

Appendix A: Detailed Tables

INDICATOR 1 **NUMBER OF OLDER AMERICANS****TABLE 1A | TOTAL NUMBER OF PERSONS AGE 65 OR OLDER BY AGE GROUP, 1900 TO 2050, IN MILLIONS**

	65 OR OLDER	65 OR OLDER	85 OR OLDER	85 OR OLDER
1900	3.1	3.1	0.1	0.1
1910	4.0	4.0	0.2	0.2
1920	4.9	4.9	0.2	0.2
1930	6.6	6.6	0.3	0.3
1940	9.0	9.0	0.4	0.4
1950	12.3	12.3	0.6	0.6
1960	16.6	16.6	0.9	0.9
1970	20.1	20.1	1.5	1.5
1980	25.5	25.5	2.2	2.2
1990	31.2	31.2	3.1	3.1
	(MIDDLE-SERIES PROJECTIONS)	(HIGH-SERIES PROJECTIONS)	(MIDDLE-SERIES PROJECTIONS)	(HIGH-SERIES PROJECTIONS)
2000	34.8	34.9	4.3	4.3
2010	39.7	40.5	5.8	5.9
2020	53.7	56.2	6.8	7.3
2030	70.3	75.7	8.9	10.1
2040	77.2	87.1	14.3	16.8
2050	82.0	98.3	19.4	23.9

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, 1900-1980, 1980 Census of Population, General Population Characteristics, United States Summary (PC80-1-B1); 1990, 1990 Census of Population, General Population Characteristics, United States Summary (CP-1-1); and 2000-2050, Population Projections of the United States by Age, Sex, Race, Hispanic Origin, and Nativity: 1999 to 2100; published January 2000, www.census.gov/population/www/projections/natproj.html.**TABLE 1B | PERCENTAGE OF THE POPULATION AGE 65 AND OLDER AND AGE 85 AND OLDER, 1900 TO 2050**

	65 OR OLDER	65 OR OLDER	85 OR OLDER	85 OR OLDER
1900	4.1	4.1	0.2	0.2
1910	4.3	4.3	0.2	0.2
1920	4.7	4.7	0.2	0.2
1930	5.4	5.4	0.2	0.2
1940	6.9	6.9	0.3	0.3
1950	8.2	8.2	0.4	0.4
1960	9.2	9.2	0.5	0.5
1970	9.9	9.9	0.7	0.7
1980	11.3	11.3	1.0	1.0
1990	12.6	12.6	1.2	1.2
	(MIDDLE-SERIES PROJECTIONS)	(HIGH-SERIES PROJECTIONS)	(MIDDLE-SERIES PROJECTIONS)	(HIGH-SERIES PROJECTIONS)
2000	12.7	12.6	1.6	1.6
2010	13.2	13.0	1.9	1.9
2020	16.5	15.9	2.1	2.1
2030	20.0	18.5	2.5	2.5
2040	20.5	18.3	3.8	3.5
2050	20.3	17.8	4.8	4.3

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, 1900-1980, 1980 Census of Population, General Population Characteristics, United States Summary (PC80-1-B1); 1990, 1990 Census of Population, General Population Characteristics, United States Summary (CP-1-1); and 2000-2050, Population Projections of the United States by Age, Sex, Race, Hispanic Origin, and Nativity: 1999 to 2100; published January 2000, www.census.gov/population/www/projections/natproj.html.

TABLE 1C | PERCENTAGE OF THE POPULATION AGE 65 AND OLDER, BY COUNTRY, 2000

AUSTRIA	15.6
BELARUS	13.6
BELGIUM	17.1
BULGARIA	16.5
CANADA	12.6
CROATIA	15.4
CZECH REPUBLIC	13.8
DENMARK	14.9
ESTONIA	14.7
FINLAND	14.9
FRANCE	16.1
GERMANY	16.5
GREECE	17.2
HUNGARY	14.6
ICELAND	11.9
IRELAND	11.3
ITALY	18.2
JAPAN	17.0
LATVIA	15.3
LITHUANIA	13.4
NETHERLANDS	13.7
NORWAY	15.3
POLAND	12.2
PORTUGAL	15.5
ROMANIA	13.5
RUSSIA	12.6
SPAIN	16.8
SWEDEN	17.2
SWITZERLAND	15.2
UKRAINE	13.9
UNITED KINGDOM	15.7
UNITED STATES	12.7

Source: U.S. Census Bureau, International Programs Center, International Data Base.

TABLE 1D | PERCENTAGE OF THE POPULATION AGE 65 AND OLDER, BY STATE, 2000

ALPHABETICALLY	PERCENT	RANKED BY PERCENTAGE	
UNITED STATES	12.7		
ALABAMA	13.1	FLORIDA	18.1
ALASKA	5.8	WEST VIRGINIA	15.6
ARIZONA	13.2	PENNSYLVANIA	15.6
ARKANSAS	14.3	IOWA	15.2
CALIFORNIA	10.4	NORTH DAKOTA	15.0
COLORADO	10.8	RHODE ISLAND	14.8
CONNECTICUT	14.0	ARKANSAS	14.3
DELAWARE	12.6	SOUTH DAKOTA	14.2
DISTRICT OF COLUMBIA	13.2	CONNECTICUT	14.0
FLORIDA	18.1	NEBRASKA	14.0
GEORGIA	9.9	OKLAHOMA	14.0
HAWAII	12.5	OREGON	13.9
IDAHO	11.7	MAINE	13.7
ILLINOIS	12.3	MISSOURI	13.6
INDIANA	12.6	MASSACHUSETTS	13.6
IOWA	15.2	MONTANA	13.5
KANSAS	13.5	OHIO	13.5
KENTUCKY	12.7	KANSAS	13.5
LOUISIANA	11.8	NEW JERSEY	13.3
MAINE	13.7	WISCONSIN	13.2
MARYLAND	11.2	ARIZONA	13.2
MASSACHUSETTS	13.6	DISTRICT OF COLUMBIA	13.2
MICHIGAN	12.4	ALABAMA	13.1
MINNESOTA	12.3	NEW YORK	13.0
MISSISSIPPI	12.2	NORTH CAROLINA	12.7
MISSOURI	13.6	KENTUCKY	12.7
MONTANA	13.5	DELAWARE	12.6
NEBRASKA	14.0	INDIANA	12.6
NEVADA	11.7	TENNESSEE	12.5
NEW HAMPSHIRE	11.6	HAWAII	12.5
NEW JERSEY	13.3	SOUTH CAROLINA	12.4
NEW MEXICO	11.1	MICHIGAN	12.4
NEW YORK	13.0	MINNESOTA	12.3
NORTH CAROLINA	12.7	ILLINOIS	12.3
NORTH DAKOTA	15.0	MISSISSIPPI	12.2
OHIO	13.5	VERMONT	11.8
OKLAHOMA	14.0	LOUISIANA	11.8
OREGON	13.9	WYOMING	11.8
PENNSYLVANIA	15.6	NEVADA	11.7
RHODE ISLAND	14.8	WASHINGTON	11.7
SOUTH CAROLINA	12.4	IDAHO	11.7
SOUTH DAKOTA	14.2	NEW HAMPSHIRE	11.6
TENNESSEE	12.5	VIRGINIA	11.3
TEXAS	10.4	MARYLAND	11.2
UTAH	9.2	NEW MEXICO	11.1
VERMONT	11.8	COLORADO	10.8
VIRGINIA	11.3	TEXAS	10.4
WASHINGTON	11.7	CALIFORNIA	10.4
WEST VIRGINIA	15.6	GEORGIA	9.9
WISCONSIN	13.2	UTAH	9.2
WYOMING	11.8	ALASKA	5.8

Note: Data are middle-series projections of the population.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Projections for States by Selected Age Groups and Sex: 1995 to 2025, available online at: www.census.gov/population/www/projections/stproj.html (accessed April 7, 2000).

INDICATOR 2 **RACIAL AND ETHNIC COMPOSITION**

TABLE 2A | PROJECTED DISTRIBUTION OF THE POPULATION AGE 65 AND OLDER, BY RACE AND HISPANIC ORIGIN, 2000 AND 2050

	2000	2050
TOTAL	100.0	100.0
NON-HISPANIC WHITE	83.5	64.2
NON-HISPANIC BLACK	8.1	12.2
NON-HISPANIC AMERICAN INDIAN AND ALASKA NATIVE	0.4	0.6
NON-HISPANIC ASIAN AND PACIFIC ISLANDER	2.4	6.5
HISPANIC	5.6	16.4

Note: Data are middle-series projections of the population. Hispanics may be of any race.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Projections of the United States by Age, Sex, Race, Hispanic Origin, and Nativity: 1999 to 2100; published January 2000, www.census.gov/population/www/projections/natproj.html.

