data for these areas were not estimated. In 2000, Oklahoma again reported these data, increasing the number of reporting areas to 49.

Coverage: The system includes women of all ages, including adolescents, who obtain legal induced abortions.

Methodology: Beginning with data year 2000, data concerning the number and characteristics of women who obtain legal induced abortions are provided for 49 reporting areas by central health agencies such as State health departments and the health departments of New York City and the District of Columbia, and by hospitals and other medical facilities. In

general, the procedures are reported by the State in which the procedure is performed (i.e., state of occurrence). In 2000, three states (Delaware, Maryland, and Wisconsin) reported characteristics only for women who were residents and who obtained abortions in the State. One State (Iowa) provided numbers and characteristics only for state residents. While the total number of legal induced abortions is available for those 49 reporting areas, not all areas collect information on the characteristics of women who obtain abortions. The number of areas reporting each characteristic and the number of areas with complete data for each characteristic vary from year to year. For example, in 2000, the number of areas reporting different characteristics ranged from 26 areas reporting Hispanic ethnicity and 37 areas reporting race and marital status to 47 areas reporting age. Data from reporting areas with more than 15 percent unknown for a given characteristic are excluded from the analysis of that characteristic.

Issues Affecting Interpretation: Between 1989 and 1997, the total number of abortions reported to CDC was about 10 percent less than the total estimated independently by the Alan Guttmacher Institute (AGI), a not-for-profit organization for reproductive health research, policy analysis, and public education. In 1998–99, the total number of abortions reported to CDC was about 33 percent less than the total estimated by AGI. The four reporting areas (the largest of which was California) that did not report abortions to CDC in 1998 accounted for 18 percent of all abortions tallied by AGI’s 1995–96 survey. See [Appendix I, Alan Guttmacher Institute Abortion Provider Survey](#).

Reference:

Centers for Disease Control and Prevention, CDC Surveillance Summaries, November 2003. MMWR 2002;52 (NoSS-12), Abortion Surveillance—United States, 2000.

For More Information: See the NCCDPHP surveillance and research Web site at www.cdc.gov/nccdphp/drh/surveil.htm.

AIDS Surveillance

Centers for Disease Control and Prevention

National Center for HIV, STD, and TB Prevention

Overview: Acquired immunodeficiency syndrome (AIDS) surveillance data are used to detect and monitor cases of human immunodeficiency virus (HIV) disease and AIDS in the United States, identify epidemiologic trends, identify unusual cases requiring follow-up, and inform public health efforts to prevent and control the disease.

Selected Content: Data collected on cases diagnosed with AIDS include age, sex, race/ethnicity, mode of exposure, and geographic region.

Data Years: Reports on AIDS cases are available from the beginning of the epidemic in 1981.

Coverage: All 50 States, the District of Columbia, U.S. dependencies and possessions, and independent nations in free association with the United States report AIDS cases to CDC using a uniform surveillance case definition and case report form.

Methodology: AIDS surveillance is conducted by health departments in each State or territory and the District of Columbia. Although surveillance activities range from passive to active, most areas employ multifaceted active surveillance programs, which include four major reporting sources of AIDS information: hospitals and hospital-based physicians, physicians in nonhospital practice, public and private clinics, and medical record systems (death certificates, tumor registries, hospital discharge abstracts, and communicable disease reports). Using a standard confidential case report form, the health departments collect information that is then transmitted electronically without personal identifiers to CDC.

Issues Affecting Interpretation: Although completeness of reporting of AIDS cases to State and local health departments differs by geographic region and patient population, studies conducted by State and local health departments indicate that the reporting of AIDS cases in most areas of the United States is more than 85 percent complete.

The original definition of AIDS was modified in 1985 and 1987. The case definition for adults and adolescents was modified again in 1993. The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity

of the definition. Laboratory and diagnostic criteria for the 1987 pediatric case definition were updated in 1994. Effective January 2000, the surveillance case definition for HIV infection was revised to reflect advances in laboratory HIV virologic tests. The definition incorporates the reporting criteria for HIV infection and AIDS into a single case definition for adults and children.

Decreases in AIDS incidence and in the number of AIDS deaths, first noted in 1996, have been ascribed to the effect of new treatments, which prevent or delay the onset of AIDS and premature death among HIV-infected persons and result in an increase in the number of persons living with HIV and AIDS. A growing number of States require confidential reporting of persons with HIV infection and participate in CDC's integrated HIV/AIDS surveillance system that compiles information on the population of persons newly diagnosed and living with HIV infection.

Reference:

Centers for Disease Control and Prevention,
HIV/AIDS Surveillance Report, published annually at
www.cdc.gov/hiv/stats/hasrlink.htm.

For More Information: See the NCHSTP Web site at
www.cdc.gov/nchstp/od/nchstp.html.

Census of Fatal Occupational Injuries (CFOI)

Bureau of Labor Statistics

Overview: The Census of Fatal Occupational Injuries (CFOI) compiles comprehensive and timely information on fatal work injuries occurring in the 50 States and the District of Columbia to monitor workplace safety and to inform private and public health efforts to improve workplace safety.

Selected Content: Information is collected about each workplace fatality, including occupation and other worker characteristics, equipment involved, and circumstances of the event.

Data Years: Data have been collected annually since 1992.

Coverage: The data cover all 50 States and the District of Columbia.

Methodology: CFOI is administered by the Bureau of Labor Statistics (BLS) in conjunction with participating State

agencies to compile counts that are as complete as possible to identify, verify, and profile fatal work injuries. Key information about each workplace fatality (occupation and other worker characteristics, equipment or machinery involved, and circumstances of the event) is obtained by cross-referencing source records. For a fatality to be included in the census, the decedent must have been employed (that is, working for pay, compensation, or profit) at the time of the event, engaged in a legal work activity, or present at the site of the incident as a requirement of his or her job. These criteria are generally broader than those used by Federal and State agencies administering specific laws and regulations. Fatalities that occur during a person's commute to or from work are excluded from the census counts.

Data for the CFOI are compiled from various Federal, State, and local administrative sources—including death certificates, workers' compensation reports and claims, reports to various regulatory agencies, medical examiner reports, and police reports—as well as news reports. Diverse sources are used because studies have shown that no single source captures all job-related fatalities. Source documents are matched so that each fatality is counted only once. To ensure that a fatality occurred while the decedent was at work, information is verified from two or more independent source documents or from a source document and a follow-up questionnaire.

Issues Affecting Interpretation: The number of occupational fatalities and fatality rates are periodically revised. States have up to 1 year to update their initial published State counts. States may identify additional fatal work injuries after data collection closeout for a reference year. In addition, other fatalities excluded from the published count because of insufficient information to determine work relationship may subsequently be verified as work-related. Increases in the published counts based on additional information have averaged less than 100 fatalities per year, or less than 1.5 percent of the total.

Reference:

Bureau of Labor Statistics. National Census of Fatal Occupational Injuries, 2002. Washington, DC: U.S. Department of Labor. August 2003.

For More Information: See the CFOI Web site at www.bls.gov/iif/oshcfoi1.htm.

Consumer Price Index (CPI)

Bureau of Labor Statistics

Overview: The Consumer Price Index (CPI) is designed to produce a monthly measure of the average change in the prices paid by urban consumers for a fixed market basket of goods and services.

Selected Content: Price indexes are available for the United States, the four census regions, size of city, cross-classifications of regions and size-classes, and 26 local areas. Indexes are available for major groups of consumer expenditures (food and beverages, housing, apparel, transportation, medical care, recreation, education and communications, and other goods and services), for items within each group, and for special categories, such as services. Monthly indexes are available for the United States, the four census regions, and some local areas. More detailed item indexes are available for the United States than for regions and local areas. Indexes are available for two population groups: a CPI for All Urban Consumers (CPI-U) which covers approximately 87 percent of the total population, and a CPI for Urban Wage Earners and Clerical Workers (CPI-W), which covers 32 percent of the population.

Data Years: The index has been constructed annually since 1978.

Coverage: The all-urban index (CPI-U) introduced in 1978 covers residents of metropolitan areas as well as residents of urban parts of nonmetropolitan areas (about 87 percent of the U.S. population in 2000).

Methodology: In calculating the index, price changes for the various items in each location were averaged together with weights that represent their importance in the spending of all urban consumers. Local data were then combined to obtain a U.S. city average.

The index measures price changes from a designated reference date, 1982–84, which equals 100. An increase of 22 percent, for example, is shown as 122. Change can also be expressed in dollars as follows: the price of a base period “market basket” of goods and services bought by all urban consumers has risen from \$100 in 1982–84 to \$184 in 2003.

The current revision of the CPI, completed in 2000, reflects spending patterns based on the Survey of Consumer Expenditures from 1993 to 1995, the 1990 Census of

Population, and the ongoing Point-of-Purchase Survey. Using an improved sample design, prices for the goods and services required to calculate the index are collected in urban areas throughout the country and from retail and service establishments. Data on rents are collected from tenants of rented housing and residents of owner-occupied housing units. Food, fuels, and other goods and services are priced monthly in urban locations. Price information is obtained through visits or calls by trained BLS field representatives using computer-assisted telephone interviews.

Issues Affecting Interpretation: A 1987 revision changed the treatment of health insurance in the cost-weight definitions for medical care items. This change has no effect on the overall index result but provides a clearer picture of the role of health insurance in the CPI. As part of the revision, three new indexes have been created by separating previously combined items, for example, eye care is separated from other professional services, and inpatient and outpatient treatment is separated from other hospital and medical care services.

Effective January 1997 the hospital index was restructured by combining the three categories—room, inpatient services, and outpatient services—into one category: hospital services. In addition new procedures for hospital data collection identify a payor, diagnosis, and the payor's reimbursement arrangement from selected hospital bills.

References:

Bureau of Labor Statistics. Handbook of Methods. BLS Bulletin 2490. Washington, DC: U.S. Department of Labor. April 1997; Revising the Consumer Price Index, Monthly Labor Review, Dec 1996.

U.S. Department of Labor, Bureau of Labor Statistics, Washington, DC; IK Ford and D Ginsburg, Medical Care and the Consumer Price Index, National Bureau of Economic Research, Research Studies in Income and Wealth vol. 62.

For More Information: See the BLS/CPI Web site at www.bls.gov/cpi/home.htm.

Current Population Survey (CPS)

Bureau of the Census

Bureau of Labor Statistics

Overview: The Current Population Survey (CPS) provides current estimates and trends in employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various population subgroups.

Selected Content: Estimates of poverty and health insurance coverage presented in *Health, United States* are derived from the Annual Social and Economic Supplement (ASEC), formerly called the Annual Demographic Supplement (ADS), or simply the "March Supplement." The ASEC includes a series of questions asked each March in addition to core CPS questions. Information is gathered on more than 50 different sources of income, including noncash income sources such as food stamps, school lunch program, employer-provided group health insurance plan, employer-provided pension plan, personal health insurance, Medicaid, Medicare, CHAMPUS or military health care, and energy assistance. Comprehensive work experience information is given on the employment status, occupation, and industry of persons interviewed.

Data Years: The basic CPS has been conducted since 1945, although some data were collected prior to that time. Collection of income data began in 1948.

Coverage: The CPS sample is located in 754 sample areas, with coverage in every State and the District of Columbia. The adult universe (i.e., population of marriageable age) is composed of persons 15 years of age and over in the civilian noninstitutionalized population for CPS labor force data. The sample for the March CPS supplement is expanded to include members of the Armed Forces who are living in civilian housing or with their family on a military base, as well as additional Hispanic households that are not included in the monthly labor force estimates.

Methodology: The basic CPS sample is selected from multiple frames using multiple stages of selection. Each unit is selected with a known probability to represent similar units in the universe. The sample design is a State-based design, with the sample in each State being independent of the others.

The additional Hispanic sample is from the previous November's basic CPS sample. If a person is identified as

being of Hispanic origin from the November interview and is still residing at the same address in March, that housing unit is eligible for the March survey. This amounts to a near doubling of the Hispanic sample since there is no overlap of housing units between the basic CPS samples in November and March.

For all CPS data files a single weight is prepared and used to compute the monthly labor force status estimates. An additional weight was prepared for the earnings universe that roughly corresponds to wage and salary workers in the two outgoing rotations. The difference in content of the March CPS supplement requires the presentation of additional weights: a household weight, a family weight, and a March supplement weight. The final weight is the product of (1) the basic weight, (2) adjustments for special weighting, (3) noninterview adjustment, (4) first-stage ratio adjustment factor, and (5) second-stage ratio adjustment factor. This final weight should be used when producing estimates from the basic CPS data. Differences in the questionnaire, sample, and data uses for the March CPS supplement result in the need for additional adjustment procedures to produce what is called the March supplement weight.

Sample Size and Response Rate: Beginning with 2001, the State Children's Health Insurance Program (SCHIP) sample expansion was introduced. This included an increase in the basic CPS sample to 60,000 households per month. Prior to 2001 estimates were based on 50,000 households per month. The expansion also included an additional 12,000 households that were allocated differentially across States, based on prior information of the number of uninsured children in each State, to produce statistically reliable current State data on the number of low-income children who do not have health insurance coverage. In an average month the nonresponse rate for the basic CPS is about 6–7 percent.

Issues Affecting Interpretation: Over the years, the number of income questions has expanded, questions on work experience and other characteristics have been added, and the month of interview was moved to March.

In 1994 major changes were introduced, which included a complete redesign of the questionnaire including new health insurance questions and the introduction of computer-assisted interviewing for the entire survey. In addition, there were revisions to some of the labor force concepts and definitions. Prior to the redesign, CPS data were primarily collected using a paper-and-pencil form. Beginning in 1994, new population controls were used based on the 1990

census and adjusted for the estimated population undercount. Starting with *Health, United States, 2003*, poverty estimates for 2000 were recalculated based on the expanded SCHIP sample, and beginning with 2000 data, census 2000-based population controls were implemented. Beginning with 2002 data, 1997 race standards were implemented in which people could report more than one race.

References:

U.S. Census Bureau. Technical Paper 63RV. Current Population Survey: Design and Methodology. TP63RV, March 2002 found at www.census.gov/prod/2002pubs/tp63rv.pdf.

For More Information: See the CPS Web site at www.bls.census.gov/cps/cpsmain.htm.

Department of Veterans Affairs National Patient Care Database and National Enrollment Database

Department of Veterans Affairs

Overview: The Department of Veterans Affairs (VA) compiles and analyzes multiple data sets on the health and health care of its clients and other veterans to monitor access and quality of care and to conduct program and policy evaluations.

Selected Content: VA maintains the National Patient Care Database (NPCD) and the National Enrollment Database (NED).

The NPCD is a nationwide system that contains a statistical record for each episode of care provided under VA auspices in VA and non-VA hospitals, nursing homes, VA residential rehabilitation treatment programs (formerly called domiciliaries), and VA outpatient clinics. Three major extracts from the NPCD are the patient treatment file (PTF), the patient census file, and the outpatient clinic file (OPC).

The patient treatment file (PTF) collects data at the time of the patient's discharge on each episode of inpatient care provided to patients at VA hospitals, VA nursing homes, VA residential rehabilitation treatment programs, community nursing homes, and other non-VA facilities. The PTF record contains the scrambled social security number, dates of inpatient treatment, date of birth, State and county of residence, type of disposition, place of disposition after discharge, and ICD-9-CM diagnostic and procedure or operative codes for each episode of care.

The patient census file collects data on each patient remaining in a VA medical facility at midnight at the end of each quarter of the fiscal year. The census record includes information similar to that reported in the PTF record.

The outpatient clinic file (OPC) collects data on each instance of medical treatment provided to a veteran in an outpatient setting. The OPC record includes the age, scrambled social security number, State and county of residence, VA eligibility code, clinic(s) visited, purpose of visit, and date of visit for each episode of care.

The VA also maintains the National Enrollment Database (NED) as the official repository of enrollment information for each veteran enrolled in the VA health care system.

Coverage: U.S. veterans who receive services within the VA medical system are included. Data are available for some nonveterans who receive care at VA facilities.

Methodology: NPCD is the source data for the Veterans Health Administration (VHA) Medical SAS Datasets. NPCD is the VHA's centralized relational database (a data warehouse) that receives encounter data from VHA clinical information systems. It is updated daily. Data are collected locally at each VA medical center and are transmitted electronically to the VA Austin Automation Center for use in providing nationwide statistics, reports, and comparisons.

In all of the medical data sets each patient has a unique identifier, which is a formula-based encryption of the individual's social security number (SSN). The identifier is consistent for a given patient across data sets and fiscal years. An extract containing selected information from the NPCD, the NED, and the cost distribution system is produced by the Austin Automation Center.

Issues Affecting Interpretation: The databases include users of the VA health care system. VA eligibility is a hierarchy based on service-connected disabilities, income, age, and availability of services. Therefore, different VA programs may serve populations with different sociodemographic characteristics than other health care systems.

For More Information: See the VHA Information Systems Web site at www.virec.research.med.va.gov/Support/Training-newUsersToolkit/IntroToVADData.htm.

Drug Abuse Warning Network (DAWN)

Substance Abuse and Mental Health Services Administration

Overview: Drug Abuse Warning Network (DAWN) is a national public health surveillance system that monitors trends in drug-related emergency department visits and deaths. It also collects data on drug-related deaths from medical examiner and coroner (ME/C) jurisdictions throughout the country. It determines drug-abuse patterns and trends, identifies substances associated with drug-abuse episodes, and assesses drug-related consequences and other health hazards.

Selected Content: For each reportable case, limited information—including patient demographics, reason for ED visit, and the drug(s) involved—is abstracted from visit records. DAWN collects detailed data on use of drugs, including illegal drugs, nonmedical use of prescription and over-the-counter medications, dietary supplements, and nonpharmaceutical inhalants.

Data Years: DAWN data have been collected annually since 1988.

Coverage: Hospitals eligible for DAWN are non-Federal, short-stay general hospitals that have a 24-hour emergency department. The DAWN emergency department data have been collected from a representative sample of eligible hospitals located throughout the coterminous United States, including 21 oversampled metropolitan areas.

Methodology: Within each facility, a designated DAWN reporter is responsible for identifying eligible drug-abuse episodes by reviewing emergency department records and abstracting and submitting data on each reportable case. To be included in DAWN, the patient presenting to the ED must meet all of the following four criteria: (a) patient was between ages 6 and 97 years and was treated in the hospital's ED; (b) patient's presenting problem(s) for the ED visit was induced by or related to drug use, regardless of when drug use occurred; (c) episode involved use of an illegal drug or use of a legal drug or other chemical substance contrary to directions; (d) patient's reason for using the substance(s) was dependence, suicide attempt or gesture, and/or psychic effect. DAWN cases include drug abuse and misuse, adverse reactions, accidental ingestion, overmedication, malicious poisoning, suicide attempts, underage drinking, and patients

seeking detoxification or drug abuse treatment. Patients are never interviewed. All data are collected through a retrospective review of patient medical records and decedent case files.

Sample Size and Response Rate: In 2002 the DAWN emergency department sample consisted of 549 eligible hospitals. Of these, 437 (80 percent) participated in DAWN. Response rates in the 21 metropolitan areas ranged from 65 percent to 100 percent, with 7 metropolitan areas having response rates below 75 percent. The 2002 sample of hospitals submitted data on 189,616 drug abuse episodes, with an average of 1.8 drug mentions per episode.

Issues Affecting Interpretation: Estimates reported in this publication are from the hospital ED component of DAWN. Participation in DAWN is voluntary, and there are minor variations in the number of participating hospitals from year to year. The number of ED episodes reported to DAWN is not equivalent to the number of individual patients, because one person may make repeated visits to an ED. DAWN does not measure the frequency or prevalence of drug use.

Reference:

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Emergency Department Trends From the Drug Abuse Warning Network, Final Estimates 1995–2002. DAWN Series: D-24, DHHS Pub. No. (SMA) 03–3780. Rockville, MD: Department of Health and Human Services. 2003.

For More Information: See the DAWN Web site at <http://dawninfo.samhsa.gov>.

Employee Benefits Survey—See [National Compensation Survey](#)

Medicaid Data System

Centers for Medicare & Medicaid Services

Overview: The Centers for Medicare & Medicaid Services (CMS) works with its State partners to collect data on persons served by the Medicaid program to monitor and evaluate access and quality of care, trends in program eligibility, characteristics of enrollees, changes in payment policy, and other program-related issues.

Selected Content: Data collected include medical vendor payments for Medicaid recipients by type of service and information on the characteristics of Medicaid recipients, including race/ethnicity, age, and basis of eligibility.

Data Years: Selected State data are available from 1992 on. Data for the 50 States and the District of Columbia are available from 1999 on.

Coverage: The data include individuals enrolled in the Medicaid program or receiving Medicaid benefits.

Methodology: The primary data sources for Medicaid statistical data are the Medicaid Statistical Information System (MSIS) and the CMS-64 reports.

MSIS is the basic source of State-reported eligibility and claims data on the Medicaid population, and their characteristics, utilization, and payments. Beginning in FY1999, as a result of legislation enacted from the Balanced Budget Act of 1997, States are required to submit individual eligibility and claims data tapes to CMS quarterly through the Medicaid Statistical Information System (MSIS). Prior to FY1999, States were required to submit an annual HCFA-2082 report, designed to collect aggregated statistical data on eligibles, recipients, services, and expenditures during a Federal fiscal year (October 1 through September 30). The data reported for each year represented people on the Medicaid rolls, recipients of Medicaid services, and payments for claims adjudicated during the year. The data reflected bills adjudicated or processed during the year, rather than services used during the year. States summarized and reported the data processed through their own Medicaid claims processing and payment operations, unless they opted to participate in MSIS, in which case the HCFA-2082 report was produced by the Health Care Financing Administration (the predecessor to CMS).

The CMS-64 is a product of the financial budget and grant system. The CMS-64 is a statement of expenditures for the Medicaid program that States submit to CMS 30 days after each quarter. The report is an accounting statement of actual expenditures made by the States for which they are entitled to receive Federal reimbursement under title XIX for that quarter. The amount claimed on the CMS-64 is a summary of expenditures derived from source documents such as invoices, cost reports, and eligibility records.

The CMS-64 shows the disposition of Medicaid grant funds for the quarter being reported and previous years, the recoupments made or refunds received, and income earned

on grant funds. The data on the CMS-64 are used to reconcile the monetary advance made on the basis of States' funding estimates filed prior to the beginning of the quarter on the CMS-37. As such, the CMS-64 is the primary source for making adjustments for any identified overpayments and underpayments to the States. Also incorporated into this process are disallowance actions forwarded from other Federal financial adjustments. Finally, the CMS-64 provides information that forms the basis for a series of Medicaid financial reports and budget analyses. Also included are third-party liability (TPL) collections tables. Third-party liability refers to the legal obligation of certain health care sources to pay the medical claims of Medicaid recipients before Medicaid pays these claims. Medicaid pays only after the TPL sources have met their legal obligation to pay.

Issues Affecting Interpretation: *Health, United States* Medicaid tables are based on MSIS data. Users of Medicaid data may note apparent inconsistencies in Medicaid data that are primarily a result of the difference in information captured in MSIS versus CMS-64 reports. The most substantive difference is caused by payments made to "disproportionate share hospitals." Payments to disproportionate share hospitals do not appear in MSIS because States directly reimburse these hospitals and there is no fee-for-service billing. Other less significant differences between MSIS and CMS-64 occur because adjudicated claims data are used in MSIS versus actual payments reflected in the CMS-64. Differences also may occur because of internal State practices for capturing and reporting these data through two separate systems. Finally, national totals for the CMS-64 are different because they include other jurisdictions, such as the Northern Mariana Islands and American Samoa.

For More Information: See the CMS Web site at www.cms.hhs.gov/ or the Research Data Assistance Center (ResDAC) Web site at www.resdac.umn.edu/medicaid/data_available.asp. Also see [Appendix II, Medicaid](#).

Medical Expenditure Panel Survey (MEPS)

Agency for Healthcare Research and Quality

Overview: The Medical Expenditure Panel Survey (MEPS) produces nationally representative estimates of health care use, expenditures, sources of payment, insurance coverage, and quality of care for the U.S. civilian noninstitutionalized population.

Selected Content: MEPS data in *Health, United States* include total health care expenses and prescribed medicine expenses, presented by sociodemographic characteristics, type of health insurance, and sources of payment.

Data Years: The 1977 National Medical Care Expenditure Survey and the 1987 National Medical Expenditure Survey (NMES) are earlier versions of this survey. Since 1996, MEPS has been conducted on an annual basis.

Coverage: U.S. civilian noninstitutionalized population is the primary population represented. The 1987 and 1996 surveys also had an institutionalized population component.

Methodology: MEPS is a national probability survey conducted on an annual basis since 1996. The panel design of the survey features several rounds of interviewing covering 2 full calendar years. The MEPS consists of three components: the Household, the Medical Provider, and the Insurance Components.

The Household Component (HC) is a nationally representative survey of the civilian noninstitutionalized population drawn from a subsample of households that participated in the prior year's National Health Interview Survey conducted by the National Center for Health Statistics. Missing expenditure data are imputed using data collected in the Medical Provider Component whenever possible.

Data are collected in the Medical Provider Component (MPC) to improve the accuracy of expenditure estimates derived solely from the Household Component (HC). The MPC is particularly useful in obtaining expenditure information for persons enrolled in managed care plans and Medicaid recipients. The MPC collects data from hospitals, physicians, and home health providers that were reported in the HC as providing care to MEPS sample persons. Sample sizes for the MPC vary from year to year depending on the HC sample size and the MPC sampling rates for providers.

The Insurance Component (IC) consists of two subcomponent samples: a household sample and list sample. The household sample collects detailed information from employers on the health insurance held by and offered to respondents to the MEPS-HC. The list sample collects data on the types and costs of workplace health insurance from a total of about 40,000 business establishments and governments each year.

The Medical Expenditure Panel Surveys (MEPS) update the 1987 National Medical Expenditure Survey (NMES). The NMES consists of two components: the Household Survey

(HS) and the Medical Provider Survey (MPS). The NMES-HS was designed to provide nationally representative estimates of health insurance status, health insurance coverage, and health care use for the U.S. civilian noninstitutionalized population for the calendar year 1987. Data from the NMES-MPS component were used in conjunction with HS data to produce estimates of health care expenditures. The NMES-HS consisted of four rounds of household interviews. Income was collected in a special supplement administered early in 1988. Events under the scope of the NMES-MPS included medical services provided by or under the direction of a physician, all hospital events, and home health care. The sample of events included in the NMES-MPS was all events for persons covered by Medicaid and for a 25 percent sample of NMES-HS respondents. Missing expenditure data were imputed.

Sample Size and Response Rate: For MEPS first core household interview, 17,500 households were selected. The sample sizes for the MEPS-HC are approximately 10,000 families in 1996 and 1998–2000, 13,500 families in 1997 and 2001, and 15,000 families annually beginning in 2002. The full-year household core response rate has generally been about 66 percent. The 12-month joint core questionnaire/health questionnaire/access supplement response rate for the household component of the NMES was 80 percent.

Issues Affecting Interpretation: The 1987 estimates are based on the NMES, and 1996–2000 estimates are based on the MEPS. Because expenditures in NMES were based primarily on charges while those for MEPS were based on payments, data for NMES were adjusted to be more comparable to MEPS using estimated charge-to-payment ratios for 1987. For a detailed explanation of this adjustment, see Zuvekas and Cohen, 2002.

References:

National Medical Expenditure Survey: Hahn B and Lefkowitz D. Annual expenses and sources of payment for health care services. National Medical Expenditure Survey Research Findings 14, Agency for Healthcare Research and Quality Pub. No. 93–0007. Rockville, MD: Public Health Service. November 1992.

Medical Expenditure Panel Survey: Cohen SB. Sample design of the 1997 Medical Expenditure Panel Survey Household Component. MEPS Methodology Report No. 11. AHRQ Pub. No. 01–0001. Rockville MD: Agency for Healthcare Research and Quality. 2000.

Zuvekas S, Cohen S. A guide to comparing health care estimates in the 1996 Medical Expenditure Panel Survey to the 1987 National Medical Expenditure Survey. *Inquiry* 2002;39(1):76–86.

For More Information: See the MEPS Web site at www.meps.ahrq.gov.

Medicare Administrative Data

Centers for Medicare & Medicaid Services

Overview: The Centers for Medicare & Medicaid Services (CMS) collects and synthesizes Medicare enrollment, spending, and claims data to monitor and evaluate access to and quality of care, trends in utilization, changes in payment policy, and other program-related issues.

Selected Content: Data include claims information for services furnished to Medicare beneficiaries and Medicare enrollment data. Claims data include type of service, procedures, diagnoses, dates of service, and claim amount. Enrollment data include date of birth, sex, race/ethnicity, and reason for entitlement.

Data Years: Some data files are available as far back as 1987, but CMS no longer provides technical support for files with data prior to 1996.

Coverage: Enrollment data are for all persons enrolled in the Medicare program. Claims data include data for Medicare beneficiaries who filed claims.

Methodology: The claims and utilization data files contain extensive utilization information at various levels of summarization for a variety of providers and services. There are many types and levels of these files, including the National Claims History (NCH) files, the Standard Analytic Files (SAF), Medicare Provider and Analysis Review (MedPAR) files, Medicare enrollment files, and various other files.

The National Claims History (NCH) 100 Percent Nearline File contains all institutional and noninstitutional claims and provides records of every Medicare claim submitted, including adjustment claims. The Standard Analytical Files (SAFs) contain final action claims data in which all adjustments have been resolved. These files contain information collected by Medicare to pay for health care services provided to a Medicare beneficiary. SAFs are available for each institutional

(inpatient, outpatient, skilled nursing facility, hospice, or home health agency) and noninstitutional (physician and durable medical equipment providers) claim type. The record unit of SAFs is the claim (some episodes of care may have more than one claim). SAF files include the Inpatient SAF, the Skilled Nursing Facility SAF, the Outpatient SAF, the Home Health Agency SAF, the Hospice SAF, the Clinical Laboratory SAF, and the Durable Medical Equipment SAF.

Medicare Provider and Analysis Review (MedPAR) files contain inpatient hospital and skilled nursing facility (SNF) final action stay records. Each MedPAR record represents a stay in an inpatient hospital or SNF. An inpatient “stay” record summarizes all services rendered to a beneficiary from the time of admission to a facility through discharge. Each MedPAR record may represent one claim or multiple claims, depending on the length of a beneficiary’s stay and the amount of inpatient services used throughout the stay.

The Denominator File contains demographic and enrollment information about each beneficiary enrolled in Medicare during a calendar year. The information in the Denominator File is “frozen” in March of the following calendar year. Some of the information contained in this file includes the beneficiary unique identifier, State and county codes, ZIP code, date of birth, date of death, sex, race, age, monthly entitlement indicators (for Medicare Part A, Medicare Part B, or Part A and Part B), reasons for entitlement, State buy-in indicators, and monthly managed care indicators (yes/no). The Denominator File is used to determine beneficiary demographic characteristics, entitlement, and beneficiary participation in Medicare Managed Care Organizations.

The Vital Status File contains demographic information about each beneficiary ever entitled to Medicare. Some of the information contained in this file includes the beneficiary unique identifier, State and county codes, ZIP code, date of birth, date of death, sex, race, and age. Often the Vital Status File is used to obtain recent death information for a cohort of Medicare beneficiaries.

The Group Health Plan (GHP) Master File contains data on beneficiaries who are currently enrolled or have ever been enrolled in a Managed Care Organization (MCO) under contract with CMS. Each record represents one beneficiary, and each beneficiary has one record. Some of the information contained in this file includes the Beneficiary Unique Identifier number, date of birth, date of death, State and county, and managed care enrollment information such as dates of

membership and MCO contract number. The GHP Master File is used to identify the exact MCO in which beneficiaries were enrolled.

Issues Affecting Interpretation: Because Medicare managed care programs may not file claims, files based only on claims data will exclude care for persons enrolled in Medicare managed care programs. In addition, to maintain a manageable file size, some files are based on a sample of enrollees, rather than on all Medicare enrollees. Coding changes and interpretation of Medicare coverage rules have also changed over the life of the Medicare program.

For More Information: See the CMS Research Data Assistance Center (ResDAC) Web site at www.resdac.umn.edu/medicare/data_available.asp or the CMS Web site at <http://cms.hhs.gov/data/default.asp>. Also see [Appendix II, Medicare](#).

Medicare Current Beneficiary Survey (MCBS)

Centers for Medicare & Medicaid Services

Overview: The Medicare Current Beneficiary Survey (MCBS) produces nationally representative estimates of health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of Medicare beneficiaries. It is used to estimate expenditures and sources of payment for all services used by Medicare beneficiaries, including co-payments, deductibles, and noncovered services; to ascertain all types of health insurance coverage and relate coverage to sources of payment; and to trace processes over time, such as changes in health status, spending down to Medicaid eligibility, and the effects of program changes.

Selected Content: The survey collects data on utilization of health services, health and functional status, health care expenditures, and health insurance and beneficiary information (such as income, assets, living arrangement, family assistance, and quality of life).

Data Years: The first round of interviewing was conducted from September through December 1991, and the survey has been continuously in the field since then. The data are designed to support both cross-sectional and longitudinal analyses.

Coverage: The MCBS is a continuous survey of a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries.

Methodology: The longitudinal design of the survey allows each sample person to be interviewed three times a year for 4 years, whether he or she resides in the community or a facility or moves between the two settings, using the version of the questionnaire appropriate to the setting. Sample persons in the community are interviewed using computer-assisted personal interviewing (CAPI) survey instruments. Because long-term care facility residents often are in poor health, information about institutionalized patients is collected from proxy respondents such as nurses and other primary caregivers affiliated with the facility. The sample is selected from the Medicare enrollment files, with oversampling among disabled persons under age 65 and among persons 80 years of age and over.

Medicare claims are linked to survey-reported events to produce the Cost and Use file that provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare. The Access to Care file contains information on beneficiaries' access to health care, satisfaction with care, and usual source of care. The sample for this file represents the "always enrolled" population—those who participated in the Medicare program for the entire year. In contrast, the Cost and Use file represents the "ever enrolled" population, including those who enter Medicare during the year and those who died.

Sample Size and Response Rate: Each fall, about one-third of the sample is retired and roughly 6,000 new sample persons are included in the survey—the exact number chosen is based on projections of target samples of 12,000 persons with 3 years of cost and use information distributed appropriately across the sample cells. In the community, percentage response rates for initial interviews range in the mid- to high 80s; once respondents have completed the first interview, their participation in subsequent rounds is 95 percent or more. In recent rounds, data have been collected from approximately 15,000 to 19,000 beneficiaries, with the peaks occurring in Fall rounds because of the annual and HMO samples. Roughly 90 percent of the sample is made up of persons who live in the community, with the remaining persons living in long-term care facilities. Response rates for facility interviews approach 100 percent.

Issues Affecting Interpretation: Because only Medicare enrollees are included in the survey, the survey excludes a small proportion of persons age 65 and over who are not enrolled in Medicare, which should be noted when using the MCBS to make estimates of the entire population 65 and older in the United States.

Reference:

Adler GS. A profile of the Medicare Current Beneficiary Survey. *Health Care Financ Rev* 1994;15(4):153–163.

For More Information: See the MCBS Web site at www.cms.hhs.gov/mcbs/default.asp.

Monitoring the Future Study (MTF)

National Institute on Drug Abuse

Overview: Monitoring the Future (MTF) is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.

Selected Content: Data collected include lifetime, annual, and 30-day prevalence of use of specific illegal drugs and substances, inhalants, tobacco, and alcohol. Data are also collected on usage levels, frequency of use, perceived risks associated with use, opinions about whether use is approved or disapproved by others, and opinions about availability of the substances.

Data Years: MTF has been conducted annually since 1975, initially with high school seniors; ongoing panel studies of representative samples from each graduating class have been conducted by mail since 1976; annual surveys of 8th and 10th graders were initiated in 1991.

Coverage: MTF surveys a sample of high school seniors, 10th graders, and 8th graders selected to be representative of all seniors, 10th graders, and 8th graders in public and private high schools in the continental United States.

Methodology: The survey design is a multistage random sample with stage one being selection of particular geographic areas, stage two selection of one or more schools in each area, and stage three selection of students within each school. Data are collected using self-administered questionnaires conducted in the classroom by representatives of the Institute for Social Research. Dropouts and students who are absent on the day of the survey are excluded (about

18 percent of high school seniors, about 12 percent of 10th graders, and about 10 percent of 8th graders in 2001). Recognizing that the dropout population is at higher risk for drug use, this survey was expanded to include similar nationally representative samples of 8th and 10th graders in 1991. Statistics that are published in the *Dropout Rates in the United States: 2000* (published by the National Center for Educational Statistics, Pub. No. NCES 2002–114) stated that among persons 15–16 years of age, 2.9 percent have dropped out of school, and the dropout rate increases to 3.5 percent for persons 17 years of age, 6.1 percent for persons 18 years of age, and 9.6 percent for persons 19 years of age. Therefore, surveying 8th graders (where dropout rates are much lower than for high school seniors) should be effective for picking up students at higher risk for drug use.

Sample Size and Response Rates: In 2003 approximately 48,500 8th, 10th, and 12th graders in 392 schools were surveyed. The annual senior samples comprised roughly 15,200 seniors in 122 public and private high schools nationwide. The 10th-grade samples involved about 16,200 students in 129 schools, and the 8th-grade samples had approximately 17,000 students in 141 schools. Response rates were 83 percent, 88 percent, and 89 percent for 12th, 10th, and 8th graders and have been relatively constant across time. Absentees constitute virtually all of the nonresponding students.

Issues Affecting Interpretation: Estimates of substance use for youth based on the National Survey on Drug Use & Health (NSDUH) are not directly comparable with estimates based on the MTF and the Youth Risk Behavior Surveillance System (YRBSS). In addition to the fact that the MTF excludes dropouts and absentees, rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, interview setting, and statistical approaches to make the survey estimates generalizable to the entire population. The NSDUH survey collects data in homes, whereas the MTF and YRBSS collect data in school classrooms. The NSDUH estimates are tabulated by age, while the MTF and YRBSS estimates are tabulated by grade, representing different ages as well as different populations.

References:

Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future national results on adolescent

drug use: Overview of key findings, 2003. NIH Pub. No. 04–5506. Bethesda, MD: National Institute on Drug Abuse. 2004.

Johnston LD, O'Malley PM, Bachman JG. Monitoring the Future national survey results on drug use, 1975–2002. Volume I: Secondary school students. NIH Pub. No. 03–5375. Bethesda, MD: National Institute on Drug Abuse. 2003 http://monitoringthefuture.org/pubs/monographs/vol1_2002.pdf.

Cowan CD. Coverage, Sample Design, and Weighting in Three Federal Surveys. *Journal of Drug Issues* 2001;31(3):595–614.

For More Information: See the NIDA Web site at www.nida.nih.gov or the Monitoring the Future Web site at www.monitoringthefuture.org/.

National Ambulatory Medical Care Survey (NAMCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Ambulatory Medical Care Survey (NAMCS) is a national survey designed to provide objective, reliable information about the provision and use of medical care services provided in office-based physician practices in the United States.

Selected Content: Data are collected on providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests ordered or performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of physician practices.

Data Years: The NAMCS, which began in 1973, was conducted annually until 1981, once in 1985, and resumed an annual schedule in 1989.

Coverage: The scope of the survey covers patient encounters in the offices of non-Federally employed physicians classified by the American Medical Association or American Osteopathic Association as “office-based, patient care” physicians. Patient encounters with physicians engaged in prepaid practices—health maintenance organizations (HMOs), independent practice organizations (IPAs), and other prepaid practices—

are included in NAMCS. Excluded are visits to hospital-based physicians, visits to specialists in anesthesiology, pathology, and radiology, and visits to physicians who are principally engaged in teaching, research, or administration. Telephone contacts and nonoffice visits are also excluded.

Methodology: A multistage probability design is employed. The first-stage sample consists of 84 primary sampling units (PSUs) in 1985 and 112 PSUs, beginning in 1989, selected from about 1,900 such units into which the United States has been divided. In each sample PSU, a sample of practicing non-Federal office-based physicians is selected from master files maintained by the American Medical Association and the American Osteopathic Association. The final stage involves systematic random samples of office visits during randomly assigned 7-day reporting periods. In 1985 the survey excluded Alaska and Hawaii. Starting in 1989 the survey included all 50 States and the District of Columbia.

The U.S. Census Bureau acts as the data collection agent for the NAMCS. Screening interviews are conducted by Census field representatives to obtain information about physicians' office-based practices and to ensure that the practice is within the scope of the survey. Field representatives visit eligible physicians prior to their participation in the survey to provide them with survey materials and instruct them on how to sample patient visits and complete "Patient Record" forms. Participants are asked to complete forms for a systematic random sample of approximately 30 office visits occurring during a randomly assigned 1-week period, but increasingly Patient Record forms are abstracted by field representatives.

Sample data are weighted to produce national estimates. The estimation procedure used in the NAMCS has three basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

Sample Size and Response Rate: In 1999 a sample of 2,499 physicians was selected: 1,728 were in scope and 1,087 participated in the survey for a response rate of 63 percent. Data were provided on 20,760 visits. In the 2000 survey a sample of 3,000 physicians was selected: 2,049 were in scope and 1,388 participated for a response rate of 68 percent. Data were provided on 27,369 visits. In the 2002 survey, a sample of 3,150 physicians was selected: 2,095 were in scope and 1,492 participated for a response rate of 71 percent. Data were provided on 28,738 visits.

Issues Affecting Interpretation: Some items included on the survey have changed over time. Some physician practices are out of scope (e.g., single-specialty radiology practices), which affects the generalizability of results. Sample sizes vary by survey year. For some years it is suggested that analysts combine two or more years of data if they wish to examine relatively rare populations or events.

Reference:

Cherry DK, Burt CW, Woodwell DA. National Ambulatory Medical Care Survey: 2001 summary. Advance data from vital and health statistics; no. 337. Hyattsville, MD: National Center for Health Statistics. 2003.

For More Information: See the NHCS section of the NCHS Web site at www.cdc.gov/nchs/nhcs.htm or the Ambulatory Health Care Data Web site at www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

National Compensation Survey

Bureau of Labor Statistics

Overview: The National Compensation Survey (NCS) provides comprehensive measures of occupational earnings, compensation cost trends, benefit incidence, and detailed plan provisions.

Selected Content: Detailed occupational earnings are collected for metropolitan and nonmetropolitan areas, and broad geographic regions and on a national basis. The Employment Cost Index (ECI) and Employer Costs for Employee Compensation (ECEC) are compensation measures derived from the NCS. ECI measures changes in labor costs. Average hourly employer cost for employee compensation is presented in the ECEC. National benefits data are presented for three broad occupational groupings: professional, technical, and related; clerical and sales; and blue-collar and service employees. Data are also available by goods- and service-producing occupations, union affiliation, and full- and part-time status.

Data Years: The NCS replaces three existing BLS surveys: Employment Cost Index (ECI), Occupational Compensation Survey Program (OCSP), and Employee Benefits Survey (EBS). The ECI and EBS were fully integrated into the NCS in 1999. Prior to 1999 the EBS were collected for small private establishments (those employing fewer than 100

workers) and from State and local governments (regardless of employment size). In odd-numbered years, data were collected for medium and large private establishments (those employing 100 workers or more). The ECI was created in the mid-1970s. The EBS was added to an existing data collection effort, the National Pay Survey, in the late 1970s. The Employer Cost for Employee Compensation product was developed in 1987.

Coverage: The NCS provides information for the nation, for 81 metropolitan areas and 73 nonmetropolitan counties representing the United States, and for the 9 census divisions (although not all areas have information for all occupations). It includes both full- and part-time workers who are paid a wage or salary. It excludes agriculture, fishing and forestry industries, private household workers, and the Federal government. The NCS only includes establishments with at least 50 workers.

Methodology: Conducted quarterly by The Bureau of Labor Statistics' Office of Compensation and Working Conditions, the sample for the NCS is selected using a three-stage design. The first stage involves the selection of areas. The NCS sample consists of 154 metropolitan and nonmetropolitan areas that represent the Nation's 326 metropolitan statistical areas and the remaining portions of the 50 States. In the second stage, establishments are systematically selected with probability of selection proportionate to their relative employment size within the industry. Use of this technique means that the larger an establishment's employment, the greater its chance of selection.

The third stage of sampling is a probability sample of occupations within a sampled establishment. This step is performed by the BLS field economist during an interview with the respondent establishment in which selection of an occupation is based on probability of selection proportionate to employment in the establishment. Each occupation is classified under its corresponding major occupational group using the Occupational Classification System Manual (OCSM) and the Census Occupation Index, which are based on the 1990 U.S. Census.

Data collection is conducted by BLS field economists. Data are gathered from each establishment on the primary business activity of the establishment, types of occupations, number of employees, wages and salaries and benefits, hours of work, and duties and responsibilities. Wage data obtained by occupation and work level allows NCS to publish

occupational wage statistics for localities, census divisions, and the Nation.

Sample Size and Response Rates: The NCS sample consists of 154 metropolitan and nonmetropolitan areas that represent the Nation's 326 metropolitan statistical areas and the remaining portions of the 50 States. The 2003 NCS benefits incidence survey obtained data from 2,924 private industry establishments, representing nearly 103 million workers; of this number, nearly 79 million were full-time workers, and the remainder were part-time workers.

Issues Affecting Interpretation: Because the NCS merges separate surveys, trend analyses prior to 2000 should be interpreted with care. The industrial coverage, establishment size coverage, and geographic coverage for the EBS survey changed since 1990. All surveys conducted from 1979 to 1989 excluded part-time employees and establishments in Alaska and Hawaii. The surveys conducted from 1979 to 1986 covered only medium and large private establishments and excluded most of the service industries. Establishments that employed at least 50, 100, or 250 workers, depending on the industry, were included. The survey conducted in 1987 consisted of State and local governments with 50 or more employees. The surveys carried out in 1988 and 1989 included all private-sector establishments that employed 100 or more employees.

References:

U.S. Department of Labor, Bureau of Labor Statistics, Employer Costs for Employee Compensation Summary—March, 2004, found at www.bls.gov/news.release/ecec.nr0.htm.

The National Compensation Survey: Compensation Statistics for the 21st Century, found at www.bls.gov/opub/cwc/archive/winter2000art1.pdf.

For More Information: See the National Compensation Survey Web site at www.bls.gov/ncs.

National Health Accounts

Centers for Medicare & Medicaid Services

Overview: National Health Accounts provide estimates of how much money is spent on different types of health care-related services and programs in the United States.

Selected Content: National Health Expenditures measure spending for health care in the United States by type of service delivered (such as hospital care, physician services, nursing home care) and source of funding for those services (such as private health insurance, Medicare, Medicaid, and out-of-pocket spending).

Data Years: Expenditure estimates are available starting from 1960 in data files or in published articles.

Methodology: The American Hospital Association (AHA) data on hospital finances are the primary source for estimates relating to hospital care. The salaries of physicians and dentists on the staffs of hospitals, hospital outpatient clinics, hospital-based home health agencies, and nursing home care provided in the hospital setting are considered to be components of hospital care. Expenditures for home health care and for services of health professionals (for example, doctors, chiropractors, private duty nurses, therapists, and podiatrists) are estimated primarily using a combination of data from the U.S. Bureau of the Census Services Annual Survey and the quinquennial Census of Service Industries.

The estimates of retail spending for prescription drugs are based on household and industry data on prescription drug transactions. Expenditures for other medical nondurables and for vision products and other medical durables purchased in retail outlets are based on estimates of personal consumption expenditures prepared by the U.S. Department of Commerce's Bureau of Economic Analysis, U.S. Bureau of Labor Statistics/Consumer Expenditure Survey; the 1987 National Medical Expenditure Survey and the 1996 Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality; and spending by Medicare and Medicaid. Those durable and nondurable products provided to inpatients in hospitals or nursing homes, and those provided by licensed professionals or through home health agencies, are excluded here, but they are included with the expenditure estimates of the provider service category.

Nursing home expenditures cover care rendered in establishments providing inpatient nursing and health-related personal care through active treatment programs for medical and health-related conditions. These establishments cover skilled nursing and intermediate care facilities, including those for the mentally retarded. Spending estimates are primarily based on data from the U.S. Bureau of the Census Services

Annual Survey and the quinquennial Census of Service Industries.

Expenditures for construction include those spent on the erection or renovation of hospitals, nursing homes, medical clinics, and medical research facilities, but not for private office buildings providing office space for private practitioners. Expenditures for noncommercial research (the cost of commercial research by drug companies is assumed to be imbedded in the price charged for the product; to include this item again would result in double counting) are developed from information gathered by the National Institutes of Health and the National Science Foundation.

Source of funding estimates likewise come from a multiplicity of sources. Data on the Federal health programs are taken from administrative records maintained by the servicing agencies. Among the sources used to estimate State and local government spending for health are the U.S. Bureau of the Census' Government Finances and the National Academy of Social Insurance reports on State-operated workers' compensation programs. Federal and State and local expenditures for education and training of medical personnel are excluded from these measures where they are separable. For the private financing of health care, data on the financial experience of health insurance organizations come from special Centers for Medicare & Medicaid Services analyses of private health insurers and from the Bureau of Labor Statistics' survey on the cost of employer-sponsored health insurance and on consumer expenditures. Information on out-of-pocket spending from the U.S. Bureau of the Census Services Annual Survey; U.S. Bureau of Labor Statistics Consumer Expenditure Survey; the 1987 National Medical Expenditure Survey and the Medical Expenditure Panel Surveys conducted by the Agency for Healthcare Research and Quality; and from private surveys conducted by the American Hospital Association, American Medical Association, American Dental Association, and IMS Health, an organization that collects data from the pharmaceutical industry, is used to develop estimates of direct spending by customers.

Reference:

Levit K, Smith C, Cowan C, Sensenig A, Catlin A, and the Health Accounts Team. Health Spending Rebound Continues in 2002. *Health Aff* 2004;23(1):147-159.

For More Information: See the Centers for Medicare & Medicaid Services National Health Accounts Web site at <http://cms.hhs.gov/statistics/nhe>.

State Health Expenditures

Overview: Estimates of personal health care spending by State are created using the same definitions of health care sectors used in producing the National Health Expenditures (NHE). These estimates are useful in measuring the role of health spending in States' economies.

Selected Content: Health Accounts by State provide estimates of health care spending by type of establishment delivering care (such as hospitals, physicians and clinics, and nursing homes) and by medical products (such as prescription drugs, over-the-counter medicines and sundries, and durable medical products such as eyeglasses and hearing aids) purchased in retail outlets. Source of funding estimates by State are also provided for Medicare and Medicaid.

Data Years: Annual State health expenditures are available for 1980–98.

Methodology: The same data sources used in creating NHE are also used to create State estimates whenever possible. Additional sources are employed when surveys used to create valid national estimates lack sufficient sample size to create valid State-level estimates. State-level data are used to estimate State-by-State distribution of health spending, and NHE national totals for the specific type of service or source of funds are used to control the level of State-by-State distributions. This procedure implicitly assumes that national spending estimates can be created more accurately than State-specific expenditures.

The NHE data that were used as national totals for these State estimates were published in *Health, United States, 2001*, and differ from the sum of State estimates because national totals included expenditures for persons living in U.S. territories and for military and Federal civilian employees and their families stationed overseas. The sum of the State-level expenditures excludes health spending for those groups. Starting with *Health, United States, 2002* NHE reflect new data and benchmark revisions incorporated after completion of the State estimates and incorporate a conceptual revision to exclude spending for persons living in U.S. territories and military and Federal civilian employees and their families living overseas.

Starting in *Health, United States, 2002*, State estimates are based on the location of the beneficiary's residence. This differs from previous estimates published in *Health, United States*, which presented spending based on the health care provider's location. State estimates were first constructed based on the provider's location because data available to estimate spending by State primarily comes from providers and represents the State-of-provider location. However, the most useful unit for analyzing spending trends and differences are per capita units, which are based on spending estimates for the State in which people reside. Therefore, State-of-provider-based expenditures are adjusted to a State-of-residence basis using interstate border-crossing flow patterns that represent travel patterns across State borders for health care.

Data for the interstate border-crossing flow patterns are based on Medicare claims. Medicare is the only comprehensive source on which to base interstate flows of spending between State-of-provider and State-of-beneficiary residence. Data for non-Medicare payers (excluding Medicaid) are also based on Medicare flow patterns but are further adjusted for age-specific service mix variation in hospital and physician services. Medicaid services are not adjusted because it is assumed that care provided to eligible State residents is most often provided by in-State providers and further assumed that spending by Medicaid is identical on a residence and provider basis.

In addition to differences noted earlier, national totals for residence-based State health expenditures may differ slightly from national totals for provider-based expenditures because of inflows and outflows of health care spending to the U.S. territories. Because flow patterns are based on Medicare data, we are able to adjust for services that Medicare beneficiaries receive outside of the United States and for services received by Medicare beneficiaries in the United States who either live in the U.S. territories or in other countries. Similar adjustments for the non-Medicare, non-Medicaid population are not possible.

For More Information: See the Centers for Medicare & Medicaid Services National Health Expenditures Web site at <http://cms.hhs.gov/statistics/nhe/#state>.

National Health Care Survey (NHCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health Care Survey (NHCS) is a family of surveys that collect data from health care providers and establishments about the utilization of health services and characteristics of providers and their patients.

Selected Content: The components of the NHCS represent the major sectors of the U.S. health care system providing data on ambulatory, inpatient, and long-term care settings. This family of surveys includes the following components:

- National Ambulatory Medical Care Survey (NAMCS)
- National Hospital Ambulatory Medical Care Survey (NHAMCS)
- National Hospital Discharge Survey (NHDS)
- National Survey of Ambulatory Surgery (NSAS)
- National Home and Hospice Care Survey (NHHCS)
- National Nursing Home Survey (NHHS)

Methodology: Each survey in the family is based on a multistage sampling design that includes the health care facilities or providers and their records. Data are collected through abstraction of medical records, completion of encounter forms, compilation of data from State and professional associations, purchase of data from commercial abstraction services, and surveys of providers. Data from all survey components are collected from the establishment, and in no case is information received directly from the person receiving care.

For More Information: See the NHCS Web site at www.cdc.gov/nchs/nhcs.htm.

National Health and Nutrition Examination Survey (NHANES)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health and Nutrition Examination Survey (NHANES) program includes a series of cross-sectional nationally representative health examination surveys

conducted in mobile examination units or clinics (MECs). In the first series of surveys, the National Health Examination Survey (NHES), data were collected on the prevalence of certain chronic diseases, the distributions of various physical and psychological measures, and measures of growth and development. In 1971 a nutrition surveillance component was added and the survey name changed to the National Health and Nutrition Examination Survey.

Selected Content: The NHANES surveys have collected data on chronic disease prevalence and conditions (including undiagnosed conditions) and risk factors such as obesity and smoking, serum cholesterol levels, hypertension, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, oral health, mental health, pharmaceuticals used, and physical fitness.

NHES I data were collected on the prevalence of certain chronic diseases as well as the distributions of various physical and psychological measures, including blood pressure and serum cholesterol levels. NHES II and NHES III focused on factors related to growth and development in children and youth.

In NHANES I, data were collected on indicators of the nutritional and health status of the American people through dietary intake data, biochemical tests, physical measurements, and clinical assessments for evidence of nutritional deficiency. Detailed examinations were given by dentists, ophthalmologists, and dermatologists, with an assessment of need for treatment. In addition, data were obtained for a subsample of adults on overall health care needs and behavior, and more detailed examination data were collected on cardiovascular, respiratory, arthritic, and hearing conditions. For NHANES II the nutrition component was expanded. In the medical area primary emphasis was placed on diabetes, kidney and liver functions, allergy, and speech pathology. The third National Health and Nutrition Examination Survey (NHANES III) also included data on antibodies, spirometry, and bone health.

Beginning in 1999 with continuous NHANES, new topics include cardiorespiratory fitness, physical functioning, lower extremity disease, full body scan (DXA) for body fat as well as bone density, and tuberculosis infection.

Data Years: Data have been collected from surveys conducted during 1960–62 (NHES I), 1963–65 (NHES II), 1966–70 (NHES III), 1971–74 (NHANES I), 1976–80 (NHANES II), 1982–84 (HHANES), and 1988–94 (NHANES III). Beginning in 1999, the survey has been conducted continuously.

Coverage: With the exception of the Hispanic Health and Nutrition Examination Survey (see [Methodology](#), below), the NHES and NHANES provide estimates of the health status of the civilian, noninstitutionalized population of the United States. NHES II and NHES III examined probability samples of the Nation's noninstitutionalized children ages 6–11 years and 12–17 years, respectively. The NHANES I target population was the civilian noninstitutionalized population 1–74 years of age residing in the coterminous United States, except for people residing on any of the reservation lands set aside for the use of American Indians.

The NHANES II target population was the civilian noninstitutionalized population 6 months–74 years of age residing in the United States, including Alaska and Hawaii.

In Hispanic Health and Nutrition Examination Survey (HHANES) three geographically and ethnically distinct populations were studied: Mexican Americans living in Texas, New Mexico, Arizona, Colorado, and California; Cuban Americans living in Dade County, Florida; and Puerto Ricans living in parts of New York, New Jersey, and Connecticut.

The NHANES III target population was the civilian noninstitutionalized population 2 months of age and over. The sample design provided for oversampling among children 2–35 months of age, persons 70 years of age and over, black Americans, and Mexican Americans.

Beginning in 1999 NHANES oversampled low-income persons, adolescents 12–19 years of age, persons 60 years of age and over, African Americans, and Mexican Americans. The sample is not designed to give a nationally representative sample for the total population of Hispanics residing in the United States.

Methodology: The NHANES includes clinical examinations, selected medical and laboratory tests, and self-reported data. The NHANES and previous surveys interviewed persons in their homes and conducted medical examinations, including laboratory analysis of blood, urine, and other tissue samples. Medical examinations and laboratory tests follow very specific protocols and are as standard as possible to ensure

comparability across sites and providers. In addition to the MEC examinations, a small number of survey participants receive an abbreviated health examination in their homes if they are unable to come to the MEC.

For the first program or cycle of the NHES I, a highly stratified multistage probability sample was selected to represent the 111 million civilian noninstitutionalized adults 18–79 years of age in the United States at that time. The sample areas consisted of 42 primary sampling units (PSUs) from the 1,900 geographic units. NHES II and NHES III were also multistage stratified probability samples of clusters of households in land-based segments. NHES II and III used the same 40 PSUs.

For NHANES I the sample areas consisted of 65 PSUs. A subsample of persons 25–74 years of age was selected to receive the more detailed health examination. Groups at high risk of malnutrition were oversampled.

NHANES II used a multistage probability design that involved selection of PSUs, segments (clusters of households) within PSUs, households, eligible persons, and finally, sample persons. The sample design provided for oversampling among persons 6 months–5 years of age, 60–74 years of age, and those living in poverty areas.

HHANES was similar in content and design to NHANES I and II. The major difference between HHANES and the previous national surveys is that HHANES used a probability sample of three special subgroups of the population living in selected areas of the United States rather than a national probability sample. The three HHANES universes included approximately 84, 57, and 59 percent of the respective 1980 Mexican-, Cuban-, and Puerto Rican-origin populations in the continental United States.

The survey for the NHANES III was conducted from 1988 to 1994 and consisted of two phases of equal length and sample size. Phase 1 and Phase 2 comprised random samples of the U.S. population living in households. About 40,000 persons 2 months of age and over were selected and asked to complete an extensive interview and an examination. Participants were selected from households in 81 counties across the United States. Children aged 2 months to 5 years and persons 60 years of age and over were oversampled to provide precise descriptive information on the health status of selected population groups of the United States

Beginning in 1999, NHANES became a continuous, annual survey, which also allows increased flexibility in survey content. Since April 1999, NHANES collects data every year from a representative sample of the U.S. population, newborns and older, by in-home personal interviews and physical examinations in the MEC. The sample design is a complex, multistage, clustered design using unequal probabilities of selection. The first-stage sample frame for continuous NHANES during 1999–2001 was the list of PSUs selected for the design of the National Health Interview Survey (NHIS). Typically, an NHANES PSU is a county. For 2002, an independent sample of PSUs (based on current Census data) was selected. This independent design will be used for the period 2002–06. For 1999, because of delay in the start of data collection, 12 distinct PSUs were in the annual sample. For each year 2000–02, 15 PSUs were selected. The within-PSU design involves forming secondary sampling units that are nested within census tracts, selecting dwelling units within secondary units, and then selecting sample persons within dwelling units. The final sample person selection involves differential probabilities of selection according to demographic variables sex (male or female), race/ethnicity (Mexican American, black, all others), and age. Because of the differential probabilities of selection, dwelling units are screened for potential sample persons. Sample weights are available and should be used in estimation of descriptive statistics. The complex design features should be used in estimating standard errors for the descriptive estimates.

The estimation procedure used to produce national statistics for all NHANES involved inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and poststratified ratio adjustment to population totals. Sampling errors also were estimated to measure the reliability of the statistics.

Sample Size and Response Rates: NHES I sampled 7,710 adults. The examination response rate was 86.5 percent. NHES II sampled 7,417 children and reported a response rate of 96 percent for the questionnaire sample and 73 percent for the examination sample. NHES III sampled 7,514 youth and reported a response rate of 90 percent.

A sample of 28,043 persons was selected for NHANES I. Household interviews were completed for more than 96 percent of the persons selected, and about 75 percent (20,749) were examined. A sample of 27,801 persons was

selected for NHANES II; 73.1 percent (20,322 persons) were examined.

In the HHANES 9,894 persons in the Southwest were selected (75 percent or 7,462 were examined); in Dade County 2,244 persons were selected (60 percent or 1,357 were examined); and in the Northeast 3,786 persons were selected (75 percent or 2,834 were examined). Over the 6-year survey period of NHANES III, 39,695 persons were selected, the household interview response rate was 86 percent, and the medical examination response rate was 78 percent.

In the sample selection for NHANES 1999–2000, there were 22,839 dwelling units screened. Of these, 6,005 households had at least one eligible sample person identified for interviewing. A total of 12,160 eligible sample persons were identified. The overall response rate in NHANES 1999–2000 for those interviewed was 81.9 percent (9,965 of 12,160), and the response rate for those examined was 76.3 percent (9,282 of 12,160). For NHANES 2001–02 there were 13,156 persons selected in the sample, of which 83.9 percent (11,039) were interviewed and 79.7 percent (10,480) of the 13,156 selected completed the health examination component of the survey.

Issues Affecting Interpretation: Data elements, lab tests performed, and the technological sophistication of medical examination and laboratory equipment have changed over time. Therefore, trend analyses should carefully examine how specific data elements were collected across the different NHANES and NHES surveys.

References:

- Gordon T, Miller HW. Cycle I of the Health Examination Survey: Sample and response, United States, 1960–62. National Center for Health Statistics. *Vital Health Stat* 11(1). 1974.
- Plan, operation, and response results of a program of children's examinations. National Center for Health Statistics. *Vital Health Stat* 1(5). 1967.
- Schaible WL. Quality control in a National Health Examination Survey. National Center for Health Statistics. *Vital Health Stat* 2(44). 1972.
- Miller HW. Plan and operation of the Health and Nutrition Examination Survey, United States, 1971–73. National

Center for Health Statistics. Vital Health Stat 1(10a) and 1(10b). 1977 and 1978.

Engel A, Murphy RS, Maurer K, Collins E. Plan and operation of the NHANES I Augmentation Survey of Adults 25–74 years, United States, 1974–75. National Center for Health Statistics. Vital Health Stat 1(14). 1978.

McDowell A, Engel A, Massey JT, Maurer K. Plan and operation of the second National Health and Nutrition Examination Survey, 1976–80. National Center for Health Statistics. Vital Health Stat 1(15). 1981.

Maurer K. Plan and operation of the Hispanic Health and Nutrition Examination Survey, 1982–84. National Center for Health Statistics. Vital Health Stat 1(19). 1985.

Ezzati TM, Massey JT, Waksberg J, et al. Sample design: Third National Health and Nutrition Examination Survey. National Center for Health Statistics. Vital Health Stat 2(113). 1992.

Plan and operation of the Third National Health and Nutrition Examination Survey, 1988–94. National Center for Health Statistics. Vital Health Stat 1(32). 1994.

For More Information: See the NHANES Web site at www.cdc.gov/nchs/nhanes.htm.

National Health Interview Survey (NHIS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health Interview Survey (NHIS) monitors the health of the U.S. population through the collection and analysis of data on a broad range of health topics. A major strength of this survey lies in the ability to display health measures by many demographic and socioeconomic characteristics.

Selected Content: The NHIS obtains information on illnesses, injuries, activity limitation, chronic conditions, health insurance coverage, utilization of health care, and other health topics. Demographic data include gender, age, education, race/ethnicity (reported by respondent or proxy), place of birth, income, and place of residence. Other data collected include risk factors such as lack of exercise, smoking, alcohol consumption, and use of prevention services such as vaccinations, mammography, and pap smears. Special

modules and supplements focus on different issues each year and have included topics such as HIV/AIDS, aging, cancer screening, prevention, alternative and complementary medicine, and many other topics.

Data Years: The NHIS has been conducted annually since 1957 with a major redesign every 10–15 years.

Coverage: The NHIS covers the civilian noninstitutionalized population of the United States. Excluded are patients in long-term care facilities, persons on active duty with the Armed Forces (although their dependents are included), and U.S. nationals living in foreign countries.

Methodology: The NHIS is a cross-sectional household interview survey. Sampling and interviewing are continuous throughout each year. The sampling plan follows a multistage area probability design that permits the representative sampling of households. The sampling plan was last redesigned in 1995. Information for only the current sampling plan covering the design years of 1995–2004 is presented. The first stage consists of a sample of 358 primary sampling units (PSUs) drawn from approximately 1,900 geographically defined PSUs that cover the 50 States and the District of Columbia. A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area.

Within a PSU, two types of second-stage units are used: area segments and permit area segments. Area segments are defined geographically and contain an expected eight or twelve addresses. Permit area segments cover geographical areas containing housing units built after the 1990 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1990 and contain an expected four addresses. Within each segment all occupied households at the sample addresses are targeted for interview.

The total NHIS sample of PSUs is subdivided into four separate panels, or subdesigns, such that each panel is a representative sample of the U.S. population. This design feature has a number of advantages, including flexibility for the total sample size. The households selected for interview each week in the NHIS are a probability sample representative of the target population.

The NHIS that was fielded from 1982–96 consisted of two parts: (1) a set of basic health and demographic items (known as the Core questionnaire), and (2) one or more sets of questions on current health topics (known as

Supplements). The Core questionnaire remained the same over that time period whereas the current health topics changed depending on data needs.

The NHIS questionnaire revision first implemented in 1997 has three parts or modules: a Basic module, a Periodic module, and a Topical module. The Basic module corresponds to the core questionnaire before revision. It remains largely unchanged from year to year and allows for trend analysis and for data from more than 1 year to be pooled to increase sample size for analytic purposes. The Basic module contains three components: the Family Core, the Sample Adult Core, and the Sample Child Core. The Family Core component collects information on everyone in the family and allows the NHIS to serve as a sampling frame for additional integrated surveys as needed. Information collected on the Family Core for all family members includes household composition and sociodemographic characteristics, tracking information, information for matches to administrative data bases, health insurance coverage, and basic indicators of health status and utilization of health care services.

From each family in the NHIS, one sample adult and, for families with children under 18 years of age, one sample child are randomly selected to participate in the Sample Adult Core and the Sample Child Core questionnaires. Because some health issues are different for children and adults, these two questionnaires differ in some items but both collect basic information on health status, use of health care services, health conditions, and health behaviors.

Sample Size and Response Rates: Since 1997 the sample numbered about 100,000 persons with about 30,000 persons participating in the sample adult and about 15,000 persons in the sample child questionnaire. The household response rate for the ongoing portion of the survey (Basic module) has been between 94 and 98 percent over the years. In recent years the total household response rate was about 90 percent. Response rates for special health topics (supplements) have generally been lower. For example, the response rate was 80 percent for the 1994 Year 2000 Supplement, which included questions about cigarette smoking and use of such preventive services as mammography. Since 1997 the final response rate for the sample adult supplement was 70–80 percent and 78–84 percent for the sample child supplement.

Issues Affecting Interpretation: In 1997 the questionnaire was redesigned and some basic concepts were changed and

other concepts were measured in different ways. For some questions there was a change in the reference period. Also in 1997 the collection methodology changed from paper and pencil questionnaires to computer-assisted personal interviewing (CAPI). Because of the major redesigns of the questionnaire in 1997, most trend tables in *Health, United States* begin with 1997 data.

References:

Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. National Center for Health Statistics. *Vital Health Stat* 2(110). 1989.

National Center for Health Statistics. National Health Interview Survey: Research for the 1995–2004 redesign. *Vital Health Stat* 2(126). 1999.

Botman SL, Moore TF, Moriarity CL, Parsons VL. Design and estimation for the National Health Interview Survey, 1995–2004. National Center for Health Statistics. *Vital Health Stat* 2(130). 2000.

For More Information: See the NHIS Web site at www.cdc.gov/nchs/nhis.htm.

National Health Provider Inventory (NHPI)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Health Provider Inventory (NHPI) is an inventory of nursing homes, home health agencies, and hospices. The NHPI and its predecessor inventories served as sampling frames for the NCHS National Nursing Home Survey and National Home and Hospice Care Survey.

Selected Content: Information collected included facility ownership, size, services provided, geographic location, and some resident or client characteristics.

Data Years: The NHPI was conducted in 1991 and has not been repeated.

Coverage: The NHPI included nursing homes, board and care homes, home health agencies, and hospices.

Methodology: The National Master Facility Inventories (NMFIs), forerunners of the National Health Provider Inventory (NHPI), were a series of inventories of inpatient health

facilities in the United States conducted by NCHS. The inventories included hospitals, nursing and related-care homes, and other custodial care facilities. The last NMFI was conducted in 1982. In 1986 the inventory was changed to the Inventory of Long-Term Care Places (ILTCP) and included nursing and related-care homes and facilities for the mentally retarded. In 1991 the inventory was changed to NHPI.

National Home and Hospice Care Survey (NHHCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Home and Hospice Care Survey (NHHCS) collects data on the characteristics and care provided by home health care agencies and hospices as well as characteristics of patients receiving these services.

Selected Content: The NHHCS provides information on home health and hospice care from two perspectives—that of the provider of services and that of the recipient. Data collected at the home health care and hospice agency level include number of clients served, ownership and affiliations, certification status, and services provided. At the patient level, data are collected on demographic characteristics, diagnoses, living arrangements, caregiver status, enrollment date, discharge disposition (for discharge sample), selected therapies and treatments provided, aids and special devices used, activities of daily living (ADL) assistance received from the agency, vision and hearing impairments, continence, payment source, and care charges.

Data Years: Initiated in 1992, the NHHCS was also conducted in 1993, 1994, 1996, 1998, and 2000.

Coverage: The survey covers agencies and the current patients and discharges from agencies that provide home health and hospice care services in the United States. Agencies may be freestanding health facilities or units of larger organizations, such as hospitals or nursing homes. Agencies providing only durable medical equipment are excluded. Only agencies providing home health or hospice care services to patients at the time of the survey are eligible to participate.

Methodology: The sample design for the 1992 and 1994 NHHCS was a stratified three-stage probability design.

Primary sampling units were selected at the first stage, agencies were selected at the second stage, and up to six current patients and six discharges were selected at the third stage. The sample design for the 1996, 1998, and 2000 NHHCS was a two-stage probability design in which agencies were selected at the first stage and current patients and discharges were selected at the second stage. Current patients were those on the rolls of the agency as of midnight the day before the survey. Discharges were selected to estimate the number of discharges from the agency during the 12 months before the survey. Agency characteristics were obtained through interviews with the agency administrators and staff. Sample patients and discharges were selected, and questionnaires were completed by interviewing the staff member most familiar with the care provided to the patient. Respondents were requested to refer to the medical records for the patient.

Estimates based on the NHHCS are derived by a multistage estimation procedure that produces essentially unbiased national estimates and has three principle components: (a) inflation by the reciprocals of the probabilities of sample selection; (b) adjustment for nonresponse; and (c) ratio adjustment to fixed totals. The data from the surveys are adjusted for three types of nonresponse: (a) an in-scope sample agency did not respond; (b) an agency did not complete the sampling lists used to select the patient or discharge samples; and (c) the agency did not complete the questionnaire for the sample patient or discharge.

Sample Size and Response Rates: The original sampling frame consisted of all home health care agencies and hospices identified in the 1991 National Health Provider Inventory (NHPI). The 1992 sample contained 1,500 agencies. These agencies were revisited during the 1993 survey (excluding agencies that had been found to be out of scope for the survey). In 1994 in-scope agencies identified in the 1993 survey were revisited, along with 100 newly identified agencies added to the sample. In 1996 the universe was again updated and a new sample of 1,200 agencies was drawn. In 1998 a sample of 1,350 agencies was selected from a universe of home health agencies and hospices obtained from various national organizations and other sources. In 2000, 1,800 agencies were sampled from the universe that was obtained from SMG Home Healthcare Market Database and the membership list of the National Hospice and Palliative Care Organization. The response rates during the 1992–2000 survey years have been greater than

92 percent at the agency level, mid-90 to mid-80 percent for current patients, and low 90 to low 80 percent for discharges.

Issues Affecting Interpretation: Characteristics of agencies and current patients reflect the situation on a given day when the survey was being conducted. Because frequent short-term users are less likely to be enrolled with the agency on any given day than long-term users, the current patient component tends to underestimate those patients with a very short length of service. The discharge component is designed to estimate the number of discharges that occur over a 12-month period. Estimates of discharges may underestimate those patients who tend to receive care for longer periods of time. Caution should be made in comparing estimates from the resident and discharge samples. Finally, various survey items have been added or modified over the survey years, which may preclude comparisons from previous years or trend analyses.

References:

Haupt BJ. Development of the National Home and Hospice Care Survey. National Center for Health Statistics. *Vital Health Stat* 1(33). 1994.

Haupt BJ. The National Home and Hospice Care Survey: 1992 Summary. National Center for Health Statistics. *Vital Health Stat* 13(117). 1994.

Jones A, Strahan G. The National Home and Hospice Care Survey: 1994 Summary. National Center for Health Statistics. *Vital Health Stat* 13(126). 1997.

Haupt BJ, Jones A. National Home and Hospice Care Survey: Annual Summary, 1996. National Center for Health Statistics. *Vital Health Stat* 13(141). 1999.

Haupt BJ. Characteristics of hospice care discharges and their length of service: United States, 2000. National Center for Health Statistics. *Vital Health Stat* 13(154). 2003.

For More Information: See the National Health Care Survey (NHCS) Web site at www.cdc.gov/nchs/nhcs.htm or the National Home and Hospice Care Survey Web site at www.cdc.gov/nchs/about/major/nhhcsd/nhhcsd.htm.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Hospital Ambulatory Medical Care Survey (NHAMCS) collects data on the utilization and provision of medical care services provided in hospital emergency and outpatient departments.

Selected Content: Data are collected on providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of hospitals included in the survey.

Data Years: Annual data collection began in 1992.

Coverage: The survey is a representative sample of visits to emergency departments (EDs) and outpatient departments (OPDs) of non-Federal, short-stay, or general hospitals. Telephone contacts are excluded.

Methodology: A four-stage probability sample design is used in NHAMCS, involving samples of primary sampling units (PSUs), hospitals within PSUs, clinics within OPDs, and patient visits within clinics. The first stage sample of the NHAMCS consists of 112 PSUs selected from 1,900 such units comprising the United States. Within PSUs, 600 general and short-stay hospitals were sampled and assigned to one of 16 panels. In any given year, 13 panels are included. Each panel is assigned to a 4-week reporting period during the calendar year.

In the NHAMCS outpatient department survey, a clinic is defined as an administrative unit of the OPD in which ambulatory medical care is provided under the supervision of a physician. Clinics where only ancillary services, such as radiology, laboratory services, physical rehabilitation, renal dialysis, and pharmacy, are provided, or other settings in which physician services are not typically provided, are considered out of scope. If a hospital OPD has five or fewer in-scope clinics, all are included in the sample. For hospital OPDs with more than five clinics, a systematic sample of clinics proportional to size is included in the survey.

The U.S. Census Bureau acts as the data collection agent for the NHAMCS. Census field representatives contact sample hospitals to determine whether they have a 24-hour ED and/or an OPD that offers physician services. Visits to eligible EDs and OPDs are systematically sampled over the 4-week reporting period such that about 100 ED encounters and about 200 OPD encounters are selected. Hospital staff are asked to complete "Patient Record" forms for each sampled visit, but Census field representatives typically abstract data for more than half of these visits.

Sample data are weighted to produce national estimates. The estimation procedure used in the NHAMCS has three basic components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

Sample Size and Response Rates: In any given year, the hospital sample consists of approximately 500 hospitals, of which 80 percent have EDs and about half have eligible OPDs. Typically, about 900 clinics are selected from participating hospital OPDs. In 1999 the number of patient record forms (PRFs) completed for EDs was 21,103, and for OPDs it was 29,487. In 2000 the number of PRFs completed for EDs was 25,622 and for OPDs 27,510. In 2002 the number of PRFs completed for EDs was 37,337 and for OPDs 35,586. In 1999 the hospital response rate for NHAMCS was 93 percent for EDs and 86 percent for OPDs. In 2000 the hospital response rate was 94 percent for EDs and 88 percent for OPDs. In 2002, the hospital response rate was 94 percent for EDs and 87 percent for OPDs. The participation rate for EDs has ranged from 93 to 97 percent. The participation rate for OPDs has ranged from 86 to 95 percent.

Issues Affecting Interpretation: For analyses that present visit rates per population, the civilian noninstitutionalized population is used as the denominator. However, visits to hospital EDs or OPDs can also include persons who reside in institutional settings.

Reference:

McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 1(34). 1994.

For More Information: See the National Health Care Survey (NHCS) Web site at www.cdc.gov/nchs/nhcs.htm or the

Ambulatory Health Care Web site at www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

National Hospital Discharge Survey (NHDS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Hospital Discharge Survey (NHDS) collects and produces national estimates on characteristics of inpatient stays in non-Federal short-stay hospitals in the United States.

Selected Content: Patient information collected includes demographics, length of stay, diagnoses, and procedures. Hospital characteristics collected include region, ownership, and bed size.

Data Years: The NHDS has been conducted annually since 1965.

Coverage: The survey design covers the 50 States and the District of Columbia. Included in the survey are hospitals with an average length of stay of less than 30 days for all inpatients, general hospitals, and children's general hospitals. Excluded are Federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals), and hospitals with fewer than six beds staffed for patient use. All discharged patients from in-scope hospitals are included in the survey; however, newborns are not included in *Health, United States*.

Methodology: The design implemented in 1965 continued through 1987, and a redesign with a new sample of hospitals fielded in 1988 is currently in place. The sample for the 1965 NHDS was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory. A two-stage stratified sample design was used, with hospitals stratified according to bed size and geographic region. Sample hospitals were selected with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals. Within each participating hospital, a systematic random sample was selected from a daily listing sheet of discharges. Within hospital sampling rates for discharges varied inversely with the probability of hospital selection, so the overall probability of selecting a discharge was approximately the same across the sample.

Data collection was conducted by means of manual abstraction of patient information from sampled medical records. Sample selection and transcription of information from inpatient medical records to NHDS survey forms were performed by hospital staff, representatives of NCHS, or both. In 1985, a second data collection procedure was introduced. The procedure involved the purchase of computer data tapes from commercial abstracting services that contained automated discharge data for some hospitals participating in the NHDS. This procedure was used in approximately 17 percent of the sample hospitals for 1985–87. Discharges on these computer files were subjected to the NHDS sampling specifications as well as the computer edits and estimation procedures. Two data collection methods, manual and automated, continue to be used in the NHDS.

A redesign of the NHDS was implemented for the 1988 survey. Under the redesign hospitals were selected using a modified three-stage stratified design. Units selected at the first stage consisted of either hospitals or geographic areas. The geographic areas were Primary Sample Units (PSUs) used for the 1985–94 National Health Interview Survey, which are geographic areas such as counties or townships. Hospitals within PSUs were then selected at the second stage. Strata at this stage were defined by geographic region, PSU size, abstracting service status, and hospital specialty-size groups. Within these strata, hospitals were selected with probabilities proportional to their annual number of discharges. At the third stage, a sample of discharges was selected by a systematic random sampling technique. The sampling rate was determined by the hospital's sampling stratum and the type of data collection system (manual or automated) used. Discharge records from hospitals submitting data via commercial abstracting services and selected State data systems (approximately 40 percent of sample hospitals) were arrayed, by primary diagnoses, patient sex and age group, and date of discharge, before sampling. The NHDS hospital sample is updated every 3 years by continuing the sampling process among hospitals that become eligible for the survey during the intervening years and by deleting hospitals that were no longer eligible. This process was conducted in 1991, 1994, 1997, and 2000.

The basic unit of estimation for NHDS is a sampled discharge. The basic estimation procedure involves inflation by the reciprocal of the probability of selection. There are adjustments for nonresponding hospitals and discharges; a poststratification adjustment to fixed totals is employed.

Sample Size and Response Rate: In 2002, 504 hospitals were selected: 474 were within scope, 445 participated (94 percent), and approximately 327,000 medical records were abstracted.

Issues Affecting Interpretation: In 1988 the NHDS was redesigned. Caution is required in interpreting trend data from this period as estimates of change may be an artifact of changes in the design rather than true changes in hospital use. There are also annual modifications to the ICD–9–CM affecting diagnoses data. See related [Appendix II, ICD–9–CM](#).

Hospital utilization rates per 1,000 population were computed using estimates of the civilian population of the United States as of July 1 of each year. Rates for 1990 through 1999 use postcensal estimates of the civilian population based on the 1990 census adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Bureau of the Census. When intercensal estimates of the civilian population become available, discharge rates for 1990–99 will be revised. The estimates for 2000 and beyond that appear in *Health, United States, 2003* and later editions were calculated using estimates of the civilian population based on census 2000, and therefore are not strictly comparable with rates calculated for the 1990s. See related [Population Census and Population Estimates](#) in Appendix I.

References:

- DeFrances CJ, Hall MJ. 2002 National Hospital Discharge Summary. Advance data from vital and health statistics; no. 342. Hyattsville, MD: National Center for Health Statistics. 2004.
- Dennison C, Pokras R. Design and operation of the National Hospital Discharge Survey: 1988 redesign. National Center for Health Statistics. Vital Health Stat 1(39). 2000.
- Haupt BJ, Kozak LJ. Estimates from two survey designs: National Hospital Discharge Survey. National Center for Health Statistics. Vital Health Stat 13(111). 1992.

For More Information: See the National Health Care Survey Web site at www.cdc.gov/nchs/nhcs.htm or the National Hospital Discharge Survey Web site at www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

National Immunization Survey (NIS)

Centers for Disease Control and Prevention

National Center for Health Statistics and National Immunization Program

Overview: The National Immunization Survey (NIS) program is a continuing nationwide telephone sample survey to track vaccination coverage rates for children 19–35 months of age.

Selected Content: Data collected include vaccination status and timing for diphtheria, tetanus toxoids, and pertussis vaccine (DTP/DT/DTaP); Polio vaccine; Measles, mumps, and rubella vaccine (MMR); Haemophilus influenzae type b vaccine (Hib); Hepatitis B vaccine; Varicella vaccine; Pneumococcal conjugate vaccine (PCV); and Combined series (4:3:1:3) by race/ethnicity, poverty status, location of residence, geographic division, State, and selected urban areas.

Data Years: Annual data collection was initiated beginning with data year 1994. Data collection for Varicella began in July 1996; data collection for PCV began in July 2001.

Coverage: Children 19–35 months of age in the civilian noninstitutionalized population are represented in this survey. Estimates of vaccine-specific coverage are available for the Nation, States, and 28 urban areas considered to be high risk for undervaccination.

Methodology: The NIS is a nationwide telephone sample survey of households with age-eligible children. The NIS uses a two-phase sample design. First, a random-digit dialing (RDD) sample of telephone numbers is drawn. When households with age-eligible children are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. In the second phase, the interviewer collects information on the vaccination providers. All vaccination providers are contacted by mail. Providers' responses are combined with information obtained from households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for households without telephones.

Sample Size and Response Rates: In 2002, vaccination data were collected for 31,693 children aged 19–35 months. In 2002 the overall response rate was 67 percent. Vaccination information from providers was obtained for 69 percent of all children who were eligible for provider follow-up in 2002.

Issues Affecting Interpretation: For the 1998 data year, a new estimation procedure was implemented to obtain vaccination coverage rates from the provider data. For consistency, this procedure was applied to NIS data for the years 1995–97. Published estimates of vaccination coverage based on NIS data for years prior to 1998 (e.g., estimates published in MMWR articles) may differ slightly from estimates published in *Health, United States* and on the NIS Web site for the same NIS data. All public-use data files include the sampling weight for the new estimation procedure.

References:

National, State, and urban area vaccination levels among children aged 19–35 months—United States, 2002. *MMWR* 2003;52(31):728.

Zell ER, Ezzati-Rice TM, Battaglia PM, Wright RA. National Immunization Survey: The methodology of a Vaccination Surveillance System. *Public Health Rep* 2000;15:75–77.

For More Information: See the NIS Web site: www.cdc.gov/nis.

National Medical Expenditure Survey (NMES)—See [Medical Expenditure Panel Survey](#)

National Notifiable Disease Surveillance System (NNDSS)

Centers for Disease Control and Prevention

Overview: This system provides weekly provisional information on the occurrence of diseases defined as notifiable by the Council of State and Territorial Epidemiologists.

Selected Content: Data include incidence of reportable diseases using uniform case definitions.

Data Years: The first annual summary of The Notifiable Diseases in 1912 included reports of 10 diseases from 19 States, the District of Columbia, and Hawaii. By 1928, all States, the District of Columbia, Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, the State and Territorial Health Officers authorized a conference of State and territorial epidemiologists whose purpose was to determine which diseases should be reported to PHS. In

1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

Coverage: Notifiable disease reports are received from health departments in the 50 States, five territories, New York City, and the District of Columbia. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspect).

Methodology: CDC, in partnership with the Council of State and Territorial Epidemiologists (CSTE), operates the National Notifiable Diseases Surveillance System (NNDSS). Notifiable disease surveillance is conducted by public health practitioners at local, State, and national levels to support disease prevention and control activities. The system also provides annual summaries of the data. CSTE and CDC annually review the status of national infectious disease surveillance and recommend additions or deletions to the list of nationally notifiable diseases based on the need to respond to emerging priorities. For example, Q fever and tularemia became nationally notifiable in 2000. However, reporting nationally notifiable diseases to CDC is voluntary. Reporting is currently mandated by law or regulation only at the local and State level. Therefore, the list of diseases that are considered notifiable varies slightly by State. For example, reporting of cyclosporiasis to CDC is not done by some States in which this disease is not notifiable to local or State authorities.

State epidemiologists report cases of notifiable diseases to CDC, which tabulates and publishes these data in the *Morbidity and Mortality Weekly Report (MMWR)* and the *Summary of Notifiable Diseases, United States* (entitled *Annual Summary* before 1985).