TABLE 2B | PROJECTED POPULATION AGE 65 AND OLDER, BY RACE AND HISPANIC ORIGIN, 2000 AND 2050, IN THOUSANDS

	2000	2050
TOTAL	34,836	81,999
NON-HISPANIC WHITE	29,097	52,684
NON-HISPANIC BLACK	2,827	9,997
NON-HISPANIC AMERICAN INDIAN AND ALASKA NATIVE	152	530
NON-HISPANIC ASIAN AND PACIFIC ISLANDER	822	5,366
HISPANIC	1,938	13,422

Note: Data are middle-series projections of the population. Hispanics may be of any race.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Projections of the United States by Age, Sex, Race, Hispanic Origin, and Nativity: 1999 to 2100; published January 2000, www.census.gov/population/www/projections/natproj.html.

INDICATOR 3 **MARITAL STATUS**

TABLE 3 | MARITAL STATUS OF THE POPULATION AGE 65 AND OLDER, BY AGE GROUP AND SEX, 1998

	TOTAL	MARRIED	WIDOWED	DIVORCED	NEVER MARRIED
TOTAL					
65 OR OLDER	100.0	56.6	32.5	6.7	4.3
65 TO 74	100.0	65.8	21.6	8.4	4.2
75 TO 84	100.0	49.8	41.1	4.7	4.3
85 OR OLDER	100.0	25.9	65.2	3.7	5.2
MEN					
65 OR OLDER	100.0	75.1	14.9	6.1	3.8
65 TO 74	100.0	79.2	8.9	7.8	4.1
75 TO 84	100.0	73.5	19.6	3.7	3.2
85 OR OLDER	100.0	49.9	42.1	3.6	4.5
WOMEN					
65 OR OLDER	100.0	42.9	45.2	7.1	4.7
65 TO 74	100.0	54.9	31.9	8.9	4.3
75 TO 84	100.0	34.1	55.6	5.4	5.0
85 OR OLDER	100.0	13.4	77.3	3.7	5.5

Reference population: These data refer to the civilian noninstitutional population.
 Source: March Current Population Survey.

INDICATOR 4 **EDUCATIONAL ATTAINMENT**

TABLE 4A | PERCENTAGE OF THE POPULATION AGE 65 AND OLDER WITH A HIGH SCHOOL DIPLOMA OR HIGHER AND BACHELOR'S DEGREE OR HIGHER, 1950 TO 1998

	1950	1960	1970	1980	1990	1998
HIGH SCHOOL DIPLOMA OR HIGHER	17.7	19.1	27.1	40.7	53.2	67.0
BACHELOR'S DEGREE OR HIGHER	3.6	3.7	5.5	8.6	10.7	14.8

Reference population: Data for 1980 and 1998 refer to the civilian noninstitutional population. Data for other years refer to the resident population.

Source: Population Census Volumes 1950, 1960, 1970, and 1990; March Current Population Survey, 1980 and 1998.

TABLE 4B | PERCENTAGE OF THE POPULATION AGE 65 AND OLDER WITH A HIGH SCHOOL DIPLOMA OR HIGHER AND BACHELOR'S DEGREE OR HIGHER, BY RACE AND HISPANIC ORIGIN, 1998

	HIGH SCHOOL DIPLOMA OR HIGHER	BACHELOR'S DEGREE OR HIGHER
TOTAL	67.0	14.8
NON-HISPANIC WHITE	71.6	16.0
NON-HISPANIC BLACK	43.7	7.0
NON-HISPANIC ASIAN AND PACIFIC ISLANDER	65.1	22.2
HISPANIC	29.4	5.4

Note: Hispanics may be of any race.

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

Source: March Current Population Survey.

INDICATOR 5 **LIVING ARRANGEMENTS**

TABLE 5A | LIVING ARRANGEMENTS OF THE POPULATION AGE 65 AND OLDER, BY SEX AND RACE AND HISPANIC ORIGIN, 1998

	WITH SPOUSE	WITH OTHER RELATIVES	WITH NON-RELATIVES	ALONE
MEN				
TOTAL	72.6	7.0	3.0	17.3
WHITE	74.3	6.0	2.7	17.0
BLACK	53.5	14.8	6.8	24.9
ASIAN AND PACIFIC ISLANDER	72.0	20.8	0.6	6.6
HISPANIC	66.8	15.0	4.3	14.0
WOMEN				
TOTAL	40.7	16.8	1.7	40.8
WHITE	42.4	14.8	1.6	41.3
BLACK	24.3	32.2	2.7	40.8
ASIAN AND PACIFIC ISLANDER	41.3	36.7	0.8	21.2
HISPANIC	36.9	33.8	1.8	27.4

Note: Hispanics may be of any race.

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

Source: March Current Population Survey.

TABLE 5B | PERCENTAGE OF THE POPULATION AGE 65 AND OLDER LIVING ALONE, BY AGE GROUP AND SEX, 1970 TO 1998

	1970	1980	1990	1998
MEN				
65 TO 74	11.3	11.6	13.0	13.9
75 OR OLDER	19.1	21.6	20.9	22.3
WOMEN				
65 TO 74	31.7	35.6	33.2	30.2
75 OR OLDER	37.0	49.4	54.0	52.9

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

Source: U.S. Census Bureau, Current Population Survey Reports, "Marital Status and Living Arrangements: March 1994" (P20-484) and March 1998 (Update) (P20-514).

INDICATOR 6 **POVERTY**

TABLE 6A | PERCENTAGE OF THE POPULATION LIVING IN POVERTY, BY AGE GROUP, 1959 TO 1998

	UNDER 18	18 TO 64	65 OR OLDER	65 TO 74	75 TO 84	85 OR OLDER
1959	27.3	17.0	35.2	—	—	—
1960	26.9	—	—	—	—	—
1961	25.6	—	—	—	—	—
1962	25.0	—	—	—	—	—
1963	23.1	—	—	—	—	—
1964	23.0	—	—	—	—	—
1965	21.0	—	—	—	—	—
1966	17.6	10.5	28.5	—	—	—
1967	16.6	10.0	29.5	—	—	—
1968	15.6	9.0	25.0	—	—	—
1969	14.0	8.7	25.3	—	—	—
1970	15.1	9.0	24.6	—	—	—
1971	15.3	9.3	21.6	—	—	—
1972	15.1	8.8	18.6	—	—	—
1973	14.4	8.3	16.3	—	—	—
1974	15.4	8.3	14.6	—	—	—
1975	17.1	9.2	15.3	—	—	—
1976	16.0	9.0	15.0	—	—	—
1977	16.2	8.8	14.1	—	—	—
1978	15.9	8.7	14.0	—	—	—
1979	16.4	8.9	15.2	—	—	—
1980	18.3	10.1	15.7	—	—	—
1981	20.0	11.1	15.3	—	—	—
1982	21.9	12.0	14.6	12.4	17.4	21.2
1983	22.3	12.4	13.8	11.9	16.7	21.3
1984	21.5	11.7	12.4	10.3	15.2	18.4
1985	20.7	11.3	12.6	10.6	15.3	18.7
1986	20.5	10.8	12.4	10.3	15.3	17.6
1987	20.3	10.6	12.5	9.9	16.1	18.9
1988	19.5	10.5	12.0	10.0	14.6	17.8
1989	19.6	10.2	11.4	8.8	14.6	18.5
1990	20.6	10.7	12.2	9.7	14.9	20.2
1991	21.8	11.4	12.4	10.6	13.9	18.9
1992	22.3	11.9	12.9	10.6	15.2	19.9
1993	22.7	12.4	12.2	10.0	14.2	19.7
1994	21.8	11.9	11.7	10.1	12.8	18.0
1995	20.8	11.4	10.5	8.6	12.3	15.7
1996	20.5	11.4	10.8	8.8	12.5	16.5
1997	19.9	10.9	10.5	9.2	11.3	15.7
1998	18.9	10.5	10.5	9.1	11.6	14.2

— = NOT AVAILABLE

Note: The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index level. For more detail, see U.S. Census Bureau, Series P-60, No. 207. For information on the measurement of poverty see note on p. 64.

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

Source: March Current Population Survey.

TABLE 6B | PERCENTAGE OF PERSONS AGE 65 OR OLDER LIVING IN POVERTY, BY SELECTED CHARACTERISTICS, 1998

TOTAL	10.5
MEN	7.2
WOMEN	12.8
MARRIED	4.9
NONMARRIED	17.4
NON-HISPANIC WHITE	8.2
NON-HISPANIC BLACK	26.4
NON-HISPANIC ASIAN AND PACIFIC ISLANDER	16.0
HISPANIC	21.0

Note: The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index level. For more detail, see U.S. Census Bureau, Series P-60, No. 207. For information on the measurement of poverty see note below.

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

Source: March Current Population Survey.

THE MEASUREMENT OF POVERTY

The measurement of poverty used in this report is the official poverty measure used by the U.S. Census Bureau. A person is living below poverty if the person lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then the poverty line has been updated annually for inflation using the consumer price index for all urban consumers. The poverty line depends on the size of the family and the number of children in the family.

A 1995 report by the National Research Council recommended changing the definition of both the poverty thresholds and the resources that are used to measure poverty. Its recommendations included the following:

Defining income. On the one hand, the definition of family income should be expanded to include other important resources of purchasing power, such as the earned income credit, food stamps, and housing subsidies. On the other hand, some necessary expenditures that reduce a family's resources available for basic consumption needs should be subtracted from income, such as taxes, necessary child care and other work-related expenditures, child support payments, and out-of-pocket medical expenditures.