Issues Affecting Interpretation: These data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (for example, plague and rabies) are most likely reported accurately if diagnosed by a clinician. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (for example, salmonellosis) might not seek medical care from a health care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of data reporting also is influenced by the diagnostic facilities available, the control measures in effect, public awareness of a specific disease, and the interests, resources, and priorities of State and local

officials responsible for disease control and public health surveillance. Finally, factors such as changes in case definitions for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

Reference:

Centers for Disease Control and Prevention. Summary of Notifiable Diseases, United States, 2002. *MMWR* 2004;51(53).

For More Information: See the NNDSS Web site at www.cdc.gov/epo/dphsi/nndsshis.htm.

National Nursing Home Survey (NNHS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Nursing Home Survey (NNHS) provides information on characteristics of nursing homes and their residents and staff.

Selected Content: The NNHS provides information on nursing homes from two perspectives—that of the provider of services and that of the recipient. Data about the facilities include characteristics such as bed size, ownership, affiliation, Medicare/Medicaid certification, specialty units, services offered, number and characteristics of staff, expenses, and charges. Data about the current residents and discharges include demographic characteristics, health status, level of assistance needed with activities of daily living, vision and hearing impairment, continence, services received, sources of payment, and discharge disposition (for discharges).

Data Years: NCHS conducted six NNHS, the first survey from August 1973 to April 1974; the second from May to December 1977; the third from August 1985 to January 1986; the fourth from July to December 1995; the fifth from July to December 1997; and the sixth from July to December 1999. The next NNHS, which has undergone a major redesign, is scheduled to be conducted during calendar year 2004.

Coverage: The initial NNHS, conducted in 1973–74, included the universe of nursing homes that provided some level of nursing care and excluded homes providing only personal or domiciliary care. The 1977 NNHS encompassed all types of

nursing homes, including personal care and domiciliary care homes. The 1985 NNHS was designed to be similar to the 1973–74 survey in that it excluded personal or domiciliary care homes. However in 1985, an unknown number of residential care facilities were present in the sampling frame. These facilities were identified in the 1986 inventory survey and can be removed from the estimate of facilities and beds for 1985. The 1995, 1997, and 1999 NNHS also included only nursing homes that provided some level of nursing care and excluded homes providing only personal or domiciliary care, similar to the 1985 and 1973–74 surveys.

Data were collected from nursing homes in all 50 States and the District of Columbia (DC) in the 1995–1999 surveys, but in 1973–74, 1977, and 1985, data were only collected in the 48 contiguous States and the District of Columbia. Data on current residents were collected in all surveys; data on discharges were collected in 1977, 1985, 1997, and 1999. Expense data were collected in 1977, 1985, and 1995. Data on characteristics of staff were collected in 1973–74, 1977, and 1985.

Methodology: The survey uses a stratified two-stage probability design. The first stage is the selection of facilities, and the second stage is the selection of residents and discharges. Up to six current residents and six discharges are selected. Information on the facility is collected through a personal interview with the administrator or staff designated by the administrator. Resident data were provided by staff familiar with the care provided to the resident. Staff relied on the medical record and personal knowledge of the resident. In addition to employee data that were collected during the interview with the administrator, in several years staffing data were collected via a self-administered questionnaire. Discharge data were based on information recorded in the medical record.

Current residents are those on the facility's roster as of the night before the survey. Included are all residents for whom beds are maintained even though they may be away on an overnight leave or in the hospital. Discharges are those who are formally discharged from care by the facility during a designated month randomly selected for each facility before data collection. Both live and deceased discharges are included. Residents were counted more than once if they were discharged more than once during the reference period.

Statistics for the NNHS are derived by a multistage estimation procedure that provides essentially unbiased national

estimates and has three major components: (a) inflation by the reciprocals of the probabilities of sample selection; (b) adjustment for nonresponse; and (c) ratio adjustment to fixed totals. The surveys are adjusted for four types of nonresponse: (1) when an eligible nursing facility did not respond; (2) when the facility failed to complete the sampling lists; (3) when the facility did not complete the facility questionnaire but did complete the questionnaire for residents in the facility; and (4) when the facility did not provide information to complete the questionnaire for the sample resident or discharge.

Sample Size and Response Rates: In 1973–74 the sample of 2,118 homes was selected from the 1971 National Master Facility Inventory (NMFI) and from those that opened for business in 1972. For the 1977 NNHS the sample of 1,698 facilities was selected from nursing homes in the sampling frame, which consisted of all homes listed in the 1973 NMFI and those opening for business between 1973 and December 1976. The sample for the 1985 survey consisted of the 1,220 facilities selected from the 1982 NMFI, data for homes identified in the 1982 Complement Survey of the NMFI, data on hospital-based nursing homes obtained from the Health Care Financing Administration (now known as the Centers for Medicare & Medicaid Services), and data on nursing homes open for business between 1982 and June 1, 1984. The 1995 sample of 1,500 homes was selected from a sampling frame consisting of nursing homes from the 1991 National Health Provider Inventory (NHPI) and updated lists from the Agency Reporting System (ARS). ARS was an ongoing system designed to periodically update the NHPI and consisted primarily of lists or directories of facilities from State agencies, Federal agencies, and national voluntary organizations. For the 1997 survey, data were obtained from about 1,488 nursing homes from a sampling frame consisting of nursing homes listed on the 1991 NHPI that was updated with a current listing of nursing facilities supplied by the Health Care Finance Administration and other national organizations. The facility frame for the 1999 NNHS consisted of all nursing homes identified in the 1997 NNHS and updated with current nursing facilities listed by the Centers for Medicare & Medicaid Services and other national organizations. The 1999 sample consisted of 1,496 nursing homes. In 1995, 1997, and 1999, facility-level response rates were over 93 percent

Issues Affecting Interpretation: Samples of discharges and residents contain different populations with different characteristics. The resident sample is more likely to contain

long-term nursing home residents and, conversely, to underestimate short nursing home stays. Because short-term residents are less likely to be on the nursing home rolls on a given night, they are less likely to be sampled. Estimates of discharges underestimate long nursing home stays. In addition, analysts should ensure that the underlying populations are similar across survey years—for example, whether the survey includes personal or domiciliary care homes.

References:

Meiners MR. Selected operating and financial characteristics of nursing homes, United States, 1973–74 National Nursing Home Survey. National Center for Health Statistics. *Vital Health Stat* 13(22). 1975.

Van Nostrand JF, Zappolo A, Hing E, et al. The National Nursing Home Survey, 1977 summary for the United States. National Center for Health Statistics. *Vital Health Stat* 13(43). 1979.

Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. *Vital Health Stat* 13(97). 1989.

Strahan G. An overview of nursing homes and their current residents: Data from the 1995 National Nursing Home Survey. Advance data from vital and health statistics; no. 280. Hyattsville, MD: National Center for Health Statistics. 1997.

The National Nursing Home Survey: 1997 summary. National Center for Health Statistics. *Vital Health Stat* 13(147). 2000.

The National Nursing Home Survey: 1999 summary. National Center for Health Statistics. *Vital Health Stat* 13(152). 2002.

For More Information: See the National Health Care Survey Web site at www.cdc.gov/nchs/nhcs.htm and the NNHS Web site at www.cdc.gov/nchs/about/major/nnhsd/nnhsd.htm.

National Survey on Drug Use & Health (NSDUH)

Substance Abuse and Mental Health Services Administration

Overview: The National Survey on Drug Use & Health (NSDUH), formerly called the National Household Survey on Drug Abuse (NHSDA), collects data on substance abuse and dependence, mental health problems, and receipt of substance abuse and mental health treatment.

Selected Content: NSDUH reports on the prevalence, patterns and consequences of drug and alcohol use and abuse in the general U.S. civilian noninstitutionalized population age 12 and over. Data are collected on the use of illicit drugs, the nonmedical use of licit drugs, and use of alcohol and tobacco products. The survey is conducted annually and is designed to produce drug and alcohol use incidence and prevalence estimates. Data are also collected periodically on special topics of interest such as criminal behavior, treatment, mental health, and attitudes about drugs.

Data Years: The NHSDA survey has been conducted since 1971. In 1999 the NHSDA underwent a major redesign affecting the method of data collection, sample design, sample size, and oversampling. In 2002 the survey underwent a name change to NSDUH as well as additional improvements and modifications to the survey.

Coverage: The survey is representative of persons 12 years of age and over in the civilian noninstitutionalized population in the United States. This includes civilians living on military bases and persons living in noninstitutionalized group quarters, such as college dormitories, rooming houses, and shelters. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals.

Methodology: The data collection method is in-person interviews conducted with a sample of individuals at their place of residence. Prior to 1999, the NSDUH used a paper-and-pencil interviewing (PAPI) methodology. Since 1999, the interview has been carried out with computer assisted interviewing (CAI) methodology. The survey uses a combination of computer-assisted personal-interviewing (CAPI), conducted by the interviewer for some basic demographic information, and audio computer-assisted

self-interviewing (ACASI), for most of the questions. ACASI provides a highly private and confidential means of responding to questions to increase the level of honest reporting of illicit drug use and other sensitive behavior. The 2002 NSDUH employed a 50-State sample design with an independent, multistage area probability sample for each of the 50 States and the District of Columbia to support the development of both national and State-level estimates. Each State was stratified into regions (48 regions in each of 8 large States, 12 regions in each of 42 small States and the District of Columbia). At the first stage of sampling, 8 area segments were selected in each region, for a total of 7,200 sample units nationally. Approximately one-third of the total sample was dedicated to youths aged 12–17 years, one-third to young adults aged 18–25 years, and one-third to adults aged 26 years and over.

Sample Size and Response Rate: Nationally, 136,349 addresses were screened for the 2002 survey, and 68,126 completed interviews were obtained. The survey was conducted from January to December 2002. Weighted response rates for household screening and for interviewing were 90.7 and 78.9 percent, respectively.

Issues Affecting Interpretation: Several improvements to the survey were implemented in 2002. In addition to the name change, respondents were offered a \$30 incentive payment for participation in the survey starting in 2002, and quality control procedures for data collection were enhanced in 2001 and 2002. Because of these improvements and modifications, estimates from the 2002 NSDUH should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time. The data collected in 2002 represent a new baseline for tracking trends in substance use and other measures. Estimates of substance use for youth based on the NSDUH are not directly comparable with estimates based on Monitoring the Future (MTF) and Youth Risk Behavior Surveillance System (YRBSS). In addition to the fact that the MTF excludes dropouts and absentees, rates are not directly comparable across these surveys, because of differences in populations covered, sample design, questionnaires, interview setting, and statistical approaches to make the survey estimates generalizable to the entire population. The NSDUH survey collects data in homes, whereas the MTF and YRBSS collect data in school classrooms. The NSDUH estimates are tabulated by age, while the MTF and YRBSS estimates are tabulated by grade, representing different ages as well as different populations.

References:

Substance Abuse and Mental Health Services Administration. 2003 Results from the 2002 National Survey on Drug Use and Health: National Findings. NHSDA Series: H-22, DHHS Pub. No. (SMA) 03–3836. Rockville, MD: Department of Health and Human Services. 2003.

Cowan CD. Coverage, Sample Design, and Weighting in Three Federal Surveys. *Journal of Drug Issues* 2001;31(3):595–614.

For More Information: See the SAMHSA Web site at www.samhsa.gov.

National Survey of Family Growth (NSFG)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Survey of Family Growth (NSFG) provides national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health.

Selected Content: Data elements include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility.

Data Years: Five cycles of the survey have been completed: 1973, 1976, 1982, 1988, and 1995.

Coverage: Data from the National Survey of Family Growth (NSFG) are based on samples of women ages 15–44 years in the civilian noninstitutionalized population of the United States. The first and second cycles (1973 and 1976) excluded most women who had never been married. The third, fourth, and fifth cycles (1982, 1988, and 1995) included all women ages 15–44 years

Methodology: Interviews are conducted in person by professional female interviewers using a standardized questionnaire. In all cycles black women were sampled at higher rates than white women so that detailed statistics for black women could be produced.

In order to make national estimates from the sample for the millions of women ages 15–44 years in the United States,

data for the interviewed sample women were (a) inflated by the reciprocal of the probability of selection at each stage of sampling (for example, if there was a 1 in 5,000 chance that a woman would be selected for the sample, her sampling weight was 5,000); (b) adjusted for nonresponse; and (c) poststratified, or forced to agree with benchmark population values based on data from the Current Population Survey of the U.S. Bureau of the Census .

Sample Size and Response Rates: For Cycle 1, from 101 PSUs, 10,879 women 15–44 years of age were selected, 9,797 of these were interviewed. In Cycle 2, from 79 PSUs, 10,202 eligible women were identified; of these, 8,611 were interviewed. In Cycle 3 household screener interviews were completed in 29,511 households (95.1 percent). Of the 9,964 eligible women identified, 7,969 were interviewed. In Cycle 4, 10,566 eligible women ages 15–44 years were sampled. Interviews were completed with 8,450 women. The response rate for the 1990 telephone reinterview was 68 percent of those responding to the 1988 survey and still eligible for the 1990 survey. In Cycle 5, of the 13,795 eligible women in the sample, 10,847 were interviewed.

References:

- French DK. National Survey of Family Growth, Cycle I: Sample design, estimation procedures, and variance estimation. National Center for Health Statistics. *Vital Health Stat* 2(76). 1978.
- Grady WR. National Survey of Family Growth, Cycle II: Sample design, estimation procedures, and variance estimation. National Center for Health Statistics. *Vital Health Stat* 2(87). 1981.
- Bachrach CA, Horn MC, Mosher WD, Shimizu I. National Survey of Family Growth, Cycle III: Sample design, weighting, and variance estimation. National Center for Health Statistics. *Vital Health Stat* 2(98). 1985.
- Judkins DR, Mosher WD, Botman SL. National Survey of Family Growth: Design, estimation, and inference. National Center for Health Statistics. *Vital Health Stat* 2(109). 1991.
- Goksel H, Judkins DR, Mosher WD. Nonresponse adjustments for a telephone follow-up to a National In-Person Survey. *Journal of Official Statistics* 1992;8(4):417–32.

Kelly JE, Mosher WD, Duffer AP, Kinsey SH. Plan and operation of the 1995 National Survey of Family Growth. *Vital Health Stat* 1(36). 1997.

Potter FJ, Iannacchione VG, Mosher WD, Mason RE, Kavee JD. Sampling weights, imputation, and variance estimation in the 1995 National Survey of Family Growth. *Vital Health Stat* 2(124). 1998.

For More Information: See the NCHS Web site at www.cdc.gov/nchs/nsfg.htm.

National Survey of Substance Abuse Treatment Services (N-SSATS)

Substance Abuse and Mental Health Services Administration

Overview: The National Survey of Substance Abuse Treatment Services (N-SSATS) collects data on the location, characteristics, and use of alcoholism and drug abuse treatment facilities and services throughout the 50 States, the District of Columbia, and other U.S. jurisdictions.

Selected Content: N-SSATS solicits data concerning facility and client characteristics for a specific reference day (October 1 in 1998 and 2000, March 29 in 2002, and March 31 in 2003) including number of individuals in treatment, substance of abuse (alcohol, drugs, or both), and types of services. In 1979 the National Institute on Alcohol Abuse and Alcoholism began cosponsoring the survey and began to cover alcohol treatment as well as drug treatment.

Data Years: The N-SSATS has evolved over time, going through various redesigns and changes in the responsible agency. The first survey to include most of the data elements that form the core of the N-SSATS was conducted by the National Institute on Drug Abuse in 1976. The survey has been conducted annually with a few exceptions. In 1992 the survey became the purview of the newly created Substance Abuse and Mental Health Services Administration. SAMHSA conducted the survey from 1995 to 1999 under the name the Uniform Facility Data Set survey. In 2000 the survey was redesigned and named the N-SSATS. The N-SSATS was conducted in 2000 and 2002–03. In 1999 a more limited version was conducted that collected information only about facilities and not about clients.

Coverage: Treatment facilities contacted through N-SSATS are identified from the Inventory of Substance Abuse Treatment Services (I-SATS) that lists all known substance abuse treatment facilities. The N-SSATS includes facilities that treat only substance abuse, as well as specialty substance abuse units operating within larger mental health facilities (for example, community mental health centers), general health (for example, hospitals), social service (for example, family assistance centers), and criminal justice (for example, probation departments) agencies. Public and private facilities are included.

Methodology: SAMHSA mails facility survey forms directly to the facilities and conducts follow-up interviews by telephone. Data collection was centralized in 1996. Since 1997, advance notification of facilities, improved methods to update contact information, and aggressive telephone follow-up has resulted in high response rates. In 1999 the survey was conducted entirely by telephone. In 2002 and 2003 respondents also were offered the option of completing the survey via the Internet.

Sample Size and Response Rate: The N-SSATS is a census of all known substance abuse treatment facilities. Response rates to the surveys were 91, 94, 95, and 97 percent in 1998, 2000, 2002, and 2003, respectively.

Issues Affecting Interpretation: More intense efforts at locating facilities and different exclusions in various years have contributed to fluctuations in numbers of facilities and clients. In 1999 enhanced reporting resulted in a 13 percent increase in facilities. In 2000 solo practitioners were excluded, contributing to a 12 percent decline in facilities and a 4 percent decline in clients. In 2002 enhanced reporting resulted in a 2 percent increase in facilities and a 14 percent increase in clients. Solo practitioners continued to be excluded in 2002 and 2003. Facilities located in jails, prisons, and detention centers, that is, facilities treating only incarcerated clients, have been excluded since 1999.

For More Information: See the OAS statistical information section of the SAMHSA Web site at www.oas.samhsa.gov.

National Vital Statistics System (NVSS)

Centers for Disease Control and Prevention

National Center for Health Statistics

Overview: The National Vital Statistics System (NVSS) collects and publishes official national statistics on births, deaths, fetal deaths, and prior to 1996, marriages and divorces occurring in the United States based on U.S. Standard Certificates. Fetal deaths are classified and tabulated separately from other deaths. Detailed descriptions of the five Vital Statistics files (birth file, mortality file, multiple cause of death file, linked birth/infant death data set, and compressed mortality file) are presented separately below.

Data Years: The death registration area for 1900 consisted of 10 States, the District of Columbia, and a number of cities located in nonregistration States; it covered 40 percent of the continental U.S. population. The birth registration area was established in 1915 with 10 States and the District of Columbia. The birth and death registration areas continued to expand until 1933, when they included all 48 States and the District of Columbia. Alaska and Hawaii were added to both registration areas in 1959 and 1960, the years in which they gained statehood.

Coverage: The NVSS collects and presents U.S. resident data for the aggregate of 50 States, New York City, and the District of Columbia, as well as for each individual State and the District of Columbia. Vital events occurring in the United States to non-U.S. residents and vital events occurring abroad to U.S. residents are excluded.

Methodology: NCHS's Division of Vital Statistics obtains information on births and deaths from the registration offices of each of the 50 States, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands. Until 1972 microfilm copies of all death certificates and a 50 percent sample of birth certificates were received from all registration areas and processed by NCHS. In 1972 some States began sending their data to NCHS through the Cooperative Health Statistics System (CHSS). States that participated in the CHSS program processed 100 percent of their death and birth records and sent the entire data file to NCHS on computer tapes. Currently, data are sent to NCHS through the Vital Statistics Cooperative Program (VSCP), following the same procedures as CHSS. The number of participating States

grew from 6 in 1972 to 46 in 1984. Starting in 1985 all 50 States and the District of Columbia participated in VSCP.

U.S. Standard Certificates—U.S. Standard Live Birth and Death Certificates and Fetal Death Reports are revised periodically, allowing evaluation and addition, modification, and deletion of items. Beginning with 1989 revised standard certificates replaced the 1978 versions. The 1989 revision of the birth certificate included items to identify the Hispanic parentage of newborns and to expand information about maternal and infant health characteristics. The 1989 revision of the death certificate included items on educational attainment and Hispanic origin of decedents, as well as changes to improve the medical certification of cause of death. Standard certificates recommended by NCHS are modified in each registration area to serve the area's needs. However, most certificates conform closely in content and arrangement to the standard certificate, and all certificates contain a minimum data set specified by NCHS. Following 1989, the next revisions of vital records went into effect in some States beginning in 2003, but full implementation in all States will be phased in over several years.

Birth File

Overview: Vital statistics natality data are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of babies and their mothers, track trends such as birth rates for teens, and compare natality trends with other countries.

Selected Content: The natality file includes characteristics about the baby such as sex, birth weight, weeks of gestation; demographic information about the parents such as age, race, Hispanic origin, parity, educational attainment, marital status, and State of residence; medical and health information such as prenatal care based on hospital records; and behavioral risk factors for the birth such as mother's tobacco use during pregnancy.

Data Years: The birth registration area began in 1915 with 10 States and the District of Columbia.

Methodology: In the United States, State laws require birth certificates to be completed for all births. The registration of births is the responsibility of the professional attendant at

birth, generally a physician or midwife. The birth certificate must be filed with the local registrar of the district in which the birth occurs. Each birth must be reported promptly—the reporting requirements vary from State to State, ranging from 24 hours after the birth to as much as 10 days.

Federal law mandates national collection and publication of birth and other vital statistics data. The National Vital Statistics System is the result of cooperation between NCHS and the States to provide access to statistical information from birth certificates. Standard forms for the collection of the data and model procedures for the uniform registration of the events are developed and recommended for State use through cooperative activities of the States and NCHS. NCHS shares the costs incurred by the States in providing vital statistics data for national use.

Issues Affecting Interpretation: The number of States reporting information on maternal education, Hispanic origin, marital status, and tobacco use during pregnancy has increased over the years. Interpretation of trend data should take into consideration expansion of reporting areas and immigration. See [Appendix II](#) for methodological and reporting area changes for the following birth certificate items: *Age* (maternal age); *Education* (maternal education); *Hispanic origin*; *Marital status*; *Prenatal care*; *Race*; and *Tobacco use*.

Reference:

National Center for Health Statistics, Vital Statistics of the United States, Vol. I Natality, Technical Appendix.

For More Information: See the Birth Data Web site at www.cdc.gov/nchs/births.htm.

Mortality File

Overview: Vital statistics mortality data are a fundamental source of demographic, geographic, and cause-of-death information. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present the characteristics of those dying in the United States, to determine life expectancy, and to compare mortality trends with other countries.

Selected Content: The mortality file includes demographic information on age, sex, race, Hispanic origin, State of residence, and educational attainment, and medical information on cause of death.

Data Years: The death registration area began in 1900 with 10 States and the District of Columbia.

Methodology: By law, the registration of deaths is the responsibility of the funeral director. The funeral director obtains demographic data for the death certificate from an informant. The physician in attendance at the death is required to certify the cause of death. Where death is from other than natural causes, a coroner or medical examiner may be required to examine the body and certify the cause of death. Data for the entire United States refer to events occurring within the United States; data for geographic areas are by place of residence. See [Appendix II](#) for methodological and reporting area changes for the following death certificate items: *Education; Hispanic origin; and Race.*

Issues Affecting Interpretation: International Classification of Diseases (ICD), by which cause of death is coded and classified, is revised approximately every 10 to 15 years. Revisions of the ICD may cause discontinuities in trend data by cause of death. Comparing death rates by cause of death across ICD revisions should be conducted with caution and with reference to the comparability ratio. (See [Appendix II, Comparability ratio.](#)) The death certificate has been revised periodically. A revised U.S. Standard Certificate of Death was recommended for State use beginning on January 1, 1989. Among the changes were the addition of a new item on educational attainment and Hispanic origin of decedent and changes to improve the medical certification of cause of death.

References:

Grove RD, Hetzel AM. Vital statistics rates in the United States, 1940–60. Washington, DC: Government Printing Office. 1968.

National Center for Health Statistics, Vital Statistics of the United States, Vol. II Mortality Part A, Technical Appendix, available at www.cdc.gov/nchs/datawh/statab/pubd/ta.htm.

For More Information: See the Mortality Data Web site at www.cdc.gov/nchs/about/major/dvs/mortdata.htm.

Multiple Cause-of-Death File

Overview: Multiple cause-of-death data reflect all medical information reported on death certificates and complement traditional underlying cause-of-death data. Multiple-cause data give information on diseases that are a factor in death whether

or not they are the underlying cause of death; on associations among diseases; and on injuries leading to death.

Selected Content: In addition to the same demographic variables listed for the mortality file, the multiple cause-of-death file includes record axis and entity axis cause-of-death data (see [Methodology](#) section).

Data Years: Multiple cause-of-death data files are available for every data year since 1968.

Methodology: NCHS is responsible for compiling and publishing annual national statistics on causes of death. In carrying out this responsibility, NCHS adheres to the World Health Organization Nomenclature Regulations. These Regulations require that (1) cause of death be coded in accordance with the applicable revision of the *International Classification of Diseases (ICD)* (see [Appendix II, table IV and ICD](#)); and (2) underlying cause of death be selected in accordance with international rules. Traditionally, national mortality statistics have been based on a count of deaths, with one underlying cause assigned for each death.

Starting with data year 1968, electronic files exist with multiple cause-of-death information. These files contain codes for all diagnostic terms and related codable information recorded on the death certificate. These codes make up the entity axis and are the input for a software program called TRANSAX. The TRANSAX program eliminates redundant entity axis codes and combines other entity axis codes to create the best set of ICD codes for a record. The output of the TRANSAX program is the record axis. Record axis data are generally used for research and analysis of multiple or nonunderlying cause of death. Because the function of the TRANSAX program is not to select a single underlying cause of death, record axis data may or may not include the underlying cause. Tabulations of underlying and nonunderlying cause of death in [table 48](#) (selected occupational diseases) are compiled by searching both underlying cause of death and record axis data.

Reference:

Multiple Causes of Death in the United States. Monthly Vital Statistics Report. Vol. 32, No. 10 Supplement (2). February 17, 1984.

For More Information: See the mortality multiple cause-of-death data file page at www.cdc.gov/nchs/products/elec_prods/subject/mortmcd.htm.

Linked Birth/Infant Death Data Set

Overview: National linked files of live births and infant deaths are used for research on infant mortality.

Selected Content: The linked birth/infant death data set includes all variables on the natality file, including racial and ethnic information, as well as variables on the mortality file, including cause of death and age at death.

Data Years: National linked files of live births and infant deaths were first produced for the 1983 birth cohort. Birth cohort linked file data are available for 1983–91 and period linked file data for 1995–2001. National linked files do not exist for 1992–94.

Methodology: To create the linked data files, death certificates are linked with corresponding birth certificates for infants who die in the United States before their first birthday. Linkage is about 97–98 percent complete. The linkage makes available for analysis of infant mortality extensive information from the birth certificate about the pregnancy, maternal risk factors, infant characteristics, and health items at birth.

Starting with data year 1995, more timely linked file data are produced in a period data format preceding the release of the corresponding birth cohort format. Other changes to the data set starting with 1995 data include addition of record weights to correct for the 2.2–2.5 percent of records that could not be linked and for the addition of an imputation for not stated birthweight. The 1995–2001 weighted mortality rates are from less than 1 percent to 4.1 percent higher than unweighted rates for the same period. The 1995–2001 weighted mortality rates with imputed birthweight are less than 1 percent to 6.3 percent higher than unweighted rates with imputed birthweight for the same period.

Issues Affecting Interpretation: Period linked file data starting with 1995 are not strictly comparable with birth cohort data for 1983–91. While birth cohort linked files have methodological advantages, their production incurs substantial delays in data availability, since it is necessary to wait until the close of a second data year to include all infant deaths to the birth cohort.

Reference:

Mathews TJ, Menacker F, MacDorman MF. Infant mortality statistics from the 2001 period linked birth/infant death data set. *Natl Vital Stat Rep* 2003;52(2):1–28.

For More Information: See the NCHS Linked Birth and Infant Death Data Web site at www.cdc.gov/nchs/linked.htm.

Compressed Mortality File

Overview: The Compressed Mortality File (CMF) is a county-level national mortality and population database.

Selected Content: The Compressed Mortality database contains mortality data derived from the detailed mortality files of the National Vital Statistics System and U.S. Census Bureau estimates of U.S. national, State, and county resident populations. Number of deaths, crude death rates, and age-adjusted death rates can be obtained by place of residence (total U.S., State, and county), age group, race (white, black, and other), sex, year of death, and underlying cause of death.

Data Years: The CMF spans the years 1968–2001. On CDC WONDER, data are available starting with 1979, corresponding with the initial year that ICD–9 was used for coding cause of death.

Methodology: In *Health, United States*, the CMF is used to compute death rates by urbanization level of decedent's county of residence. Counties are categorized according to level of urbanization based on an NCHS-modified version of the 1993 rural-urban continuum codes for metropolitan and nonmetropolitan counties developed by the Economic Research Service, U.S. Department of Agriculture. See [Appendix II, Urbanization](#).

For More Information: Contact D. Ingram, Office of Analysis and Epidemiology, National Center for Health Statistics, 3311 Toledo Road, Room 6226, Mailstop P-08, Hyattsville, MD 20782; or see the CDC Wonder Web site at <http://wonder.cdc.gov/mortSQL.html>.

Online Survey Certification and Reporting Database (OSCAR)

Centers for Medicare & Medicaid Services

Overview: The Online Survey Certification and Reporting (OSCAR) is an administrative database containing detailed information on all Medicare and Medicaid certified institutional health care providers, including all currently and previously certified Medicare and Medicaid nursing homes in the United States and Territories. (Data for the Territories are not shown

in this report). The purpose of the nursing home survey certification process is to ensure that nursing facilities meet the current Centers for Medicare & Medicaid Services (CMS) care requirements and thus can be reimbursed for services furnished to Medicare and Medicaid beneficiaries.

Selected Content: OSCAR contains information on facility and patient characteristics and health deficiencies issued by the government during State surveys.

Data Years: OSCAR has been maintained by CMS, formerly the Health Care Financing Administration (HCFA), since 1992. OSCAR is an updated version of the Medicare and Medicaid Automated Certification System that had been in existence since 1972.

Coverage: All nursing homes in the United States that receive Medicare or Medicaid payments are included. Nursing homes that are intermediate care facilities for the mentally retarded and Department of Veterans Affairs nursing homes are excluded.

Methodology: Information on the number of beds and other facility characteristics comes from HCFA form 671, and information on residents and resident characteristics is collected on HCFA form 672. A nursing home representative fills out the forms, and they are submitted to CMS. The information provided on HCFA forms 671 and 672 can be audited at any time.

All certified nursing homes are inspected by representatives of the State survey agency (generally the department of health) at least once every 15 months. Therefore, a complete census must be based on a 15-month reporting cycle rather than a 12-month cycle. Some nursing homes are inspected twice or more often during any given reporting cycle. To avoid overcounting, the data must be edited and duplicates removed. Data editing and compilation were performed by Cowles Research Group and published in the group's *Nursing Home Statistical Yearbook* series.

References:

Cowles CM, 1995; 1996; 1997 *Nursing Home Statistical Yearbook*. Anacortes, WA: Cowles Research Group (CRG). 1995; 1997; 1998.

Cowles CM, 1998; 1999; 2000; 2001 *Nursing Home Statistical Yearbook*. Washington, DC: American Association of Homes and Services for the Aging (AAHSA). 1999; 2000; 2001; 2002.

HCFA: OSCAR Data Users Reference Guide, 1995, available from CMS, Health Standards and Quality Bureau, HCFA/HSQB S2 11-07, 7500 Security Boulevard, Baltimore, MD 21244.

For More Information: See the CMS Web site at www.cms.hhs.gov or the CRG Web site at www.longtermcareinfo.com/crg or the AAHSA Web site at www.aahsa.org.

Population Census and Population Estimates

Bureau of the Census

Decennial Census

The census of population (decennial census) has been held in the United States every 10 years since 1790. The decennial census has enumerated the resident population as of April 1 of the census year ever since 1930. Data on sex, race, age, and marital status are collected from 100 percent of the enumerated population. More detailed information such as income, education, housing, occupation, and industry are collected from a representative sample of the population.

Race Data on the 1990 Census

The question on race on the 1990 census was based on the Office of Management and Budget's (OMB) "1977 Statistical Policy Directive 15, Race and Ethnicity Standards for Federal Statistics and Administrative Reporting." This document specified rules for the collection, tabulation, and reporting of race and ethnicity data within the Federal statistical system. The 1977 standards required Federal agencies to report race-specific tabulations using four single-race categories: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Under the 1977 standards, race and ethnicity were considered to be two separate and distinct concepts. Thus, persons of Hispanic origin may be of any race.

Race Data on the 2000 Census

The question on race on the 2000 census was based on OMB's 1997 "Revisions of the Standards for the Classification of Federal Data on Race and Ethnicity" (see [Appendix II, Race](#)). The 1997 Standards incorporated two major changes in the collection, tabulation, and presentation of race data.

First, the 1997 standards increased from four to five the minimum set of categories to be used by Federal agencies for identification of race: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, and white. Second, the 1997 standards included the requirement that Federal data collection programs allow respondents to select one or more race categories when responding to a query on their racial identity. This provision means that there are potentially 31 race groups, depending on whether an individual selects one, two, three, four, or all five of the race categories. The 1997 standards continue to call for use, when possible, of a separate question on Hispanic or Latino ethnicity and specify that the ethnicity question should appear before the question on race. Thus, under the 1997 standards, as under the 1977 standards, Hispanics may be of any race.

Modified Decennial Census Files

For several decades the Census Bureau has produced modified decennial census files. These modified files incorporate adjustments to the 100 percent April 1 count data for 1) errors in the census data discovered subsequent to publication, 2) misreported age data, and 3) nonspecified race.

For the 1990 census, the Census Bureau modified the age, race, and sex data on the census and produced the Modified Age Race Sex (MARS) file. The differences between the population counts on the original census file and the MARS file are primarily a result of modification of the race data. Of the 248.7 million persons enumerated in 1990, 9.8 million persons did not specify their race (over 95 percent were of Hispanic origin). For the 1990 MARS file, these persons were assigned the race reported by a nearby person with an identical response to the Hispanic origin question.

For the 2000 census, the Census Bureau modified the race data on the census and produced the Modified Race Data Summary File. For this file, persons who reported “Some other race” as part of their race response were assigned to one of the 31 race groups, which are the single- and multiple-race combinations of the five race categories specified in the 1997 race and ethnicity standards. Persons who did not specify their race were assigned to one of the 31 race groups using imputation. Of the 18.5 million persons who reported “Some other race” as part of their race response, or who did not specify their race, 16.8 million (90.4 percent) were of Hispanic origin.

Bridged-Race Population Estimates for Census 2000

Race data on the 2000 census are not comparable with race data on other data systems that are continuing to collect data using the 1977 standards on race and ethnicity during the transition to full implementation of the 1997 standards. For example, most of the States in the Vital Statistics Cooperative Program will revise their birth and death certificates to conform to the 1997 standards after 2000. Thus, population estimates for 2000 and beyond with race categories comparable to the 1977 categories are needed so that race-specific birth and death rates can be calculated. To meet this need, NCHS, in collaboration with the U.S. Census Bureau, developed methodology to bridge the 31 race groups in Census 2000 to the four single-race categories specified under the 1977 standards.

The bridging methodology was developed using information from the 1997–2000 National Health Interview Survey (NHIS). The NHIS provides a unique opportunity to investigate multiple-race groups because since 1982, the NHIS has allowed respondents to choose more than one race but has also asked respondents reporting multiple races to choose a “primary” race. The bridging methodology developed by NCHS involved the application of regression models relating person-level and county-level covariates to the selection of a particular primary race by the multiple-race respondents. Bridging proportions derived from these models were applied by the U.S. Census Bureau to the Census 2000 Modified Race Data Summary File. This application resulted in bridged counts of the April 1, 2000, resident single-race populations for four racial groups, American Indian or Alaska Native, Asian or Pacific Islander, black, and white.

For More Information about bridged-race population estimates, see Ingram DD, Parker JD, Schenker N, et al. United States Census 2000 population with bridged race categories. National Center for Health Statistics. *Vital Health Stat* 2(135). 2003; and the NCHS Web site for U.S. Census Populations with Bridged Race Categories www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.

Postcensal Population Estimates

Postcensal population estimates are estimates made for the years following a census, before the next census has been taken. National postcensal population estimates are derived by updating the resident population enumerated in the decennial census using a components of population change

approach. The following formula is used to update the decennial census counts:

- (1) decennial census enumerated resident population
- (2) + births to U.S. resident women,
- (3) – deaths to U.S. residents,
- (4) + net international migration,
- (5) + net movement of U.S. Armed Forces and U.S. civilian citizens

State postcensal estimates are based on similar data and on a variety of other data series, including school statistics from State departments of education and parochial school systems. The postcensal estimates are consistent with official decennial census figures and do not reflect estimated decennial census underenumeration.

The Census Bureau has produced a postcensal series of estimates of the July 1 resident population of the United States based on Census 2000 by applying the components of change methodology to the Modified Race Data Summary File. These postcensal estimates have race data for 31 race groups, in accordance with the 1997 race and ethnicity standards. So that the race data for the 2000-based postcensal estimates would be comparable with race data on vital records, the Census Bureau applied the NHIS bridging methodology to the 31-race group postcensal population estimates to obtain postcensal estimates for the four single-race categories (American Indian or Alaska Native, Asian or Pacific Islander, black, and white). Bridged-race postcensal population estimates are available at www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.

Note that before the bridged-race April 1, 2000, population counts and the bridged-race 2000-based postcensal estimates were available, the Census Bureau extended their postcensal series of estimates based on the 1990 census (with the four single-race categories needed to compute vital rates) to July 1, 2001. NCHS initially calculated vital rates for 2000 using 1990-based July 1, 2000 postcensal population estimates and vital rates for 2001 using 1990-based July 1, 2001 postcensal estimates. Vital rates for 2000 have been revised using the bridged-race April 1, 2000, population counts, and vital rates for 2001 have been revised using the 2000-based bridged-race July 1, 2001, postcensal population estimates.

Intercensal Population Estimates

The further from the census year on which the postcensal estimates are based, the less accurate are the postcensal estimates. With the completion of the decennial census at the end of the decade, intercensal estimates for the preceding decade were prepared to replace the less accurate postcensal estimates. Intercensal population estimates take into account the census of population at the beginning and end of the decade. Thus intercensal estimates are more accurate than postcensal estimates as they correct for the “error of closure” or difference between the estimated population at the end of the decade and the census count for that date. The “error of closure” at the national level was quite small for the 1960s (379,000). However, for the 1970s it amounted to almost 5 million; for the 1980s, 1.5 million; and for the 1990s, about 6 million. The error of closure differentially affects age, race, sex, and Hispanic origin subgroup populations as well as the rates based on these populations. Vital rates that were calculated using postcensal population estimates are routinely revised when intercensal estimates become available because the intercensal estimates correct for the error of closure.

Intercensal estimates for the 1990s with race data comparable to the 1977 standards have been derived so that vital rates for the 1990s could be revised to reflect census 2000. Calculation of the intercensal population estimates for the 1990s was complicated by the incomparability of the race data on the 1990 and 2000 censuses. The Census Bureau, in collaboration with National Cancer Institute and NCHS, derived race-specific intercensal population estimates for the 1990s using the 1990 MARS file as the beginning population base and the bridged-race population estimates for April 1, 2000, as the ending population base. Bridged-race intercensal population estimates are available at www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.

Special Population Estimates

Special population estimates are prepared for the education reporting area for mortality statistics because educational attainment of decedent is not reported by all 50 States. The Housing and Household Economics Statistics Division of the U.S. Bureau of the Census currently produces unpublished estimates of populations by age, race, sex, and educational attainment for NCHS. These population estimates are based on the Current Population Survey, adjusted to resident

population controls. The control totals used for July 1, 1994–96 are 1990-based population estimates for 45 reporting States and the District of Columbia (DC); for July 1, 1997–2000, 1990-based postcensal population estimates for 46 reporting States and DC; and for July 1, 2001–02, 2000-based postcensal population estimates for 47 reporting States and DC. See [Appendix II, Education](#).

For More Information: See the U.S. Bureau of the Census Web site at www.census.gov/.

Sexually Transmitted Disease (STD) Surveillance

Centers for Disease Control and Prevention

National Center of HIV, STD, and TB Prevention

Overview: Surveillance information on incidence and prevalence of sexually transmitted diseases (STDs) is used to inform public and private health efforts to control these diseases.

Selected Content: Case reporting data are available for nationally notifiable chancroid, chlamydia, gonorrhea, and syphilis; surveillance of other STDs, such as genital herpes simplex virus (HSV), genital warts or other human papillomavirus infections, and trichomoniasis are based on estimates of office visits in physicians' office practices provided by the National Disease and Therapeutic Index (NDTI).

Data Years: STD national surveillance data have been collected since 1941.

Coverage: Case reports of STDs are reported to CDC by STD surveillance systems operated by State and local STD control programs and health departments in 50 States, the District of Columbia, selected cities, 3,139 U.S. counties, outlying areas comprised of U.S. dependencies and possessions, and independent nations in free association with the United States. Data from outlying areas are not included in *Health, United States*.

Methodology: Information is obtained from the following sources of data: (1) case reports from STD project areas; (2) prevalence data from the Regional Infertility Prevention Program, the National Job Training Program (formerly the Job Corps), the Jail STD Prevalence Monitoring Projects, the adolescent Women Reproductive Health Monitoring Project,

the Men Who Have Sex With Men (MSM) Prevalence Monitoring Project, and the Indian Health Service; (3) sentinel surveillance of gonococcal antimicrobial resistance from the Gonococcal Isolate Surveillance Project (GISP); and (4) national sample surveys implemented by federal and private organizations. STD data are submitted to CDC on a variety of hard-copy summary reporting forms (monthly, quarterly, and annually) and in electronic summary or individual case-specific (line-listed) formats via the National Electronic Telecommunications System for Surveillance (NETSS).

Issues Affecting Interpretation: Because of incomplete diagnosis and reporting, the number of STD cases reported to CDC undercounts the actual number of cases occurring among the U.S. population.

Reference:

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2002. Atlanta, GA: Department of Health and Human Services. 2003.

For More Information: See the STD Prevention Web site at: www.cdc.gov/std/stats/.

Surveillance, Epidemiology, and End Results Program (SEER)

National Cancer Institute

Overview: The Surveillance, Epidemiology, and End Results (SEER) program tracks incidence of persons diagnosed with cancer during the year as well as follow-up information on all previously diagnosed patients until death.

Selected Content: SEER registries routinely collect data on patient demographics, primary tumor site, morphology, stage at diagnosis, first course of treatment, and follow-up for vital status.

Data Years: Case ascertainment for SEER began on January 1, 1973, and has continued for more than 30 years.

Coverage: SEER cancer registries were initiated in 1973 in Connecticut, Iowa, New Mexico, Utah, Hawaii, and Detroit and San Francisco-Oakland. Registries were added as follows: in 1974–75, Atlanta and Seattle-Puget Sound; in 1978, 10 predominantly black rural counties in Georgia; in 1980, American Indians in Arizona; New Orleans, Louisiana (1974–77, rejoined 2001); New Jersey (1979–89, rejoined

2001); and Puerto Rico (1973–89); in 1992, Alaska Native populations in Alaska and Hispanics in Los Angeles County and San Jose-Monterey; in 2001, Kentucky, Greater California, New Jersey, and Louisiana. The SEER Program currently collects and publishes cancer incidence and survival data from 14 population-based cancer registries and three supplemental registries covering approximately 26 percent of the U.S. population.

The following combination of SEER registries are commonly used for statistical analyses and are used for analysis of cancer survival rates in *Health, United States*: the SEER 9 registries of Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah. Analysis of cancer incidence covers residents in the following SEER 12 registries: the SEER 9 registries plus Los Angeles, San Jose-Monterey, and the Alaska Native Tumor Registry.

Methodology: A cancer registry (or tumor registry) collects and stores data on cancers diagnosed in a specific hospital or medical facility (hospital-based registry) or in a defined geographic area (population-based registry). A population-based registry is generally composed of a number of hospital-based registries. In SEER registry areas, trained coders abstract medical records using the International Classification of Diseases for Oncology, Third Edition (ICD-O-3), which provides a coding system for onset and stage of specific cancers. The third edition, implemented in 2001, is the first complete review and revision of the text and guidelines since its original publication in 1988.

Population estimates used to calculate incidence rates are obtained from the U.S. Bureau of the Census. NCI uses estimation procedures as needed to obtain estimates for years and races not included in data provided by the U.S. Bureau of the Census. Life tables used to determine normal life expectancy when calculating relative survival rates were obtained from NCHS and in-house calculations. Separate life tables are used for each race-sex-specific group included in the SEER Program.

Issues Affecting Interpretation: Because of the addition of registries over time, analysis of long-term incidence and survival trends is limited to those registries that have been in SEER for similar lengths of time. Analysis of Hispanic, American Indian and Alaska Native data is limited to shorter trends. Rates presented in this report may differ somewhat from previous reports because of revised population estimates and the addition and deletion of small numbers of incidence cases.

Reference:

Ries LAG, Eisner MP, Kosary CL, et al. (eds). SEER Cancer Statistics Review 1975–2001. Bethesda, MD: National Cancer Institute. 2004 available at http://seer.cancer.gov/csr/1975_2001.

For More Information: See the SEER Web site at www.seer.cancer.gov.

Survey of Mental Health Organizations (SMHO)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Overview: The Survey of Mental Health Organizations and General Hospital Mental Health Services (SMHO/GHMHS) collects data on number and characteristics of specialty mental health organizations in the United States.

Selected Content: The inventory collects basic information such as types of mental health organizations, ownership, number of additions and residents, and number of beds. The sample survey is a more detailed questionnaire that covers types of services provided, revenues and expenditures, staffing, and many items addressed to managed behavioral health care.

Data Years: The Inventory of Mental Health Organizations (IMHO/GHMHS) was conducted biannually from 1986 until 1994. The SMHO replaced the IMHO/GHMHS in 1998. The SMHO and the inventory used as its sampling frame have been conducted biannually starting in 1998.

Coverage: Organizations included are State and county mental hospitals, private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, Department of Veterans Affairs medical centers, residential treatment centers for emotionally disturbed children, freestanding outpatient psychiatric clinics, partial care organizations, freestanding day-night organizations, and multiservice mental health organizations not elsewhere classified.

Methodology: The IMHO was an inventory of all mental health organizations. Its core questionnaire included versions designed for specialty mental health organizations and another for non-Federal general hospitals with separate psychiatric services. The data system was based on questionnaires mailed every other year to mental health

organizations in the United States. In 1998 the IMHO was replaced by the SMHO. The SMHO is made up of two parts. A complete inventory is done by postcard gathering a limited amount of information. The inventory is used as a sampling frame for the SMHO, which contains most of the information from the IMHO core questionnaire as well as new items about managed behavioral health care.

Sample Size and Response Rate: In Phase 1, all 10,083 organizations were inventoried. A complete enumeration was needed to define the sampling frame for the Sample Survey. In Phase II, general hospitals without separate mental health units, community residential organizations and managed behavioral health care organizations were dropped from the sampling frame, which leaves 4,659 organizations. From this number, approximately 1,602 organizations were drawn to permit both national and State estimates. The response rate was over 90 percent.

Issues Affecting Interpretation: Revisions to definitions of providers include phasing out Community Mental Health Centers as a category after 1981–82; increasing the number of multiservice mental health organizations from 1981 to 1986; increasing the number of psychiatric outpatient clinics in 1981–82, but decreasing the number in 1983–84, 1986, 1990, and 1992; and increasing the number of partial care services in 1983–84. These changes should be noted when interyear comparisons for the affected organizations and service types are made. The increase in the number of general hospitals with separate psychiatric services was partially a result of a more concerted effort to identify these organizations. Forms had been sent only to those hospitals previously identified as having a separate psychiatric service. Beginning in 1980–81, a screener form was sent to general hospitals not previously identified as providing a separate psychiatric service to determine whether they had such a service.

Reference:

Center for Mental Health Services. Mental Health, United States, 2000. Manderscheid R, Henderson MJ, eds. DHHS Pub. No. (SMA) 01–3537. Washington, DC: Department of Health and Human Services. 2001.

For More Information: See the Center for Mental Health Services Web site at www.samhsa.gov/centers/cmhs/cmhs.html.

Survey of Occupational Injuries and Illnesses (SOII)

Bureau of Labor Statistics

Overview: The Survey of Occupational Injuries and Illnesses (SOII) is a Federal/State program that collects statistics used to identify problems with workplace safety and develop programs to improve workplace safety.

Selected Content: Data include the number of injuries and illnesses by industry. The case and demographic data provide additional details on workers injured, the nature of the disabling condition, and the event and source producing that condition for those cases that involve one or more days away from work.

Data Years: The Bureau of Labor Statistics (BLS) has conducted an annual survey since 1971.

Coverage: The data represent persons employed in private industry establishments in the United States. The survey excludes the self-employed, farms with fewer than 11 employees, private households, Federal government agencies, and State and local government agencies.

Methodology: Survey estimates of occupational injuries and illnesses are based on a scientifically selected probability sample of establishments, rather than a census of all establishments. An independent sample is selected for each State and the District of Columbia that represents industries in that jurisdiction. BLS includes all the State samples in the national sample.

Establishments included in the survey are instructed in a mailed questionnaire to provide summary totals of all entries for the previous calendar year to its Log and Summary of Occupational Injuries and Illnesses (OSHA No. 200 form). In addition, from the selected establishments, approximately 550,000 injuries and illnesses with days away from work are sampled to obtain demographic and detailed case characteristic information. An occupational injury is any injury such as a cut, fracture, sprain, or amputation that results from a work-related event or from a single instantaneous exposure in the work environment. An occupational illness is any abnormal condition or disorder other than one resulting from an occupational injury, caused by exposure to factors associated with employment. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact. Prior to 2002, injury

and illness cases involved days away from work, days of restricted work activity, or both (lost workday cases). Starting in 2002, injury and illness cases may involve days away from work, job transfer, or restricted work activity. Restriction may involve shortened hours, a temporary job change, or temporary restrictions on certain duties (for example, no heavy lifting) of a worker's regular job.

Sample Size and Response Rates: Employer reports were collected from about 182,800 private industry establishments in 2002. The response rate is about 92 percent.

Issues Affecting Interpretation: The number of injuries and illnesses reported in any given year can be influenced by the level of economic activity, working conditions and work practices, worker experience and training, and number of hours worked. Long-term latent illnesses caused by exposure to carcinogens are believed to be understated in the survey's illness measures. In contrast, new illnesses such as contact dermatitis and carpal tunnel syndrome are easier to relate directly to workplace activity.

Effective January 1, 2002, the Occupational Safety and Health Administration (OSHA) revised its requirement for recording occupational injuries and illnesses. Because of the revised recordkeeping rule, the estimates from the 2002 survey are not comparable with those from previous years. See www.osha-slc.gov/recordkeeping/index.html for details about the revised recordkeeping requirements.

Data for the mining industry and for railroad activities are provided by Department of Labor's Mine Safety and Health Administration and Department of Transportation's Federal Railroad Administration. Neither of these agencies adopted the revised OSHA recordkeeping requirements for 2002. Therefore, estimates for these industries for 2002 are not comparable with estimates for other industries but are comparable with estimates for prior years. Excluded from the survey are self-employed individuals; farmers with fewer than 11 employees; private households; Federal Government agencies; and employees in State and local government agencies. Starting in 1988, establishments were classified in industry categories based on the 1987 Standard Industrial Classification (SIC) Manual, as defined by the Office of Management and Budget. Prior to 1988, establishments were classified according to the 1972 edition, 1977 supplement. See [Appendix II, Industry](#).

Reference:

Bureau of Labor Statistics. Workplace Injuries and Illnesses in 2002, Washington, DC: Department of Labor. December 2003.

For More Information: See the BLS occupational safety and health Web site at www.bls.gov/iif/home.htm.

Youth Risk Behavior Survey (YRBS)

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Overview: The national Youth Risk Behavior Survey (YRBS) monitors health risk behaviors among students in grades 5–12 that contribute to morbidity and mortality in both adolescence and adulthood.

Selected Content: Data are collected on tobacco use, dietary behaviors, physical activity, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection, and behaviors that contribute to unintentional injuries and violence.

Data Years: The national YRBS of high school students was conducted in 1990, 1991, 1993, 1995, 1997, 1999, 2001, and 2003.

Coverage: Data are representative of high school students in public and private schools in the United States.

Methodology: The national YRBS school-based surveys employ a three-stage cluster sample design to produce a nationally representative sample of students in grades 5–12 attending public and private high schools. The first-stage sampling frame contains primary sampling units (PSUs) consisting of large counties or groups of smaller, adjacent counties. The PSUs are then stratified based on degree of urbanization and relative percentage of black and Hispanic students in the PSU. The PSUs are selected from these strata with probability proportional to school enrollment size. At the second sampling stage, schools are selected with probability proportional to school enrollment size. To enable separate analysis of data for black and Hispanic students, schools with substantial numbers of black and Hispanic students are sampled at higher rates than all other schools. The third stage of sampling consists of randomly selecting one or two intact classes of a required subject from grades

5–12 at each chosen school. All students in the selected classes are eligible to participate in the survey. A weighting factor is applied to each student record to adjust for nonresponse and for the varying probabilities of selection, including those resulting from the oversampling of black and Hispanic students.

Sample Size and Response Rate: The sample size for the 2001 YRBS was 13,601. The school response rate was 75 percent and the student response rate was 83 percent, for an overall response rate of 63 percent.

Issues Affecting Interpretation: National YRBS data are subject to at least two limitations. First, these data apply only to adolescents who attend regular high school. These students may not be representative of all persons in this age group because those who have dropped out of high school or attend an alternative high school are not surveyed. Second, the extent of underreporting or overreporting cannot be determined, although the survey questions demonstrate good test-retest reliability.

Estimates of substance use for youth based on the YRBS differ from the National Survey on Drug Use & Health (NSDUH) and Monitoring the Future (MTF). Rates are not directly comparable across these surveys because of differences in populations covered, sample design, questionnaires, interview setting, and statistical approaches to make the survey estimates generalizable to the entire population. The NSDUH survey collects data in homes, whereas the MTF and YRBS collect data in school classrooms. The NSDUH estimates are tabulated by age, while the MTF and YRBS estimates are tabulated by grade, representing different ages as well as different populations.

References:

CDC. Youth risk behavior surveillance—United States, 1999. CDC surveillance summaries, MMWR 2000;49 (SS-05).

CDC. Youth risk behavior surveillance—United States, 2001. CDC surveillance summaries, MMWR 2002;51 (SS-04).

Cowan CD. Coverage, Sample Design, and Weighting in Three Federal Surveys. *Journal of Drug Issues* 2001;1(3):595–614.

For More Information: See the Division of Adolescent and School Health Web site at www.cdc.gov/nccdphp/dash/.

Private and Global Sources

Alan Guttmacher Institute Abortion Provider Survey

The Alan Guttmacher Institute, a not-for-profit organization focused on reproductive health research, policy analysis, and public education, conducts periodic surveys of abortion providers to provide nationally representative statistics on abortion incidence.

Number of induced abortions; number, types, and locations of providers; and types of procedures performed are presented by State and region. *Health, United States* presents the total for each data year. Thirteen provider surveys have been conducted for selected data years 1973 to midyear 2001. Data were collected from clinics, physicians, and hospitals identified as potential providers of abortion services. Mailed questionnaires were sent to all potential providers, with two additional mailings and telephone follow-up for nonresponse. No surveys were conducted in 1983, 1986, 1989, 1990, 1993, 1994, 1997, or 1998. For 1999–2000, a version of the survey questionnaire was created for each of the three major categories of providers, modeled on the survey questionnaire used for AGI's data collection in 1997. All surveys asked the number of induced abortions performed at the provider's location. State health statistics agencies were contacted, requesting all available data reported by providers to each State health agency on the number of abortions performed in the survey year. For States that provided data to AGI, the health agency figures were used for providers who did not respond to the survey. Estimates of the number of abortions performed by some providers were ascertained from knowledgeable sources in the community.

Of the 2,442 potential providers surveyed for 1999–2000, 1,931 performed abortions between January 1999 and June 2001. Of abortions reported for data year 2000, 77 percent were reported by providers, 10 percent came from health department data, 11 percent were estimated by knowledgeable sources, and 2 percent were projections or other estimates.

The number of abortions estimated by AGI through the mid- to late-1980s was about 20 percent higher than the number reported to the Centers for Disease Control and Prevention (CDC). Between 1989 and 1997 the AGI estimates were about 12 percent higher than those reported by CDC.

Beginning in 1998, health departments of four States did not report abortion data to CDC. The four reporting areas (the largest of which is California) that did not report abortions to CDC in 1998 accounted for 18 percent of all abortions tallied by AGI's 1995–96 survey. FDA approval of Mifepristone (medical abortion) in September of 2000 accounted for a small proportion (approx 6 percent) of abortions performed in nonhospital facilities during the first half of 2001.

Reference:

Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. *Perspect Sex Reprod Health* 2003;35(1):6–15.

For More Information: See the AGI Web site at www.guttmacher.org. The Agency address is The Alan Guttmacher Institute, 120 Wall Street, New York, NY 10005.

American Association of Colleges of Pharmacy

The American Association of Colleges of Pharmacy (AACCP) compiles data on the Colleges of Pharmacy, including information on student enrollment and types of degrees conferred. Data are collected through an annual survey; the response rate is 100 percent.

For More Information: See *Profile of Pharmacy Students*. The American Association of Colleges of Pharmacy, 1426 Prince Street, Alexandria, VA; or the AACCP Web site at www.aacp.org.

American Association of Colleges of Podiatric Medicine

The American Association of Colleges of Podiatric Medicine (AACPM) compiles data on the Colleges of Podiatric Medicine, including information on the schools and enrollment. Data are collected annually through written questionnaires. The response rate is 100 percent.

For More Information: Write to The American Association of Colleges of Podiatric Medicine, 1350 Piccard Drive, Suite 322, Rockville, MD 20850–4307; or see the AACPM Web site at www.aacpm.org.

American Dental Association

The Division of Educational Measurement of the American Dental Association (ADA) conducts annual surveys of predoctoral dental educational institutions. The questionnaire, mailed to all dental schools, collects information on student characteristics, financial management, and curricula.

For More Information: See the American Dental Association, *1999–2000 Survey of Predoctoral Dental Educational Institutions* or the ADA Web site at www.ada.org.

American Hospital Association Annual Survey of Hospitals

Data from the American Hospital Association (AHA) annual survey are based on questionnaires sent to all AHA-registered and nonregistered hospitals in the United States and its associated areas. U.S. Government hospitals located outside the United States are excluded. Overall, the average response rate over the past 5 years has been approximately 83 percent. For nonreporting hospitals and for the survey questionnaires of reporting hospitals on which some information was missing, estimates are made for all data except those on beds, bassinets, and facilities. Data for beds and bassinets of nonreporting hospitals are based on the most recent information available from those hospitals. Data for facilities and services are based only on reporting hospitals.

Estimates of other types of missing data are based on data reported the previous year, if available. When unavailable, estimates are based on data furnished by reporting hospitals similar in size, control, major service provided, length of stay, and geographic and demographic characteristics.

For More Information: Write to the AHA Annual Survey of Hospitals, Health Forum, LLC, an American Hospital Association Company, One North Franklin Street, Chicago, IL 60606; or see the AHA Web site at www.aha.org.

American Medical Association Physician Masterfile

A masterfile of physicians has been maintained by the American Medical Association (AMA) since 1906. The Physician Masterfile contains data on almost every physician in the United States, both members and nonmembers of the

AMA, and on those graduates of American medical schools temporarily practicing overseas. The file also includes graduates of international medical schools who are in the United States and who meet education standards for primary recognition as physicians.

A file is initiated on each individual upon entry into medical school or, in the case of international graduates, upon entry into the United States. Between 1965 and 1985 a mail questionnaire survey was conducted every 4 years to update the file information on professional activities, self-designated area of specialization, and present employment status. Since 1985 approximately one-third of all physicians are surveyed each year.

For More Information: See Division of Survey and Data Resources, American Medical Association, *Physician Characteristics and Distribution in the U.S., 2002–2003* ed. Chicago, IL. 2002; or the AMA Web site at www.ama-assn.org.

Association of American Medical Colleges

The Association of American Medical Colleges (AAMC) collects information on student enrollment in medical schools through the annual Liaison Committee on Medical Education questionnaire, the fall enrollment questionnaire, and the American Medical College Application Service (AMCAS) data system. Other data sources are the institutional profile system, the premedical students questionnaire, the minority student opportunities in medicine questionnaire, the faculty roster system, data from the Medical College Admission Test, and one-time surveys developed for special projects.

For More Information: See the Association of American Medical Colleges, *Statistical Information Related to Medical Education*, Washington, DC. 2001; or the AAMC Web site at www.aamc.org.

Association of Schools and Colleges of Optometry

The Association of Schools and Colleges of Optometry (ASCO) compiles data on various aspects of optometric education including data on schools and enrollment. Questionnaires are sent annually to all schools and colleges of optometry. The response rate is 100 percent.

For More Information: Write to Annual Survey of Optometric Educational Institutions, Association of Schools and Colleges of Optometry, 6110 Executive Blvd., Suite 510, Rockville, MD 20852; or see the ASCO Web site at www.opted.org.

Association of Schools of Public Health

The Association of Schools of Public Health (ASPH) compiles data on schools of public health in the United States and Puerto Rico. Questionnaires are sent annually to all member schools. The response rate is 100 percent.

Unlike health professional schools that emphasize specific clinical occupations, schools of public health offer study in specialty areas such as biostatistics, epidemiology, environmental health, occupational health, health administration, health planning, nutrition, maternal and child health, social and behavioral sciences, and other population-based sciences.

For More Information: Write to Association of Schools of Public Health, 1101 15th Street, NW, Suite 910, Washington, DC 20005; or see the ASPH Web site at www.asph.org.

European Health for All Database

World Health Organization Regional Office for Europe

The WHO Regional Office for Europe (WHO/Europe) provides country-specific and topic-specific health information via the Internet for people who influence health policy in the WHO European Region and the media.

WHO/Europe collects statistics on health and makes them widely available through

- The European health for all database (HFA-DB), which contains data on about 600 health indicators collected from national counterparts in 51 European countries, and data from other WHO technical programs and some international organizations.
- Highlights on health in countries in the WHO European Region that give an overview of the health situation in each country in comparison with other countries. Highlights complement the public health reports produced by a number of member States in the region.

- Health status overview for countries of central and eastern Europe that are candidates for accession to the European Union (Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, and Slovenia).

WHO/Europe helps countries strengthen their national health information systems, particularly by supporting

- the development of national health indicator databases
- the exchange of experience on national public health reports between countries; a database of public health reports is maintained and available for consultation and networking
- implementation of international classifications and definitions in countries
- regional networks of health information professionals

For More Information: See the European health for all database at <http://hfadb.who.dk/hfa/>.

InterStudy National Health Maintenance Organization Census

From 1976 to 1980 the Office of Health Maintenance Organizations conducted a census of health maintenance organizations (HMOs). Since 1981 InterStudy has conducted the census. A questionnaire is sent to all HMOs in the United States asking for updated enrollment, profit status, and Federal qualification status. New HMOs are also asked to provide information on model type. When necessary, information is obtained, supplemented, or clarified by telephone. For nonresponding HMOs State-supplied information or the most current available data are used.

In 1985 a large increase in the number of HMOs and enrollment was partly attributable to a change in the categories of HMOs included in the census: Medicaid-only and Medicare-only HMOs have been added. Component HMOs, which have their own discrete management, can be listed separately, whereas previously the oldest HMO reported for all of its component or expansion sites, even when the components had different operational dates or were different model types.

For More Information: See *The InterStudy Competitive Edge*. InterStudy Publications, St. Paul, MN. 2002; or the InterStudy Web site at www.hmodata.com.

National League for Nursing

The division of research of the National League for Nursing (NLN) conducts The Annual Survey of Schools of Nursing in October of each year. Questionnaires are sent to all graduate nursing programs (master's and doctoral), baccalaureate programs designed exclusively for registered nurses, basic registered nursing programs (baccalaureate, associate degree, and diploma), and licensed practical nursing programs. Data on enrollments, first-time admissions, and graduates are completed for all nursing education programs. Response rates of approximately 80 percent are achieved for other areas of inquiry.

For More Information: See the National League for Nursing, *Nursing Data Review 1997*, New York, NY. 1997; or the NLN Web site at www.nln.org.

Organization for Economic Cooperation and Development Health Data

The Organization for Economic Cooperation and Development (OECD) provides annual data on statistical indicators on health and economic policies collected from 30 member countries since the 1960s. The international comparability of health expenditure estimates depends on the quality of national health accounts in OECD member countries. In recent years the OECD health accounts have become an informal standard for reporting on health care systems. Additional limitations in international comparisons include differing boundaries between health care and other social care, particularly for the disabled and elderly, and underestimation of private expenditures on health.

The OECD was established in 1961 with a mandate to promote policies to achieve the highest sustainable economic growth and a rising standard of living among member countries. The Organization now comprises 30 member countries: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, the United Kingdom, and the United States.

As part of its mission, the OECD has developed a number of activities in relation to health and health care systems. The main aim of OECD work on health policy is to conduct cross-national studies of the performance of OECD health

systems and to facilitate exchanges between member countries of their experiences of financing, delivering, and managing health services. To support this work, each year the OECD compiles cross-country data in OECD Health Data, one of the most comprehensive sources of comparable health-related statistics. OECD Health Data is an essential tool to carry out comparative analyses and draw lessons from international comparisons of diverse health care systems. This international database now incorporates the first results arising from the implementation of the OECD manual, *A System of Health Accounts (2000)*, which provide a standard framework for producing a set of comprehensive, consistent, and internationally comparable data on health spending. The OECD collaborates with other international organizations such as the WHO.

For More Information: See the OECD Web site at www.oecd.org/health.

United Nations Demographic Yearbook

The Statistical Office of the United Nations prepares the *Demographic Yearbook*, a comprehensive collection of international demographic statistics.

Questionnaires are sent annually and monthly to more than 220 national statistical services and other appropriate government offices. Data forwarded on these questionnaires are supplemented, to the extent possible, by data taken from official national publications and by correspondence with the national statistical services. To ensure comparability, rates, ratios, and percents have been calculated in the statistical office of the United Nations.

Lack of international comparability among estimates arises from differences in concepts, definitions, and time of data collection. The comparability of population data is affected by several factors, including (a) definitions of the total population, (b) definitions used to classify the population into its urban and rural components, (c) difficulties relating to age reporting, (d) extent of over- or underenumeration, and (e) quality of population estimates. The completeness and accuracy of vital statistics data also vary from one country to another. Differences in statistical definitions of vital events may also influence comparability.

International demographic trend data are available on a CD-ROM entitled *United Nations, 2000. Demographic Yearbook—Historical Supplement 1948–97. CD-ROM Special Issue*. United Nations publication sales number E/F.99.XIII.12.

For More Information: See the United Nations, *Demographic Yearbook 2000*, United Nations, New York, 2002; or the United Nations Web site at www.un.org or their Web site locator at www.unsystem.org.

World Health Statistics Annual

World Health Organization

The World Health Organization (WHO) prepares the *World Health Statistics Annual*, an annual volume of information on vital statistics and causes of death designed for use by the medical and public health professions. Each volume is the result of a joint effort by the national health and statistical administrations of many countries, the United Nations, and WHO. United Nations estimates of vital rates and population size and composition, where available, are reprinted directly in the *Statistics Annual*. For those countries for which the United Nations does not prepare demographic estimates, primarily smaller populations, the latest available data reported to the United Nations and based on reasonably complete coverage of events are used.

Information published on infant mortality is based entirely on official national data either reported directly or made available to WHO.

Selected life table functions are calculated from the application of a uniform methodology to national mortality data provided to WHO, to enhance their value for international comparisons. The life table procedure used by WHO may often lead to discrepancies with national figures published by countries, because of differences in methodology or degree of age detail maintained in calculations.

The international comparability of estimates published in the *World Health Statistics Annual* is affected by the same problems as is the United Nations *Demographic Yearbook*. Cross-national differences in statistical definitions of vital events, in the completeness and accuracy of vital statistics data, and in the comparability of population data are the primary factors affecting comparability.

For More Information: See the World Health Organization, *World Health Statistics Annual 2000*, World Health Organization, Geneva, 2002; *World Health Statistics 1997–99* at www.who.int/whosis; or the WHO Web site at www.who.int.

Appendix II

Definitions and Methods

Appendix II is an alphabetical listing of terms used in *Health, United States*. It includes cross-references to related terms and synonyms. It also describes the methods used for calculating age-adjusted rates, average annual rate of change, relative standard error, birth rates, death rates, and years of potential life lost. Appendix II includes standard populations used for age adjustment (tables I, II, and III); *International Classification of Diseases* (ICD) codes for cause of death from the Sixth through Tenth Revisions and the years when the Revisions were in effect (tables IV and V); comparability ratios between ICD-9 and ICD-10 for selected causes (table VI); ICD-9-CM codes for external cause of injury, diagnostic, and procedure categories (tables VII, IX, and X); classification of generic analgesic drugs (table XI); and industry codes from the Standard Industrial Classification Manual (table VIII). New standards for presenting Federal data on race and ethnicity are described under *Race*, and sample tabulations of National Health Interview Survey (NHIS) data comparing the 1977 and 1997 Standards for Federal data on race and Hispanic origin are presented in tables XII and XIII.

Acquired immunodeficiency syndrome (AIDS)—All 50 States and the District of Columbia report AIDS cases to CDC using a uniform surveillance case definition and case report form. The case reporting definitions were expanded in 1985 (*MMWR* 1985; 34:373–375); 1987 (*MMWR* 1987; 36 (No. SS-1):1S–15S); 1993 for adults and adolescents (*MMWR* 1992; 41 (no. RR-17):1–19); and 1994 for pediatric cases (*MMWR* 1994; 43 (no. RR-12):1–19). The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. The 1993 expansion of the case definition caused a temporary distortion of AIDS incidence trends. In 1995 new treatments (protease inhibitors) for HIV and AIDS were approved. These therapies have prevented or delayed the onset of AIDS and premature death among many HIV-infected persons, which should be considered when interpreting trend data. AIDS surveillance data are published annually by CDC in the HIV/AIDS Surveillance Report at www.cdc.gov/hiv/stats/hasrlink.htm. See related *Human immunodeficiency virus (HIV) infection*.

Active physician—See *Physician*.

Activities of daily living (ADL)—Activities of daily living are activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating. In the National Health Interview Survey respondents were asked about needing the help of another person with personal care because of a physical, mental, or emotional problem. Respondents are considered to have an ADL limitation if any condition causing the respondent to need help with the specific activities was chronic.

In the Medicare Current Beneficiary Survey (table 138), if a sample person had any difficulty performing an activity by him or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of the interview. In the *Chartbook on Trends in Health of Americans*, a sample person was categorized as having a limitation in their activities of daily living if, in addition to having any difficulty performing an activity or not performing the activity because of health problems, the sample person also received help or supervision with at least one of the following six activities: bathing or showering, dressing, eating, getting in or out of bed or chairs, walking, and using the toilet. Sample persons who were administered a community interview answered health status and functioning questions themselves, if able to do so. A proxy such as a nurse answered questions about the sample person's health status and functioning for those in a long-term care facility. Beginning in 1997, interview questions for persons in long-term care facilities were changed slightly from those administered to persons in the community to differentiate residents who were independent from those who received supervision or assistance with transferring, locomotion on unit, dressing, eating, toilet use, and bathing. See related *Condition; Instrumental activities of daily living (IADL); Limitation of activity*.

Addition—An addition to a mental health organization is defined by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services as a new admission, a readmission, a return from long-term leave, or a transfer from another service of the same organization or another organization. See related *Mental health organization; Mental health service type*.

Admission—The American Hospital Association defines admissions as persons, excluding newborns, accepted for inpatient services during the survey reporting period. See related; *Days of care; Discharge; Inpatient.*

Age—Age is reported as age at last birthday, that is, age in completed years, often calculated by subtracting date of birth from the reference date, with the reference date being the date of the examination, interview, or other contact with an individual.

Mother's (maternal) age is reported on the birth certificate by all States. Birth statistics are presented for mother's age 10–49 years through 1996 and 10–54 years starting in 1997, based on mother's date of birth or age as reported on the birth certificate. The age of mother is edited for upper and lower limits. When the age of the mother is computed to be under 10 years or 55 years or over (50 years or over in 1964–96), it is considered not stated and imputed according to the age of the mother from the previous birth record of the same race and total birth order (total of fetal deaths and live births). Before 1963 not stated ages were distributed in proportion to the known ages for each racial group. Beginning in 1997 the birth rate for the maternal age group 45–49 years includes data for mother's age 50–54 years in the numerator and is based on the population of women 45–49 years in the denominator.

Age adjustment—Age adjustment is used to compare risks of two or more populations at one point in time or one population at two or more points in time. Age-adjusted rates should be viewed as relative indexes rather than actual measures of risk. Age-adjusted rates are computed by the direct method by applying age-specific rates in a population of interest to a standardized age distribution, to eliminate differences in observed rates that result from age differences in population composition.

Age-adjusted rates are calculated by the direct method as follows:

$$\sum_{i=1}^n r_i \times (p_i/P)$$

p_i = standard population in age group i

$$P = \sum_{i=1}^n p_i$$

Table I. United States standard population and proportion distribution by age for age adjusting death rates

Age	Population	Proportion distribution (weights)	Standard million
Total	274,634,000	1.000000	1,000,000
Under 1 year	3,795,000	0.013818	13,818
1–4 years	15,192,000	0.055317	55,317
5–14 years	39,977,000	0.145565	145,565
15–24 years	38,077,000	0.138646	138,646
25–34 years	37,233,000	0.135573	135,573
35–44 years	44,659,000	0.162613	162,613
45–54 years	37,030,000	0.134834	134,834
55–64 years	23,961,000	0.087247	87,247
65–74 years	18,136,000	0.066037	66,037
75–84 years	12,315,000	*0.044842	44,842
85 years and over	4,259,000	0.015508	15,508

*Figure is rounded up instead of down to force total to 1.0.

SOURCE: Anderson RN, Rosenberg HM. Age Standardization of Death Rates: Implementation of the Year 2000 Standard. National vital statistics reports; vol 47 no 3. Hyattsville, Maryland: National Center for Health Statistics. 1998.

Table II. Numbers of live births and mother's age groups used to adjust maternal mortality rates to live births in the United States in 1970

Mother's age	Number
All ages	3,731,386
Under 20 years	656,460
20–24 years	1,418,874
25–29 years	994,904
30–34 years	427,806
35 years and over	233,342

SOURCE: U.S. Bureau of the Census: Population estimates and projections. *Current Population Reports*. Series P-25, No. 499. Washington, D.C.: U.S. Government Printing Office, May 1973.

$$n = \text{total number of age groups over the age range of the age-adjusted rate}$$

Age adjustment by the direct method requires use of a standard age distribution. The standard for age adjusting death rates and estimates from surveys in *Health, United States* is the projected year 2000 U.S. resident population. Starting with *Health, United States, 2001*, the year 2000 U.S. standard population replaces the 1940 U.S. population for age adjusting mortality statistics. The U.S. standard population also replaces the 1970 civilian noninstitutionalized population and 1980 U.S. resident population, which previously had been used as standard age distributions for age adjusting estimates from NCHS surveys.

Changing the standard population has implications for racial and ethnic differentials in mortality. For example, the mortality ratio for the black to white populations is reduced from 1.6 using the 1940 standard to 1.4 using the 2000 standard, reflecting the greater weight that the 2000 standard gives to the older population where race differentials in mortality are smaller.

Age-adjusted estimates from any data source presented in *Health, United States* may differ from age-adjusted estimates based on the same data presented in other reports if different age groups are used in the adjustment procedure.

For more information on implementing the new population standard for age adjusting death rates, see Anderson RN, Rosenberg HM. Age Standardization of Death Rates: Implementation of the Year 2000 Standard. National vital statistics reports; vol 47 no 3. Hyattsville, Maryland: National Center for Health Statistics. 1998. For more information on the derivation of age adjustment weights for use with NCHS survey data, see Klein RJ, Schoenborn CA. Age Adjustment Using the 2000 Projected U.S. Population. Healthy People Statistical Notes no 20. Hyattsville, Maryland: National Center for Health Statistics. 2001. Both reports are available through the NCHS home page at www.cdc.gov/nchs. The U.S. standard population is available through the Bureau of the Census home page at www.census.gov/prod/1/pop/p25-1130/, table 2.

Mortality data—Death rates are age adjusted to the year 2000 U.S. standard population (table I). Age-adjusted rates are calculated using age-specific death rates per 100,000 population rounded to one decimal place.

Adjustment is based on 11 age groups with two exceptions. First, age-adjusted death rates for black males and black females in 1950 are based on nine age groups, with under 1 year and 1–4 years of age combined as one group and 75–84 years and 85 years of age combined as one group. Second, age-adjusted death rates by educational attainment for the age group 25–64 years are based on four 10-year age groups (25–34 years, 35–44 years, 45–54 years, and 55–64 years).

Age-adjusted rates for years of potential life lost (YPLL) before age 75 years also use the year 2000 standard population and are based on eight age groups (under 1 year, 1–14 years, 15–24 years, and 10-year age groups through 65–74 years).

Maternal mortality rates for pregnancy, childbirth, and the puerperium are calculated as the number of deaths per 100,000 live births. These rates are age adjusted to the 1970 distribution of live births by mother's age in the United States as shown in table II. See related *Rate: Death and related rates; Years of potential life lost*.

National Health and Nutrition Examination Survey—Estimates based on the National Health Examination Survey (NHES) and the National Health and Nutrition Examination Survey (NHANES) are age adjusted to the year 2000 U.S. standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years (see table III). Prior to *Health, United States, 2000*, these estimates were age adjusted to the 1980 U.S. resident population.

National Health Care Surveys—Estimates based on the National Hospital Discharge Survey (NHDS), the National Ambulatory Medical Care Survey (NAMCS), the National Hospital Ambulatory Medical Care Survey (NHAMCS), the National Nursing Home Survey (NNHS) (resident rates table), and the National Home and Hospice Care Survey (NHHCS) are age adjusted to the year 2000 U.S. standard population (table III). Information on the age groups used in the age adjustment procedure is contained in the footnotes to the relevant tables.

National Health Interview Survey—Estimates based on the National Health Interview Survey (NHIS) are age adjusted to the year 2000 U.S. standard population (table III). Prior to the 2000 edition of *Health, United States* NHIS estimates were age adjusted to the 1970 civilian noninstitutionalized population. Information on the age groups used in the age adjustment procedure is contained in the footnotes on the relevant tables.

AIDS—See *Acquired immunodeficiency syndrome*.

Alcohol abuse treatment clients—See *Substance abuse treatment clients*.

Alcohol consumption—Alcohol consumption is measured differently in various data systems.

Monitoring the Future Study—This school-based survey of secondary school students collects information on alcohol use using self-completed questionnaires. Information on consumption of alcoholic beverages, defined as beer, wine, wine coolers, and liquor, is based

on the following question: “On how many occasions (if any) have you had alcohol to drink—more than just a few sips—in the last 30 days?” Students responding affirmatively are then asked “How many times have you had five or more drinks in a row in the last two weeks?” For this question, a “drink” means a 12-ounce can (or bottle) of beer, a 4-ounce glass of wine, a 12-ounce bottle (or can) of wine cooler, or a mixed drink or shot of liquor.

National Health Interview Survey (NHIS)—Starting with the 1997 NHIS, information on alcohol consumption is collected in the sample adult questionnaire. Adult respondents are asked two screening questions about lifetime alcohol consumption: “In any one year, have you had at least 12 drinks of any type of alcoholic beverage? In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?” Persons who report at least 12 drinks in a lifetime are then asked a series of questions about alcohol consumption in the past year: “In the past year, how often did you drink any type of alcoholic beverage? In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have? In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage?”

National Survey on Drug Use & Health (NSDUH)—Starting in 1999 NSDUH information about the frequency of the consumption of alcoholic beverages in the past 30 days has been obtained for all persons surveyed who are 12 years of age and over. An extensive list of examples of the kinds of beverages covered was given to respondents prior to the question administration. A “drink” is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Those times when the respondent had only a sip or two from a drink are not considered consumption. Alcohol use is based on the following questions: “During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?” “On the days that you drank during the past 30 days, how many drinks did you usually have?” And “During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?”

Table III. United States standard population and age groups used to age adjust survey data

<i>Survey and age</i>	<i>Number in thousands</i>
NHIS, NAMCS, NHAMCS, NHHCS, NNHS, and NHDS	
All ages	274,634
18 years and over	203,851
25 years and over	117,593
40 years and over	118,180
65 years and over	34,710
Under 18 years	70,783
2–17 years	63,229
18–44 years	108,150
18–24 years	26,258
25–34 years	37,233
35–44 years	44,659
45–64 years	60,991
45–54 years	37,030
55–64 years	23,961
65–74 years	18,136
75 years and over	16,574
18–49 years	127,956
40–64 years:	
40–49 years	42,285
50–64 years	41,185
NHES and NHANES	
20 years and over	195,850
20–74 years	179,276
20–34 years	55,490
35–44 years	44,659
45–54 years	37,030
55–64 years	23,961
65–74 years	18,136
or	
65 years and over	34,710
NHANES (Table 86 only)	
Under 18 years	70,783
18–44 years	108,150
45–64 years	60,991
65 years and over	34,710
SAMHSA’s DAWN	
6 years and over	251,751
6–11 years	24,282
12–17 years	23,618
18–25 years	29,679
26–34 years	33,812
35 years and over	140,360

SOURCE: U.S. Bureau of Census: Current Population Reports, P25–1130. Population Projections of the United States by Age, Sex, Race, and Hispanic Origin, table 2. U.S. Government Printing Office, Washington, DC, 1996.

Average annual rate of change (percent change)—In *Health, United States* average annual rates of change or growth rates are calculated as follows:

$$[(P_n/P_o)^{1/N}-1] \times 100$$

where P_n = later time period

P_o = earlier time period

N = number of years in interval.

This geometric rate of change assumes that a variable increases or decreases at the same rate during each year between the two time periods.

Average length of stay—In the National Health Interview Survey, average length of stay per discharged inpatient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for that group. Similarly, in the National Hospital Discharge Survey, average length of stay is computed by dividing the total number of days of care, counting the date of admission but not the date of discharge, by the number of patients discharged. The American Hospital Association computes average length of stay by dividing the number of inpatient days by the number of admissions. See related [Days of care](#); [Discharge](#); [Inpatient](#).

Bed—For the American Hospital Association the bed count is the number of beds, cribs, and pediatric bassinets that are set up and staffed for use by inpatients on the last day of the reporting period. In the Center for Medicare & Medicaid Service's Online Survey Certification and Reporting (OSCAR) database, all beds in certified facilities are counted on the day of certification inspection. The World Health Organization defines a hospital bed as one regularly maintained and staffed for the accommodation and full-time care of a succession of inpatients and situated in a part of the hospital where continuous medical care for inpatients is provided. The Center for Mental Health Services counts the number of beds set up and staffed for use in inpatient and residential treatment services on the last day of the survey reporting period. See related [Hospital](#); [Mental health organization](#); [Mental health service type](#); [Occupancy rate](#).

Birth cohort—A birth cohort consists of all persons born within a given period of time, such as a calendar year.

Birth rate—See [Rate: Birth and related rates](#).

Birthweight—The first weight of the newborn obtained after birth. Low birthweight is defined as less than 2,500 grams or 5 pounds 8 ounces. Very low birthweight is defined as less than 1,500 grams or 3 pounds 4 ounces. Before 1979 low birthweight was defined as 2,500 grams or less and very low birthweight as 1,500 grams or less.

Body mass index (BMI)—BMI is a measure that adjusts bodyweight for height. It is calculated as weight in kilograms divided by height in meters squared. Overweight for children and adolescents is defined as BMI at or above the sex- and age-specific 95th percentile BMI cut points from the 2000 CDC Growth Charts (www.cdc.gov/growthcharts). Healthy weight for adults is defined as a BMI of 18.5 to less than 25; overweight, as greater than or equal to a BMI of 25; and obesity, as greater than or equal to a BMI of 30. BMI cut points are defined in the Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2000. U.S. Department of Agriculture, Agricultural Research Service, Dietary Guidelines Advisory Committee, p. 23, or on the Internet at www.health.gov/dietaryguidelines/dgac/; NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report. *Obes Res* 1998;6:51S-209S or on the Internet at www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm; and in U.S. Department of Health and Human Services. *Tracking Healthy People 2010*. Washington, DC: U.S. Government Printing Office, November 2000. Objectives 19.1, 19.2, and 19.3, or on the Internet at www.health.gov/healthypeople/document/html/volume2/19nutrition.htm.

Cause of death—For the purpose of national mortality statistics, every death is attributed to one underlying condition, based on information reported on the death certificate and using the international rules for selecting the underlying cause of death from the conditions stated on the death certificate. The underlying cause is defined by the World Health Organization (WHO) as the disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence, which produced the fatal injury. Generally more medical information is reported on death certificates than is directly reflected in the underlying cause of death. The conditions that are not selected as underlying cause of death constitute the nonunderlying cause of death, also known as multiple cause of death.

Table IV. Revision of the *International Classification of Diseases (ICD)* according to year of conference by which adopted and years in use in the United States

Revision of the <i>International Classification of Diseases</i>	Year of conference by which adopted	Years in use in United States
First	1900	1900–1909
Second	1909	1910–1920
Third	1920	1921–1929
Fourth	1929	1930–1938
Fifth	1938	1939–1948
Sixth	1948	1949–1957
Seventh	1955	1958–1967
Eighth	1965	1968–1978
Ninth	1975	1979–1998
Tenth	1992	1999–

Cause of death is coded according to the appropriate revision of the *International Classification of Diseases (ICD)* (see [table IV](#)). Effective with deaths occurring in 1999, the United States began using the Tenth Revision of the ICD (ICD–10); during the period 1979–98, causes of death were coded and classified according to the Ninth Revision (ICD–9). [Table V](#) lists ICD codes for the Sixth through Tenth Revisions for causes of death shown in *Health, United States*.

Each of these revisions has produced discontinuities in cause-of-death trends. These discontinuities are measured using comparability ratios. These measures of discontinuity are essential to the interpretation of mortality trends. For further discussion, see the Mortality Technical Appendix available on the NCHS Web site at www.cdc.gov/nchs/about/major/dvs/mortdata.htm. See related [Comparability ratio](#); [International Classification of Diseases \(ICD\)](#); [Appendix I, National Vital Statistics System, Multiple Cause of Death File](#).