Setting a threshold. Poverty thresholds should be adjusted to provide a more accurate measure of family income requirements. First, the consumption bundle used to derive thresholds should be based on food, clothing, and shelter, not food consumption alone. Second, thresholds should reflect regional variations in housing costs. Third, thresholds should be adjusted for family size in a more consistent way than is currently done. Finally, thresholds should be updated to reflect changes in expenditure patterns over time.

A recent Census Bureau report used key elements of the National Research Council proposal to estimate alternative poverty rates from 1990 to 1997. The new measure accounts for medical out-of-pocket expenditures and uses an alternative type of threshold definition from that under the official measure. The new measure tends to decrease the relative poverty rate of persons living alone and those with few medical out-of-pocket expenditures, and to increase the relative poverty rate for persons living with a relative or spouse and those with high medical out-of-pocket expenditures. The Social Security Administration has done an analysis of the experimental measure specifically for the older population.

Sources: Fisher, G. (1992). The development and history of the poverty thresholds. *Social Security Bulletin* 55 (4); Citro, C.F. and Michael, R.T. (Eds.). (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press; Short, K., Garner, T., Johnson, D. and Doyle, P. (June 1999). *Experimental Poverty Measures: 1990-1997*. U.S. Census Bureau, *Current Population Reports* P60-205. Washington, DC: U.S. Government Printing Office; Olsen, K.A. (1999). Application of experimental poverty measures to the aged. *Social Security Bulletin* 62(3).

INDICATOR 7 **INCOME DISTRIBUTION**

TABLE 7 | INCOME DISTRIBUTION OF THE POPULATION AGE 65 AND OLDER, 1974 TO 1998

	EXTREME POVERTY	POVERTY	LOW INCOME	MEDIUM INCOME	HIGH INCOME
1974	1.9	12.7	34.6	32.6	18.2
1975	2.0	13.3	35.0	32.3	17.4
1976	1.9	13.1	34.7	31.8	18.5
1977	1.7	12.5	35.9	31.5	18.5
1978	1.7	12.2	33.4	34.2	18.5
1979	2.4	12.9	33.0	33.6	18.2
1980	2.1	13.6	33.5	32.4	18.4
1981	2.0	13.2	32.8	33.1	18.9
1982	2.5	12.1	31.4	33.3	20.7
1983	2.2	11.5	29.7	34.1	22.4
1984	1.7	10.7	30.2	33.8	23.6
1985	2.0	10.7	29.4	34.6	23.4
1986	2.1	10.4	28.4	34.4	24.8
1987	1.9	10.6	27.8	35.1	24.7
1988	1.9	10.1	28.4	34.5	25.1
1989	2.0	9.4	29.1	33.6	25.9
1990	2.1	10.1	27.0	35.2	25.6
1991	2.2	10.1	28.0	36.3	23.3
1992	2.3	10.6	28.6	35.6	22.9
1993	2.4	9.8	29.8	35.0	23.0
1994	2.5	9.2	29.5	35.6	23.2
1995	1.9	8.5	29.1	36.1	24.3
1996	2.1	8.6	29.5	34.7	25.1
1997	2.2	8.3	28.1	35.3	26.0
1998	2.3	8.1	26.8	35.3	27.5

Note: The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., \$3,909 for one person age 65 or over in 1998). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between \$3,909 and \$7,817 for one person age 65 or over in 1998). Low income is between 100 and 199 percent of the poverty threshold (i.e., between \$7,818 and \$15,635 for one person age 65 or over in 1998). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between \$15,636 and \$31,271 for one person age 65 or over in 1998). High income is 400 percent or more of the poverty threshold.

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

Source: March Current Population Survey.

INDICATOR 8 **SOURCES OF INCOME**

TABLE 8A | DISTRIBUTION OF SOURCES OF INCOME FOR THE POPULATION AGE 65 AND OLDER, 1962 TO 1998

	TOTAL	SOCIAL SECURITY	ASSET INCOME	PENSIONS	EARNINGS	OTHER
1962	100	31	16	9	28	16
1967	100	34	15	12	29	10
1976	100	39	18	16	23	4
1978	100	38	19	16	23	4
1980	100	39	22	16	19	4
1982	100	39	25	15	18	3
1984	100	38	28	15	16	3
1986	100	38	26	16	17	3
1988	100	38	25	17	17	3
1990	100	36	24	18	18	4
1992	100	40	21	20	17	2
1994	100	42	18	19	18	3
1996	100	40	18	19	20	3
1998	100	38	20	19	21	2

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

Source: March Current Population Survey, Survey of the Aged, and Survey of Demographic and Economic Characteristics of the Aged.

TABLE 8B | SOURCES OF INCOME AMONG PERSONS AGE 65 OR OLDER, BY INCOME LEVEL, 1998

	LOWEST FIFTH	SECOND FIFTH	THIRD FIFTH	FOURTH FIFTH	HIGHEST FIFTH
TOTAL	100	100	100	100	100
SOCIAL SECURITY	82.1	80.5	63.8	45.2	18.3
ASSET INCOME	2.4	6.1	10.5	13.7	27.9
PENSIONS	3.3	6.6	14.9	24.4	20.5
EARNINGS	0.7	3.2	7.3	13.1	31.1
PUBLIC ASSISTANCE	9.8	1.8	0.7	0.2	0.0
OTHER	1.8	1.8	2.8	3.3	2.1

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

Source: March Current Population Survey.

INDICATOR 9 **NET WORTH**

TABLE 9 | MEDIAN HOUSEHOLD NET WORTH, BY SELECTED CHARACTERISTICS, IN THOUSANDS OF 1999 DOLLARS, 1984 TO 1999

	1984	1989	1994	1999
AGE OF HEAD OF HOUSEHOLD				
45 TO 54	\$ 110.6	\$ 98.5	\$ 107.3	\$ 85.0
55 TO 64	118.6	149.8	157.4	145.0
65 TO 74	109.2	126.3	130.4	190.0
65 OR OLDER	93.0	101.5	112.4	157.6
75 OR OLDER	80.2	84.0	93.9	132.9
MARITAL STATUS, HEAD OF HOUSEHOLD AGE 65 OR OLDER				
MARRIED	\$ 145.9	\$ 184.8	\$ 204.6	\$ 234.0
UNMARRIED	65.7	61.8	70.8	83.7
RACE, HEAD OF HOUSEHOLD AGE 65 OR OLDER				
BLACK	\$ 24.0	\$ 30.2	\$ 41.6	\$ 13.0
WHITE	105.3	115.6	125.9	181.0
EDUCATION, HEAD OF HOUSEHOLD AGE 65 OR OLDER				
NO HIGH SCHOOL DIPLOMA	\$ 52.0	\$ 53.1	\$ 61.8	\$ 63.1
HIGH SCHOOL DIPLOMA ONLY	128.7	137.0	120.3	157.4
SOME COLLEGE OR MORE	203.6	235.2	265.3	301.0

Note: Medians are calculated using sample weights. The survey measures net equity in homes and nonhousing assets divided into six categories: other real estate and vehicles; farm or business ownership; stocks, mutual funds, investment trusts, and stocks held in IRAs; checking and savings accounts, CDs, treasury bills, savings bonds, and liquid assets in IRAs; bonds, trusts, life insurance, and other assets; and other debts. The survey measure of net worth excludes the present value of future private pensions and rights to future Social Security payments.

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

Source: Panel Study of Income Dynamics.

INDICATOR 10 **PARTICIPATION IN THE LABOR FORCE**

TABLE 10 | LABOR FORCE PARTICIPATION RATES OF PERSONS AGE 55 OR OLDER, BY AGE GROUP AND SEX, ANNUAL AVERAGES, 1963 TO 1999

	MEN				WOMEN			
	55 TO 61	62 TO 64	65 TO 69	70 OR OLDER	55 TO 61	62 TO 64	65 TO 69	70 OR OLDER
1963	89.9	75.8	40.9	20.8	43.7	28.8	16.5	5.9
1964	89.5	74.6	42.6	19.5	44.5	28.5	17.5	6.2
1965	88.8	73.2	43.0	19.1	45.3	29.5	17.4	6.1
1966	88.6	73.0	42.7	17.9	45.5	31.6	17.0	5.8
1967	88.5	72.7	43.4	17.6	46.4	31.5	17.0	5.8
1968	88.4	72.6	43.1	17.9	46.2	32.1	17.0	5.8
1969	88.0	70.2	42.3	18.0	47.3	31.6	17.3	6.1
1970	87.7	69.4	41.6	17.6	47.0	32.3	17.3	5.7
1971	86.9	68.4	39.4	16.9	47.0	31.7	17.0	5.6
1972	85.6	66.3	36.8	16.6	46.4	30.9	17.0	5.4
1973	84.0	62.4	34.1	15.6	45.7	29.2	15.9	5.3
1974	83.4	60.8	32.9	15.5	45.3	28.9	14.4	4.8
1975	81.9	58.6	31.7	15.0	45.6	28.9	14.5	4.8
1976	81.1	56.1	29.3	14.2	45.9	28.3	14.9	4.6
1977	80.9	54.6	29.4	13.9	45.7	28.5	14.5	4.6
1978	80.3	54.0	30.1	14.2	46.2	28.5	14.9	4.8
1979	79.5	54.3	29.6	13.8	46.6	28.8	15.3	4.6
1980	79.1	52.6	28.5	13.1	46.1	28.5	15.1	4.5
1981	78.4	49.4	27.8	12.5	46.6	27.6	14.9	4.6
1982	78.5	48.0	26.9	12.2	46.9	28.5	14.9	4.5
1983	77.7	47.7	26.1	12.2	46.4	29.1	14.7	4.5
1984	76.9	47.5	24.6	11.4	47.1	28.8	14.2	4.4
1985	76.6	46.1	24.4	10.5	47.4	28.7	13.5	4.3
1986	75.8	45.8	25.0	10.4	48.1	28.5	14.3	4.1
1987	76.3	46.0	25.8	10.5	48.9	27.8	14.3	4.1
1988	75.8	45.4	25.8	10.9	49.9	28.5	15.4	4.4
1989	76.3	45.3	26.1	10.9	51.4	30.3	16.4	4.6
1990	76.7	46.5	26.0	10.7	51.7	30.7	17.0	4.7
1991	76.1	45.5	25.1	10.5	52.1	29.3	17.0	4.7
1992	75.7	46.2	26.0	10.7	53.6	30.5	16.2	4.8
1993	74.9	46.1	25.4	10.3	53.8	31.7	16.1	4.7
1994	73.8	45.1	26.8	11.7	55.5	33.1	17.9	5.5
1995	74.3	45.0	27.0	11.6	55.9	32.6	17.5	5.3
1996	74.8	45.7	27.5	11.5	56.4	31.8	17.2	5.2
1997	75.4	46.2	28.4	11.6	57.3	33.6	17.6	5.1
1998	75.5	47.3	28.0	11.1	57.6	33.3	17.8	5.2
1999	75.4	46.9	28.5	11.7	57.9	33.7	18.4	5.5

Reference population: These data refer to the civilian noninstitutional population.
Source: Current Population Survey.

INDICATOR 11 HOUSING EXPENDITURES

TABLE 11 | PERCENTAGE OF TOTAL ANNUAL EXPENDITURES ALLOCATED TO HOUSING COSTS IN HOUSEHOLDS HEADED BY PERSONS AGE 65 OR OLDER, BY INCOME LEVEL, 1987 TO 1998

	1987	1989	1992	1994	1996	1998
PERCENTAGE ALLOCATED TO HOUSING						
LOWEST FIFTH	33.4%	34.8%	37.5%	34.5%	36.2%	36.0%
SECOND FIFTH	33.0	31.4	32.5	35.5	34.0	35.3
THIRD FIFTH	28.8	28.3	30.0	26.3	29.8	28.7
FOURTH FIFTH	26.7	23.9	26.1	26.4	28.9	28.0
HIGHEST FIFTH	20.5	21.8	23.3	23.6	24.1	25.8
AVERAGE EXPENDITURES ON HOUSING						
LOWEST FIFTH	\$ 2,842	\$ 3,076	\$ 3,813	\$ 3,919	\$ 4,309	\$ 4,686
SECOND FIFTH	3,410	3,648	4,161	4,885	4,891	5,743
THIRD FIFTH	3,525	4,232	4,853	4,834	5,753	5,930
FOURTH FIFTH	4,186	4,739	5,737	6,575	6,826	7,147
HIGHEST FIFTH	5,403	7,010	7,625	8,925	9,791	10,119
AVERAGE TOTAL EXPENDITURES						
LOWEST FIFTH	\$ 8,502	\$ 8,835	\$ 10,172	\$ 11,375	\$ 11,900	\$ 13,032
SECOND FIFTH	10,332	11,617	12,784	13,747	14,378	16,252
THIRD FIFTH	12,232	14,965	16,189	18,401	19,315	20,696
FOURTH FIFTH	15,676	19,788	22,011	24,894	23,647	25,509
HIGHEST FIFTH	26,301	32,117	32,659	37,757	40,602	39,170

Note: For the purposes of this report, housing is defined as "basic housing" (i.e., shelter and utilities). Shelter includes payments for mortgage interest and charges; property taxes; maintenance, repairs, insurance, and other expenses; and rent; rent as pay; and maintenance, insurance, and other expenses for renters. "Basic housing" is defined to include utilities because some renters have these costs included in their rent; furthermore, they are a cost that most consumer units incur to provide a tolerable living environment, whether it be for heating and cooling, cooking, or lighting. Quintiles/income fifths are used to define the five levels of income. In this analysis, the term "household" is used in place of "consumer unit." A consumer unit is used to describe members of a household related by blood, marriage, adoption, or other legal arrangement; single persons who are living alone or sharing a household with others but who are financially independent; or two or more persons living together who share responsibility for at least two of three major types of expenses (food, housing, and other expenses). The income distribution was determined for the subset of all consumer units where the reference person was age 65 or older.

Reference population: These data refer to the resident noninstitutional population.

Source: Consumer Expenditure Survey.

INDICATOR 12 **LIFE EXPECTANCY**

TABLE 12A | LIFE EXPECTANCY BY AGE GROUP AND SEX, IN YEARS, 1900 TO 1997

	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	1997
LIFE EXPECTANCY AT BIRTH											
TOTAL	49.2	51.5	56.4	59.2	63.6	68.1	69.9	70.8	73.9	75.4	76.5
MEN	47.9	49.9	55.5	57.7	61.6	65.5	66.8	67.0	70.1	71.8	73.6
WOMEN	50.7	53.2	57.4	60.9	65.9	71.0	73.2	74.6	77.6	78.8	79.4
LIFE EXPECTANCY AT AGE 65											
TOTAL	11.9	11.6	12.5	12.2	12.8	13.8	14.4	15.0	16.5	17.3	17.7
MEN	11.5	11.2	12.2	11.7	12.1	12.7	13.0	13.0	14.2	15.1	15.9
WOMEN	12.2	12.0	12.7	12.8	13.6	15.0	15.8	16.8	18.4	19.0	19.2
LIFE EXPECTANCY AT AGE 85											
TOTAL	4.0	4.0	4.2	4.2	4.3	4.7	4.6	5.3	6.0	6.2	6.3
MEN	3.8	3.9	4.1	4.0	4.1	4.4	4.4	4.7	5.1	5.3	5.5
WOMEN	4.1	4.1	4.3	4.3	4.5	4.9	4.7	5.6	6.4	6.7	6.6

Note: The estimates for decennial years are based on decennial census data and deaths for a three-year period around the census year. Life expectancy estimates for years prior to 1930 are based on the death 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.

Reference population: These data refer to the resident population.

Source: National Vital Statistics System.

TABLE 12B | LIFE EXPECTANCY BY AGE GROUP AND RACE, IN YEARS, 1997

	WHITE	BLACK
LIFE EXPECTANCY AT BIRTH	77.1	71.1
LIFE EXPECTANCY AT AGE 65	17.8	16.1
LIFE EXPECTANCY AT AGE 85	6.2	6.4

Reference population: These data refer to the resident population.

Source: National Vital Statistics System.

INDICATOR 13 **MORTALITY**

TABLE 13A | DEATH RATES FOR SELECTED LEADING CAUSES OF DEATH AMONG PERSONS AGE 65 OR OLDER, 1980 TO 1997 (PER 100,000)

	HEART DISEASE	CANCER	STROKE	CHRONIC OBSTRUCTIVE PULMONARY DISEASES	PNEUMONIA & INFLUENZA	DIABETES
1980	2,629	1,052	669	179	214	107
1981	2,547	1,056	625	186	207	106
1982	2,503	1,069	587	186	181	102
1983	2,512	1,078	566	204	207	104
1984	2,450	1,087	548	211	214	103
1985	2,431	1,091	533	226	243	103
1986	2,372	1,101	508	228	245	101
1987	2,316	1,106	497	230	237	102
1988	2,306	1,114	491	240	263	105
1989	2,172	1,133	465	240	253	120
1990	2,092	1,142	449	245	258	120
1991	2,049	1,151	436	252	245	121
1992	1,995	1,154	427	253	233	121
1993	2,032	1,164	437	275	249	129
1994	1,963	1,161	437	273	239	133
1995	1,941	1,160	442	273	239	137
1996	1,894	1,150	438	278	236	141
1997	1,832	1,133	426	281	237	141
PERCENT CHANGE 1980-97	-30.3	7.7	-36.3	57.0	10.7	31.8

Note: Rates are age-adjusted using the 2000 standard population.
Reference population: These data refer to the resident population.
Source: National Vital Statistics System.