Cause-of-death ranking—Selected causes of death of public health and medical importance comprise tabulation lists and are ranked according to the number of deaths assigned to these causes. The top-ranking causes determine the leading causes of death. Certain causes on the tabulation lists are not ranked if, for example, the category title represents a group title (such as Major cardiovascular diseases and Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified); or the category title begins with the words “Other” and “All other.” In addition when one of the titles that represents a subtotal (such as Malignant neoplasms) is ranked, its component parts are not ranked. The tabulation lists used for ranking in the *Tenth Revision of*

the International Classification of Diseases (ICD) include the List of 113 Selected Causes of Death, which replaces the ICD–9 List of 72 Selected Causes, HIV infection and Alzheimer’s disease; and the ICD–10 List of 130 Selected Causes of Infant Death, which replaces the ICD–9 List of 60 Selected Causes of Infant Death and HIV infection. Causes that are tied receive the same rank; the next cause is assigned the rank it would have received had the lower-ranked causes not been tied, that is, skip a rank. See related [International Classification of Diseases \(ICD\)](#).

Chronic condition—See [Condition](#).

Cigarette smoking—Cigarette smoking and related tobacco use are measured in several different data systems.

Birth File—Information on cigarette smoking by the mother during pregnancy is based on Yes/No responses to the birth certificate item “Other risk factors for this pregnancy: Tobacco use during pregnancy.” This information became available for the first time in 1989 with revision of the U.S. Standard Birth Certificate. In 1989, 43 States and the District of Columbia collected data on tobacco use. The following States did not require the reporting of tobacco use in the standard format on the birth certificate: California, Indiana, Louisiana, Nebraska, New York, Oklahoma, and South Dakota. In 1990 information on tobacco use became available from Louisiana and Nebraska, increasing the number of reporting States to 45 and the District of Columbia. In 1991–93, with the addition of Oklahoma to the reporting area, information on tobacco use was available for 46 States and the District of Columbia; in 1994–98, 46 States, the District of Columbia, and New York City reported tobacco use; in 1999 information on tobacco use became available from Indiana and New York, increasing the number of reporting States to 48 and the District of Columbia; starting in 2000, with the addition of South Dakota, the reporting area includes 49 States and the District of Columbia. During 1989–2002 California did not require the reporting of tobacco use. The areas reporting tobacco use comprised 87 percent of U.S. births in 1999–2002.

Monitoring the Future Survey—Information on current cigarette smoking is obtained for high school seniors (starting in 1975) and 8th and 10th graders (starting in

Table V. Cause-of-death codes, according to applicable revision of *International Classification of Diseases (ICD)*

Cause of death (Tenth Revision titles)	Sixth and Seventh Revisions	Eighth Revision	Ninth Revision	Tenth Revision
Communicable diseases . . . . .	...	...	001–139, 460–466, 480–487, 771.3	A00–B99, J00–J22
Chronic and noncommunicable diseases . . . . .	...	...	140–459, 470–478, 490–799	C00–I99, J30–R99
Injuries ¹ . . . . .	...	...	E800–E869, E880–E929, E950–E999	*U01–*U03, V01–Y34, Y85–Y87, Y89
Meningococcal Infection . . . . .	...	...	036	A39
Septicemia . . . . .	...	...	038	A40–A41
Human immunodeficiency virus (HIV) disease ² . . . . .	...	...	*042–*044	B20–B24
Malignant neoplasms	140–205	140–209	140–208	C00–C97
Colon, rectum, and anus	153–154	153–154	153, 154	C18–C21
Trachea, bronchus, and lung	162–163	162	162	C33–C34
Breast	170	174	174–175	C50
Prostate	177	185	185	C61
In situ neoplasms and benign neoplasms . . . . .	...	...	210–239	D00–D48
Diabetes mellitus	260	250	250	E10–E14
Anemias . . . . .	...	...	280–285	D50–D64
Meningitis . . . . .	...	...	320–322	G00, G03
Alzheimer's disease . . . . .	...	...	331.0	G30
Diseases of heart	6th: 410–443 7th: 400–402, 410–443	390–398, 402, 404, 410–429	390–398, 402, 404, 410–429	I00–I09, I11, I13, I20–I51
Ischemic heart disease . . . . .	...	...	410–414, 429.2	I20–I25
Cerebrovascular diseases	330–334	430–438	430–434, 436–438	I60–I69
Atherosclerosis . . . . .	...	...	440	I70
Influenza and pneumonia	480–483, 490–493	470–474, 480–486	480–487	J10–J18
Chronic lower respiratory diseases	241, 501, 502, 527.1	490–493, 519.3	490–494, 496	J40–J47
Chronic liver disease and cirrhosis	581	571	571	K70, K73–K74
Nephritis, nephrotic syndrome, and nephrosis . . . . .	...	...	580–589	N00–N07, N17–N19, N25–N27
Pregnancy, childbirth, and the puerperium	640–689	630–678	630–676	A34, O00–O95, O98–O99
Congenital malformations, deformations, and chromosomal abnormalities . . . . .	...	...	740–759	Q00–Q99
Certain conditions originating in the perinatal period . . . . .	...	...	760–779	P00–P96
Newborn affected by maternal complications of pregnancy . . . . .	...	...	761	P01
Newborn affected by complications of placenta, cord, and membranes . . . . .	...	...	762	P02
Disorders related to short gestation and low birthweight, not elsewhere classified . . . . .	...	...	765	P07
Birth trauma . . . . .	...	...	767	P10–P15
Intrauterine hypoxia and birth asphyxia . . . . .	...	...	768	P20–P21
Respiratory distress of newborn . . . . .	...	...	769	P22
Sudden infant death syndrome . . . . .	...	...	798.0	R95
Unintentional injuries ³	E800–E936, E960–E965	E800–E929, E940–E946	E800–E869, E880–E929	V01–X59, Y85–Y86
Motor vehicle-related injuries ³	E810–E835	E810–E823	E810–E825	V02–V04, V09.0, V09.2, V12–V14, V19.0–V19.2, V19.4–V19.6, V20–V79, V80.3–V80.5, V81.0–V81.1, V82.0–V82.1, V83–V86, V87.0–V87.8, V88.0–V88.8, V89.0, V89.2
Suicide ¹	E963, E970–E979	E950–E959	E950–E959	*U03, X60–X84, Y87.0
Homicide ¹	E964, E980–E983	E960–E969	E960–E969	*U01–*U02, X85–Y09, Y87.1
Injury by firearms . . . . .	...	E922, E955, E965, E970, E985	E922, E955.0–E955.4, E965.0–E965.4, E970, E985.0–E985.4	W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0

... Cause-of-death code numbers are not provided for causes not shown in *Health, United States*.

¹Beginning with 2001 data, NCHS introduced categories *U01–*U03 for classifying and coding deaths due to acts of terrorism. The * indicates codes are not part of the Tenth Revision.

²Categories for coding human immunodeficiency virus infection were introduced in 1987. The * indicates codes are not part of the Ninth Revision.

³In the public health community, the term “unintentional injuries” is preferred to “accidents” and “motor vehicle-related injuries” to “motor vehicle accidents.”

1991) based on the following question: “How frequently have you smoked cigarettes during the past 30 days?”

National Health Interview Survey (NHIS)—Information about cigarette smoking is obtained for adults 18 years of age and over. Starting in 1993 current smokers are identified based on the following two questions: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you now smoke cigarettes every day, some days, or not at all?” Persons who smoked 100 cigarettes and who now smoke every day or some days are defined as current smokers. Before 1992 current smokers were identified based on positive responses to the following two questions: “Have you smoked 100 cigarettes in your entire life?” and “Do you smoke now?” (traditional definition). In 1992 the definition of current smoker in the NHIS was modified to specifically include persons who smoked on “some days” (revised definition). In 1992 cigarette smoking data were collected for a half-sample with half the respondents (one-quarter sample) using the traditional smoking questions and the other half of respondents (one-quarter sample) using the revised smoking question (“Do you smoke every day, some days, or not at all?”). An unpublished analysis of the 1992 traditional smoking measure revealed that the crude percent of current smokers 18 years of age and over remained the same as 1991. The statistics for 1992 combine data collected using the traditional and the revised questions.

In 1993–95 estimates of cigarette smoking prevalence were based on a half-sample. Smoking data were not collected in 1996. Starting in 1997 smoking data were collected in the sample adult questionnaire. For further information on survey methodology and sample sizes pertaining to the NHIS cigarette smoking data for data years 1965–92 and other sources of cigarette smoking data available from the National Center for Health Statistics, see: National Center for Health Statistics, *Bibliographies and Data Sources, Smoking Data Guide*, no. 1, DHHS pub. no. (PHS) 91-1308-1, Public Health Service. Washington, DC: U.S. Government Printing Office. 1991.

National Survey on Drug Use & Health (NSDUH)—Information on current cigarette smoking is obtained for all persons surveyed who are 12 years of age and over based on the following question: “During the past 30 days, have you smoked part or all of a cigarette?”

Youth Risk Behavior Survey—Information on current cigarette smoking is obtained from high school students (starting in 1991) based on the following question: “During the past 30 days, on how many days did you smoke cigarettes?”

Civilian noninstitutionalized population; Civilian population—See [Population](#).

Cocaine-related emergency department episodes—The Drug Abuse Warning Network monitors selected adverse medical consequences of cocaine and other drug abuse episodes by measuring contacts with hospital emergency departments. Contacts may be for drug overdose, unexpected drug reactions, chronic abuse, detoxification, or other reasons in which drug use is known to have occurred.

Cohort fertility—Cohort fertility refers to the fertility of the same women at successive ages. Women born during a 12-month period constitute a birth cohort. Cohort fertility for birth cohorts of women is measured by central birth rates, which represent the number of births occurring to women of an exact age divided by the number of women of that exact age. Cumulative birth rates by a given exact age represent the total childbearing experience of women in a cohort up to that age. Cumulative birth rates are sums of central birth rates for specified cohorts and show the number of children ever born up to the indicated age. For example, the cumulative birth rate for women exactly 30 years of age as of January 1, 1960, is the sum of the central birth rates for the 1930 birth cohort for the years 1944 (when its members were age 14) through 1959 (when they were age 29). Cumulative birth rates are also calculated for specific birth orders at each exact age of woman. The percentage of women who have not had at least one live birth by a certain age is found by subtracting the cumulative first birth rate for women of that age from 1,000 and dividing by 10. For method of calculation, see Heuser RL. *Fertility tables for birth cohorts by color: United States, 1917–73*. Rockville, MD: NCHS. 1976. See related [Rate: Birth and related rates](#).

Community hospitals—See [Hospital](#).

Comparability ratio—About every 10–20 years the *International Classification of Diseases (ICD)* is revised to stay abreast of advances in medical science and changes in medical terminology. Each of these revisions produces breaks in the continuity of cause-of-death statistics. Discontinuities

across revisions are caused by changes in classification and rules for selecting underlying cause of death. Classification and rule changes affect cause-of-death trend data by shifting deaths away from some cause-of-death categories and into others. Comparability ratios measure the effect of changes in classification and coding rules. For causes shown in [table VI](#), comparability ratios range between 0.9754 and 1.0588, except for influenza and pneumonia, with a comparability ratio of 0.6982, indicating that influenza and pneumonia is about 30 percent less likely to be selected as the underlying cause of death in ICD-10 than in ICD-9; and HIV disease with a comparability ratio of 1.1448, indicating that HIV disease is more than 14 percent more likely to be selected as the underlying cause using ICD-10 coding.

Another factor also contributes to discontinuities in death rates across revisions. For selected causes of death, the ICD-9 codes used to calculate death rates for 1980 through 1998 differ from the ICD-9 codes most nearly comparable with the corresponding ICD-10 cause-of-death category. Examples of these causes are ischemic heart disease, cerebrovascular diseases, trachea, bronchus and lung cancer, unintentional injuries, and homicide. To address this source of discontinuity, mortality trends for 1980-98 were recalculated, using ICD-9 codes that are more comparable with codes for corresponding ICD-10 categories. [Table V](#) shows the ICD-9 codes used for these causes. While this modification may lessen the discontinuity between the Ninth and Tenth Revisions, the effect on the discontinuity between the Eighth and Ninth Revisions is not measured.

Preliminary comparability ratios shown in [table VI](#) are based on a comparability study in which the same deaths were coded by both the Ninth and Tenth Revisions. The comparability ratio was calculated by dividing the number of deaths classified by ICD-10 by the number of deaths classified by ICD-9. The resulting ratios represent the net effect of the Tenth Revision on cause-of-death statistics and can be used to adjust mortality statistics for causes of death classified by the Ninth Revision to be comparable with cause-specific mortality statistics classified by the Tenth Revision.

The application of comparability ratios to mortality statistics helps to make the analysis of change between 1998 and 1999 more accurate and complete. The 1998 comparability-modified death rate is calculated by multiplying the comparability ratio by the 1998 death rate. Comparability-

Table VI. Comparability of selected causes of death between the Ninth and Tenth Revisions of the *International Classification of Diseases (ICD)*

<i>Cause of death¹</i>	<i>Preliminary comparability ratio²</i>
Human immunodeficiency virus (HIV) disease	1.1448
Malignant neoplasms	1.0068
Colon, rectum, and anus	0.9993
Trachea, bronchus, and lung	0.9837
Breast	1.0056
Prostate	1.0134
Diabetes mellitus	1.0082
Diseases of heart	0.9858
Ischemic heart diseases	0.9990
Cerebrovascular diseases	1.0588
Influenza and pneumonia	0.6982
Chronic lower respiratory diseases	1.0478
Chronic liver disease and cirrhosis	1.0367
Pregnancy, childbirth, and the puerperium	*
Unintentional injuries	1.0305
Motor vehicle-related injuries	0.9754
Suicide	0.9962
Homicide	0.9983
Injury by firearms	0.9973
Chronic and noncommunicable diseases	1.0100
Injuries	1.0117
Communicable diseases	0.8536
HIV disease	1.1448
Other communicable diseases	0.8023

*Figure does not meet standards of reliability or precision.

¹See [table V](#) for ICD-9 and ICD-10 cause-of-death codes.

²Ratio of number of deaths classified by ICD-10 to number of deaths classified by ICD-9.

SOURCE: Anderson RN, Miniño AM, Hoyert DL, Rosenberg HM. Comparability of cause-of-death classification between ICD-9 and ICD-10: Preliminary estimates. National Vital Statistics Reports. Vol 49 No 2. Hyattsville, Maryland: National Center for Health Statistics. 2001.

modified rates should be used to estimate mortality change between 1998 and 1999.

Caution should be taken when applying the comparability ratios presented in [table VI](#) to age-, race-, and sex-specific mortality data. Demographic subgroups may sometimes differ with regard to their cause-of-death distribution, and this would result in demographic variation in cause-specific comparability ratios.

For more information, see Anderson RN, Minino AM, Hoyert DL, Rosenberg HM. Comparability of cause of death between ICD-9 and ICD-10: Preliminary estimates; and Kochanek KD, Smith BL, Anderson RN. Deaths: Preliminary data for 1999. National vital statistics reports. Vol 49 no 2 and vol 49 no 3. Hyattsville, MD: National Center for Health Statistics. 2001. See related [Cause of death; International Classification of Diseases \(ICD\); tables IV, V, and VI](#).

Compensation—See [Employer costs for employee compensation](#).

Condition—A health condition is a departure from a state of physical or mental well-being. In the National Health Interview Survey, each condition reported as a cause of an individual's activity limitation has been classified as "chronic," "not chronic," or "unknown if chronic," based on the nature of the condition and/or the duration of the condition. Conditions that are not cured once acquired (such as heart disease, diabetes, and birth defects in the original response categories, and amputee and "old age" in the ad hoc categories) are considered chronic, while conditions related to pregnancy are always considered not chronic. In addition, other conditions must have been present 3 months or longer to be considered chronic. An exception is made for children less than 1 year of age who have had a condition "since birth," as these conditions are always considered chronic. The National Nursing Home Survey uses a specific list of chronic conditions, disregarding time of onset.

Consumer Price Index (CPI)—The CPI is prepared by the U.S. Bureau of Labor Statistics. It is a monthly measure of the average change in the prices paid by urban consumers for a fixed market basket of goods and services. The medical care component of CPI shows trends in medical care prices based on specific indicators of hospital, medical, dental, and drug prices. A revision of the definition of CPI has been in use since January 1988. See related [Gross domestic product \(GDP\)](#); [Health expenditures, national](#); [Appendix I, Consumer Price Index](#).

Crude birth rate; Crude death rate—See [Rate: Birth and related rates](#); [Rate: Death and related rates](#).

Days of care—Days of care is defined similarly in different data systems. See related [Admission](#); [Average length of stay](#); [Discharge](#); [Hospital](#); [Hospital Utilization](#); [Inpatient](#).

American Hospital Association—Days, hospital days, or inpatient days are the number of adult and pediatric days of care rendered during the entire reporting period. Days of care for newborns are excluded.

National Health Interview Survey (NHIS)—Hospital days during the year refer to the total number of hospital days occurring in the 12-month period before the interview week. A hospital day is a night spent in the hospital for persons admitted as inpatients. Starting in 1997

hospitalization data from NHIS are for all inpatient stays, whereas estimates for prior years published in *Health, United States* excluded hospitalizations for deliveries and newborns.

National Hospital Discharge Survey—Days of care refers to the total number of patient days accumulated by inpatients at the time of discharge from non-Federal short-stay hospitals during a reporting period. All days from and including the date of admission but not including the date of discharge are counted.

Death rate—See [Rate: Death and related rates](#).

Dental caries—Dental caries is evidence of dental decay on any surface of a tooth. Dental caries were determined by an oral examination conducted by a trained dentist as part of the National Health and Nutrition Examination Survey (NHANES). Study participants 2 years of age and over were eligible for the examination, as long as they did not meet other exclusion criteria. Both permanent and primary (or baby) teeth were evaluated.

Dental visit—Starting in 1997 National Health Interview Survey respondents were asked "About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as hygienists." Starting in 2001 the question was modified slightly to ask respondents how long has it been since they last saw a dentist. Questions about dental visits were not asked for children under 2 years of age for years 1997–99 and under 1 year of age for 2000 and beyond. Estimates are presented for persons with a dental visit in the past year. Prior to 1997 dental visit estimates were based on a 2-week recall period.

Diagnosis—See [First-listed diagnosis](#).

Diagnostic and other nonsurgical procedures—See [Procedure](#).

Discharge—The National Health Interview Survey defines a hospital discharge as the completion of any continuous period of stay of 1 night or more in a hospital as an inpatient. According to the National Hospital Discharge Survey, a discharge is a completed inpatient hospitalization. A hospitalization may be completed by death or by releasing the patient to the customary place of residence, a nursing

home, another hospital, or other locations. See related [Admission](#); [Average length of stay](#); [Days of care](#); [Inpatient](#).

Domiciliary care homes—See [Long-term care facility](#); [Nursing home](#).

Drug abuse—See [Illicit drug use](#).

Drug abuse treatment clients—See [Substance abuse treatment clients](#).

Drug Class, Major—Major drug class is a general therapeutic or pharmacological classification scheme for drug products reported to the FDA under the provisions of the Drug Listing Act. The classification scheme used was based on the AMA DRUG EVALUATIONS SUBSCRIPTION and generally follows the organization of material in that publication. The drug class for each product was determined by the labeled indication(s). See related [National Drug Code \(NDC\) Directory therapeutic class](#).

Drugs—Drugs are pharmaceutical agents—by any route of administration—for prevention, diagnosis, or treatment of medical conditions or diseases. Data on specific drug use are collected in three NCHS surveys.

National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS)—Data collection in the NAMCS and NHAMCS is from the medical record of the physician office or hospital outpatient department visit, rather than from the patient. Generic and/or brand name drugs are abstracted from the medical record, including prescription and over-the-counter drugs, immunizations, allergy shots, and anesthetics that were prescribed, ordered, supplied, administered, or continued during the visit. Prior to 1995, up to five drugs per visit could be reported on the Patient Record Form; in data years 1995 through 2002 up to six drugs could be reported.

For more information on drugs collected by the NAMCS and NHAMCS, see the NAMCS drug database at www.cdc.gov/nchs/about/major/ahcd/ambulatory.htm, or ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc01.pdf.

For more information on how drugs are classified into therapeutic use categories, see [National Drug Code \(NDC\) Directory](#). See related [Appendix I, National](#)

[Ambulatory Medical Care Survey](#) and [National Hospital Ambulatory Medical Care Survey](#).

National Health and Nutrition Examination Survey (NHANES)—Data collection in the NHANES III and 1999–2000 NHANES was by questionnaire. Participants were asked whether they had taken a medication in the past month for which they needed a prescription. Those who answered “yes” were asked to produce the prescription medication containers for the interviewer. For each medication reported, the interviewer entered the product’s complete name from the container. If no container was available, the interviewer asked the participant to verbally report the name of the medication. In addition, participants were asked how long they had been taking the medication and the main reason for use.

All reported medication names were converted to their standard generic ingredient name. For multi-ingredient products, the ingredients were listed in alphabetical order and counted as one drug (e.g., Tylenol #3 was listed as Acetaminophen; Codeine). No trade or proprietary names are provided on the data file.

For more information on prescription drug data collection and coding in the NHANES 1999–2000, see www.cdc.gov/nchs/data/nhanes/frequency/rxq_rxdoc.pdf. For more information on NHANES III prescription drug data collection and coding, see www.cdc.gov/nchs/data/nhanes/nhanes3/PUPREMED-acc.pdf. See related [Appendix I, National Health and Nutrition Examination Survey](#).

Education—Several approaches to defining educational categories are used in this report. In survey data educational categories are based on information about educational credentials, such as diplomas and degrees. In vital statistics educational attainment is based on years of school completed.

Birth File—Information on educational attainment of mother is based on number of years of school completed, as reported by the mother on the birth certificate. Between 1970 and 1992 the reporting area for maternal education expanded.

Mother’s education was reported on the birth certificate by 38 States in 1970. Data were not available from Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Maryland, New

Mexico, Pennsylvania, Texas, and Washington. In 1975 these data became available from four additional States, Connecticut, Delaware, Georgia, Maryland, and the District of Columbia, increasing the number of States reporting mother's education to 42 and the District of Columbia. Between 1980 and 1988 only three States, California, Texas, and Washington, did not report mother's education. In 1988 mother's education was also missing from New York State outside New York City. In 1989–91 mother's education was missing only from Washington and New York State outside New York City. Starting in 1992 mother's education was reported by all 50 States and the District of Columbia.

Mortality File—Information on educational attainment of decedent became available for the first time in 1989 because of a revision of the U.S. Standard Certificate of Death. Decedent's educational attainment is reported on the death certificate by the funeral director based on information provided by an informant such as next of kin. Mortality data by educational attainment for 1989 were based on data from 20 States and, by 1994–96, increased to 45 States and the District of Columbia. In 1994–96 either the following States did not report educational attainment on the death certificate or the information was more than 20 percent incomplete: Georgia, Kentucky, Oklahoma, Rhode Island, and South Dakota. In 1997–2000 information on decedent's education was available from Oklahoma, increasing the reporting area to 46 States and the District of Columbia (DC). With the addition of Kentucky, the reporting area increased to 47 States and DC in 2001 and 2002.

Calculation of unbiased death rates by educational attainment based on the National Vital Statistics System requires that the reporting of education on the death certificate be complete and consistent with the reporting of education on the Current Population Survey, the source of population estimates for denominators for death rates. Death records that are missing information about decedent's education are not included in the calculation of rates. Therefore the levels of death rates by educational attainment shown in this report are underestimated by approximately the percentage with not stated education, which ranges from 3 to 9 percent.

The validity of information about the decedent's education was evaluated by comparing self-reported education obtained in the Current Population Survey with

education on the death certificate for decedents in the National Longitudinal Mortality Survey (NLMS). (Sorlie PD, Johnson NJ. Validity of education information on the death certificate. *Epidemiology* 1996; 7(4):437–9.) Another analysis compared self-reported education collected in the first National Health and Nutrition Examination Survey (NHANES I) with education on the death certificate for decedents in the NHANES I Epidemiologic Followup Study. (Makuc DM, Feldman JJ, Mussolino ME. Validity of education and age as reported on death certificates, American Statistical Association. 1996 Proceedings of the Social Statistics Section 1997; 102–6.) Results of both studies indicated that there is a tendency for some people who did not graduate from high school to be reported as high school graduates on the death certificate. This tendency results in overstating the death rate for high school graduates and understating the death rate for the group with less than 12 years of education. The bias was greater among older than younger decedents and somewhat greater among black than white decedents.

In addition, educational gradients in death rates based on the National Vital Statistics System were compared with those based on the NLMS, a prospective study of persons in the Current Population Survey. Results of these comparisons indicate that educational gradients in death rates based on the National Vital Statistics System were reasonably similar to those based on NLMS for white persons 25–64 years of age and black persons 25–44 years of age. The number of deaths for persons of Hispanic origin in NLMS was too small to permit comparison for this ethnic group. For further information on measurement of education, see: Kominski R and Siegel PM. Measuring education in the Current Population Survey. *Monthly Labor Review* September 1993; 34–38.

National Health Interview Survey (NHIS)—Beginning in 1997 the NHIS questionnaire was changed to ask "What is the highest level of school ___ has completed or the highest degree received?" Responses were used to categorize individuals according to educational credentials (for example, no high school diploma or general educational development (GED) high school equivalency diploma; high school diploma or GED; some college, no bachelor's degree; bachelor's degree or higher).

Prior to 1997 the education variable in NHIS was measured by asking, “What is the highest grade or year of regular school ___ has ever attended?” and “Did ___ finish the grade/year?” Responses were used to categorize individuals according to years of education completed (for example, less than 12 years, 12 years, 13–15 years, and 16 or more years).

Data from the 1996 and 1997 NHIS were used to compare distributions of educational attainment for adults 25 years of age and over using categories based on educational credentials (1997) with categories based on years of education completed (1996). A larger percentage of persons reported “some college” than “13–15 years” of education and a correspondingly smaller percentage reported “high school diploma or GED” than “12 years of education.” In 1997, 19 percent of adults reported no high school diploma, 31 percent a high school diploma or GED, 26 percent some college, and 24 percent a bachelor’s degree or higher. In 1996, 18 percent of adults reported less than 12 years of education, 37 percent 12 years of education, 20 percent 13–15 years, and 25 percent 16 or more years of education.

Emergency department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an emergency department is a hospital facility that provides unscheduled outpatient services to patients whose conditions require immediate care and is staffed 24 hours a day. Off-site emergency departments open less than 24 hours are included if staffed by the hospital’s emergency department. See related [Emergency department/emergency room visit](#); [Outpatient department](#).

Emergency department/emergency room visit—Starting with the 1997 National Health Interview Survey, respondents to the sample adult and sample child questionnaires were asked about the number of visits to hospital emergency rooms during the past 12 months, including visits that resulted in hospitalization. In the National Hospital Ambulatory Medical Care Survey an emergency department visit is a direct personal exchange between a patient and a physician or other health care providers working under the physician’s supervision, for the purpose of seeking care and receiving personal health services. See related [Emergency department; Injury-related visit](#).

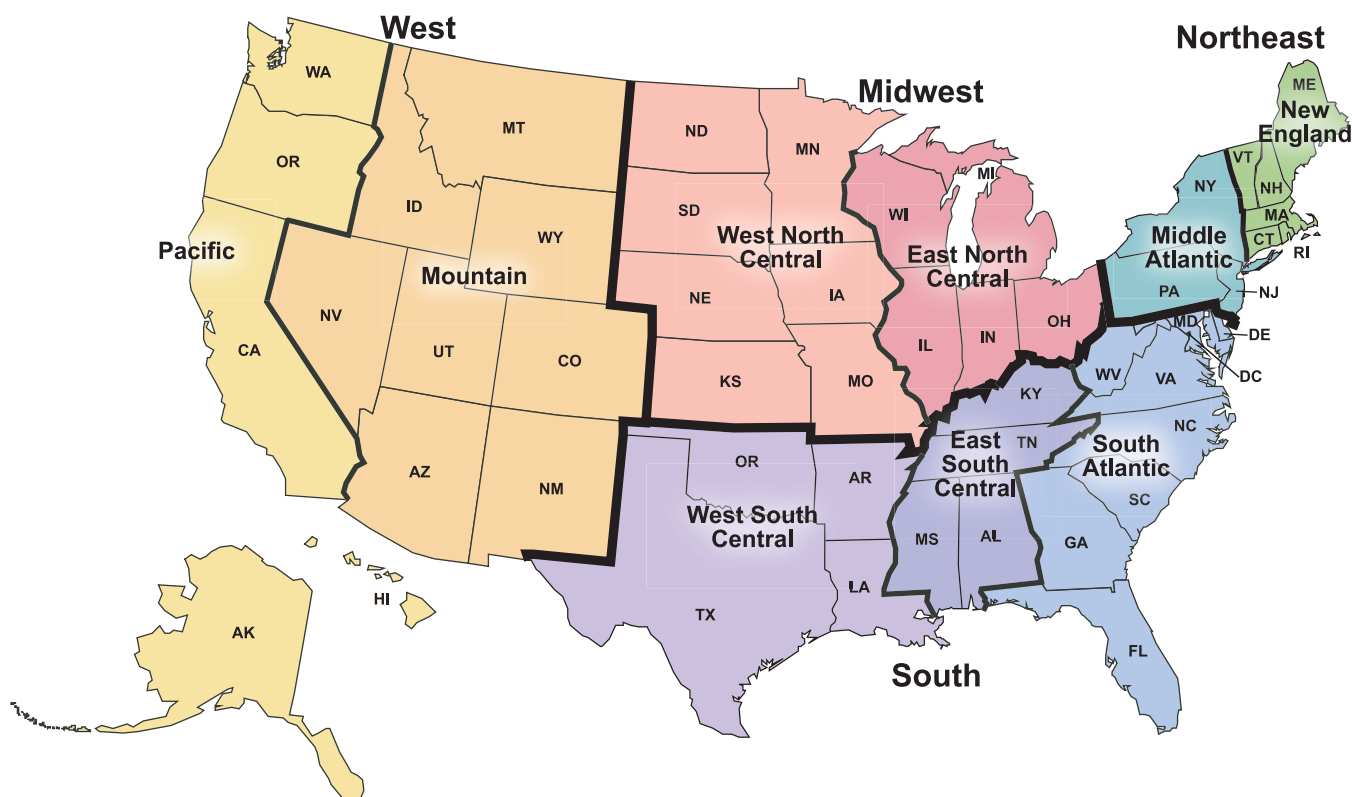
Employer costs for employee compensation—This is a measure of the average cost per employee hour worked to employers for wages and salaries and benefits. Wages and salaries are defined as the hourly straight-time wage rate, or for workers not paid on an hourly basis, straight-time earnings divided by the corresponding hours. Straight-time wage and salary rates are total earnings before payroll deductions, excluding premium pay for overtime and for work on weekends and holidays, shift differentials, nonproduction bonuses, and lump-sum payments provided in lieu of wage increases. Production bonuses, incentive earnings, commission payments, and cost-of-living adjustments are included in straight-time wage and salary rates. Benefits covered are paid leave—paid vacations, holidays, sick leave, and other leave; supplemental pay—premium pay for overtime and work on weekends and holidays, shift differentials, nonproduction bonuses, and lump-sum payments provided in lieu of wage increases; insurance benefits—life, health, and sickness and accident insurance; retirement and savings benefits—pension and other retirement plans and savings and thrift plans; legally required benefits—social security, railroad retirement and supplemental retirement, railroad unemployment insurance, Federal and State unemployment insurance, workers’ compensation, and other benefits required by law, such as State temporary disability insurance; and other benefits—severance pay and supplemental unemployment plans. See related [Appendix I, National Compensation Survey](#).

Ethnicity—See [Hispanic origin](#).

Expenditures—See [Health expenditures, national](#); [Appendix I, National Health Accounts](#).

Family income—For purposes of the National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES), all people within a household related to each other by blood, marriage, or adoption constitute a family. Each member of a family is classified according to the total income of the family. Unrelated individuals are classified according to their own income. In the NHIS (in years prior to 1997) and NHANES, family income was the total income received by members of a family (or by an unrelated individual) in the 12 months before the interview. Starting in 1997 the NHIS collected family income data for the calendar year prior to the interview (for example, 1997 family income data were based on 1996 calendar year information). Family income includes wages,

Figure I. Census Bureau: Four Geographic Regions and 9 Divisions of the United States



salaries, rents from property, interest, dividends, profits and fees from their own businesses, pensions, and help from relatives. Family income data are used in the computation of poverty level. To handle the problem of missing data on family income in the NHIS, multiple imputations were performed for survey years 1997–2002 with five sets of imputed values created to allow for the assessment of variability due to imputation. Family income was imputed for 25 percent of families in 1997, 29 percent in 1998, and

31–32 percent in 1999–2002. A detailed description of the multiple imputation procedure as well as data files for 1997–2002 are available from NCHS on the NHIS Web site (www.cdc.gov/nchs/nhis.htm), via the Imputed Income Files link under that year. For data years 1990–96, about 16–18 percent of persons had missing data on poverty level. Missing values were imputed for family income using a sequential hot deck within matrix cells imputation approach. A detailed description of the imputation procedure as well as data files with imputed annual family income for 1990–96 is available from NCHS on CD-ROM NHIS Imputed Annual Family Income 1990–96, series 10, no 9A. See related [Poverty level](#).

Table VII. Codes for first-listed external causes of injury from the *International Classification of Diseases, Ninth Revision, Clinical Modification*

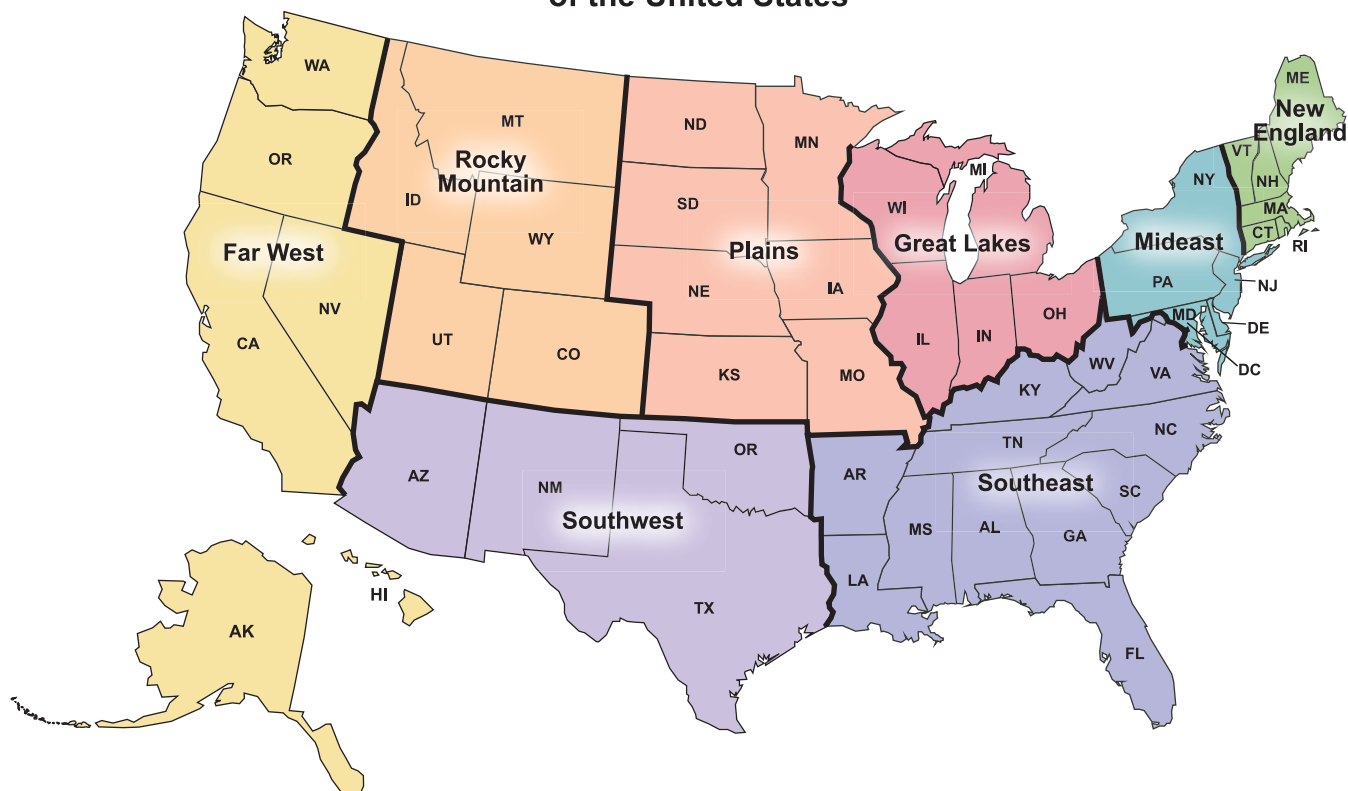
<i>External cause of injury category</i>	<i>E-Code numbers</i>
Unintentional	E800–E869, E880–E929
Motor vehicle traffic	E810–E819
Falls	E880–E886, E888
Struck by or against objects or persons	E916–E917
Caused by cutting and piercing instruments or objects	E920
Intentional (suicide and homicide)	E950–E969

Federal hospitals—See [Hospital](#).

Federal physicians—See [Physician](#).

Fee-for-service health insurance—This is private (commercial) health insurance that reimburses health care providers on the basis of a fee for each health service

Figure II. Bureau of Economic Analysis: Eight Geographic Regions of the United States



provided to the insured person. It is also known as indemnity health insurance. Medicare Parts A and B are sometimes referred to as “Medicare fee-for-service.” See related [Health insurance coverage](#); [Medicare](#).

Fertility rate—See [Rate: Birth and related rates](#).

First-listed diagnosis—In the National Hospital Discharge Survey, this is the first recorded diagnosis on the medical record face sheet (summary sheet).

First-listed external cause of injury—In the National Hospital Ambulatory Medical Care Survey, this is the first-listed external cause of injury coded from the Patient Record Form (PRF). Up to three causes of injury can be reported on the PRF. Injuries are coded by NCHS to the *International Classification of Diseases, Ninth Revision, Clinical Modification* Supplementary Classification of External Causes of Injury and Poisoning. See [table VII](#) for a listing of injury categories and codes. See related [Injury-related visit](#).

General hospitals—See [Hospital](#).

General hospitals providing separate psychiatric services—See [Mental health organization](#).

Geographic region and division—The U.S. Bureau of the Census groups the 50 States and the District of Columbia for statistical purposes into four geographic regions—Northeast, Midwest, South, and West—and nine divisions, based on geographic proximity. See [figure I](#).

The Department of Commerce’s Bureau of Economic Analysis (BEA) groups States into eight regions based on their homogeneity with respect to income characteristics, industrial composition of the employed labor force, and such noneconomic factors as demographic, social, and cultural characteristics. See [figure II](#).

Three Census Bureau divisions—West North Central, East North Central, and New England—and three BEA regions—Plains, Great Lakes, and New England—are composed of the same States. The States composing the remaining Census Bureau divisions differ from those composing the corresponding BEA regions.

Gestation—For the National Vital Statistics System and the Centers for Disease Control and Prevention's Abortion Surveillance, the period of gestation is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth or day of termination of pregnancy.

Gross domestic product (GDP)—GDP is the market value of the goods and services produced by labor and property located in the United States. As long as the labor and property are located in the United States, the suppliers (that is, the workers and, for property, the owners) may be U.S. residents or residents of other countries. See related [Consumer Price Index \(CPI\)](#); [Health expenditures, national](#).

Health care contact—Starting in 1997 the National Health Interview Survey has been collecting information on health care contacts with doctors and other health care professionals using the following questions: "During the past 12 months, how many times have you gone to a hospital emergency room about your own health?" "During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?" "During the past 12 months, how many times have you seen a doctor or other health care professional about your own health at a doctor's office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." Beginning in 2000 this question was amended to exclude dental visits also. For each question respondents were shown a flashcard with response categories of 0, 1, 2–3, 4–9, 10–12, or 13 or more visits in 1997–99. Starting in 2000 response categories were expanded to 0, 1, 2–3, 4–5, 6–7, 8–9, 10–12, 13–15, or 16 or more. Analyses of the percentage of persons with health care visits were tabulated as follows: For tabulation of the 1997–99 data, responses of 2–3 were recoded to 2 and responses of 4–9 were recoded to 6. Starting in 2000 tabulation of responses of 2–3 were recoded to 2 and other responses were recoded to the midpoint of the range. A summary measure of health care visits was constructed by adding recoded responses for these questions and categorizing the sum as none, 1–3, 4–9, or 10 or more health care visits in the past 12 months.

Analyses of the percent of children without a health care visit are based upon the following question: "During the past 12 months, how many times has ___ seen a doctor or other health care professional about (his/her) health at a doctor's

office, a clinic, or some other place? Do not include times ___ was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls." See related [Emergency department/emergency room visit](#); [Home visit](#).

Health expenditures, national—National Health Expenditures are estimated by the Centers for Medicare & Medicaid Services (CMS) and measure spending for health care in the United States by type of service delivered (e.g., hospital care, physician services, nursing home care) and source of funding for those services (e.g., private health insurance, Medicare, Medicaid, out-of-pocket spending). CMS produces both historical and projected estimates of health expenditures by category. See related [Consumer price index \(CPI\)](#); [Gross domestic product \(GDP\)](#).

Health services and supplies expenditures—These are outlays for goods and services relating directly to patient care plus expenses for administering health insurance programs and government public health activities. This category is equivalent to total national health expenditures minus expenditures for research and construction.

National health expenditures—This measure estimates the amount spent for all health services and supplies and health-related research and construction activities consumed in the United States during the calendar year. Detailed estimates are available by source of expenditures (for example, out-of-pocket payments, private health insurance, and government programs) and by type of expenditures (for example, hospital care, physician services, and drugs) and are in current dollars for the year of report. Data are compiled from a variety of sources.

Nursing home expenditures—These cover care rendered in establishments primarily engaged in providing inpatient nursing and rehabilitative services and continuous personal care services to persons requiring nursing care (skilled nursing and intermediate care facilities, including those for the mentally retarded) and continuing care retirement communities with on-site nursing care facilities. The costs of long-term care provided by hospitals are excluded.

Personal health care expenditures—These are outlays for goods and services relating directly to patient care. The expenditures in this category are total national health

expenditures minus expenditures for research and construction, expenses for administering health insurance programs, and government public health activities.

Private expenditures—These are outlays for services provided or paid for by nongovernmental sources—consumers, insurance companies, private industry, philanthropic, and other nonpatient care sources.

Public expenditures—These are outlays for services provided or paid for by Federal, State, and local government agencies or expenditures required by governmental mandate (such as workmen's compensation insurance payments).

Health insurance coverage—The term “health insurance” is broadly defined to include both public and private payors who cover medical expenditures incurred by a defined population in a variety of settings.

National Health Interview Survey (NHIS)—NHIS respondents were asked about their health insurance coverage in the previous month in 1993–96 and at the time of the interview in other years. Questions on health insurance coverage were expanded starting in 1993 compared with previous years. In 1997 the entire questionnaire was redesigned and data were collected using a computer-assisted personal interview (CAPI).

Respondents are covered by private health insurance if they indicate private health insurance or if they are covered by a single-service hospital plan, except in 1997 and 1998, when no information on single-service plans was obtained. Private health insurance includes managed care such as health maintenance organizations (HMOs).

Until 1996 persons were defined as having Medicaid or other public assistance coverage if they indicated that they had either Medicaid or other public assistance or if they reported receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). After welfare reform in late 1996, Medicaid was delinked from AFDC and SSI. Starting in 1997 persons have been considered to be covered by Medicaid if they report Medicaid or a State-sponsored health program. Starting in 1998 persons are considered covered by Medicaid if they report being covered by the State Children's Health Insurance Program (SCHIP). Medicare or military health plan coverage is also determined in the interview, and

starting in 1997, other government-sponsored program coverage is determined as well.

If respondents do not report coverage under one of the above types of plans and they have unknown coverage under either private health insurance or Medicaid, they are considered to have unknown coverage.