TABLE 13B | LEADING CAUSES OF DEATH AMONG PERSONS AGE 65 OR OLDER, BY SEX AND RACE AND HISPANIC ORIGIN, 1997

	WHITE	BLACK	ASIAN AND PACIFIC ISLANDER	AMERICAN INDIAN AND ALASKA NATIVE	HISPANIC
MEN					
1.	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE
2.	CANCER	CANCER	CANCER	CANCER	CANCER
3.	STROKE	STROKE	STROKE	DIABETES	STROKE
4.	COPD	COPD	PNEUMONIA & INFLUENZA	STROKE	DIABETES
5.	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	COPD	COPD	PNEUMONIA & INFLUENZA
6.	DIABETES	DIABETES	DIABETES	PNEUMONIA & INFLUENZA	COPD
7.	UNINTENTIONAL INJURIES	NEPHRITIS	UNINTENTIONAL INJURIES	UNINTENTIONAL INJURIES	UNINTENTIONAL INJURIES
8.	NEPHRITIS	UNINTENTIONAL INJURIES	NEPHRITIS	CHRONIC LIVER DISEASE AND CIRRHOSIS	CHRONIC LIVER DISEASE AND CIRRHOSIS
9.	ALZHEIMER'S DISEASE	SEPTICEMIA	HYPERTENSION	NEPHRITIS	NEPHRITIS
10.	SEPTICEMIA	HYPERTENSION	SEPTICEMIA	SEPTICEMIA	SEPTICEMIA
	NUMBER OF DEATHS FROM ALL CAUSES				
	704,603	69,898	10,441	2,485	24,988
WOMEN					
1.	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE
2.	CANCER	CANCER	CANCER	CANCER	CANCER
3.	STROKE	STROKE	STROKE	DIABETES	STROKE
4.	COPD	DIABETES	PNEUMONIA & INFLUENZA	STROKE	DIABETES
5.	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	DIABETES	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA
6.	DIABETES	COPD	COPD	COPD	COPD
7.	ALZHEIMER'S DISEASE	NEPHRITIS	UNINTENTIONAL INJURIES	UNINTENTIONAL INJURIES	UNINTENTIONAL INJURIES
8.	UNINTENTIONAL INJURIES	SEPTICEMIA	NEPHRITIS	NEPHRITIS	CHRONIC LIVER DISEASE AND CIRRHOSIS
9.	NEPHRITIS	HYPERTENSION	HYPERTENSION	SEPTICEMIA	NEPHRITIS
10.	ATHERO- SCLEROSIS	UNINTENTIONAL INJURIES	SEPTICEMIA	CHRONIC LIVER DISEASE AND CIRRHOSIS	ALZHEIMER'S DISEASE
	NUMBER OF DEATHS FROM ALL CAUSES				
	844,062	85,445	9,363	2,575	26,383

Note: COPD=Chronic obstructive pulmonary diseases. Hispanics may be of any race.

Reference population: These data refer to the resident population.

Source: National Vital Statistics System.

TABLE 13C | LEADING CAUSES OF DEATH AMONG PERSONS AGE 85 OR OLDER, BY SEX AND RACE AND HISPANIC ORIGIN, 1997

	WHITE	BLACK	ASIAN AND PACIFIC ISLANDER	AMERICAN INDIAN AND ALASKA NATIVE	HISPANIC
MEN					
1.	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE
2.	CANCER	CANCER	CANCER	CANCER	CANCER
3.	STROKE	STROKE	STROKE	STROKE	PNEUMONIA & INFLUENZA
4.	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	STROKE
5.	COPD	COPD	COPD	COPD	COPD
6.	UNINTENTIONAL INJURIES	NEPHRITIS	DIABETES	DIABETES	DIABETES
7.	DIABETES	DIABETES	UNINTENTIONAL INJURIES	UNINTENTIONAL INJURIES	UNINTENTIONAL INJURIES
8.	NEPHRITIS	SEPTICEMIA	NEPHRITIS	NEPHRITIS	NEPHRITIS
9.	ALZHEIMER'S DISEASE	UNINTENTIONAL INJURIES	HYPERTENSION	SEPTICEMIA	ALZHEIMER'S DISEASE
10.	ATHERO- SCLEROSIS	HYPERTENSION	ALZHEIMER'S DISEASE	HYPERTENSION	SEPTICEMIA
	NUMBER OF DEATHS FROM ALL CAUSES				
	177,227	13,767	2,699	468	5,671
WOMEN					
1.	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE	HEART DISEASE
2.	STROKE	CANCER	STROKE	STROKE	CANCER
3.	CANCER	STROKE	CANCER	CANCER	STROKE
4.	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA	PNEUMONIA & INFLUENZA
5.	COPD	DIABETES	COPD	DIABETES	DIABETES
6.	ALZHEIMER'S DISEASE	SEPTICEMIA	DIABETES	COPD	COPD
7.	DIABETES	NEPHRITIS	UNINTENTIONAL INJURIES	UNINTENTIONAL INJURIES	ALZHEIMER'S DISEASE
8.	UNINTENTIONAL INJURIES	HYPERTENSION	HYPERTENSION	ALZHEIMER'S DISEASE	ATHEROSCLEROSIS
9.	ATHERO- SCLEROSIS	COPD	SEPTICEMIA	SEPTICEMIA	NEPHRITIS
10.	NEPHRITIS	ALZHEIMER'S DISEASE	NEPHRITIS	ATHERO- SCLEROSIS	UNINTENTIONAL INJURIES
	NUMBER OF DEATHS FROM ALL CAUSES				
	368,037	28,348	2,813	709	9,232

Note: COPD=Chronic obstructive pulmonary diseases. Hispanics may be of any race.

Reference population: These data refer to the resident population.

Source: National Vital Statistics System.

INDICATOR 14 **CHRONIC HEALTH CONDITIONS**

TABLE 14 | PERCENTAGE OF PERSONS AGE 70 OR OLDER WHO REPORTED HAVING SELECTED CHRONIC CONDITIONS, BY SELECTED CHARACTERISTICS, 1984 AND 1995

	1984	1995		1984	1995
TOTAL			80 TO 84		
ARTHRITIS	55.0	58.1	ARTHRITIS	57.3	61.4
DIABETES	9.9	12.0	DIABETES	10.8	11.0
CANCER	12.4	19.4	CANCER	15.2	20.2
STROKE	7.8	8.9	STROKE	9.6	10.4
HYPERTENSION	45.6	45.0	HYPERTENSION	48.6	47.8
HEART DISEASE	16.4	21.4	HEART DISEASE	20.0	23.0
MEN			85 OR OLDER		
ARTHRITIS	44.9	49.5	ARTHRITIS	53.3	64.1
DIABETES	9.9	12.9	DIABETES	6.5	8.0
CANCER	13.8	23.4	CANCER	13.1	19.0
STROKE	8.3	10.4	STROKE	10.9	13.2
HYPERTENSION	36.8	40.5	HYPERTENSION	44.4	45.2
HEART DISEASE	18.7	24.7	HEART DISEASE	16.4	25.4
WOMEN			NON-HISPANIC WHITE		
ARTHRITIS	61.1	63.8	ARTHRITIS	54.3	57.9
DIABETES	10.0	11.5	DIABETES	8.9	10.9
CANCER	11.6	16.7	CANCER	13.4	21.0
STROKE	7.3	7.9	STROKE	7.5	8.6
HYPERTENSION	50.8	48.0	HYPERTENSION	44.3	44.0
HEART DISEASE	14.9	19.2	HEART DISEASE	17.1	22.0
70 TO 74			NON-HISPANIC BLACK		
ARTHRITIS	55.0	54.4	ARTHRITIS	64.6	67.2
DIABETES	10.8	13.4	DIABETES	17.0	20.4
CANCER	11.1	18.5	CANCER	4.6	9.1
STROKE	6.0	7.1	STROKE	10.8	12.2
HYPERTENSION	44.8	43.7	HYPERTENSION	59.3	58.7
HEART DISEASE	15.6	18.9	HEART DISEASE	11.5	18.5
75 TO 79			HISPANIC		
ARTHRITIS	54.1	58.3	ARTHRITIS	50.6	50.2
DIABETES	9.7	12.6	DIABETES	17.4	17.4
CANCER	11.9	20.2	CANCER	6.2	10.5
STROKE	7.6	8.7	STROKE	8.3	9.6
HYPERTENSION	45.2	44.9	HYPERTENSION	46.9	42.0
HEART DISEASE	15.2	22.0	HEART DISEASE	13.3	17.0

Note: Hispanics may be of any race. 1984 percentages are age-adjusted to the 1995 population.

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

Source: Supplement on Aging and Second Supplement on Aging.

INDICATOR 15 **MEMORY IMPAIRMENT**

TABLE 15 | PERCENTAGE OF PERSONS AGE 65 OR OLDER WITH MODERATE OR SEVERE MEMORY IMPAIRMENT, BY AGE GROUP AND SEX, 1998

	MODERATE OR SEVERE MEMORY IMPAIRMENT			SEVERE MEMORY IMPAIRMENT		
	TOTAL	MEN	WOMEN	TOTAL	MEN	WOMEN
65 TO 69	4.4	5.3	3.8	0.9	0.8	0.9
70 TO 74	8.3	10.1	6.9	2.1	2.6	1.8
75 TO 79	13.5	16.2	11.7	5.2	6.4	4.4
80 TO 84	20.1	22.8	18.5	7.6	9.2	6.7
85 OR OLDER	35.8	37.3	35.0	18.3	19.6	17.6

Note: Definition of moderate or severe memory impairment: Four or fewer words recalled (out of 20) on combined immediate and delayed recall tests. Persons are described as having severe memory impairment if two or fewer words are recalled. Respondents who reported "don't know" on either the immediate or delayed recall test (implying that they were unable to recall any words) were assigned a score of zero for that test. Respondents who refused to participate in either test are excluded from the analysis.