The remaining respondents are considered uninsured. The uninsured are persons who do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a State-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage are considered uninsured. Estimates of the percent of persons who are uninsured based on the NHIS (table 129) may differ slightly from those based on the March Current Population Survey (CPS) (table 153) because of differences in survey questions, recall period, and other aspects of survey methodology.

In 2001 in the NHIS 1.3 percent of persons age 65 years and over had no health insurance but the small sample size precludes the presentation of separate estimates for this population. Therefore, the term “uninsured” refers only to the population under age 65.

See related [Fee-for-service health insurance](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); [Medicaid](#); [Medicare](#); [State Children's Health Insurance Program \(SCHIP\)](#); [Uninsured](#).

Health maintenance organization (HMO)—An HMO is a health care system that assumes or shares both the financial risks and the delivery risks associated with providing comprehensive medical services to a voluntarily enrolled population in a particular geographic area, usually in return for a fixed, prepaid fee. Pure HMO enrollees use only the prepaid capitated health services of the HMO panel of medical care providers. Open-ended HMO enrollees use the prepaid HMO health services but, in addition, may receive medical care from providers who are not part of the HMO panel. There is usually a substantial deductible, copayment, or coinsurance associated with use of nonpanel providers.

HMO model types are:

Group model HMO—An HMO that contracts with a single multispecialty medical group to provide care to the HMO's membership. The group practice may work

exclusively with the HMO, or it may provide services to non-HMO patients as well. The HMO pays the medical group a negotiated per capita rate, which the group distributes among its physicians, usually on a salaried basis.

Staff model HMO—A type of closed-panel HMO (where patients can receive services only through a limited number of providers) in which physicians are employees of the HMO. The providers see members in the HMO's own facilities.

Network model HMO—An HMO model that contracts with multiple physician groups to provide services to HMO members; may involve large single and multispecialty groups.

Individual practice association (IPA)—A type of healthcare provider organization composed of a group of independent practicing physicians who maintain their own offices and band together for the purpose of contracting their services to HMOs, PPOs (preferred provider organizations), and insurance companies. An IPA may contract with and provide services to both HMO and non-HMO plan participants.

Mixed model HMO—An HMO that combines features of more than one HMO model.

See related [Managed care](#); [Point-of-service \(POS\) plan](#); [Preferred provider organization \(PPO\)](#).

Health services and supplies expenditures—See [Health expenditures, national](#).

Health status, respondent-assessed—Health status was measured in the National Health Interview Survey by asking the respondent “Would you say _____’s health is excellent, very good, good, fair, or poor?”

Hispanic origin—Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, and other or unknown Latin American or Spanish origins. Persons of Hispanic origin may be of any race.

National Health Interview Survey (NHIS) and *National Health and Nutrition Examination Survey (NHANES)*—Questions on Hispanic origin are self-reported in the NHANES III and subsequent years, and all years of the

NHIS, and precede questions on race. The NHANES sample was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexicans were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population.

Birth File—The reporting area for an Hispanic-origin item on the birth certificate expanded between 1980 and 1993. Trend data on births of Hispanic and non-Hispanic parentage in this report are affected by expansion of the reporting area and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics.

In 1980 and 1981 information on births of Hispanic parentage was reported on the birth certificate by the following 22 States: Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Maine, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1982 Tennessee, and in 1983 the District of Columbia began reporting this information. Between 1983 and 1987 information on births of Hispanic parentage was available for 23 States and the District of Columbia. In 1988 this information became available for Alabama, Connecticut, Kentucky, Massachusetts, Montana, North Carolina, and Washington, increasing the number of States reporting information on births of Hispanic parentage to 30 States and the District of Columbia. In 1989 this information became available from an additional 17 States, increasing the number of Hispanic-reporting States to 47 and the District of Columbia. In 1989 only Louisiana, New Hampshire, and Oklahoma did not report Hispanic parentage on the birth certificate. With the inclusion of Oklahoma in 1989 and Louisiana in 1990 as Hispanic-reporting States, 99 percent of birth records included information on mother's origin. Hispanic origin of the mother was reported on the birth certificates of 49 States and the District of Columbia in 1991 and 1992; only New Hampshire did not provide this information. Starting in 1993 Hispanic origin of mother was reported by all 50 States and the District of Columbia.

Mortality File—The reporting area for an Hispanic-origin item on the death certificate expanded between 1985

and 1997. In 1985 mortality data by Hispanic origin of decedent were based on deaths to residents of the following 17 States and the District of Columbia whose data on the death certificate were at least 90 percent complete on a place-of-occurrence basis and of comparable format: Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Nebraska, New York, North Dakota, Ohio, Texas, Utah, and Wyoming. In 1986 New Jersey began reporting Hispanic origin of decedent, increasing the number of reporting States to 18 and the District of Columbia in 1986 and 1987. In 1988 Alabama, Kentucky, Maine, Montana, North Carolina, Oregon, Rhode Island, and Washington were added to the reporting area, increasing the number of States to 26 and the District of Columbia. In 1989 an additional 18 States were added, increasing the Hispanic reporting area to 44 States and the District of Columbia. In 1989 only Connecticut, Louisiana, Maryland, New Hampshire, Oklahoma, and Virginia were not included in the reporting area. Starting with 1990 data in this book, the criterion was changed to include States whose data were at least 80 percent complete. In 1990 Maryland, Virginia, and Connecticut, in 1991 Louisiana, and in 1993 New Hampshire were added, increasing the reporting area for Hispanic origin of decedent to 47 States and the District of Columbia in 1990, 48 States and the District of Columbia in 1991 and 1992, and 49 States and the District of Columbia in 1993–96. Only Oklahoma did not provide this information in 1993–96. Starting in 1997 Hispanic origin of decedent was reported by all 50 States and the District of Columbia. Based on data from the U.S. Bureau of the Census, the 1990 reporting area encompassed 99.6 percent of the U.S. Hispanic population. In 1990 more than 96 percent of death records included information on Hispanic origin of decedent.

See related [Race](#).

HIV—See [Human immunodeficiency virus \(HIV\) disease](#).

Home health care—Home health care as defined by the National Home and Hospice Care Survey is care provided by a home health care agency to individuals and families in their place of residence for promoting, maintaining, or restoring health; or for minimizing the effects of disability and illness including terminal illness.

Home visit—Starting in 1997 the National Health Interview Survey has been collecting information on home visits received during the past 12 months. Respondents are asked “During the past 12 months, did you receive care at home from a nurse or other health care professional? What was the total number of home visits received?” These data are combined with data on visits to doctors’ offices, clinics, and emergency departments to provide a summary measure of health care visits. See related [Emergency department/emergency room visit](#); [Health care contact](#).

Hospice care—Hospice care as defined by the National Home and Hospice Care Survey is a program of palliative and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones by a hospice program or agency. Hospice services are available in home and inpatient settings.

Hospital—According to the American Hospital Association, hospitals are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic patient services for medical conditions by an organized physician staff, and have continuous nursing services under the supervision of registered nurses. The World Health Organization considers an establishment to be a hospital if it is permanently staffed by at least one physician, can offer inpatient accommodation, and can provide active medical and nursing care. Hospitals may be classified by type of service, ownership, size in terms of number of beds, and length of stay. In the National Hospital Ambulatory Medical Care Survey, hospitals include all those with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty is general (medical or surgical) or children’s general. Federal hospitals and hospital units of institutions and hospitals with fewer than six beds staffed for patient use are excluded. See related [Average length of stay](#); [Bed](#); [Days of care](#); [Emergency department](#); [Inpatient](#); [Outpatient department](#).

Community hospitals based on the American Hospital Association definition includes all non-Federal short-term general and special hospitals whose facilities and services are available to the public. Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; orthopedic; and other specialty services. Short-term general and special childrens hospitals are also considered to be community hospitals.

A hospital may include a nursing-home-type unit and still be classified as short-term, provided that the majority of its patients are admitted to units where the average length of stay is less than 30 days. Hospital units of institutions such as prisons and college infirmaries that are not open to the public and are contained within a nonhospital facility are not included in the category of community hospitals. Traditionally the definition included all non-Federal short-stay hospitals except facilities for the mentally retarded. In a revised definition the following additional sites were excluded: hospital units of institutions, and alcoholism and chemical dependency facilities.

Federal hospitals are operated by the Federal Government.

For-profit hospitals are operated for profit by individuals, partnerships, or corporations.

General hospitals provide diagnostic, treatment, and surgical services for patients with a variety of medical conditions. According to the World Health Organization, these hospitals provide medical and nursing care for more than one category of medical discipline (for example, general medicine, specialized medicine, general surgery, specialized surgery, and obstetrics). Excluded are hospitals, usually in rural areas, that provide a more limited range of care.

Nonprofit hospitals are controlled by nonprofit organizations, including religious organizations, fraternal societies, and others.

Psychiatric hospitals are ones whose major type of service is psychiatric care. See related [Mental health organization](#).

Registered hospitals are hospitals registered with the American Hospital Association. About 98 percent of hospitals are registered.

Short-stay hospitals in the National Hospital Discharge Survey are those in which the average length of stay is less than 30 days. The National Health Interview Survey defines short-stay hospitals as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; childrens; or osteopathic.

Specialty hospitals, such as psychiatric, tuberculosis, chronic disease, rehabilitation, maternity, and alcoholic or narcotic, provide a particular type of service to the majority of their patients.

Hospital-based physician—See [Physician](#).

Hospital days—See [Days of care](#).

Hospital utilization—Estimates of hospital utilization (such as hospital discharge rate, days of care rate, and average length of stay) presented in *Health, United States* are based on data from two different sources—the National Health Interview Survey (NHIS) and the National Hospital Discharge Survey (NHDS). Estimates of hospital utilization from these two surveys may differ because NHIS data are based on household interviews of the civilian noninstitutionalized population whereas NHDS data are based on hospital discharge records of all persons. Starting in 1997 hospital utilization data from the NHIS are for all hospital discharges whereas estimates for prior years excluded hospitalizations for delivery and newborns. NHDS includes hospital discharge records for all persons discharged alive or deceased and institutionalized persons, and excludes data for newborn infants. Differences in hospital utilization estimated by the two surveys are particularly evident for children and the elderly. For children NHIS estimates are higher than NHDS estimates due to inclusion of data for newborns. For the elderly NHDS estimates are higher than NHIS estimates because of inclusion of data for institutionalized persons and persons who died while hospitalized. See related [Average length of stay](#); [Days of care](#); [Discharge](#); [Appendix I, National Health Interview Survey](#), [National Hospital Discharge Survey](#).

Human immunodeficiency virus (HIV) disease—Mortality and morbidity coding for HIV disease are similar and have evolved over time.

Mortality coding—Starting with data year 1999 and the introduction of the Tenth Revision of the *International Classification of Diseases* (ICD-10), the title for this cause of death was changed to “HIV disease” from “HIV infection” and the ICD codes changed to B20–B24. Beginning with data for 1987, NCHS introduced category numbers *042–*044 for classifying and coding HIV infection as a cause of death in ICD-9. The asterisk before the category numbers indicates that these codes were not part of the original ICD-9. HIV infection was

formerly referred to as human T-cell lymphotropic virus-III/lymphadenopathy-associated virus (HTLV-III/LAV) infection. Before 1987 deaths involving HIV infection were classified to Deficiency of cell-mediated immunity (ICD-9 279.1) contained in the title All other diseases; to Pneumocystosis (ICD-9 136.3) contained in the title All other infectious and parasitic diseases; to Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues; and to a number of other causes. Therefore, before 1987, death statistics for HIV infection are not strictly comparable with data for 1987 and later years, and are not shown in this report.

Morbidity coding—The National Hospital Discharge Survey codes diagnosis data using the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM). Discharges with diagnosis of HIV as shown in *Health, United States* have at least one HIV diagnosis listed on the face sheet of the medical record and are not limited to the first-listed diagnosis. During 1984 and 1985 only data for AIDS (ICD-9-CM 279.19) were included. In 1986–94 discharges with the following diagnoses were included: acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection and associated conditions, and positive serological or viral culture findings for HIV (ICD-9-CM 042-044, 279.19, and 795.8). Beginning in 1995 discharges with the following diagnoses were included: human immunodeficiency virus (HIV) disease and asymptomatic human immunodeficiency virus (HIV) infection status (ICD-9-CM 042 and V08).

See related [Acquired immunodeficiency syndrome \(AIDS\)](#); [Cause of death](#); [International Classification of Diseases \(ICD\)](#); [International Classification of Diseases, Ninth Revision, Clinical Modification \(ICD-9-CM\)](#).

ICD; ICD codes—See [Cause of death](#); [International Classification of Diseases \(ICD\)](#).

Illicit drug use—Illicit drug use refers to use and misuse of illegal and controlled drugs.

Monitoring the Future Study—In this school-based survey of secondary school students, information on marijuana use is collected using self-completed questionnaires. The information is based on the following questions: “On how many occasions (if any) have you used marijuana in the

last 30 days?” and “On how many occasions (if any) have you used hashish in the last 30 days?” Questions on cocaine use include the following: “On how many occasions (if any) have you taken “crack” (cocaine in chunk or rock form) during the last 30 days?” and “On how many occasions (if any) have you taken cocaine in any other form during the last 30 days?”

National Survey on Drug Use & Health (NSDUH)—Information on illicit drug use is collected for all persons 12 years of age and over. Information on any illicit drug use, including marijuana or hashish, cocaine, heroin, hallucinogens, and nonmedical use of prescription drugs is based on the following question: “During the past 30 days, on how many days did you use (specific illicit drug)?” See related [Substance use](#).

Incidence—Incidence is the number of cases of disease having their onset during a prescribed period of time. It is often expressed as a rate (for example, the incidence of measles per 1,000 children 5–15 years of age during a specified year). Incidence is a measure of morbidity or other events that occur within a specified period of time. See related [Prevalence](#).

Income—See [Family Income](#).

Individual practice association (IPA)—See [Health maintenance organization \(HMO\)](#).

Industry of employment—Industries are classified according to the *Standard Industrial Classification (SIC) Manual* of the Office of Management and Budget. Two editions of the SIC are used for coding industry data in *Health, United States*: the 1977 supplement to the 1972 edition and the 1987 edition. The changes between versions include a few detailed titles created to correct or clarify industries or to recognize changes within the industry. Codes for major industry divisions ([table VIII](#)) were not changed between versions.

Health data by industry shown in *Health, United States* are from two different surveys conducted by the Bureau of Labor Statistics, the Census of Fatal Occupational Injuries (CFOI) and the Survey of Occupational Injuries and Illnesses (SOII). Establishments engaged in the same kind of economic activity are classified by the same industry code, regardless of whether ownership is by corporations or sole proprietorships in the private sector, or government agencies. The category “private sector” includes all industry divisions except public

Table VIII. Codes for industries, according to the *Standard Industrial Classification (SIC) Manual*

Industry	Code numbers
Agriculture, forestry, and fishing	01–09
Mining	10–14
Construction	15–17
Manufacturing	20–39
Transportation and public utilities	40–49
Wholesale trade	50–51
Retail trade	52–59
Finance, insurance, and real estate	60–67
Services	70–89
Public administration	91–97

administration and military, which are in the public sector. The category “not classified” is used when there is insufficient information to determine a specific industry classification. Data from CFOI are presented separately for private sector and government. Data from SOII are presented for the private sector only and exclude the self-employed.

Infant death—An infant death is the death of a live-born child before his or her first birthday. Age at death may be further classified according to neonatal and postneonatal. Neonatal deaths are those that occur before the 28th day of life; postneonatal deaths are those that occur between 28 and 365 days of age. See related [Rate: Death and related rates](#).

Injury—See [First-listed external cause of injury](#).

Injury-related visit—In the National Hospital Ambulatory Medical Care Survey an emergency department visit was considered injury related if, on the Patient Record Form (PRF), the checkbox for injury was indicated. In addition, injury visits were identified if the physician’s diagnosis was injury related (ICD–9–CM code of 800–999), an external cause-of-injury code was present (ICD–9–CM E800–E999), or the patient’s reason for visit code was injury related. See related [Emergency department/emergency room visit](#); [First-listed external cause of injury](#).

Inpatient—An inpatient is a person who is formally admitted to the inpatient service of a hospital for observation, care, diagnosis, or treatment. See related [Admission](#); [Average length of stay](#); [Days of care](#); [Discharge](#); [Hospital](#).

Inpatient care—See [Mental health service type](#).

Inpatient days—See [Days of care](#).

Instrumental activities of daily living (IADL)—Instrumental activities of daily living are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. In the Medicare Current Beneficiary Survey if a sample person had any difficulty performing an activity by him or herself and without special equipment, or did not perform the activity at all because of health problems, the person was categorized as having a limitation in that activity. The limitation may have been temporary or chronic at the time of the interview. Sample persons in the community answered health status and functioning questions themselves, if able to do so. For sample persons in a long-term care facility, a proxy such as a nurse answered questions about the sample person’s health status and functioning.

In the National Health Interview Survey (NHIS) respondents are asked about needing the help of another person for handling routine IADL needs because of a physical, mental, or emotional problem. Persons are considered to have an IADL limitation in the NHIS if any causal condition is chronic.

See related [Activities of daily living \(ADL\): Limitation of activity](#).

Insured—See [Health insurance coverage](#).

Intermediate care facilities—See [Nursing home](#).

International Classification of Diseases (ICD)—The ICD provides the ground rules for coding and classifying cause-of-death data. The ICD is developed collaboratively between the World Health Organization (WHO) and 10 international centers, one of which is housed at NCHS. The purpose of the ICD is to promote international comparability in the collection, classification, processing, and presentation of health statistics. Since the beginning of the century, the ICD has been modified about once every 10 years, except for the 20-year interval between ICD–9 and ICD–10 (see [table IV](#)). The purpose of the revisions is to stay abreast with advances in medical science. New revisions usually introduce major disruptions in time series of mortality statistics (see [tables V and VI](#)). For more information, see www.cdc.gov/nchs/about/major/dvs/icd10des.htm. See related [Cause of death](#); [Comparability ratio](#); [International Classification of Diseases, Ninth Revision, Clinical Modification \(ICD–9–CM\)](#).

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)—The ICD-9-CM is based on and is compatible with the World Health Organization's *International Classification of Diseases, Ninth Revision* (ICD-9). The United States currently uses ICD-9-CM to code morbidity diagnoses and inpatient procedures. ICD-9-CM consists of three volumes. Volumes 1 and 2 contain the diagnosis tabular list and index. Volume 3 contains the procedure classification (tabular and index combined).

ICD-9-CM is divided into 17 chapters and 2 supplemental classifications. The chapters are arranged primarily by body system. In addition there are chapters for infectious and parasitic diseases; neoplasms; endocrine, nutritional, and metabolic diseases; mental disorders; complications of pregnancy, childbirth and puerperium; certain conditions originating in the perinatal period; congenital anomalies; and symptoms, signs and ill-defined conditions. The two supplemental classifications are for factors influencing health status and contact with health service and external causes of injury and poisoning.

In *Health, United States* morbidity data are classified using ICD-9-CM. Diagnostic categories and codes for ICD-9-CM are shown in [table IX](#); ICD-9-CM procedure categories and codes are shown in [table X](#). For additional information about ICD-9-CM, see www.cdc.gov/nchs/icd9.htm. See related [International Classification of Diseases \(ICD\)](#).

Late fetal death rate—See [Rate: Death and related rates](#).

Leading causes of death—See [Cause-of-death ranking](#).

Length of stay—See [Average length of stay](#).

Life expectancy—Life expectancy is the average number of years of life remaining to a person at a particular age and is based on a given set of age-specific death rates, generally the mortality conditions existing in the period mentioned. Life expectancy may be determined by race, sex, or other characteristics using age-specific death rates for the population with that characteristic. See related [Rate: Death and related rates](#).

Limitation of activity—In the National Health Interview Survey limitation of activity refers to a long-term reduction in a person's capacity to perform the usual kind or amount of activities associated with his or her age group as result of a chronic condition. Limitation of activity is assessed by asking

respondents a series of questions about limitations in their ability to perform activities usual for their age group because of a physical, mental, or emotional problem. Respondents are asked about limitations in activities of daily living, instrumental activities of daily living, play, school, work, difficulty walking or remembering, and any other activity limitations. For reported limitations, the causal health conditions are determined and respondents are considered limited if one or more of these conditions is chronic. See related [Activities of daily living; Condition; Instrumental activities of daily living](#).

Live-birth order—In the National Vital Statistics System this item from the birth certificate refers to the total number of live births the mother has had, including the present birth as recorded on the birth certificate. Fetal deaths are excluded.

Long-term care facility—A long-term care facility is a residence that provides a specific level of personal or medical care or supervision to residents. In the Medicare Current Beneficiary Survey, a residence is considered a long-term care facility if it has three or more long-term care beds and provides personal care services to residents, continuous supervision of residents, or long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes (that provide services), domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. See related [Nursing home](#).

Low birthweight—See [Birthweight](#).

Mammography—Mammography is an x-ray image of the breast used to detect irregularities in breast tissue. In the National Health Interview Survey questions concerning use of mammography differed slightly across the years for which data are shown. In 1987 and 1990 women were asked to report when they had their last mammogram. In 1991 women were asked whether they had a mammogram in the past 2 years. In 1993 and 1994 women were asked whether they had a mammogram within the past year, between 1 and 2 years ago, or over 2 years ago. In 1998 women were asked whether they had a mammogram a year ago or less, more than 1 year but not more than 2 years, or more than 2 years ago. In 1999 women were asked when they had their most

Table IX. Codes for diagnostic categories from the *International Classification of Diseases, Ninth Revision, Clinical Modification*

<i>Diagnostic category</i>	<i>Code numbers</i>
Females with delivery	V27
Human immunodeficiency virus (HIV) (1984–85)	279.19
(1986–94)	042–044, 279.19, 795.8
(Beginning in 1995)	042, V08
Malignant neoplasms	140–208
Large intestine and rectum	153–154, 197.5
Trachea, bronchus, and lung	162, 197.0, 197.3
Breast	174–175, 198.81
Prostate	185
Diabetes	250
Alcohol and drug	291–292, 303–305
Serious mental illness	295–298
Diseases of the nervous system and sense organs	320–389
Diseases of the circulatory system	390–459
Diseases of heart	391–392.0, 393–398, 402, 404, 410–416, 420–429
Ischemic heart disease	410–414
Acute myocardial infarction	410
Congestive heart failure	428.0
Cerebrovascular diseases	430–438
Diseases of the respiratory system	460–519
Pneumonia	466.1, 480–487.0
Asthma	493
Hyperplasia of prostate	600
Decubitus ulcers	707.0
Diseases of the musculoskeletal system and connective tissue	710–739
Osteoarthritis	715
Intervertebral disc disorders	722
Injuries and poisoning	800–999
Fracture, all sites	800–829
Fracture of neck of femur (hip)	820

recent mammogram in days, weeks, months, or years. In 1999, 10 percent of women in the sample responded “2 years ago” and in this analysis these women were coded as “within the past 2 years” although a response of “2 years ago” may include women whose last mammogram was more than 2 but less than 3 years ago. Thus estimates for 1999 are overestimated to some degree in comparison with estimates in previous years. In 2000 women were asked when they had their most recent mammogram (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording and women who did not answer the follow-up question were asked a second follow-up question that used the 1998 wording. In 2000, 2 percent of women in the sample answered “2 years ago” using the 1999 wording and they were coded as “within the past 2 years.” Thus estimates for 2000 may be slightly overestimated in comparison with estimates for years prior to 1999.

Managed care—A term originally used to refer to the prepaid health care sector (for example, health maintenance organizations or HMOs) where care is provided under a fixed

budget and costs are therein capable of being “managed.” Increasingly, the term is being used to include preferred provider organizations (PPOs) and even forms of indemnity insurance coverage (or fee-for-service insurance) that incorporate preadmission certification and other utilization controls. See related [Health maintenance organization \(HMO\)](#); [Preferred provider organization \(PPO\)](#).

Marital status—Marital status is classified through self-reporting into the categories married and unmarried. The term married encompasses all married people including those separated from their spouses. Unmarried includes those who are single (never married), divorced, or widowed. The abortion surveillance program classified separated people as unmarried before 1978.

Birth File—In 1970, 39 States and the District of Columbia (DC) and in 1975, 38 States and DC included a direct question about mother’s marital status on the birth certificate. Since 1980 national estimates of births to unmarried women have been based on two methods

Table X. Codes for procedure categories from the *International Classification Diseases, Ninth revision, Clinical Modification*

<i>Procedure category</i>	<i>Code numbers</i>
Operations on vessels of heart	36
Removal of coronary artery obstruction and insertion of stent(s)	36.0
Insertion of coronary artery stent(s)	36.06
Coronary artery bypass graft	36.1
Cardiac catheterization	37.21–37.23
Insertion, replacement, removal, and revision of pacemaker leads or device	37.7–37.8
Incision, excision, and occlusion of vessels	38
Diagnostic procedures on small intestine	45.1
Diagnostic procedures on large intestine	45.2
Cholecystectomy	51.2
Laparoscopic cholecystectomy	51.23
Repair of hernia	53
Lysis of peritoneal adhesions	54.5
Transurethral prostatectomy	60.2
Total abdominal hysterectomy	68.4
Vaginal hysterectomy	68.5
Dilation and curettage of uterus	69
Forceps, vacuum, and breech delivery	72
Other procedures inducing or assisting delivery	73
Cesarean section and removal of fetus	74
Reduction of fracture and dislocation	79
Excision or destruction of intervertebral disc	80.5
Joint replacement of lower extremity	81.5
Total hip replacement	81.51
Partial hip replacement	81.52
Total knee replacement	81.54
Diagnostic Radiology	87
Computerized axial tomography	87.03, 87.41, 87.71, 88.01, 88.38
Angiocardiology using contrast material	88.5
Diagnostic ultrasound	88.7

for determining marital status, a direct question in the birth registration process and inferential procedures. In 1980–96 marital status was reported on the birth certificates of 41–45 States and DC; with the addition of California in 1997, 46 States and DC; and in 1998–2001, 48 States and DC. In 1997, all but four States (Connecticut, Michigan, Nevada, and New York) and in 1998, all but two States (Michigan and New York) included a direct question about mother's marital status on their birth certificates. In 1998–2001, marital status was imputed as "married" on those 0.03–0.05 percent of birth records with missing information in the 48 States and DC, where this information was obtained by a direct question.

For States lacking a direct question, marital status was inferred. Before 1980 the incidence of births to unmarried women in States with no direct question on marital status was assumed to be the same as the incidence in reporting States in the same geographic division. Starting in 1980 for States without a direct question, marital status was inferred by comparing the parents' and child's surnames. Inferential procedures in current use depend on the presence of a paternity acknowledgment or missing information on the father. Changes in reporting procedures by some States in 1995 and 1997 had little effect on national totals, but they did affect trends for age groups and some State trends. Details of the changes in reporting procedures are described in Ventura SJ, Bachrach CA. Nonmarital Childbearing in the United States, 1940–99. National vital statistics reports;

vol. 48 no. 16. Hyattsville, MD: National Center for Health Statistics. 2000, available at www.cdc.gov/nchs/births.htm.

Maternal age—See [Age](#).

Maternal death—Maternal death is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. A maternal death is one for which the certifying physician has designated a maternal condition as the underlying cause of death. Maternal conditions are those assigned to pregnancy, childbirth, and the puerperium, ICD-10 codes A34, O00–O95, O98–O99 (see [table V](#)). Changes have been made in the classification and coding of maternal deaths between ICD-9 and ICD-10, effective with mortality data for 1999. ICD-10 changes pertain to indirect maternal causes and timing of death relative to pregnancy. If only indirect maternal causes of death (that is, a previously existing disease or a disease that developed during pregnancy which was not caused by direct obstetric causes but was aggravated by physiologic effects of pregnancy) are reported in Part I of the death certificate and pregnancy is reported in either Part I or Part II, ICD-10 classifies this as a maternal death. ICD-9 only classified the death as maternal if pregnancy was reported in Part I. Some State death certificates include a separate question regarding pregnancy status. A positive response to the question is interpreted as “pregnant” being reported in Part II of the cause-of-death section of the death certificate. If the medical certifier did not specify when death occurred relative to the pregnancy, it is assumed that the pregnancy terminated 42 days or less prior to death. Under ICD-10 a new category has been added for deaths from maternal causes that occurred more than 42 days after delivery or termination of pregnancy (O96–O97). In 1999 there were 15 such deaths and in 2000, there were 8. See related [Rate: Death and related rates](#).

Maternal education—See [Education](#).

Maternal mortality rate—See [Rate: Death and related rates](#).

Medicaid—Medicaid was authorized by Title XIX of the Social Security Act in 1965 as a jointly funded cooperative venture between the Federal and State Governments to assist States

in the provision of adequate medical care to eligible needy persons. Within broad Federal guidelines, each of the States establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program.

Medicaid is the largest program providing medical and health-related services to America's poorest people. However, Medicaid does not provide medical assistance for all poor persons. Under the broadest provisions of the Federal statute, Medicaid does not provide health care services even for very poor childless adults under age 65 years unless they are disabled. Except as noted, all States must provide Medicaid coverage to

- Individuals who meet the requirements for the Aid to Families with Dependent Children (AFDC) program that were in effect in their State on July 16, 1996, or, at State option, more liberal criteria (with some exceptions).
- Children under age 6 whose family income is at or below 133 percent of the Federal poverty level.
- Pregnant women whose family income is below 133 percent of the Federal poverty level (services to these women are limited to those related to pregnancy, complications of pregnancy, delivery, and postpartum care).
- Supplemental Security Income (SSI) recipients in most States (some States use more restrictive Medicaid eligibility requirements that predate SSI).
- Recipients of adoption or foster care assistance under Title IV of the Social Security Act.
- Special protected groups (typically individuals who lose their cash assistance due to earnings from work or from increased Social Security benefits, but who may keep Medicaid for a period of time).
- All children under age 19 in families with incomes at or below the Federal poverty level.
- Certain Medicare beneficiaries (low income is only one test for Medicaid eligibility for those within these groups; their resources also are tested against threshold levels, as determined by each State within Federal guidelines).

States also have the option of providing Medicaid coverage for other groups.

Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or States may pay for Medicaid services through various prepayment arrangements, such as health maintenance

organizations (HMOs) or other forms of managed care. Within Federally imposed upper limits and specific restrictions, each State for the most part has broad discretion in determining the payment methodology and payment rate for services. Thus, the Medicaid program varies considerably from State to State, as well as within each State over time. See related [Health expenditures, national](#); [Health insurance coverage](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); [Appendix I, Medicaid Data System](#).

Medical specialties—See [Physician specialty](#).

Medical vendor payments—Under the Medicaid program, medical vendor payments are payments (expenditures) to medical vendors from the State through a fiscal agent or to a health insurance plan. Adjustments are made for Indian Health Service payments to Medicaid, cost settlements, third party recoupments, refunds, voided checks, and other financial settlements that cannot be related to specific provided claims. Excluded are payments made for medical care under the emergency assistance provisions, payments made from State medical assistance funds that are not federally matchable, disproportionate share hospital payments, cost sharing or enrollment fees collected from recipients or a third party, and administration and training costs.

Medicare—This is a nationwide health insurance program providing health insurance protection to people 65 years of age and over, people entitled to social security disability payments for 2 years or more, and people with end-stage renal disease, regardless of income. The program was enacted July 30, 1965, as Title XVIII, *Health Insurance for the Aged of the Social Security Act*, and became effective on July 1, 1966. From its inception, it has included two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B). In 1999, additional choices were allowed for delivering Medicare Part A and Part B benefits. Medicare+Choice (Part C) is an expanded set of options for the delivery of health care under Medicare, created in the Balanced Budget Act passed by Congress in 1997. The term Medicare+Choice refers to options other than original Medicare. While all Medicare beneficiaries can receive their benefits through the original fee-for-service (FFS) program, most beneficiaries enrolled in both Part A and Part B can choose to participate in a Medicare+Choice plan instead. Organizations that seek to contract as Medicare+Choice plans must meet specific organizational, financial, and other requirements. Most Medicare+Choice

plans are coordinated care plans, which include health maintenance organizations (HMOs), provider-sponsored organizations (PSOs), preferred provider organizations (PPOs), and other certified coordinated care plans and entities that meet the standards set forth in the law. The Medicare+Choice program also includes Medical savings account (MSA) plans, which provide benefits after a single high deductible is met, and private, unrestricted FFS plans, which allow beneficiaries to select certain private providers. These programs are available in only a limited number of States. For those providers who agree to accept the plan's payment terms and conditions, this option does not place the providers at risk, nor does it vary payment rates based on utilization. Only the coordinated care plans are considered "managed care" plans. Except for MSA plans, all Medicare+Choice plans are required to provide at least the current Medicare benefit package, excluding hospice services. Plans may offer additional covered services and are required to do so (or return excess payments) if plan costs are lower than the Medicare payments received by the plan.

In the National Health Interview Survey (NHIS), the category "Medicare HMO" is defined as persons who are age 65 years or over and who responded "yes" when asked whether they were under a Medicare managed care arrangement such as an HMO. This is a subset of Medicare Part C. Respondents who stated they had Medicare coverage but did not answer yes to the "managed care arrangement such as an HMO" are included in the Medicare fee-for-service category. "Medicare fee-for-service" is defined as Medicare Part A and/or Part B. The majority of these people had coverage from another source, primarily employer-sponsored retiree health insurance.

See related [Fee-for-service health insurance](#); [Health insurance coverage](#); [Health maintenance organization \(HMO\)](#); [Managed care](#); [Appendix I, Medicare Administrative Data](#).

Mental health organization—The Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration defines a mental health organization as an administratively distinct public or private agency or institution whose primary concern is provision of direct mental health services to the mentally ill or emotionally disturbed. Excluded are private office-based practices of psychiatrists, psychologists, and other mental health providers; psychiatric services of all types of hospitals or outpatient clinics operated by Federal agencies other than the Department of Veterans Affairs (for example, Public Health Service, Indian Health

Service, Department of Defense, and Bureau of Prisons); general hospitals that have no separate psychiatric services but admit psychiatric patients to nonpsychiatric units; and psychiatric services of schools, colleges, halfway houses, community residential organizations, local and county jails, State prisons, and other human service providers. The major types of mental health organizations are described below.

Freestanding psychiatric outpatient clinics provide only outpatient mental health services on either a regular or emergency basis. A psychiatrist generally assumes the medical responsibility for services.

Psychiatric hospitals (public or private) primarily provide 24-hour inpatient care and treatment in a hospital setting to persons with mental illnesses. Psychiatric hospitals may be under State, county, private for profit, or private nonprofit auspices.

General hospital psychiatric services provide psychiatric services with assigned staff for 24-hour inpatient or residential care and/or less than 24-hour outpatient care in a separate ward, unit, floor, or wing of the hospital.

Department of Veterans Affairs medical centers are hospitals operated by the Department of Veterans Affairs (formerly Veterans Administration) and include Department of Veterans Affairs general hospital psychiatric services (including large neuropsychiatric units) and Department of Veterans Affairs psychiatric outpatient clinics.

Residential treatment centers for emotionally disturbed children must meet all of the following criteria: (a) provide 24-hour residential services; (b) are not licensed as a psychiatric hospital and have the primary purpose of providing individually planned mental health treatment services in conjunction with residential care; (c) include a clinical program directed by a psychiatrist, psychologist, social worker, or psychiatric nurse with a graduate degree; (d) serve children and youth primarily under the age of 18; and (e) have the primary diagnosis as mental illness, classified as other than mental retardation, developmental disability, or substance-related disorders, according to DSM-II/ICDA-8 or DSM-III-R/ICD-9-CM codes, for the majority of admissions.

Multiservice mental health organizations provide services in both 24-hour and less than 24-hour settings and are not classifiable as a psychiatric hospital, general hospital, or residential treatment center for emotionally disturbed children. (The classification of a psychiatric or general hospital or residential treatment center for emotionally disturbed children takes precedence over a multiservice classification, even if two or more services are offered.)

Partial care organizations provide a program of ambulatory mental health services or rehabilitation, habitation, or education programs.

See related [Addition; Mental health service type](#).

Mental health service type—This term refers to the following types of mental health services:

24-hour mental health care, formerly called inpatient care, provides care in a mental health hospital setting.

Less than 24-hour care, formerly called outpatient or partial care treatment, provides mental health services on an ambulatory basis.

Residential treatment care provides overnight mental health care in conjunction with an intensive treatment program in a setting other than a hospital. Facilities may offer care to emotionally disturbed children or mentally ill adults.

See related [Addition; Mental health organization](#).

Metropolitan statistical area (MSA)—The Office of Management and Budget (OMB) defines metropolitan areas according to published standards that are applied to Census Bureau data. A metropolitan statistical area (MSA) is a county or group of contiguous counties that contains at least one urbanized area of 50,000 or more population. In addition to the county or counties that contain all or part of the urbanized area, an MSA may contain other counties that are metropolitan in character and that are economically and socially integrated with the main city. In New England, cities and towns, rather than counties, are used to define MSAs. Counties that are not within an MSA are considered to be nonmetropolitan.

For National Health Interview Survey (NHIS) data before 1995, metropolitan population is based on MSAs as defined

by OMB in 1983 using the 1980 Census. Starting with the 1995 NHIS, metropolitan population is based on MSAs as defined by OMB in 1993 using the 1990 Census. For further information on metropolitan areas, see U.S. Department of Commerce, Bureau of the Census, *State and Metropolitan Area Data Book*. See related [Urbanization](#).

Micropolitan statistical area—The Office of Management and Budget (OMB) defines micropolitan areas based on published standards that are applied to Census Bureau data. A micropolitan statistical area is a nonmetropolitan county or group of contiguous nonmetropolitan counties that contains an urban cluster of 10,000 to 49,999 persons. A micropolitan statistical area may include surrounding counties if there are strong economic ties between the counties, based on commuting patterns. In New England, cities and towns, rather than counties, are used to define micropolitan statistical areas. Nonmetropolitan counties that are not classified as part of a micropolitan statistical area are considered nonmicropolitan. See related [Urbanization](#).

Multiservice mental health organizations—See [Mental health organization](#).

National Drug Code (NDC) Directory therapeutic class—The NDC system was originally established as an essential part of an out-of-hospital drug reimbursement program under Medicare. The NDC serves as a universal product identifier for human drugs. The current edition of the National Drug Code Directory is limited to prescription drugs and a few selected over-the-counter (OTC) products. The directory consists of prescription and selected OTC insulin, domestic, and foreign drug products that are in commercial distribution in the United States. The products have been listed in accordance with the Drug Listing Act and applicable Code of Federal Regulations for submitting drug product information to the FDA. NDC therapeutic class codes are used to identify each of 20 major drug classes to which the drug entry may belong, adapted from Standard Drug Classifications in the National Drug Code (NDC) Directory, 1995. The two-digit categories are general and represent all subcategories (e.g., Antimicrobial agents), and the specific four-digit categories represent the breakouts of the general category (e.g., Penicillin). The general two-digit codes include medications that do not fit into any of the subcategories (four-digit codes). Starting in 1995, the NDC four-digit classes were changed to include more classes than the previous classification in 1985. Therefore some drugs switched from

a general two-digit class into a more specific four-digit class. In addition, drugs may be approved for several different therapeutic classes. Some drugs receive approval for additional therapeutic uses after their initial approval, so the same drug can change classes because of new uses.

Numerous drug products have many uses and/or indications. In an effort to categorize the vast number of the broad “analgesic” or pain-relief individual products in the marketplace into manageable and nonoverlapping categories, all four-digit categories within the “analgesic” two-digit therapeutic class were recoded by staff of the Food and Drug Administration’s Center for Drug Evaluation and Research (CDER). Thus the codes presented in *Health, United States* do not match the published NDC codes for analgesic therapeutic categories. The NDC contains the following four-digit analgesic therapeutic categories: 1720—general analgesic, 1721—narcotic analgesic, 1722—nonnarcotic analgesic, 1724—antiarthritics, 1723—antimigraine/headache, 1726—central pain syndrome, 1727—Nonsteroidal anti-inflammatory drugs (NSAID), 1728—antipyretic, and 1729—menstrual products. These categories were collapsed into broader and mutually exclusive categories of narcotic analgesics, nonnarcotic analgesics, and NSAIDs. Under the NDC system aspirin is coded as an NSAID because of its anti-inflammatory properties, but also as an analgesic, an antiarthritic, and an antipyretic. In this report aspirin has been recoded into the non-narcotic analgesic category. Aspirin was not included as an NSAID because of its common use for cardiac therapy and its many other indications.

[Table XI](#) shows how generic analgesic drugs were reclassified for *Health, United States*. Analgesic drugs were reclassified based on the product’s main ingredients and/or indication of use. For example, Robitussin AC contains several ingredients, one of which is codeine, a narcotic. However, its main use is not for pain but for cough suppression, and it is therefore categorized as a cough and cold product as opposed to a narcotic analgesic product. Another example is methotrexate, which is used for treating certain neoplastic diseases and severe psoriasis in some formulations but is also used to treat rheumatoid arthritis and therefore appears in the list of nonnarcotic analgesic drugs, which include previously defined “antiarthritic” drugs in [table XI](#).

Neonatal mortality rate—See [Rate: Death and related rates](#).

Non-Federal physicians—See [Physician](#).

Title XI. National Drug Code (NDC) therapeutic class analgesic drug recodes

<i>Narcotic analgesics</i>	<i>Nonnarcotic analgesics</i>	<i>Nonsteroidal anti-inflammatory drugs (NSAIDs)</i>
Alfentanil Hydrochloride	Acetaminophen	Bromfenac Sodium
Alphaprodine	Acetylsalicylic Acid	Celecoxib
Bupernorphine	Aminobenzoic Acid	Diclofenac Potassium
Butorphanol	Aspirin	Diclofenac Sodium
Codeine	Auranofin	Difunisal
Dihydrocodeine	Aurothioglucose	Etodolac
Fentanyl	Butalbital	Fenoprofen
Hydrocodone Bitartrate	Capsaicin	Flurbiprofen Sodium
Hydromorphone	Carbaspirin Calcium	Ibuprofen
Levorphanol	Choline Salicylate	Indomethacin
Meperidine	Etanercept	Ketoprofen
Meperidine HCl	Fluprednisolone	Ketorolac Tromethamine
Methadone	Gold Sodium Thiomalate	Meclofenamate
Morphine	Gold Sodium Thiosulfate	Meclofenamic Acid
Morphine Sulfate	Hyaluronic Acid	Mefenamic Acid
Nalbuphine	Leflunomide	Meloxicam
Opium	Magnesium Salicylate	Nabumetone
Oxycodone	Menthol	Naproxen
Oxycodone HCl	Methotrexate	Oxaprozin
Pentazocine	Methylprednisolone	Piroxicam
Propoxyphene	Methylsulfonylmethane	Rofecoxib
Remifentanyl	Oxyphenbutazone	Sulindac
	Phenyl Salicylate	Suprofen
	Phenylbutazone	Tolmetin
	Prednisolone	Valdecoxib
	Salicylamide	
	Salsalate	
	Sodium Hyaluronate	
	Sodium Salicylate	
	Sodium Thiosalicylate	
	Tramadol	
	Triamcinilone	
	Zomepirac	

NOTE: Drugs originally classified as National Drug Code (NDC) therapeutic category 1720 (general analgesics); 1721 (narcotic analgesics); 1722 (non-narcotic analgesics); 1724 (antiarthritics); 1727 (NSAIDs); 1728 (antipyretics); and 1729 (menstrual products) were recoded into the three mutually exclusive categories shown above. NDC codes for the analgesic categories 1723 (antimigraine) and 1725 (antigout) were not recoded.