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

Source: Health and Retirement Study.

INDICATOR 16 **DEPRESSIVE SYMPTOMS**

TABLE 16 | PERCENTAGE OF PERSONS AGE 65 OR OLDER WITH SEVERE DEPRESSIVE SYMPTOMS, BY AGE GROUP AND SEX, 1998

	TOTAL	MEN	WOMEN
65 TO 69	15.4	12.1	18.0
70 TO 74	14.3	10.3	17.2
75 TO 79	14.6	10.4	17.4
80 TO 84	20.5	17.1	22.4
85 OR OLDER	22.8	22.5	23.0

Note: Definition of severe depressive symptoms: four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center of Epidemiologic Studies Depression Scale (CES-D) adapted by the Health and Retirement Study.

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

Source: Health and Retirement Study.

INDICATOR 17 **SELF-RATED HEALTH STATUS**

TABLE 17 | PERCENTAGE OF PERSONS AGE 65 OR OLDER WHO REPORTED GOOD TO EXCELLENT HEALTH, BY AGE GROUP, SEX, AND RACE AND HISPANIC ORIGIN, 1994 TO 1996

	ALL PERSONS	NON-HISPANIC WHITE	NON-HISPANIC BLACK	HISPANIC
TOTAL				
65 OR OLDER	72.2	74.0	58.4	64.9
MEN				
65 OR OLDER	72.0	73.5	59.3	65.4
65 TO 74	74.6	76.3	61.6	68.7
75 TO 84	68.3	69.4	56.4	59.7
85 OR OLDER	65.0	67.3	45.0	50.9
WOMEN				
65 OR OLDER	72.4	74.3	57.8	64.6
65 TO 74	75.2	77.5	59.3	68.5
75 TO 84	69.8	71.7	55.3	59.3
85 OR OLDER	65.1	66.4	56.0	55.1

Note: Data are based on a three-year average from 1994 to 1996. Hispanics may be of any race.
 Reference population: These data refer to the civilian noninstitutional population.
 Source: National Health Interview Survey.

INDICATOR 18 **DISABILITY**

TABLE 18A | PERCENTAGE OF MEDICARE BENEFICIARIES AGE 65 OR OLDER WHO ARE CHRONICALLY DISABLED, BY LEVEL AND CATEGORY OF DISABILITY, 1982 TO 1994

	1982	1984	1989	1994
TOTAL				
LEVEL AND TYPE OF DISABILITY				
IADLS ONLY	5.5	5.8	4.7	4.3
1-2 ADLS	6.4	6.5	6.3	5.8
3-4 ADLS	2.8	2.9	3.5	3.2
5-6 ADLS	3.4	3.1	2.8	2.8
INSTITUTIONAL	5.7	5.5	5.5	5.1
TOTAL	23.7	23.7	22.7	21.1
TOTAL MEDICARE POPULATION (IN THOUSANDS)	26,920	28,060	30,870	33,130
MEN				
LEVEL AND TYPE OF DISABILITY				
IADLS ONLY	5.0	5.0	4.2	3.8
1-2 ADLS	5.1	4.8	4.5	4.3
3-4 ADLS	2.2	2.3	2.8	2.1
5-6 ADLS	3.3	2.9	2.3	2.2
INSTITUTIONAL	3.8	3.4	3.6	3.2
TOTAL	19.5	18.4	17.4	15.5
TOTAL MEDICARE POPULATION (IN THOUSANDS)	10,590	11,050	12,410	13,410
WOMEN				
LEVEL AND TYPE OF DISABILITY				
IADLS ONLY	5.8	6.4	5.0	4.6
1-2 ADLS	7.2	7.5	7.6	6.8
3-4 ADLS	3.1	3.2	4.0	3.9
5-6 ADLS	3.5	3.2	3.0	3.2
INSTITUTIONAL	6.9	6.9	6.7	6.4
TOTAL	26.5	27.2	26.2	24.9
TOTAL MEDICARE POPULATION (IN THOUSANDS)	16,340	17,010	18,460	19,710

Note: National Long Term Care Survey researchers group tasks of daily living into two categories: activities of daily living (ADLs) such as eating, getting in and out of bed, getting around inside, dressing, bathing, and toileting; and instrumental activities of daily living (IADLs) such as heavy housework, light housework, laundry, preparing meals, shopping for groceries, getting around outside, traveling, managing money, and using a telephone. A person is considered to have an ADL or IADL disability if he or she is unable to perform the activity, uses active help to perform the activity, uses equipment, or requires standby help. A person is considered chronically disabled if he or she has one ADL limitation, one IADL limitation, or is institutionalized, and if any of these conditions has or is expected to last 90 days.

Reference population: These data refer to Medicare beneficiaries.

Source: National Long Term Care Survey.

TABLE 18B | PERCENTAGE OF PERSONS AGE 70 OR OLDER WHO ARE UNABLE TO PERFORM CERTAIN PHYSICAL FUNCTIONS, BY SEX, 1984 AND 1995

	1984	1995
MEN		
WALK	12.9	12.3
CLIMB STAIRS	9.3	8.2
STOOP, CROUCH, OR KNEEL	11.5	9.7
REACH UP	3.4	3.0
ANY ONE OF NINE	22.5	19.6
WOMEN		
WALK	20.9	17.8
CLIMB STAIRS	16.0	12.3
STOOP, CROUCH, OR KNEEL	20.2	16.3
REACH UP	5.6	3.9
ANY ONE OF NINE	34.3	28.9

Note: Rates for 1984 are age-adjusted to the 1995 population. The nine physical functioning activities are: walking a quarter mile; walking up ten steps without resting; standing or being on your feet for about two hours; sitting for about two hours; stooping, crouching or kneeling; reaching up over your head; reaching out as if to shake someone's hand; using your fingers to grasp or handle; lifting or carrying something as heavy as ten pounds. A person is considered disabled if he or she is unable to perform an activity alone and without aids.

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

Source: Supplement on Aging, Second Supplement on Aging.

TABLE 18C | PERCENTAGE OF PERSONS AGE 70 OR OLDER WHO ARE UNABLE TO PERFORM ANY ONE OF NINE PHYSICAL FUNCTIONS, BY SEX AND RACE, 1995

	WHITE	BLACK
TOTAL	24.6	32.6
MEN	19.2	26.9
WOMEN	28.2	36.0

Note: The nine physical functioning activities are: walking a quarter mile; walking up ten steps without resting; standing or being on your feet for about two hours; sitting for about two hours; stooping, crouching or kneeling; reaching up over your head; reaching out, as if to shake someone's hand; using your fingers to grasp or handle; lifting or carrying something as heavy as ten pounds. A person is considered disabled if he or she is unable to perform an activity alone and without aids.

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

Source: Supplement on Aging, Second Supplement on Aging.

INDICATOR 19 **SOCIAL ACTIVITY**

TABLE 19A | PERCENTAGE OF PERSONS AGE 70 OR OLDER WHO REPORTED ENGAGING IN SOCIAL ACTIVITIES, BY AGE GROUP AND SEX, 1995

	70 OR OLDER	70 TO 74	75 TO 79	80 TO 84	85 OR OLDER
TOTAL					
CONTACT WITH FRIENDS OR NEIGHBORS	87.9	90.5	88.3	86.3	81.1
CONTACT WITH NON-CORESIDENT RELATIVES	91.9	92.9	92.2	91.0	89.1
ATTEND CHURCH, TEMPLE, OTHER	50.3	54.2	51.4	47.9	38.6
ATTEND MOVIE, SPORTS EVENT, CLUB, GROUP EVENT	27.4	33.2	27.6	24.0	13.9
GO OUT TO A RESTAURANT	63.6	70.0	65.8	58.0	47.2
VOLUNTEER WORK (PAST 12 MONTHS)	16.3	20.0	17.3	12.7	7.2
MEN					
CONTACT WITH FRIENDS OR NEIGHBORS	85.4	88.0	86.0	82.6	77.4
CONTACT WITH NON-CORESIDENT RELATIVES	90.0	90.7	90.0	89.6	87.8
ATTEND CHURCH, TEMPLE, OTHER	47.5	51.3	47.3	44.2	37.0
ATTEND MOVIE, SPORTS EVENT, CLUB, GROUP EVENT	27.8	33.1	27.8	22.8	12.6
GO OUT TO A RESTAURANT	66.5	70.7	69.8	60.8	47.7
VOLUNTEER WORK (PAST 12 MONTHS)	14.8	17.2	15.8	11.6	6.8
WOMEN					
CONTACT WITH FRIENDS OR NEIGHBORS	89.5	92.5	89.9	88.5	82.8
CONTACT WITH NON-CORESIDENT RELATIVES	93.1	94.6	93.7	91.9	89.6
ATTEND CHURCH, TEMPLE, OTHER	52.1	56.5	54.3	50.1	39.3
ATTEND MOVIE, SPORTS EVENT, CLUB, GROUP EVENT	27.2	33.3	27.5	24.7	14.4
GO OUT TO A RESTAURANT	61.7	69.4	63.0	56.3	47.0
VOLUNTEER WORK (PAST 12 MONTHS)	17.3	22.2	18.4	13.3	7.4

Reference population: These data refer to the civilian noninstitutional population.
Source: Second Supplement on Aging.