Nonpatient revenues—Nonpatient revenues are those revenues received for which no direct patient care services are rendered. The most widely recognized source of nonpatient revenues is philanthropy. Philanthropic support may be direct from individuals or may be obtained through philanthropic fund raising organizations such as the United Way. Support may also be obtained from foundations or corporations. Philanthropic revenues may be designated for direct patient care use or may be contained in an endowment fund where only the current income may be tapped.

Nonprofit hospitals—See [Hospital](#).

Notifiable disease—A notifiable disease is one that, when diagnosed, health providers are required, usually by law, to report to State or local public health officials. Notifiable diseases are those of public interest by reason of their contagiousness, severity, or frequency.

Nurse supply estimates—Nurse supply estimates are based on a model developed by Health Resources and Services Administration's (HRSA's) Bureau of Health Professions to meet the requirements of Section 951, P.L. 94–63. The model

estimates for each State (a) population of nurses currently licensed to practice; (b) supply of full- and part-time practicing nurses (or available to practice); and (c) full-time equivalent supply of nurses practicing full time plus one-half of those practicing part time (or available on that basis). The three estimates are divided into three levels of highest educational preparation—associate degree or diploma, baccalaureate, and master's and doctorate. Among the factors considered are new graduates, changes in educational status, nursing employment rates, age, migration patterns, death rates, and licensure phenomena. The base data for the model are derived from the National Sample Surveys of Registered Nurses, conducted by the Division of Nursing, Bureau of Health Professions, HRSA. Other data sources include National League for Nursing for data on nursing education and National Council of State Boards of Nursing for data on licensure. For further information, see HRSA's Division of Nursing Web site at www.bhpr.hrsa.gov/nursing.

Nursing care—The following definition of nursing care applies to data collected in National Nursing Home Surveys through 1977. Nursing care is provision of any of the following services: application of dressings or bandages; bowel and bladder retraining; catheterization; enema; full bed bath; hypodermic, intramuscular, or intravenous injection; irrigation; nasal feeding; oxygen therapy; and temperature-pulse-respiration or blood pressure measurement. See related [Nursing home](#).

Nursing care homes—See [Nursing home](#).

Nursing home—In the Online Survey Certification and Reporting database, a nursing home is a facility that is certified and meets the Center for Medicare & Medicaid Services' long-term care requirements for Medicare and Medicaid eligibility.

In the National Master Facility Inventory (NMFI), which provided the sampling frame for 1973–74, 1977, and 1985 National Nursing Home Surveys, a nursing home was an establishment with three or more beds that provided nursing or personal care services to the aged, infirm, or chronically ill. The following definitions of nursing home types applied to facilities listed in the NMFI. The 1977 National Nursing Home Survey included personal care homes and domiciliary care homes while the National Nursing Home Surveys of 1973–74, 1985, 1995, 1997, and 1999 excluded them.

Nursing care homes employ one or more full-time registered or licensed practical nurses and provide nursing care to at least one-half the residents.

Personal care homes with nursing have fewer than one-half the residents receiving nursing care. In addition, such homes employ one or more registered or licensed practical nurses or provided administration of medications and treatments in accordance with physicians' orders, supervision of self-administered medications, or three or more personal services.

Personal care homes without nursing have no residents who receive nursing care. These homes provide administration of medications and treatments in accordance with physicians' orders, supervise self-administered medications, or provide three or more personal services.

Domiciliary care homes primarily provide supervisory care but also provided one or two personal services.

The following definitions of certification levels apply to data collected in National Nursing Home Surveys of 1973–74, 1977, and 1985:

Skilled nursing facilities provide the most intensive nursing care available outside a hospital. Facilities certified by Medicare provide posthospital care to eligible Medicare enrollees. Facilities certified by Medicaid as skilled nursing facilities provide skilled nursing services on a daily basis to individuals eligible for Medicaid benefits.

Intermediate care facilities are certified by the Medicaid program to provide health-related services on a regular basis to Medicaid eligibles who do not require hospital or skilled nursing facility care but do require institutional care above the level of room and board.

Not certified facilities are not certified as providers of care by Medicare or Medicaid.

Beginning with the 1995 through 1999 National Nursing Home Surveys, nursing homes have been defined as facilities that routinely provide nursing care services and have three or more beds set up for residents. Facilities may be certified by Medicare or Medicaid or not certified but licensed by the

State as a nursing home. The facilities may be freestanding or a distinct unit of a larger facility.

After October 1, 1990, long-term care facilities that met the Omnibus Budget Reconciliation Act of 1987 (OBRA 87) nursing home reform requirements that were formerly certified under the Medicaid program as skilled nursing, nursing home, or intermediate care facilities were reclassified as “nursing facilities.” The Medicare program continues to certify skilled nursing facilities, but not intermediate care facilities. State Medicaid programs can certify intermediate care facilities for the mentally retarded or developmentally disabled. Nursing facilities must also be certified to participate in the Medicare program to be certified for participation in Medicaid, with the exception of those facilities that have obtained waivers. Thus most nursing home care is now provided in skilled care facilities.

See related [Long-term care facility](#); [Nursing care](#); [Resident](#).

Nursing home expenditures—See [Health expenditures, national](#).

Obesity—See [Body mass index \(BMI\)](#).

Occupancy rate—In American Hospital Association statistics, hospital occupancy rate is calculated as the average daily census divided by the number of hospital beds, cribs, and pediatric bassinets set up and staffed on the last day of the reporting period, expressed as a percentage. Average daily census is calculated by dividing the total annual number of inpatients, excluding newborns, by 365 days to derive the number of inpatients receiving care on an average day during the annual reporting period. The occupancy rate for facilities other than hospitals is calculated as the number of residents at the facility reported on the day of the interview divided by the number of reported beds. In the Online Survey Certification and Reporting database, occupancy is determined as of the day of certification inspection as the total number of residents on that day divided by the total number of beds on that day.

Office—In the National Ambulatory Medical Care Survey, a physician’s ambulatory practice (office) can be in any location other than in a hospital, nursing home, other extended care facility, patient’s home, industrial clinic, college clinic, or family planning clinic. Offices in health maintenance organizations and private offices in hospitals are included. See related [Office visit](#); [Outpatient visit](#); [Physician](#).

Office-based physician—See [Physician](#).

Office visit—In the National Ambulatory Medical Care Survey, an office visit is any direct personal exchange between an ambulatory patient and a physician or members of his or her staff for the purposes of seeking care and rendering health services. See related [Outpatient visit](#).

Operations—See [Procedure](#).

Outpatient department—According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), an outpatient department (OPD) is a hospital facility where nonurgent ambulatory medical care is provided. The following types of OPDs are excluded from the NHAMCS: ambulatory surgical centers, chemotherapy, employee health services, renal dialysis, methadone maintenance, and radiology. See related [Emergency department](#); [Outpatient visit](#).

Outpatient surgery—According to the American Hospital Association, outpatient surgery is a surgical operation, whether major or minor, performed on patients who do not remain in the hospital overnight. Outpatient surgery may be performed in inpatient operating suites, outpatient surgery suites, or procedure rooms within an outpatient care facility. A surgical operation involving more than one surgical procedure is considered one surgical operation. See related [Procedure](#).

Outpatient visit—The American Hospital Association defines outpatient visits as visits for receipt of medical, dental, or other services at a hospital by patients who are not lodged in the hospital. Each appearance by an outpatient to each unit of the hospital is counted individually as an outpatient visit, including all clinic visits, referred visits, observation services, outpatient surgeries, and emergency department visits. In the National Hospital Ambulatory Medical Care Survey an outpatient department visit is a direct personal exchange between a patient and a physician or other health care provider working under the physician’s supervision for the purpose of seeking care and receiving personal health services. See related [Emergency department/emergency room visit](#); [Outpatient department](#).

Overweight—See [Body mass index \(BMI\)](#).

Pap smear—A Pap smear (also known as a Papanicolaou smear or Pap test) is a microscopic examination of cells scraped from the cervix that is used to detect cancerous or precancerous conditions of the cervix or other medical

conditions. In the National Health Interview Survey questions concerning use of Pap smear differed slightly across the years for which data are shown. In 1987 women were asked to report when they had their most recent Pap smear in days, weeks, months, or years. Women who did not respond were asked a follow-up question, “Was it 3 years ago or less, between 3 and 5 years, or 5 years or more ago?” In 1993 and 1994 women were asked whether they had a Pap smear within the past year, between 1 and 3 years ago, or more than 3 years ago. In 1998 women were asked whether they had a Pap smear 1 year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or more than 5 years ago. In 1999 women were asked when they had their most recent Pap smear in days, weeks, months, or years. In 1999, 4 percent of women in the sample responded “3 years ago.” In this analysis these women were coded as “within the past 3 years,” although a response of “3 years ago” may include women whose last Pap smear was more than 3 but less than 4 years ago. Thus estimates for 1999 are overestimated to some degree in comparison with estimates for previous years. In 2000 women were asked when they had their most recent Pap smear (give month and year). Women who did not respond were given a follow-up question that used the 1999 wording and women who did not answer the follow-up question were asked a second follow-up question that used the 1998 wording. In 2000 less than 1 percent of women in the sample answered “3 years ago” using the 1999 wording and they were coded as “within the past 3 years.” Thus estimates for 2000 may be slightly overestimated in comparison with estimates for years prior to 1999.

Partial care organization—See [Mental health organization](#).

Partial care treatment—See [Mental health service type](#).

Patient—See [Home health care](#); [Hospice care](#); [Inpatient](#); [Office visit](#); [Outpatient visit](#).

Percent change—See [Average annual rate of change](#).

Perinatal mortality rate; ratio—See [Rate: Death and related rates](#).

Personal care homes with or without nursing—See [Nursing home](#).

Personal health care expenditures—See [Health expenditures, national](#).

Physician—Data on physician characteristics are obtained through physician self-report for the American Medical Association’s Physician Masterfile. The AMA tabulates data only for doctors of medicine (MDs), but some tables in *Health, United States* include data for both MDs and doctors of osteopathy (DOs).

Active (or professionally active) physicians are currently engaged in patient care or other professional activity for a minimum of 20 hours per week. Other professional activity includes administration, medical teaching, research, and other activities, such as employment with insurance carriers, pharmaceutical companies, corporations, voluntary organizations, medical societies, and the like. Physicians who are retired, semiretired, working part-time, or not practicing are classified as inactive and are excluded. Also excluded are physicians with address unknown and physicians who did not provide information on type of practice or present employment (not classified).

Federal physicians are those employed full time by the Federal Government, including the Army, Navy, Air Force, Veterans’ Administration, Public Health Service, and other federally funded agencies. The majority of U.S. physicians are employed outside the Federal Government (97.4 percent).

Hospital-based physicians are employed under contract with hospitals to provide direct patient care and include physicians in residency training (including clinical fellows) and full-time members of the hospital staff.

Office-based physicians are engaged in seeing patients in solo practice, group practice, two-physician practice, other patient care employment, or inpatient services such as those provided by pathologists and radiologists.

Data for physicians are presented by type of education (doctors of medicine and doctors of osteopathy); place of education (U.S. medical graduates and international medical graduates); activity status (professionally active and inactive); employment setting (Federal and non-Federal); area of specialty; and geographic area. See related [Office](#); [Physician specialty](#).

Physician specialty—A physician specialty is any specific branch of medicine in which a physician may concentrate. Data are based on physician self-reports of their primary area of specialty. Physician data are broadly categorized into two areas of practice: generalists and specialists.

Primary care generalists practice in the general fields of family and general practice, general internal medicine, and general pediatrics. They specifically exclude primary care specialists.

Primary care specialists practice in the subspecialties of general and family practice, internal medicine, and pediatrics. Family practice subspecialties include geriatric medicine and sports medicine. Internal medicine subspecialties include diabetes, endocrinology and metabolism, hematology, hepatology, cardiac electrophysiology, infectious diseases, diagnostic laboratory immunology, geriatric medicine, sports medicine, nephrology, nutrition, medical oncology, and rheumatology. Pediatric subspecialties include adolescent medicine, critical care pediatrics, neonatal-perinatal medicine, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric pulmonology, pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, diagnostic laboratory immunology, pediatric nephrology, pediatric rheumatology, and sports medicine.

Specialist physicians practice in the primary care specialties, in addition to all other specialist fields not included in the generalist definition. Specialist fields include allergy and immunology, aerospace medicine, anesthesiology, cardiovascular diseases, child and adolescent psychiatry, colon and rectal surgery, dermatology, diagnostic radiology, forensic pathology, gastroenterology, general surgery, medical genetics, neurology, nuclear medicine, neurological surgery, obstetrics and gynecology, occupational medicine, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, public health and general preventive medicine, physical medicine and rehabilitation, plastic surgery, anatomic and clinical pathology, pulmonary diseases, radiation oncology, thoracic surgery, urology, addiction medicine, critical care medicine, legal medicine, and clinical pharmacology.

See related [Physician](#).

Point-of-service (POS) plan—A health plan that allows members to choose to receive services from a participating or non-participating network provider, usually with a financial disincentive for going outside the network. More of a product than an organization, POS plans can be offered by HMOs, PPOs, or self-insured employers. See related [Health maintenance organization \(HMO\)](#); [Managed care](#); [Preferred provider organization \(PPO\)](#).

Population—The U.S. Bureau of the Census collects and publishes data on populations in the United States according to several different definitions. Various statistical systems then use the appropriate population for calculating rates. See also [Appendix I, Population Census and Population Estimates](#).

Total population is the population of the United States, including all members of the Armed Forces living in foreign countries, Puerto Rico, Guam, and the U.S. Virgin Islands. Other Americans abroad (for example, civilian Federal employees and dependents of members of the Armed Forces or other Federal employees) are not included.

Resident population includes persons whose usual place of residence (that is, the place where one usually lives and sleeps) is in one of the 50 States or the District of Columbia. It includes members of the Armed Forces stationed in the United States and their families. It excludes international military, naval, and diplomatic personnel and their families located in this country and residing in embassies or similar quarters. Also excluded are international workers and international students in this country and Americans living abroad. The resident population is the denominator for calculating birth and death rates and incidence of disease.

Civilian population is the resident population excluding members of the Armed Forces. However, families of members of the Armed Forces are included. This population is the denominator in rates calculated for the National Hospital Discharge Survey, the National Home and Hospice Care Survey, and the National Nursing Home Survey.

Civilian noninstitutionalized population is the civilian population not residing in institutions such as correctional institutions, detention homes, and training schools for juvenile delinquents; homes for aged and dependent

persons (for example, nursing homes and convalescent homes); homes for dependent and neglected children; homes and schools for mentally or physically handicapped persons; homes for unwed mothers; psychiatric, tuberculosis, and chronic disease hospitals; and residential treatment centers. Census Bureau estimates of the civilian noninstitutionalized population are used to calculate sample weights for the National Health Interview Survey, National Health and Nutrition Examination Survey, and National Survey of Family Growth, and as denominators in rates calculated for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey.

Introduction of census 2000 population estimates—Health United States, 2003 marked the transition to the use of year 2000 resident population estimates based on the 2000 census for calculation of rates. Previously 1991–2000 rates were based on post-1990 population estimates. Birth rates and death rates for 1991–99 were revised using intercensal population estimates based on the 2000 census. Rates for 2000 were revised using census 2000 counts. Data systems and surveys that use civilian and civilian noninstitutionalized population estimates as denominators for computation of rates for the period 1991–99 may be updated in future *Health, United States* reports, but have not been updated in the 2004 report. See [Appendix I, Population Census and Population Estimates](#).

Postneonatal mortality rate—See [Rate: Death and related rates](#).

Poverty level—Poverty statistics are based on definitions originally developed by the Social Security Administration. These include a set of money income thresholds that vary by family size and composition. Families or individuals with income below their appropriate thresholds are classified as below the poverty level. These thresholds are updated annually by the U.S. Bureau of the Census to reflect changes in the Consumer Price Index for all urban consumers (CPI-U). For example, the average poverty threshold for a family of four was \$17,603 in 2000 and \$13,359 in 1990. For more information, see U.S. Bureau of the Census: *Consumer Income and Poverty 2003*. Series P-60. Washington, DC: U.S. Government Printing Office. 2003. Also see www.census.gov/hhes/www/poverty.html.

National Health Interview Survey—Poverty level, for years prior to 1997, was based on family income and family size using Bureau of the Census poverty thresholds. Beginning in 1997 poverty status is based on family income, family size, number of children in the family, and for families with two or fewer adults, the age of the adults in the family. See related [Consumer Price Index \(CPI\)](#); [Family income](#); [Appendix I, Current Population Survey](#); [National Health Interview Survey](#).

Preferred provider organization (PPO)—A PPO is a type of medical plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but they would pay a greater percentage of the cost of coverage than within the network. See related [Health maintenance organization \(HMO\)](#); [Managed care](#); [Point-of-service \(POS\) plan](#).

Prenatal Care—Prenatal care is medical care provided to a pregnant woman to prevent complications and decrease the incidence of maternal and prenatal mortality. Information on when pregnancy care began is recorded on the birth certificate. Between 1970 and 1980 the reporting area for prenatal care expanded. In 1970, 39 States and the District of Columbia reported prenatal care on the birth certificate. Data were not available from Alabama, Alaska, Arkansas, Connecticut, Delaware, Georgia, Idaho, Massachusetts, New Mexico, Pennsylvania, and Virginia. In 1975 these data were available from three additional States, Connecticut, Delaware, and Georgia, increasing the number of States reporting prenatal care to 42 and the District of Columbia. Starting in 1980 prenatal care information was available for the entire United States.

Prevalence—Prevalence is the number of cases of a disease, infected persons, or persons with some other attribute present during a particular interval of time. It is often expressed as a rate (for example, the prevalence of diabetes per 1,000 persons during a year). See related [Incidence](#).

Primary admission diagnosis—In the National Home and Hospice Care Survey the primary admission diagnosis is the first-listed diagnosis at admission on the patient's medical record as provided by the agency staff member most familiar with the care provided to the patient.

Primary care specialties—See [Physician specialty](#).

Private expenditures—See [Health expenditures, national](#).

Procedure—The National Hospital Discharge Survey (NHDS) defines a procedure as a surgical or nonsurgical operation, diagnostic procedure, or therapeutic procedure (such as respiratory therapy) recorded on the medical record of discharged patients. A maximum of four procedures per discharge is recorded in NHDS. Procedures are coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modification* (see [table X](#)). See related [Outpatient surgery](#).

Proprietary hospitals—See [Hospital](#).

Psychiatric hospitals—See [Hospital](#); [Mental health organization](#).

Public expenditures—See [Health expenditures, national](#).

Public health activities—Public health activities may include any of the following essential services of public health—surveillance, investigations, education, community mobilization, workforce training, research, and personal care services delivered or funded by governmental agencies.

Race—In 1977 the Office of Management and Budget (OMB) issued Race and Ethnicity Standards for Federal Statistics and Administrative Reporting to promote comparability of data among Federal data systems. The 1977 Standards called for the Federal Government's data systems to classify individuals into the following four racial groups: American Indian or Alaska Native, Asian or Pacific Islander, black, and white. Depending on the data source, the classification by race was based on self-classification or on observation by an interviewer or other person filling out the questionnaire.

In 1997 new standards were announced for classification of individuals by race within the Federal Government's data systems (*Federal Register*, 62FR58781–58790). The 1997 Standards have five racial groups: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. These five categories are the minimum set for data on race in Federal statistics. The 1997 Standards also offer an opportunity for respondents to select more than one of the five groups, leading to many possible multiple-race categories. As with the single-race groups, data for the multiple-race groups are to be reported when estimates meet agency requirements for reliability and confidentiality. The 1997 Standards allow for observer or

proxy identification of race but clearly state a preference for self-classification. The Federal Government considers race and Hispanic origin to be two separate and distinct concepts. Thus Hispanics may be of any race. Federal data systems were required to comply with the 1997 Standards by 2003.

National Health Interview Survey (NHIS)—Starting with *Health, United States, 2002*, race-specific estimates based on the NHIS were tabulated using the 1997 Standards for data year 1999 and beyond and are not strictly comparable with estimates for earlier years. The 1997 Standards specify five single-race categories plus multiple-race categories. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories “White only,” “Black or African American only,” “American Indian and Alaska Native only,” “Asian only,” and “Native Hawaiian and Other Pacific Islander only” include persons who reported only one racial group; the category “2 or more races” includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and “Some other race.” Prior to data year 1999, data were tabulated according to the 1977 Standards with four racial groups and the category “Asian only” included Native Hawaiian and Other Pacific Islander. Estimates for single-race categories prior to 1999 included persons who reported one race or, if they reported more than one race, identified one race as best representing their race. Differences between estimates tabulated using the two Standards for data year 1999 are discussed in the footnotes for each NHIS table.

[Tables XII](#) and [XIII](#) illustrate NHIS data tabulated by race and Hispanic origin according to the 1997 and 1977 Standards for two health statistics (cigarette smoking and private health insurance coverage). In these illustrations, three separate tabulations using the 1997 Standards are shown: 1) Race: mutually exclusive race groups, including several multiple-race combinations; 2) Race, any mention: race groups that are not mutually exclusive because each race category includes all persons who mention that race; and 3) Hispanic origin and race: detailed race and Hispanic origin with a multiple-race total category. Where applicable, comparison tabulations by race and Hispanic origin are shown based on the 1977 Standards. Because there are more race groups with the 1997 Standards, the sample size of each race

Table XII. Current cigarette smoking by persons 18 years of age and over, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993–95

1997 Standards	Sample size	Percent	Standard error	1977 Standards	Sample size	Percent	Standard error
Race							
White only	46,228	25.2	0.26	White	46,664	25.3	0.26
Black or African American only	7,208	26.6	0.64	Black	7,334	26.5	0.63
American Indian and Alaska Native only	416	32.9	2.53	American Indian and Alaska Native	480	33.9	2.38
Asian only	1,370	15.0	1.19	Asian and Pacific Islander	1,411	15.5	1.22
2 or more races total	786	34.5	2.00				
Black or African American; White	83	*21.7	6.05				
American Indian and Alaska Native; White	461	40.0	2.58				
Race, any mention							
White, any mention	46,882	25.3	0.26				
Black or African American, any mention	7,382	26.6	0.63				
American Indian and Alaska Native, any mention	965	36.3	1.71				
Asian, any mention	1,458	15.7	1.20				
Native Hawaiian and Other Pacific Islander, any mention	53	*17.5	5.10				
Hispanic origin and race							
Not Hispanic or Latino:				Non-Hispanic:			
White only	42,421	25.8	0.27	White	42,976	25.9	0.27
Black or African American only	7,053	26.7	0.65	Black	7,203	26.7	0.64
American Indian and Alaska Native only	358	33.5	2.69	American Indian and Alaska Native	407	35.4	2.53
Asian only	1,320	14.8	1.21	Asian and Pacific Islander	1,397	15.3	1.24
2 or more races total	687	35.6	2.15				
Hispanic or Latino	5,175	17.8	0.65	Hispanic	5,175	17.8	0.65

*Relative standard error 20–30 percent.

NOTES: The 1997 Standards for Federal data on race and ethnicity set five single-race groups (White, Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allow respondents to report one or more race groups. Estimates for single-race and multiple-race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30 percent). Race groups under the 1997 Standards were based on the question, "What is the group or groups which represents ____ race?" For persons who selected multiple groups, race groups under the 1977 Standards were based on the additional question, "Which of those groups would you say best represents ____ race?" Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Percents are age adjusted to the year 2000 standard using three age groups: Under 18 years, 18–44 years, and 45–64 years of age. See [Appendix II, Age adjustment](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey.

group under the 1997 Standards is slightly smaller than the sample size under the 1977 Standards. Only those few multiple-race groups with sufficient numbers of observations to meet standards of statistical reliability are shown. [Tables XII](#) and [XIII](#) also illustrate changes in labels and group categories in the 1997 Standards. The race designation of Black was changed to Black or African American and the ethnicity designation of Hispanic was changed to Hispanic or Latino.

Data systems included in *Health, United States*, other than the National Health Interview Survey (NHIS) and the National Survey of Drug Use & Health (NSDUH), generally do not permit tabulation of estimates for the detailed race and ethnicity categories shown in [tables XII](#) and [XIII](#), either because race data based on the 1997

standard categories are not yet available or because there are insufficient numbers of observations to meet statistical reliability or confidentiality requirements.

National Health and Nutrition Examination Survey (NHANES)—Starting with *Health, United States, 2003* race-specific estimates based on NHANES were tabulated using the 1997 Standards for data years 1999 and beyond. Prior to data year 1999, the 1977 Standards were used. Because of the differences between the two Standards, the race-specific estimates shown in trend tables based on the NHANES for 1999–2000 are not strictly comparable with estimates for earlier years. Each trend table based on the NHANES includes a footnote that discusses differences between estimates tabulated using the two Standards for survey

Table XIII. Private health care coverage for persons under 65 years of age, according to race and Hispanic origin under the 1977 and 1997 Standards for Federal data on race and ethnicity: United States, average annual 1993–95

1997 Standards	Sample size	Percent	Standard error	1977 Standards	Sample size	Percent	Standard error
Race							
White only	168,256	76.1	0.28	White	170,472	75.9	0.28
Black or African American only	30,048	53.5	0.63	Black	30,690	53.6	0.63
American Indian and Alaska Native only	2,003	44.2	1.97	American Indian and Alaska Native	2,316	43.5	1.85
Asian only	6,896	68.0	1.39	Asian and Pacific Islander	7,146	68.2	1.34
Native Hawaiian and Other Pacific Islander only	173	75.0	7.43				
2 or more races total	4,203	60.9	1.17				
Black or African American; White	686	59.5	3.21				
American Indian and Alaska Native; White	2,022	60.0	1.71				
Asian; White	590	71.9	3.39				
Native Hawaiian and Other Pacific Islander; White	56	59.2	10.65				
Race, any mention							
White, any mention	171,817	75.8	0.28				
Black or African American, any mention	31,147	53.6	0.62				
American Indian and Alaska Native, any mention	4,365	52.4	1.40				
Asian, any mention	7,639	68.4	1.27				
Native Hawaiian and Other Pacific Islander, any mention	283	68.7	6.23				
Hispanic origin and race							
Not Hispanic or Latino:				Non-Hispanic:			
White only	146,109	78.9	0.27	White	149,057	78.6	0.27
Black or African American only	29,250	53.9	0.64	Black	29,877	54.0	0.63
American Indian and Alaska Native only	1,620	45.2	2.15	American Indian and Alaska Native	1,859	44.6	2.05
Asian only	6,623	68.2	1.43	Asian and Pacific Islander	6,999	68.4	1.40
Native Hawaiian and Other Pacific Islander only	145	76.4	7.79				
2 or more races total	3,365	62.6	1.18				
Hispanic or Latino	31,040	48.8	0.74	Hispanic	31,040	48.8	0.74

NOTES: The 1997 Standards for Federal data on race and ethnicity set five single-race groups (White, Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) and allow respondents to report one or more race groups. Estimates for single-race and multiple-race groups not shown above do not meet standards for statistical reliability or confidentiality (relative standard error greater than 30 percent). Race groups under the 1997 Standards were based on the question, "What is the group or groups which represents ____ race?" For persons who selected multiple groups, race groups under the 1977 Standards were based on the additional question, "Which of those groups would you say best represents ____ race?" Race-specific estimates in this table were calculated after excluding respondents of other and unknown race. Other published race-specific estimates are based on files in which such responses have been edited. Percents are age adjusted to the year 2000 standard using three age groups: Under 18 years, 18–44 years, and 45–64 years of age. See [Appendix II, Age adjustment](#).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey.

years 1999–2000. Race in NHANES I and II was determined primarily by interviewer observation; starting with NHANES III, race was self-reported by survey participants.

The NHANES sample was designed to provide estimates specifically for persons of Mexican origin and not for all Hispanic-origin persons in the United States. Persons of Hispanic origin other than Mexicans were entered into the sample with different selection probabilities that are not nationally representative of the total U.S. Hispanic population. Estimates are shown for non-Hispanic white, non-Hispanic black, and Mexican. Although data were

collected according to the 1997 Standards, there are insufficient numbers of observations to meet statistical reliability or confidentiality requirements for reporting estimates for additional race categories.

National Survey on Drug Use & Health (NSDUH)—Race-specific estimates based on NSDUH are tabulated using the 1997 Standards. Estimates in the NSDUH trend table begin with the data year 1999. Estimates for specific race groups are shown when they meet requirements for statistical reliability and confidentiality. The race categories "White only," "Black or African American only," "American Indian and Alaska Native only," "Asian only,"

and “Native Hawaiian and Other Pacific Islander only” include persons who reported only one racial group; and the category “2 or more races” includes persons who reported more than one of the five racial groups in the 1997 Standards or one of the five racial groups and “Some other race.”

National Vital Statistics System—Most of the States in the Vital Statistics Cooperative Program are still revising their birth and death records to conform to the 1997 standards on race and ethnicity. During the transition to full implementation of the 1997 standards, vital statistics data will continue to be presented for the four major race groups, white, black or African American, American Indian or Alaska Native, and Asian or Pacific Islander, in accordance with 1977 standards.

Birth File—Information about the race and Hispanic ethnicity of the mother and father are provided by the mother at the time of birth and recorded on the birth certificate and fetal death record. Since 1980, birth rates, birth characteristics, and fetal death rates for live-born infants and fetal deaths are presented in this report according to race of mother. Before 1980 data were tabulated by race of newborn and fetus, taking into account the race of both parents. If the parents were of different races and one parent was white, the child was classified according to the race of the other parent. When neither parent was white, the child was classified according to father’s race, with one exception: if either parent was Hawaiian, the child was classified Hawaiian. Before 1964, if race was unknown, the birth was classified as white. Beginning in 1964 unknown race was classified according to information on the previous birth record.

Mortality File—Information about the race and Hispanic ethnicity of the decedent is reported by the funeral director as provided by an informant, often the surviving next of kin, or, in the absence of an informant, on the basis of observation. Death rates by race and Hispanic origin are based on information from death certificates (numerators of the rates) and on population estimates from the Census Bureau (denominators). Race and ethnicity information from the census is by self-report. To the extent that race and Hispanic origin are inconsistent between these two data sources, death rates will be biased. Studies have shown that persons self-reported as American Indian, Asian, or Hispanic on census and

survey records may sometimes be reported as white or non-Hispanic on the death certificate, resulting in an underestimation of deaths and death rates for the American Indian, Asian, and Hispanic groups. Bias also results from undercounts of some population groups in the census, particularly young black and young white males and elderly persons, resulting in an overestimation of death rates. The net effects of misclassification and undercoverage result in overstated death rates for the white population and black population estimated to be 1 percent and 5 percent, respectively; and understated death rates for other population groups estimated as follows: American Indians, 21 percent; Asian or Pacific Islanders, 11 percent; and Hispanics, 2 percent. For more information, see Rosenberg HM, Maurer JD, Sorlie PD, Johnson NJ, et al. Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Stat* 2(128). 1999.

Denominators for infant and maternal mortality rates are based on number of live births rather than population estimates. Race information for the denominator is supplied from the birth certificate. Before 1980, race of child for the denominator took into account the races of both parents. Starting in 1980, race information for the denominator was based solely on race of mother. Race information for the numerator is supplied from the death certificate. For the infant mortality rate, race information for the numerator is race of the deceased child; for the maternal mortality rate, it is race of the mother.

Vital event rates for the American Indian or Alaska Native population shown in this book are based on the total U.S. resident population of American Indians and Alaska Natives, as enumerated by the U.S. Bureau of Census. In contrast the Indian Health Service calculates vital event rates for this population based on U.S. Bureau of Census county data for American Indians and Alaska Natives who reside on or near reservations. Interpretation of trends for the American Indian and Alaska Native population should take into account that population estimates for these groups increased by 45 percent between 1980 and 1990, partly because of better enumeration techniques in the 1990 decennial census and the increased tendency for people to identify themselves as American Indian in 1990.

Interpretation of trends for the Asian population in the United States should take into account that this population more than doubled between 1980 and 1990, primarily because of immigration.

For more information on coding race using vital statistics, see: National Center for Health Statistics, Technical Appendix, *Vital Statistics of the United States*, Vol I, Natality, and Vol II, Mortality, Part A available on the NCHS home page at www.cdc.gov/nchs/nvss.htm. See related [Hispanic origin; Appendix I, Population Census and Population Estimates](#).

Rate—A rate is a measure of some event, disease, or condition in relation to a unit of population, along with some specification of time. See related [Age adjustment; Population](#).

■ Birth and related rates

Birth rate is calculated by dividing the number of live births in a population in a year by the midyear resident population. For census years, rates are based on unrounded census counts of the resident population, as of April 1. For the noncensus years 1981–89, rates were based on national estimates of the resident population, as of July 1, rounded to 1,000s. Rounded population estimates for 5-year age groups were calculated by summing unrounded population estimates before rounding to 1,000s. Starting in 1991 rates were based on unrounded national population estimates. Beginning in 1997 the birth rate for the maternal age group 45–49 years includes data for mother's age 50–54 years in the numerator and is based on the population of women 45–49 years in the denominator. Birth rates are expressed as the number of live births per 1,000 population.

The rate may be restricted to births to women of specific age, race, marital status, or geographic location (specific rate), or it may be related to the entire population (crude rate). See related [Cohort fertility](#).

Fertility rate is the total number of live births, regardless of age of mother, per 1,000 women of reproductive age, 15–44 years.

■ Death and related rates

Death rate is calculated by dividing the number of deaths in a population in a year by the midyear resident

population. For census years, rates are based on unrounded census counts of the resident population, as of April 1. For the noncensus years 1981–89, rates were based on national estimates of the resident population, as of July 1, rounded to 1,000s. Rounded population estimates for 10-year age groups were calculated by summing unrounded population estimates before rounding to 1,000s. Starting in 1991 rates were based on unrounded national population estimates. Rates for the Hispanic and non-Hispanic white populations in each year are based on unrounded State population estimates for States in the Hispanic reporting area. Death rates are expressed as the number of deaths per 100,000 population. The rate may be restricted to deaths in specific age, race, sex, or geographic groups or from specific causes of death (specific rate) or it may be related to the entire population (crude rate).

Fetal death rate is the number of fetal deaths with stated or presumed gestation of 20 weeks or more divided by the sum of live births plus fetal deaths, per 1,000 live births plus fetal deaths. *Late fetal death rate* is the number of fetal deaths with stated or presumed gestation of 28 weeks or more divided by the sum of live births plus late fetal deaths, per 1,000 live births plus late fetal deaths. See related [Gestation](#).

Infant mortality rate based on period files is calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births. *Neonatal mortality rate* is the number of deaths of children under 28 days of age, per 1,000 live births. *Postneonatal mortality rate* is the number of deaths of children that occur between 28 days and 365 days after birth, per 1,000 live births. See related [Infant death](#).

Birth cohort infant mortality rates are based on linked birth and infant death files. In contrast to period rates in which the births and infant deaths occur in the same period or calendar year, infant deaths constituting the numerator of a birth cohort rate may have occurred in the same year as, or in the year following, the year of birth. The birth cohort infant mortality rate is expressed as the number of infant deaths per 1,000 live births. See related [Birth cohort](#).

Perinatal relates to the period surrounding the birth event. Rates and ratios are based on events reported in a calendar year. *Perinatal mortality rate* is the sum of late fetal deaths plus infant deaths within 7 days of birth divided by the sum of live births plus late fetal deaths, per 1,000 live births plus late fetal deaths. *Perinatal mortality ratio* is the sum of late fetal deaths plus infant deaths within 7 days of birth divided by the number of live births, per 1,000 live births.

Maternal mortality rate is defined as the number of maternal deaths per 100,000 live births. The maternal mortality rate is a measure of the likelihood that a pregnant woman will die from maternal causes. The number of live births used in the denominator is a proxy for the population of pregnant women who are at risk of a maternal death. See related [Maternal death](#).

Region—See [Geographic region and division](#).

Registered hospitals—See [Hospital](#).

Registered nursing education—Registered nursing data are shown by level of educational preparation. Baccalaureate education requires at least 4 years of college or university; associate degree programs are based in community colleges and are usually 2 years in length; and diploma programs are based in hospitals and are usually 3 years in length.

Registration area—The United States has separate registration areas for birth, death, marriage, and divorce statistics. In general, registration areas correspond to States and include two separate registration areas for the District of Columbia and New York City. All States have adopted laws that require registration of births and deaths and reporting of fetal deaths. It is believed that more than 99 percent of births and deaths occurring in this country are registered.

The *death registration area* was established in 1900 with 10 States and the District of Columbia, and the *birth registration area* was established in 1915, also with 10 States and the District of Columbia. Beginning with 1933, all States were included in the birth and death registration areas. The specific States added year by year are shown in "History and Organization of the Vital Statistics System." Reprinted from *Vital Statistics of the United States Vol I, 1950*, chapter 1. National Center for Health Statistics. 1978. Currently, Puerto Rico, U.S. Virgin Islands, and Guam each constitutes a separate registration area, although their data are not

included in statistical tabulations of U.S. resident data. See related [Reporting area](#).

Relative standard error—The relative standard error (RSE) is a measure of an estimate's reliability. The RSE of an estimate is obtained by dividing the standard error of the estimate ($SE(r)$) by the estimate itself (r). This quantity is expressed as a percent of the estimate and is calculated as follows: $RSE = 100 \times (SE(r)/r)$. Estimates with large RSEs are considered unreliable. In *Health, United States* most statistics with large RSEs are preceded by an asterisk or not presented.

Relative survival rate—The relative survival rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. The 5-year relative survival rate is used to estimate the proportion of cancer patients potentially curable. Because over one-half of all cancers occur in persons 65 years of age and over, many of these individuals die of other causes with no evidence of recurrence of their cancer. Thus, because it is obtained by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate is an estimate of the chance of surviving the effects of cancer.

Reporting area—In the National Vital Statistics System, the reporting area for such basic items on the birth and death certificates as age, race, and sex, is based on data from residents of all 50 States in the United States and the District of Columbia (DC). The reporting area for selected items such as Hispanic origin, educational attainment, and marital status, is based on data from those States that require the item to be reported, whose data meet a minimum level of completeness (such as 80 or 90 percent), and are considered to be sufficiently comparable to be used for analysis. In 1993–96 the reporting area for Hispanic origin of decedent on the death certificate included 49 States and DC. Starting in 1997 the Hispanic reporting area includes all 50 States and DC. See related [Registration area](#); [Appendix I, National Vital Statistics System](#).

Resident—In the Online Survey Certification and Reporting database, all residents in certified facilities are counted on the day of certification inspection. In the National Nursing Home Survey, a resident is a person on the roster of the nursing

home as of the night before the survey. Included are all residents for whom beds are maintained even though they may be on overnight leave or in a hospital. See related [Nursing home](#).

Resident population—See [Population](#).

Residential treatment care—See [Mental health service type](#).

Residential treatment centers for emotionally disturbed children—See [Mental health organization](#).

Rural—See [Urbanization](#).

Self-assessment of health—See [Health status, respondent-assessed](#).

Serious psychological distress—The serious psychological distress scale (K6) is a six-item scale developed to measure serious mental illness. The K6 was asked of adults 18 years of age and older. The answers were self-reported and no proxies were allowed. The K6 is designed to identify persons with serious psychological distress using as few questions as possible. The six items included in the K6 are:

During the past 30 days, how often did you feel so sad that nothing could cheer you up?

- nervous?
- restless or fidgety?
- hopeless?
- that everything was an effort?
- worthless?

Possible answers are all of the time (4 points), most of the time (3 points), some of the time (2 points), a little of the time (1 point), and none of the time (0 points).

To score the K6, the points are added together yielding a possible total of 0 to 24 points. A threshold of 13 or more is used to define serious mental illness. Persons answering “some of the time” to all six questions would not reach the threshold for serious mental illness, since to achieve a score of 13 they would need to answer “most of the time” to at least one item.

For more information, see Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, Howes MJ, Normand S-L T, Manderscheid RW, Walters EE, Zaslavsky AM. Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2003; 60:184–189.

Short-stay hospital—See [Hospital](#).

Skilled nursing facility—See [Nursing home](#).

Smoker—See [Cigarette smoking](#).

Specialty hospital—See [Hospital](#).

State health agency—The agency or department within State government headed by the State or territorial health official. Generally, the State health agency is responsible for setting statewide public health priorities, carrying out national and State mandates, responding to public health hazards, and assuring access to health care for underserved State residents.

State Children's Health Insurance Program (SCHIP)—Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP), is a program initiated by the Balanced Budget Act of 1997 (BBA). SCHIP provides more Federal funds for States to provide health care coverage to low-income, uninsured children. SCHIP gives States broad flexibility in program design while protecting beneficiaries through Federal standards. Funds from SCHIP may be used to expand Medicaid or to provide medical assistance to children during a presumptive eligibility period for Medicaid. This is one of several options from which States may select to provide health care coverage for more children, as prescribed within the BBA's Title XXI program. See related [Health insurance coverage](#); [Medicaid](#).

Substance use—refers to the use of selected substances including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible detrimental effects.

The Monitoring the Future Study (MTF)—The MTF collects information on use of selected substances using self-completed questionnaires to a school-based survey of secondary school students. MTF has tracked 12th-graders' illicit drug use and attitudes towards drugs since 1975. In 1991, 8th and 10th graders were added to the study. The survey includes questions on abuse of substances including (but not limited to) marijuana, inhalants, illegal drugs, alcohol, cigarettes, and other tobacco products. A standard set of three questions is used to assess use of the substances in the past month. “Past month” refers to an individual's use of a substance

at least once during the month preceding their response to the survey. See related [Appendix I, Monitoring the Future Study](#).

National Survey on Drug Use & Health (NSDUH)—The NSDUH conducts in-person interviews of a sample of individuals 12 years of age and older at their place of residence. For illicit drug use, alcohol use, and tobacco use, information is collected about use in past month. For information on illicit drug use, respondents in the NSDUH are asked about use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and prescription-type drugs used nonmedically (pain relievers, tranquilizers, stimulants, and sedatives). A series of questions is asked about each substance: “Have you ever, even once, used [e.g., Ecstasy, also known as MDMA/substance]?” “Think specifically about the past 30 days, from [date] up to and including today. During the past 30 days, on how many days did you use [substance]?” Numerous probes and checks are included in the computer-assisted interview system. Nonprescription medications and legitimate uses under a doctor’s supervision are not included in the survey. Summary measures such as “any illicit drug use” are produced. See related [Appendix I, National Survey on Drug Use & Health](#).

See related [Alcohol consumption](#); [Cigarette smoking](#); [Illicit drug use](#).

Substance abuse treatment clients—In the Substance Abuse and Mental Health Services Administration’s National Survey of Substance Abuse Treatment Services, substance abuse treatment clients have been admitted to treatment and have been seen on a scheduled appointment basis at least once in the month before the survey reference date or were inpatients on the survey reference date. Types of treatment include 24-hour detoxification, 24-hour rehabilitation or residential care, and outpatient care.

Suicidal ideation—Suicidal ideation is having thoughts of suicide or of taking action to end one’s own life. Suicidal ideation includes all thoughts of suicide, both when the thoughts include a plan to commit suicide and when they do not include a plan. Suicidal ideation is measured in the Youth Risk Behavior Survey by the question “During the past 12 months, did you ever seriously consider attempting suicide?”

Surgical operation—See [Procedure](#).

Surgical specialty—See [Physician specialty](#).

Tobacco use—See [Cigarette smoking](#).

Uninsured—In the Current Population Survey (CPS) persons are considered uninsured if they do not have coverage through private health insurance, Medicare, Medicaid, State Children’s Health Insurance Program, military or Veterans coverage, another government program, a plan of someone outside the household, or other insurance. In addition, if the respondent has missing Medicaid information but has income from certain low-income public programs, then Medicaid coverage is imputed. The questions on health insurance are administered in March and refer to the previous calendar year.

In the National Health Interview Survey (NHIS), the uninsured are persons who do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a State-sponsored health plan, other government-sponsored programs, or a military health plan. Persons with only Indian Health Service coverage are considered uninsured. Estimates of the percentage of persons who are uninsured based on the NHIS ([table 129](#)) may differ slightly from those based on the March CPS ([table 151](#)) because of differences in survey questions, recall period, and other aspects of survey methodology. In 2001 in the NHIS, 1.3 percent of persons age 65 years and over had no health insurance but the small sample size precludes the presentation of separate estimates for this population. Therefore the term “uninsured” refers only to the population under age 65.

See related [Health insurance coverage](#); [Appendix I, Current Population Survey](#).

Urbanization—Urbanization is the degree of urban (city-like) character or nature of a particular geographic area. In this report death rates are presented according to the urbanization level of the decedent’s county of residence. Counties and county equivalents were assigned to one of five urbanization levels using Office of Management and Budget’s (OMB) standards for metropolitan and micropolitan statistical areas and the Rural-Urban Continuum code system to differentiate among metropolitan areas based on population.

There are three major categories of counties. OMB classifies counties as metropolitan or nonmetropolitan micropolitan. Counties not categorized by OMB are neither metropolitan nor micropolitan.

OMB's classification of metropolitan counties are further differentiated in *Health, United States* by population size using the Rural-Urban Continuum code system (August 2003 Revision) developed by the Economic Research Service, U.S. Department of Agriculture. Metropolitan counties are classified by the population size of their metropolitan area to one of three metropolitan urbanization levels:

- (a) *large*—counties in MSAs with 1 million or more population;
- (b) *medium*—counties MSAs with 250,000 to 1 million population; and
- (c) *small*—counties in MSAs with less than 250,000 population.

See [Metropolitan statistical area \(MSA\)](#) for definitions of metropolitan and nonmetropolitan counties.

Nonmetropolitan counties are categorized using the OMB's classification of nonmetropolitan micropolitan statistical areas (February 2004 Revision). Nonmetropolitan counties are classified into two categories:

- (a) *micropolitan*—counties defined by OMB as micropolitan based on population criteria; and
- (b) *nonmicropolitan*—nonmetropolitan counties that do not meet the population criteria for micropolitan.

See [Micropolitan statistical area](#) for definitions of micropolitan and nonmicropolitan counties.

Usual source of care—Usual source of care was measured in the National Health Interview Survey (NHIS) in 1993 and 1994 by asking the respondent "Is there a particular person or place that ___ usually goes to when ___ is sick or needs advice about ___ health?" In the 1995 and 1996 NHIS, the respondent was asked "Is there one doctor, person, or place that ___ usually goes to when ___ is sick or needs advice about ___ health?" Starting in 1997 the respondent was asked "Is there a place that ___ usually goes when he/she is sick or you need advice about (his/her) health?" Persons who report the emergency department as their usual source of care are defined as having no usual source of care in this report.

Wages and salaries—See [Employer costs for employee compensation](#).

Years of potential life lost—Years of potential life lost (YPLL) is a measure of premature mortality. Starting with *Health, United States, 1996–97*, YPLL is presented for persons under 75 years of age because the average life expectancy in the United States is over 75 years. YPLL-75 is calculated using the following eight age groups: under 1 year, 1–14 years, 15–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years. The number of deaths for each age group is multiplied by years of life lost, calculated as the difference between age 75 years and the midpoint of the age group. For the eight age groups, the midpoints are 0.5, 7.5, 19.5, 29.5, 39.5, 49.5, 59.5, and 69.5. For example, the death of a person 15–24 years of age counts as 55.5 years of life lost. Years of potential life lost is derived by summing years of life lost over all age groups. In *Health, United States, 1995* and earlier editions, YPLL was presented for persons under 65 years of age. For more information, see Centers for Disease Control. *MMWR 35(2S):suppl. 1986*.

Appendix III

Additional Data Years Available

For trend tables spanning many years of data, only selected data years are shown in the printed book to highlight major trends. Additional years of data are available for some trend tables in spreadsheet files through the Internet and on a CD-ROM. In addition spreadsheet files with National Health Interview Survey data also include standard errors starting with data year 1997.

To access spreadsheet files on the Internet, go to the *Health, United States* Web site at www.cdc.gov/nchs/hus.htm and

scroll down to "Spreadsheet files." Spreadsheet files in Excel are presently available starting with *Health, United States, 1995* through the current edition, *Health, United States, 2004*.

Excel spreadsheet files are also available on a CD-ROM. A limited supply of CD-ROMs is available from the National Center for Health Statistics upon request, while supplies last. CD-ROMs also may be purchased from the Government Printing Office.

The following list by table number and table topic specifies the additional data years, beyond those shown in the printed book, that are available in Excel spreadsheet files.

Table number	Table topic	Additional data years available
1	Resident population	1981–89, 1991–99
2	Poverty	1986–89, 1991–93, 1996–98
3	Fertility rates and birth rates	1981–84, 1986–89, 1991–94, 1996
4	Live births	1971–74, 1976–79, 1981–84, 1986–89, 1991–94, 1996–99
6	Prenatal care	1981–84, 1986–89, 1991–94, 1996
8	Teenage childbearing	1981–84, 1986–89, 1991–94, 1996
9	Nonmarital childbearing	1981–84, 1986–89, 1991–94, 1996
10	Maternal education	1981–84, 1986–89, 1991–94, 1996
11	Maternal smoking	1991–94, 1996
12	Low birthweight	1981–84, 1986–89, 1991–94, 1996
13	Low birthweight	1991–94, 1996
16	Abortions	1981–84, 1986–89, 1991–94
19	Infant mortality rates	1984, 1986–89, 1991, 1996–97
20	Infant mortality rates	1984, 1985–89, 1991, 1996–99
21	Infant mortality rates	1984, 1986–89, 1992–94, 1996
22	Infant mortality rates	1981–84, 1986–89, 1991–94
27	Life expectancy	1975, 1981–84, 1986–89
29	Age-adjusted death rates for selected causes	1981–89, 1991–94, 1996–99
30	Years of potential life lost	1991–94, 1996–97, 1999; Crude 1999–2000
35	Death rates for all causes	1981–89, 1991–94, 1996–97
36	Diseases of heart	1981–89, 1991–94, 1996–99
37	Cerebrovascular diseases	1981–89, 1991–94, 1996–99
38	Malignant neoplasms	1981–89, 1991–94, 1996–99
39	Malignant neoplasms of trachea, bronchus, and lung	1981–89, 1991–94, 1996–99
40	Malignant neoplasm of breast	1981–89, 1991–94, 1996–99
41	Chronic lower respiratory diseases	1981–89, 1991–94, 1996–97
42	Human immunodeficiency virus (HIV) disease	1988–89, 1991–94, 1996–97
43	Maternal mortality	1981–89, 1991–94, 1996–98
44	Motor vehicle-related injuries	1981–89, 1991–94, 1996–99
45	Homicide	1981–89, 1991–94, 1996–99
46	Suicide	1981–89, 1991–94, 1996–99

47	Firearm-related injuries	1981–89, 1991–94, 1996–99
48	Occupational diseases	1981–84, 1986–89, 1991–94, 1996–98
49	Occupational injury deaths	1983, 1994
50	Occupational injuries	1981–84, 1986–89, 1991–94, 1996
51	Notifiable diseases	1985, 1988–89, 1991–94, 1996–98
56	Limitation of activity	2000
57	Respondent-assessed health status	1998
60	Cigarette smoking	1983, 1987–88, 1991–94
61	Cigarette smoking	1983, 1987–88, 1991–94
62	Cigarette smoking	1993–95, 1994–97, 1999–2001
64	Use of selected substances	1981–89, 1992–94, 1996–98
65	Cocaine-related emergency department episodes	1992–94, 1996
66	Alcohol consumption	1998, 2000–2001
71	Health care visits	1998, 2000–2001
75	No usual source of health care	1995–96, 1997–98
76	Emergency department visits for children	1998, 2000–2001
78	Emergency department visits for adults	1998, 2000
79	Dental visits	1998, 2000–2001
83	Ambulatory care visits	1997–99
84	Injury-related visits	1997–98, 1999–2000, 2000–2001
85	Ambulatory care visits	1980, 1997–2001
89	Additions to mental health organizations	1992
92	Discharges	1998, 2000–2001
93	Discharges	1991–94, 1996, 1999
95	Rates of discharges	1995–99, 2001
96	Discharges	1995–99, 2001
98	Hospital admissions	1985, 1991–94, 1996–98
99	Nursing home residents	1997
100	Nursing home residents	1997
103	Physicians	1970, 1980, 1987, 1989, 1990, 1992–94, 1996–97
104	Primary care doctors of medicine	1994, 1996–98
106	Health professions schools	1996, 2000
109	Hospitals	1985, 1991–94, 1996–98
111	Community hospital beds	1985, 1988–89, 1995–99, 2001
112	Occupancy rates	1985, 1988–89, 1995–99, 2001
113	Nursing homes	1996–99, 2001
120	Expenditures for health care	1996, 1998
121	Sources of payment for health care	1996, 1998
124	Employers' costs and health insurance	1992–93, 1995–95
125	Hospital expenses	1975, 1985, 1991–94, 1996–98
126	Nursing home average monthly charges	1977, 1997
129	Private health insurance	1994, 1996
130	Medicaid coverage	1994
131	No health insurance coverage	1994, 1996
132	Health care coverage	1984, 1994, 1996–98
133	Health maintenance organization	1997
134	Health maintenance organizations	1984–87, 1989, 1991–94, 1997
138	Medicare	1993–99
139	Medicaid	1975, 1985–89, 1991–94, 1996
140	Medicaid	1975, 1985–89, 1991–94, 1996
141	Department of Veterans Affairs	1985, 1988–89, 1991–94, 1996–98
142	Personal health care per capita expenditures	1992–93
143	Hospital care per capita expenditures	1992–93
144	Physician services per capita expenditures	1992–93

145	Nursing home care per capita expenditures	1992–93
146	Drugs per capita expenditures	1992–93
150	Medicare	1995–99
151	Medicaid	1998, 2000
152	Health maintenance organizations	1994, 1996–99
153	Persons without health insurance coverage	1992–94, 1996

Index to Trend Tables and Chartbook Figures

(Numbers refer to table numbers)

A	<i>Table</i>	A—Con.	<i>Table</i>
Abortion	16	American Indian or Alaska Native population—Con.	
Access to care (see also Dental visits; Emergency department visits; Health insurance; Hospital utilization)	71, 74, 75, 77	Serious psychological distress	58
Health care visits, all persons	71	Smoking status of mother	11
No recent health care visit, children	74	Students, health occupations	107, 108
No usual source of care	75, 77	Teenage childbearing	3, 8
Accidents, see Motor vehicle-related injuries; Unintentional injuries.		Unmarried mothers	9
Activities of Daily Living (ADL), see Limitation of activity.		Vaccinations	72
Adolescents, see Child and adolescent health.		Years of potential life lost	30
AIDS, see HIV/AIDS.		Angiocardiology using contrast material	97
Alcohol abuse treatment clients	88	Antidepressant drugs	87, Figures 30, 31, 32, 34
Alcohol and drug hospitalizations	95, 96	Asian or Pacific Islander population	
Alcohol consumption	63, 64, 66	Access to care	71, 74, 75, 77
Alzheimer's disease	31, 32	AIDS cases	52
Ambulatory surgery centers, Medicare certified	114	Alcohol consumption	63, 66
American Indian or Alaska Native population		Birth rates	3, 9
Access to care	71, 74, 75, 77	Births, number	4
AIDS cases	52	Birthweight, low and very low	12, 13, 14, 15
Alcohol consumption	63, 66	Cancer incidence rates	53
Birth rates	3, 9	Cigarette smoking	11, 62, 63
Births, number	4	Death rates, all causes	28, 29, 35
Birthweight, low and very low	12, 13, 14, 15	Death rates, geographic division and State	28
Cancer incidence rates	53	Death rates, selected causes	29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47
Cigarette smoking	11, 62, 63	Deaths, leading causes	31
Death rates, all causes	28, 29, 35	Dental visits	79
Death rates, geographic division and State	28	Education of mother	10, 13, 20
Death rates, selected causes	29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47	Emergency department visits	76, 78
Deaths, leading causes	31	Health insurance	129, 130, 131, 132, Figure 7
Dental visits	79	Health maintenance organization (HMO)	133
Education of mother	10, 13, 20	Health status, respondent-assessed	57
Emergency department visits	76, 78	Hospital utilization, inpatient	92
Health insurance	129, 130, 131, 132, Figure 7	Illicit drug use	63
Health maintenance organization	133	Infant mortality	19, 20, 23, 24, Figure 24
Health status, respondent-assessed	57	Limitation of activity	56
Hospital utilization, inpatient	92	Mammography	81
Illicit drug use	63	Maternal mortality	43
Infant mortality	19, 20, 23, 24, Figure 24	Occupational injury deaths	49
Limitation of activity	56	Pap smear	82
Mammography	81	Population, resident	1, Figure 3
Maternal mortality	43	Poverty level, persons and families below	2, Figure 5
Occupational injury deaths	49	Prenatal care	6, 7, Figures 8, 9
Pap smear	82	Serious psychological distress	58
Population, resident	1, Figure 3	Smoking status of mother	11
Prenatal care	6, 7, Figures 8, 9	Students, health occupations	107, 108
		Teenage childbearing	3, 8
		Unmarried mothers	9
		Vaccinations	72, Figure 11
		Years of potential life lost	30

A—Con.

Table

Asian subgroups (Chinese; Filipino; Hawaiian; Japanese)

- Birth rates 9
- Births, number 4
- Birthweight, low 12, 13
- Education of mother 10, 13, 20
- Infant mortality 19, 20, Figure 24
- Prenatal care 6, Figure 9
- Smoking status of mother 11
- Teenage childbearing 8
- Unmarried mothers 9

Asthma 95, 96

Asthma drugs 87, Figures 28, 29

Atherosclerosis 31, 32

B

Birth control, see Contraception.

Births (see also Childless women) 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 95, 96, Figures 8, 9

- Age of mother 3, 9, 11
- Birth rates 3, 9
- Births, number 4, 9
- Birthweight, low and very low 12, 13, 14, 15
- Education of mother 10, 11, 13
- Fertility rates 3
- Geographic division and State 14, 15
- Hospital utilization, delivery 95, 96
- Prenatal care 6, 7, Figures 8, 9
- Smoking status of mother 11, 12
- Teenage childbearing 8
- Unmarried mothers 9

Black or African American population

- Abortion 16
- Access to care 71, 74, 75, 77
- AIDS cases 52
- Alcohol consumption 63, 64, 66
- Birth rates 3, 9
- Births, number 4
- Birthweight, low and very low 12, 13, 14, 15
- Breastfeeding 18
- Cancer incidence rates 53
- Cancer survival, 5-year relative 54
- Cholesterol, serum 68
- Cigarette smoking 60, 61, 62, 63, 64
- Cocaine use 64, 65
- Contraception 17
- Death rates, all causes 28, 29, 33, 35
- Death rates, geographic division and State 28

B—Con.

Table

Black or African American population—Con.

- Death rates, selected causes 29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47
- Death rates, urbanization 33
- Deaths, leading causes 31
- Dental caries (cavities), untreated 80
- Dental visits 79, 138
- Diabetes 55
- Drugs, prescription in past month 86
- Education of mother 10, 13, 20
- Emergency department visits 76, 78, 83
- Expenditures, health care 120
- Fetal mortality 22
- Functional limitation 138
- Health insurance 129, 131, 132, Figure 7
- Health maintenance organization (HMO) 133
- Health status, respondent-assessed 57
- Hospital utilization, inpatient 92, 138
- Hospital utilization, outpatient department 83, 138
- Hypertension 67
- Illicit drug use 63, 64
- Infant mortality 19, 20, 22, 23, 24, Figure 24
- Inhalants 64
- Life expectancy 27
- Limitation of activity 56, 100, Figure 19
- Mammography 81
- Marijuana use 63, 64
- Maternal mortality 43
- Medicaid 121, 130, 132, 139
- Medicare 121, 132, 138
- Nursing home utilization 99, 100
- Occupational injury deaths 49
- Out-of-pocket health care expenditures 120
- Overweight and obesity 69, 70, Figure 17
- Pap smear 82
- Population, resident 1, Figure 3
- Poverty level, persons and families below 2, Figure 5
- Prenatal care 6, 7, Figures 8, 9
- Serious psychological distress 58
- Smoking status of mother 11
- Students, health occupations 107, 108
- Suicidal ideation 59
- Teenage childbearing 3, 8
- Unmarried mothers 9
- Vaccinations 72, Figure 11
- Years of potential life lost 30

Breastfeeding 18

C

C—Con.

	<i>Table</i>
Cancer (Malignant neoplasms)	29, 30, 31, 32, 38, 39, 40, 53, 54, 90, 91, 95, 96
Breast	29, 30, 40, 53, 54, 95, 96
Deaths and death rates	29, 31, 32, 38, 39, 40, Figure 25
Home health care patients	90
Hospice patients	91
Hospital utilization	95, 96
Incidence rates	53
Site-specific data	29, 30, 39, 40, 53, 54, 95, 96
Survival, 5-year relative	54
Trachea, bronchus, lung	29, 39, 53, 54, 95, 96
Years of potential life lost	30
Cardiac procedures	97
Central and South American population, see Hispanic subgroups.	
Cerebrovascular disease (stroke)	29, 30, 31, 32, 37, 95, 96
Deaths and death rates	29, 31, 32, 37, Figure 25
Hospital utilization	95, 96
Years of potential life lost	30
Cesarean section	97
Chancroid, see Diseases, notifiable.	
Child and adolescent health	
Abortion	16
Access to care	71, 74, 75
AIDS cases	52
Alcohol consumption	63, 64
Birthweight	12, 13, 14, 15
Breastfeeding	18
Cigarette smoking	63, 64
Cocaine use	64, 65
Contraception	17
Death rates, all causes	35
Death rates, selected causes	41, 42, 44, 45, 46, 47
Deaths, leading causes	32
Dental caries (cavities), untreated	80
Dental visits	79
Drugs, antidepressants	Figure 34
Drugs, during physician and hospital outpatient department visits	87, Figure 27
Drugs, prescription in past month	86, Figure 26
Drugs, stimulants	87, Figure 33
Emergency department visits	76, 83, 84
Expenditures, health care	120, 122
Health insurance	129, 130, 131
Health status, respondent-assessed	57
Hospital utilization, inpatient	92, 93, 95, 96, 97
Hospital utilization, outpatient department	83

Table

Child and adolescent health—Con.	
Illicit drug use	63, 64
Infant mortality	19, 20, 21, 22, 23, 24, 25, Figure 24
Inhalants	64
Injury	84
Limitation of activity	56
Low Income	Figure 5
Marijuana use	63, 64
Medicaid	121, 130, 139
Out-of-pocket health care expenditures	120, 122
Overweight	70, Figure 16
Population, resident	1
Poverty level, persons and families below	2
Residential treatment centers for emotionally disturbed children	89, 110
Suicidal ideation, suicide attempts	59
Teenage childbearing	3, 8
Vaccinations	72, 73
Childless (nulliparous) women	5
Chinese population, see Asian subgroups.	
Chiropractors	101, 105, 106
Chlamydia, see Diseases, notifiable.	
Cholecystectomy	97
Cholesterol, serum	68
Cholesterol-lowering drugs	87, Figure 35
Chronic liver disease and cirrhosis	29, 30, 31, 32
Chronic lower respiratory diseases	29, 30, 31, 32, 41, Figure 25
Cigarette smoking (see also Births, smoking status of mother)	60, 61, 62, 63, 64, Figures 12, 13
Cirrhosis, see Chronic liver disease and cirrhosis.	
Cocaine use	64, 65
Communicable diseases (see also Diseases, notifiable)	34
Congenital anomalies	31, 32
Consumer Price Index (CPI)	117
Contraception	17
Coronary artery bypass graft	97
Cost, see Employee costs; Employer costs.	
Cuban population, see Hispanic subgroups.	

D

Table

Deaths, death rates (see also Cancer (malignant neoplasms); Cerebrovascular disease (stroke); Chronic lower respiratory diseases; Diabetes; Firearm-related injuries; Heart disease; HIV/AIDS; Homicide; Infant mortality; Life expectancy; Maternal mortality; Motor vehicle-related injuries; Occupational diseases; Occupational injuries; Suicide; Years of potential life lost) 28, 29, 31, 32, 33, 34, 35, Figure 25

 All causes 35

 Educational attainment 34

 Leading causes 31, 32, Figure 25

 Selected causes 29

 State 28

 Urbanization 33

Dental caries (cavities), untreated 80

Dental visits 79, 138

Dentists 101, 105, 106, 107, 108

Diabetes mellitus 29, 30, 31, 32, 55, 90, 95, 96

 Deaths and death rates 29, 31, 32

 Home health care patients 90

 Hospital utilization 95, 96

 Prevalence 55

 Years of potential life lost 30

Diagnostic procedures, during hospitalizations 97

Diphtheria, see Diseases, notifiable; Vaccinations.

Disability

 Blind and disabled Medicaid expenditures 139

 Functional status of nursing home residents 100

 Limitation of activity 56, 100

 Medicare beneficiaries 138

 Veterans with service-connected disabilities 141

Diseases, notifiable 51

Drug abuse treatment clients 88

Drug and alcohol hospitalizations 95, 96

Drug use, illicit, see Alcohol consumption; Cigarette smoking; Cocaine use; Illicit drug use; Inhalants; Marijuana use.

Drugs, during physician and hospital outpatient department visits 87, Figures 27, 28, 29, 32, 33, 34, 35, 36

Drugs, prescription in past month 86, Figures 26, 30, 31

DTP (Diphtheria, Tetanus, Pertussis), see Vaccinations.

E

Table

Education

 Alcohol consumption 64

 Births 10, 11, 13

 Breastfeeding 18

 Cigarette smoking 61, 62, 64

 Cocaine use 64

 Death rates 34

 Infant mortality 20

 Inhalants 64

 Mammography 81

 Marijuana use 64

 Pap smear 82

 Suicide ideation 59

Elderly population age 65 years and over

 AIDS cases 52

 Alcohol consumption 66

 Cholesterol, serum 68

 Cigarette smoking 60, 62

 Death rates, all causes 35

 Death rates, selected causes 36, 37, 38, 39, 40, 41, 42, 44, 45, 46, 47, 48

 Deaths, leading causes 32

 Dental caries (cavities), untreated 80

 Dental visits 79, 138

 Drugs, during physician and hospital outpatient department visits 87, Figures 27, 35, 36

 Drugs, prescription in past month 86, Figures 26, 30

 Emergency department visits 71, 78, 83, 84

 Expenditures, health care 120, 122

 Functional limitation 138

 Health insurance 132

 Health maintenance organization (HMO) 132, 150, 151

 Health status, respondent-assessed 57

 Home health care patients 90

 Hospice patients 91

 Hospital utilization, inpatient 92, 93, 95, 96, 97, 138, 150

 Hospital utilization, outpatient department 83, 138

 Hypertension 67

 Injury 84

 Life expectancy at age 64, 76 26, 27

 Limitation of activity 56, 100

 Mammography 81

 Medicaid 121, 132, 139

 Medicare 121, 132, 134, 136, 137, 138, 150

 Nursing home expenditures 126, 138, 145

 Nursing home utilization 99, 100, 113, 126, 138

 Nursing homes 113

 Occupational injury deaths 49

 Out-of-pocket health care expenditures 120, 122

E—Con.

H

Table

Table

Elderly population age 65 years and over—Con.

- Overweight and Obesity 69
- Pap smear 82
- Population, resident 1, Figures 1, 2
- Serious psychological distress 58

Emergency department visits 71, 76, 78, 83, 84

Employed health service personnel 101

Employee costs for health insurance 135

Employer costs for health insurance 124

End stage renal disease facilities, Medicare certified 114

Ethnicity, see Hispanic or Latino population.

Expenditures, national health (see also Consumer Price Index; HIV/AIDS, expenditures by Federal agency; Hospital care expenditures; Medicaid; Medicare; Mental health expenditures; Nursing home expenditures; Physician expenditures; Prescription drug expenditures; Veterans' medical care) 115, 116, 118, 119, 123, 142

- Amount in billions 116, 118, 119, 123
- Amount per capita 115, 116, 119, 142
- Government 116, 119
- International 115
- Percent of Gross Domestic Product 115, 116
- Personal health care 119, 142
- Source of funds 116, 119
- Type of expenditure 118, 119
- Type of payer 123

F

Fertility rates, see Births.

Fetal mortality 22

Filipino population, see Asian subgroups.

Firearm-related injuries 47

Fracture 90, 95, 96, 97

G

Geographic region

- Access to care 71, 74, 75, 77
- Alcohol 66
- Death rates 33
- Dental visits 79
- Emergency department visits 76, 78
- Health insurance 129, 130, 131, 132, 133
- Health status, respondent-assessed 57
- Hospital utilization 92
- Limitation of activity 56
- Serious psychological distress 58
- Vaccinations 72, 73

Gonorrhea, see Diseases, notifiable.

Gross Domestic Product (GDP) 115, 116

Haemophilus influenzae, invasive, see Diseases, notifiable.

Hawaiian population, see Asian subgroups.

Health expenditures, national, see Expenditures, national health.

Health insurance (see also Access to care; Emergency department visits; Health maintenance organization (HMO); Medicaid; Medicare) 92, 124, 129, 130, 131, 132, 135, 153, Figures 6, 7

- Employment related 129, 132, 135
- Employer costs 124
- Hospital utilization, inpatient 92
- Race and Hispanic origin 129, 130, 131, 132
- 65 years of age and over 132, Figure 6
- Under 65 years of age 129, 130, 131, Figure 6
- Uninsured 131, 153, Figure 7

Health maintenance organization (HMO) (see also Health insurance) 133, 134, 150, 151, 152

- Age, sex, race, Hispanic origin 133
- Geographic region and State 152
- Medicaid and State 151
- Medicare and State 150
- Plans and enrollment 134
- Poverty level 133

Health status, respondent-assessed 57

Heart disease 29, 30, 31, 32, 36, 90, 91, 95, 96

- Deaths and death rates 29, 31, 32, 36, Figure 25
- Home health care patients 90
- Hospice patients 91
- Hospital utilization 95, 96
- Ischemic heart disease 29, 30
- Procedures (angiocardiography; cardiac catheterization; coronary artery bypass graft; insertion of stent; incision, excision and occlusion of vessels; pacemaker) 97
- Years of potential life lost 30

Hepatitis, see Diseases, notifiable; Vaccinations.

Hib (Haemophilus influenzae type b), see Vaccinations.

Hip replacement 97

Hispanic or Latino population

- Abortion 16
- Access to care 71, 74, 75, 77
- AIDS cases 52
- Alcohol consumption 63, 66
- Birth rates 3, 9
- Births, number 4
- Birthweight, low and very low 12, 13, 14, 15
- Breastfeeding 18
- Cancer incidence rates 53
- Cigarette smoking 62, 63
- Cocaine use 63, 65
- Contraception 17
- Death rates, all causes 28, 29, 35

H—Con.

Table

Hispanic or Latino population—Con.

- Death rates, geographic division and State 28
- Death rates, selected causes 29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47
- Deaths, leading causes 31
- Dental caries (cavities), untreated 80
- Dental visits 79, 138
- Education of mother 10, 13, 20
- Emergency department visits 71, 76, 78
- Expenditures, health care 120
- Health insurance 129, 131, 132, Figure 7
- Health maintenance organization (HMO) 132, 133
- Health status, respondent-assessed 57
- Hospital utilization, inpatient 92
- Illicit drug use 63
- Infant mortality 19, 20, 23, 24, Figure 24
- Limitation of activity 56, 138, Figure 19
- Mammography 81
- Marijuana use 63
- Maternal mortality 43
- Medicaid 121, 130, 132, 139
- Medicare 121, 132, 138
- Occupational injury deaths 49
- Out-of-pocket health care expenditures 120
- Pap smear 82
- Population, resident 1, Figure 3
- Poverty level, persons and families below 2, Figure 5
- Prenatal care 6, 7, Figures 8, 9
- Serious psychological distress 58
- Smoking status of mother 11
- Students, health occupations 107, 108
- Teenage childbearing 3, 8
- Unmarried mothers 9
- Vaccinations 72, Figure 11
- Years of potential life lost 30

Hispanic subgroups (Central and South American; Cuban; Mexican; Puerto Rican) (see also Mexican; Puerto Rican)

- Birth rates 9
- Births, number 4
- Birthweight, low and very low 12, 13
- Education of mother 10, 13, 20
- Health insurance 129, 130, 131, 132
- Health maintenance organization (HMO) 133
- Infant mortality 19, 20, Figure 24
- Prenatal care 6, Figure 9
- Smoking status of mother 11
- Suicidal ideation 59
- Teenage childbearing 8
- Unmarried mothers 9

H—Con.

Table

HIV/AIDS 29, 30, 31, 32, 34, 42, 52, 94, 128

- AIDS cases 31, 32, 52
- Deaths and death rates 29, 42
- Educational attainment, death rates 34
- Expenditures by Federal agency and activity 128
- Hospital utilization 94
- Years of potential life lost 30

Home health agencies, Medicare certified 114

Home health care patients 90

Homicide 29, 30, 31, 32, 45

Hospice patients 91

Hospices, Medicare certified 114

Hospital employees 101

Hospital care expenditures (see also Consumer Price Index; Medicaid; Medicare) 119, 125, 143

Hospital utilization (see also Access to care; Emergency department visits; Medicaid; Medicare; Veterans' medical care) 92, 93, 94, 95, 96, 97, 98, 138, 150

- Admissions 98
- Average length of stay 92, 93, 94, 96, 98, 150
- Days of care 92, 93, 94, 95
- Diagnoses, selected 94, 95, 96
- Discharges for inpatients 92, 93, 94, 95, 96
- Outpatient department 83, 98, 138
- Procedures 97
- Race and Hispanic origin 92, 138
- Surgery 97, 98

Hospitals (see also Hospital employees; Mental health; Nursing homes) 109, 111, 112

- Beds 109, 112
- Geographic division and State 111, 112
- Occupancy rate 109, 112

Hypertension 67

Hysterectomy 97

I

	<i>Table</i>
Illicit drug use	63, 64
Immunizations, see Vaccinations.	
Income, family, see Poverty status.	
Infant mortality (see also Fetal mortality)	19, 20, 21, 22, 23, 24, 25, 32, Figures 23, 24
Age at death	19, 22, 24
Birth cohort data	19, 20, 21
Birthweight	21
Cause of death	32
Education of mother	20
Geographic division and State	23, 24
International	25
Race and Hispanic origin	19, 20, 22, 23, 24, Figure 24
Trend	Figure 23
Influenza and pneumonia	29, 30, 31, 32
Inhalants	64
Injuries, see Firearm-related injuries; Homicide; Hospital utilization, diagnoses; Motor vehicle-related injuries; Occupational injuries; Suicide; Unintentional injuries.	
Inpatient care, see Hospital utilization; Mental health, additions; Nursing home utilization.	
Instrumental activities of daily living (IADL), see Limitation of activity.	
International health (see also Expenditures, international; Infant mortality; Life expectancy)	25, 26, 115
Intervertebral disc disorders	95, 96, 97
Ischemic heart disease, see Heart disease.	

J

Japanese population, see Asian subgroups.

K

Knee replacement	97
----------------------------	----

L

Leading causes of death	31, 32, Figure 25
Life expectancy	26, 27, Figure 22
Limitation of activity	56, 100, 138, Figures 18, 19, 20, 21
Liver disease, see Chronic liver disease and cirrhosis.	
Low birthweight, see Births; Infant mortality.	
Lyme disease, see Diseases, notifiable.	

M

	<i>Table</i>
Malignant neoplasms, see Cancer.	
Mammography	81
Managed care, see Health maintenance organization (HMO); Preferred provider organization (PPO).	
Marijuana use	63, 64
Maternal health, see Women's health.	
Maternal mortality	43
Measles (Rubeola), see Diseases, notifiable; Vaccinations.	
Medicaid (see also Health insurance)	119, 121, 123, 130, 132, 133, 139, 140, 148, 151, Figure 6
Basis of eligibility	139
Coverage	130, 132
Expenditures	119, 123, 148
Geographic region and State	148, 151
Health maintenance organization (HMO)	133, 151
Race and Hispanic origin	130, 139
Recipients and payments	121, 139, 140, 151
Type of service	140
Medical doctors, see Physicians.	
Medicare (see also Health insurance)	114, 119, 121, 132, 136, 137, 138, 147, 150
Age and sex of beneficiaries	132, 137
Certified providers and suppliers	114
Coverage	132
Enrollment	136, 137, 138, 150
Expenditures	119, 136, 138, 147
Geographic region and State	147, 150
Health maintenance organization (HMO)	132, 150
Hospital utilization	150
Payments	121, 137, 147, 150
Race and Hispanic origin	132, 138
Type of service	132, 136
Meningococcal disease	32, 51
Men's health	
AIDS cases	52
Alcohol consumption	63, 64, 66
Cancer incidence rates	53
Cancer survival, 5-year relative	54
Cholesterol, serum	68
Cigarette smoking	11, 12, 60, 61, 62, 63, 64, Figure 12
Cocaine use	64, 65
Death rates, all causes	29, 35
Death rates, educational attainment	34
Death rates, selected causes	29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47
Death rates, urbanization	33
Deaths, leading causes	31

M—Con.

Table

Men's health—Con.

- Dental caries (cavities), untreated 80
- Dental visits 79
- Diabetes 55
- Drugs, during physician and hospital outpatient department visits 87, Figures 32, 35
- Drugs, prescription in past month 86, Figures 30, 31
- Emergency department visits 71, 78, 83, 84
- Health status, respondent-assessed 57
- Home health care patients 90
- Hospice patients 91
- Hospital utilization, inpatient 92, 93, 94, 95, 96
- Hospital utilization, outpatient department 83
- Hypertension 67
- Illicit drug use 63
- Inhalants 64
- Life expectancy 26, 27, Figure 22
- Limitation of activity 56, 100, Figure 19
- Marijuana use 63, 64
- Nursing home utilization 99, 100
- Occupational injury deaths 49
- Overweight and Obesity 69, 70
- Serious psychological distress 58
- Transurethral prostatectomy 97
- Years of potential life lost 30

Mental health (see also Suicide) 58, 87, 89, 95, 96, 110, 127, 149, Figures 30, 31, 32, 33, 34

- Additions, mental health organizations 89
- Antidepressant drugs 87, Figures 30, 31, 32, 34
- Beds and organizations 110
- Expenditures 127, 149
- Hospital utilization 95, 96
- Mental illness, serious 95, 96
- Serious psychological distress 58
- Stimulant drugs, for children 87, Figure 33

Metropolitan/nonmetropolitan data

- Access to care 71, 74, 75, 77
- Alcohol 66
- Death rates 33
- Dental visits 79
- Emergency department visits 76, 78
- Health insurance 129, 130, 131, 132, 133
- Health status, respondent-assessed 57
- Hospital utilization 92
- Limitation of activity 56
- Serious psychological distress 58
- Vaccinations 72, 73

M—Con.

Table

Mexican population (see also Hispanic subgroups)

- Cholesterol, serum 68
- Cigarette smoking 62
- Dental caries (cavities), untreated 80
- Diabetes 55
- Drugs, prescription in past month 86
- Emergency department visits 78
- Health insurance 129, 130, 131, 132, 133
- Health status, respondent-assessed 57
- Hypertension 67
- Limitation of activity 56
- Medical students 107, 108
- No usual source of care 77
- Overweight and Obesity 69, 70, Figure 17
- Poverty level, persons and families below 2
- Serious psychological distress 58

MMR (Measles, Mumps, Rubella), see Vaccinations.

Motor vehicle-related injuries 29, 30, 44, 84

Mumps, see Diseases, notifiable; Vaccinations.

N

National health expenditures, see Expenditures, national health.

Neonatal mortality, see Infant mortality, age at death.

Nephritis, nephrotic syndrome, and nephrosis 31, 32

Nonsteroidal anti-inflammatory drugs (NSAIDs) 87, Figure 36

Nurses 105, 106, 107, 108

Nursing home employees 101

Nursing home expenditures 119, 126, 138, 145

Nursing home utilization 99, 100, 113, 138, 141

Nursing homes, beds, occupancy 113

Nutritionists/dieticians 105

O

Obesity 69, Figures 16, 17

Occupational disease deaths 48

Occupational injuries 49, 50

Occupational therapists 105, 106

Optometrists 105, 106, 107, 108

Osteoarthritis 90, 95, 96

Osteopaths, see Physicians.

Out-of-pocket health care expenditures 120, 122, 123

Outpatient department, see Hospital utilization, outpatient department.

Overweight 69, 70, Figures 16, 17

P

	<i>Table</i>
Pacemakers	97
Pap smear	82
Parity, see Childless women.	
Perinatal mortality, see Infant mortality, age at death.	
Personal health care expenditures, see Expenditures, national health.	
Pertussis (whooping cough), see Diseases, notifiable; Vaccinations.	
Pharmacists	105, 106, 107, 108
Physical activity	Figures 14, 15
Physical therapists	105, 106
Physician services expenditures (see also Consumer Price Index; Medicaid; Medicare)	119, 144
Physician utilization	83, 85
Physicians	85, 101, 102, 103, 104, 105, 106, 107, 108
Active personnel	105
Doctors of osteopathy	105, 106, 107, 108
Employees, in offices of	101
Geographic division and State	102
International medical school graduates	103
Primary care	85, 104
Primary specialty	85, 103, 104
Schools and students	106, 107, 108
Pneumococcal vaccinations, see Vaccinations.	
Pneumonia (see also Influenza and pneumonia)	95, 96
Podiatrists	105, 106, 107, 108
Poliomyelitis (Polio), see Diseases, notifiable; Vaccinations.	
Population, resident	1, Figure 3
Population, total, by age and race, and Hispanic origin	Figures 1, 2, 3
Postneonatal mortality, see Infant mortality, age at death.	
Poverty status	2, 56, 57, 58, 71, 72, 74, 75, 76, 77, 78, 79, 80, 81, 82, 92, 129, 130, 131, 132, 133, Figures 4, 5
Access to care	74, 75, 77
Dental caries (cavities), untreated	80
Dental visits	79
Emergency department visits	76, 78
Health care visits	71
Health insurance	129, 130, 131, 132
Health maintenance organization (HMO)	133
Health status, respondent-assessed	57
Hospital utilization, inpatient	92
Limitation of activity	56, Figure 19
Mammography	81
Medicaid	130, 132
Pap smear	82
Persons and families below poverty level	2
Poverty rates by age, race, Hispanic origin	Figures 4, 5
Serious psychological distress	58
Vaccinations	72
Preferred provider organization (PPO)	135
Prenatal care, see Births.	

P—Con.

	<i>Table</i>
Prescription drug expenditures (see also Consumer Price Index; Medicaid; Medicare)	119, 120, 146
Prescription drug use, see Drugs, prescription in past month.	
Primary care physicians, see Physicians.	
Private health insurance, see Health insurance.	
Procedures, see Hospital utilization.	
Public Health, schools of; students	106
Puerto Rican population (see also Hispanic subgroups)	
Health insurance	129, 130, 131, 132, 133
Medical students	107, 108
Poverty level, persons and families below	2

R

Race, see specific race groups.	
Rocky Mountain spotted fever, see Diseases, notifiable.	
Rubella (German measles), see Diseases, notifiable; Vaccinations.	
Rural data, see Metropolitan/nonmetropolitan data.	

S

Salmonellosis, see Diseases, notifiable.	
Self-assessment of health, see Health status, respondent-assessed.	
Septicemia	31, 32
Serious psychological distress, see Mental health.	
Shigellosis, see Diseases, notifiable.	
Smoking, see Cigarette smoking.	
Socioeconomic status, see Education; Poverty status.	
Source of funds or payments (see also Expenditures, national health; Health insurance; Medicaid; Medicare)	119, 121, 123, 126, 128
Speech therapists	105
State data	
Alcohol abuse treatment clients	88
Birthweight, low and very low	14, 15
Death rates	28
Drug abuse treatment clients	88
Expenditures, hospital care	143
Expenditures, nursing home and home health care	145
Expenditures, personal health care	142
Expenditures, physician	144
Expenditures, drug	146
Expenditures, State mental health agency	149
Health maintenance organization (HMO)	150, 151, 152
Hospital beds	111
Hospital occupancy rates	112
Infant mortality	23, 24
Medicaid	148, 151
Medicare	147, 150
Nursing homes, beds, occupancy, residents	113

S—Con.

Table

State data—Con.

- Physicians 102
- Prenatal care 7
- Substance abuse treatment clients 88
- Uninsured, health 153
- Vaccinations 73

Stent, cardiac 97

Sterilization, see Contraception; Fallopian tube procedures.

Stroke, see Cerebrovascular disease.

Substance abuse treatment clients 88

Sudden infant death syndrome, see Infant mortality, cause of death.

Suicidal ideation, suicide attempts 59

Suicide 29, 30, 31, 32, 46

Surgery, see Hospital utilization.

Syphilis, see Diseases, notifiable.

T

Tetanus, see Diseases, notifiable; Vaccinations.

Tobacco use, see Cigarette smoking.

Transurethral prostatectomy 97

Tubal ligation, see Fallopian tube procedures.

Tuberculosis, see Diseases, notifiable.

U

Uninsured, health, see Health insurance, uninsured.

Unintentional injuries 29, 30, 31, 32, Figure 25

Urban and rural data, see Metropolitan/nonmetropolitan data.

Usual source of care, see Access to care.

V

Vaccinations 2, 73, Figures 10, 11

Varicella, see Vaccinations.

Veterans' medical care 141

W

Wages and salaries 124

Women's health

- Abortion 16
- Access to care 71, 77
- AIDS cases 52
- Alcohol consumption 63, 64, 66
- Birth rates, fertility rates 3, 9
- Births, number 4, 9
- Breast cancer 40, 53, 54, 95, 96
- Cancer incidence rates 53
- Cancer survival, 5-year relative 54

W—Con.

Table

Women's health—Con.

- Cesarean section 97
- Cholesterol, serum 68
- Cigarette smoking 11, 12, 60, 61, 62, 63, 64, Figure 12
- Cocaine use 64, 65
- Contraception 17
- Death rates, all causes 29, 35
- Death rates, educational attainment 34
- Death rates, selected causes 29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47
- Death rates, urbanization 33
- Deaths, leading causes 31
- Dental caries (cavities), untreated 80
- Dental visits 79
- Diabetes 55
- Drugs, during physician and hospital outpatient department visits 87, Figures 32, 35
- Drugs, prescription in past month 86, Figures 30, 31
- Emergency department visits 71, 78, 83, 84
- Health status, respondent-assessed 57
- Home health care patients 90
- Hospice patients 91
- Hospital utilization, inpatient 92, 93, 94, 95, 96
- Hospital utilization, outpatient department 83
- Hypertension 67
- Hysterectomy 97
- Illicit drug use 63
- Inhalants 64
- Life expectancy 26, 27, Figure 22
- Limitation of activity 56, 100, Figure 19
- Mammography 81
- Marijuana use 63, 64
- Maternal mortality 43
- Nursing home utilization 99, 100
- Occupational injury deaths 49
- Overweight and Obesity 69, 70
- Pap smear 82
- Prenatal care 6, 7
- Serious psychological distress 58
- Teenage childbearing 3, 8
- Unmarried mothers 9
- Years of potential life lost 30

Y

Years of potential life lost (YPLL) 30