TABLE 19B | PERCENTAGE OF PERSONS AGE 70 OR OLDER WHO REPORTED BEING SATISFIED WITH THEIR LEVEL OF SOCIAL ACTIVITY, BY SEX, 1995

	TOTAL	MEN	WOMEN
ABOUT ENOUGH	63.9	63.3	64.4
TOO MUCH	2.3	2.4	2.2
WOULD LIKE TO BE DOING MORE	21.2	19.0	22.7

Reference population: These data refer to the civilian noninstitutional population.
Source: Second Supplement on Aging.

INDICATOR 20 **SEDENTARY LIFESTYLE**

TABLE 20 | PERCENTAGE OF PERSONS AGE 65 OR OLDER WHO REPORTED HAVING A SEDENTARY LIFESTYLE, BY SEX, 1985, 1990, AND 1995

	1985	1990	1995
TOTAL	40.0	39.4	34.4
MEN	33.9	31.5	27.8
WOMEN	44.3	45.0	39.2

Note: Sedentary lifestyle is defined as engaging in no leisure-time physical activity (exercises, sports, physically active hobbies) in a two-week period.

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

Source: National Health Interview Survey.

INDICATOR 21 **VACCINATIONS**

TABLE 21A | PERCENTAGE OF PERSONS AGE 65 OR OLDER WHO REPORTED HAVING BEEN VACCINATED AGAINST INFLUENZA AND PNEUMOCOCCAL DISEASE, BY RACE AND HISPANIC ORIGIN, 1989 TO 1995

	1989	1991	1993	1994	1995
INFLUENZA					
NON-HISPANIC WHITE	32.0	42.8	53.1	56.9	60.0
NON-HISPANIC BLACK	17.7	26.5	31.1	37.7	39.5
HISPANIC	23.8	33.2	46.2	36.6	49.5
PNEUMOCOCCAL DISEASE					
NON-HISPANIC WHITE	15.0	21.0	28.7	30.5	34.2
NON-HISPANIC BLACK	6.2	13.2	13.1	13.9	20.5
HISPANIC	9.8	11.0	12.2	13.7	21.6

Note: Hispanics may be of any race. For influenza, the percent vaccinated consists of persons who reported having a flu shot during the past 12 months. For pneumococcal disease, the percent refers to persons who reported ever having a pneumonia vaccination.

Reference Population: These data refer to the civilian noninstitutional population.

Source: National Health Interview Survey.

TABLE 21B | PERCENTAGE OF PERSONS AGE 65 OR OLDER WHO REPORTED HAVING BEEN VACCINATED AGAINST INFLUENZA AND PNEUMOCOCCAL DISEASE, BY SEX AND AGE GROUP, 1993 TO 1995

	INFLUENZA	PNEUMOCOCCAL DISEASE
SEX		
MEN	56.2	30.4
WOMEN	53.5	28.5
AGE GROUP		
65 TO 74	52.6	27.7
75 TO 84	58.7	32.6
85 OR OLDER	54.4	28.7

Note: Data are based on a three-year average from 1993 to 1995. For influenza, the percent vaccinated consists of persons who reported having a flu shot during the past 12 months. For pneumococcal disease, the percent is persons who reported ever having a pneumonia vaccination.

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

Source: National Health Interview Survey.

INDICATOR 22 **MAMMOGRAPHY**

TABLE 22 | PERCENTAGE OF WOMEN AGE 65 OR OLDER WHO REPORTED HAVING HAD A MAMMOGRAM WITHIN THE PAST TWO YEARS, BY RACE AND HISPANIC ORIGIN, 1987 TO 1994

	1987	1990	1991	1993	1994
TOTAL	22.8	43.4	48.1	54.2	55.0
NON-HISPANIC WHITE	24.0	43.8	49.1	54.7	54.9
NON-HISPANIC BLACK	14.1	39.7	41.6	56.3	61.0
HISPANIC	13.7	41.1	40.9	35.7	48.0

Note: Questions concerning use of mammography differed slightly on the National Health Interview Survey 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 two years. In 1993 and 1994 women were asked whether they had a mammogram within the past year, between one and two years ago, or over two years ago. Hispanics may be of any race.

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

Source: National Health Interview Survey.

INDICATOR 23 **DIETARY QUALITY**

TABLE 23A | DIETARY QUALITY RATINGS AMONG PERSONS AGE 45 OR OLDER, AS MEASURED BY THE HEALTHY EATING INDEX, BY AGE GROUP AND POVERTY STATUS, 1994 TO 1996

	AGE GROUP		POVERTY STATUS AMONG PERSONS AGE 65 OR OLDER	
	45 TO 64	65 OR OLDER	BELOW POVERTY	ABOVE POVERTY
TOTAL	100.0	100.0	100.0	100.0
GOOD	12.6	20.9	12.6	22.2
NEEDS IMPROVEMENT	69.5	66.6	66.1	66.6
POOR	17.8	12.5	21.3	11.2

Note: The Healthy Eating Index consists of 10 components. Components 1 to 5 measure the degree to which a person's diet conforms to the Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 to 9 measure intake of fat, saturated fat, cholesterol and sodium. Component 10 measures the degree of variety in a person's diet. High component scores indicate intakes close to recommended ranges or amounts; low component scores indicate less compliance with recommended ranges or amounts. These data were collected between 1994 and 1996. See "Indicator 6: Poverty" for information on the definition of poverty.

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

Source: Continuing Survey of Food Intakes by Individuals.

TABLE 23B | AVERAGE SCORES OF PERSONS AGE 65 OR OLDER FOR COMPONENTS OF THE HEALTHY EATING INDEX, 1994 TO 1996

1. GRAINS	6.4
2. VEGETABLES	6.5
3. FRUITS	5.3
4. MILK PRODUCTS	4.9
5. MEAT	6.4
6. TOTAL FAT	7.0
7. SATURATED FAT	6.9
8. CHOLESTEROL	8.2
9. SODIUM	7.5
10. VARIETY OF DIET	8.1
HEALTHY EATING INDEX	67.2

Note: The Healthy Eating Index consists of 10 components. Components 1 to 5 measure the degree to which a person's diet conforms to the Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 to 9 measure intake of fat, saturated fat, cholesterol and sodium. Component 10 measures the degree of variety in a person's diet. High component scores indicate intakes close to recommended ranges or amounts; low component scores indicate less compliance with recommended ranges or amounts. These data were collected between 1994 and 1996.

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

Source: Continuing Survey of Food Intakes by Individuals.

INDICATOR 24 **CRIMINAL VICTIMIZATION**

TABLE 24 | VIOLENT AND PROPERTY CRIME RATES, BY AGE OF VICTIM, 1973 TO 1998

	VIOLENT CRIME (PER 1,000 PERSONS)		PROPERTY CRIME (PER 1,000 HOUSEHOLDS)	
	12 TO 64	65 OR OLDER	12 TO 64	65 OR OLDER
1973	58.7	9.1	544.0	204.7
1974	59.2	9.2	582.7	202.2
1975	59.0	7.8	586.5	214.3
1976	59.5	8.1	565.3	210.1
1977	62.2	8.0	564.4	203.3
1978	61.8	8.2	554.4	190.0
1979	63.7	6.0	585.8	195.8
1980	60.7	6.8	576.6	202.0
1981	65.0	7.9	552.3	224.7
1982	63.7	6.1	519.0	182.8
1983	57.9	5.7	469.1	174.7
1984	57.4	5.0	443.0	162.5
1985	55.4	4.6	436.5	142.8
1986	53.1	4.5	424.7	141.5
1987	54.5	5.0	433.5	149.8
1988	55.8	4.3	424.1	143.9
1989	54.7	4.1	422.9	145.7
1990	55.3	3.6	400.7	136.8
1991	61.2	4.2	409.9	149.7
1992	60.4	5.3	383.1	126.7
1993	63.5	6.0	378.0	133.4
1994	62.7	5.3	360.2	126.4
1995	54.6	6.0	326.3	116.7
1996	50.5	4.8	308.1	105.7
1997	47.1	4.5	278.5	95.7
1998	44.9	2.9	249.4	88.4

Note: Violent crime includes murder, rape, robbery, and aggravated and simple assault. Since 1992, sexual assault has also been included. Property crime includes household burglary, motor vehicle theft, and property theft. Data prior to 1992 have been weighted to partially account for these changes. A complete description of the survey methodology, including changes that were made when the survey was redesigned, can be found in *Criminal Victimization in the United States, 1993*, NCJ-151657.

Reference population: These data refer to the resident noninstitutional population.

Source: National Crime Victimization Survey and Uniform Crime Reports.

INDICATOR 25 **HEALTH CARE EXPENDITURES**

TABLE 25A | AVERAGE HEALTH CARE EXPENDITURES AMONG MEDICARE BENEFICIARIES AGE 65 OR OLDER, IN 1996 DOLLARS, BY AGE GROUP, 1992 TO 1996

	1992	1993	1994	1995	1996
65 TO 69	\$ 5,506	\$ 5,179	\$ 6,028	\$ 5,389	\$ 5,864
70 TO 74	5,761	6,451	6,690	7,380	6,744
75 TO 79	7,063	8,219	8,248	8,412	9,414
80 TO 84	9,535	10,328	10,836	11,555	11,258
85 OR OLDER	14,424	14,805	16,049	16,452	16,465

Note: Data include both out-of-pocket expenditures and expenditures covered by insurance.

Reference population: These data refer to Medicare beneficiaries.

Source: Medicare Current Beneficiary Survey.

TABLE 25B | AVERAGE HEALTH CARE EXPENDITURES AMONG MEDICARE BENEFICIARIES AGE 65 OR OLDER, BY SELECTED CHARACTERISTICS, 1996

TOTAL \$ 8,742

AGE GROUP

65 TO 69	\$ 5,864
70 TO 74	6,744
75 TO 79	9,414
80 TO 84	11,258
85 OR OLDER	16,465

SEX

MEN	\$ 8,335
WOMEN	9,028

RACE

NON-HISPANIC WHITE	\$ 8,756
NON-HISPANIC BLACK	9,794

LEVEL OF INCOME

LOWEST FIFTH	\$12,602
SECOND FIFTH	9,790
THIRD FIFTH	7,635
FOURTH FIFTH	7,367
HIGHEST FIFTH	6,371

INSTITUTIONAL STATUS

NONINSTITUTIONAL	\$ 6,360
INSTITUTIONALIZED PART OR ALL OF YEAR	38,906

Note: Sample sizes were too small to present results for other race categories.

Reference population: These data refer to Medicare beneficiaries.

Source: Medicare Current Beneficiary Survey.

TABLE 25C | PERCENTAGE OF HEALTH CARE EXPENDITURES INCURRED BY MEDICARE BENEFICIARIES AGE 65 OR OLDER, BY LEVEL OF EXPENDITURES, 1996

SPENDING LEVEL	PERCENTAGE OF HEALTH CARE EXPENDITURES INCURRED
TOP 1 PERCENT	12.9
TOP 5 PERCENT	37.2
TOP 10 PERCENT	55.6

Note: Data include both out-of-pocket expenditures and expenditures covered by insurance.
 Reference population: These data refer to Medicare beneficiaries.
 Source: Medicare Current Beneficiary Survey.

TABLE 25D | DISTRIBUTION OF HEALTH CARE EXPENDITURES AMONG MEDICARE BENEFICIARIES AGE 65 OR OLDER, BY INSTITUTIONAL STATUS, 1996

	NONINSTITUTIONAL POPULATION	INSTITUTIONAL POPULATION
TOTAL	100.0	100.0
INPATIENT HOSPITAL	35.5	14.9
MEDICAL/OUTPATIENT	39.9	10.5
NURSING HOME	0.0	63.7
SKILLED NURSING FACILITY/HOME HEALTH	10.2	9.9
PRESCRIPTION DRUGS	10.2	0.2
OTHER	4.2	0.8

Note: Data include both out-of-pocket expenditures and expenditures covered by insurance. "Other" expenditures consist of dental and hospice expenses.
 Reference population: These data refer to Medicare beneficiaries.
 Source: Medicare Current Beneficiary Survey.

INDICATOR 26 **COMPONENTS OF HEALTH CARE EXPENDITURES**

TABLE 26A | MAJOR COMPONENTS OF HEALTH CARE EXPENDITURES AMONG MEDICARE BENEFICIARIES AGE 65 OR OLDER, 1992 AND 1996

	1992	1996
TOTAL	100.0	100.0
INPATIENT HOSPITAL	32.6	28.8
MEDICAL/OUTPATIENT	31.4	30.3
NURSING HOME CARE	21.1	20.8
SKILLED NURSING FACILITY/HOME HEALTH CARE	5.6	10.1
PRESCRIPTION DRUGS	6.7	6.9
OTHER	2.6	3.1

Note: Data include both out-of-pocket expenditures and expenditures covered by insurance. "Other" expenditures consist of dental and hospice expenses.

Reference population: These data refer to Medicare beneficiaries.

Source: Medicare Current Beneficiary Survey.

TABLE 26B | DISTRIBUTION OF MAJOR COMPONENTS OF HEALTH CARE EXPENDITURES AMONG MEDICARE BENEFICIARIES AGE 65 OR OLDER, BY AGE GROUP AND INCOME LEVEL, 1996

AGE GROUP					
	65 TO 69	70 TO 74	75 TO 79	80 TO 84	85 OR OLDER
AVERAGE EXPENDITURE	\$5,864	\$6,744	\$9,414	\$11,258	\$16,465
TOTAL	100.0	100.0	100.0	100.0	100.0
INPATIENT HOSPITAL	34.3	33.3	31.4	25.8	19.3
MEDICAL/OUTPATIENT	38.5	37.8	32.0	26.9	16.9
NURSING HOME CARE	6.5	8.6	15.2	26.5	46.1
SKILLED NURSING FACILITY/ HOME HEALTH CARE	5.4	7.1	11.6	13.1	13.3
PRESCRIPTION DRUGS	10.7	9.0	6.9	5.4	2.8
OTHER	4.6	4.2	2.8	2.3	1.6
INCOME LEVEL					
	LOWEST FIFTH	SECOND FIFTH	THIRD FIFTH	FOURTH FIFTH	HIGHEST FIFTH
AVERAGE EXPENDITURE	\$12,602	\$9,790	\$7,635	\$7,367	\$6,371
TOTAL	100.0	100.0	100.0	100.0	100.0
INPATIENT HOSPITAL	24.9	29.5	32.3	32.2	26.9
MEDICAL/OUTPATIENT	21.3	28.6	35.2	35.3	38.8
NURSING HOME CARE	35.9	22.2	12.6	10.8	10.4
SKILLED NURSING FACILITY/ HOME HEALTH CARE	12.5	11.5	8.7	9.0	6.5
PRESCRIPTION DRUGS	4.2	6.1	8.3	8.8	9.8
OTHER	1.2	2.2	2.9	3.9	7.5

Note: Data include both out-of-pocket expenditures and expenditures covered by insurance. "Other" expenditures consist of dental and hospice expenses.

Reference population: These data refer to Medicare beneficiaries.

Source: Medicare Current Beneficiary Survey.

INDICATOR 27 **OUT-OF-POCKET HEALTH CARE EXPENDITURES**

TABLE 27 | PERCENTAGE OF TOTAL OUT-OF-POCKET EXPENDITURES ALLOCATED TO HEALTH CARE COSTS IN HOUSEHOLDS HEADED BY PERSONS AGE 65 OR OLDER, BY INCOME LEVEL, 1987 TO 1998

	1987	1989	1992	1994	1996	1998
PERCENTAGE ALLOCATED TO HEALTH CARE						
LOWEST FIFTH	10.4%	11.6%	13.5%	14.8%	12.5%	12.7%
SECOND FIFTH	13.5	14.4	15.8	15.4	14.4	13.9
THIRD FIFTH	12.7	14.6	14.9	14.7	14.6	15.6
FOURTH FIFTH	12.3	13.2	13.2	12.0	13.3	13.3
HIGHEST FIFTH	7.9	8.0	9.4	8.9	8.6	9.2
AVERAGE EXPENDITURES ON HEALTH CARE						
LOWEST FIFTH	\$ 886	\$ 1,029	\$ 1,375	\$ 1,685	\$ 1,488	\$ 1,654
SECOND FIFTH	1,390	1,670	2,022	2,112	2,064	2,265
THIRD FIFTH	1,550	2,185	2,413	2,700	2,828	3,228
FOURTH FIFTH	1,926	2,613	2,911	2,990	3,152	3,398
HIGHEST FIFTH	2,065	2,566	3,086	3,376	3,483	3,614
AVERAGE TOTAL EXPENDITURES						
LOWEST FIFTH	\$ 8,502	\$ 8,835	\$10,172	\$11,375	\$11,900	\$ 13,032
SECOND FIFTH	10,332	11,617	12,784	13,747	14,378	16,252
THIRD FIFTH	12,232	14,965	16,189	18,401	19,315	20,696
FOURTH FIFTH	15,676	19,788	22,011	24,894	23,647	25,509
HIGHEST FIFTH	26,301	32,117	32,659	37,757	40,602	39,170

Note: Expenditures on health care, for purposes of this report, include out-of-pocket spending on health insurance, medical services and supplies, and prescription drugs. Quintiles are used to define the five levels of income. In this analysis, the term "household" is used in place of "consumer unit." A consumer unit is used to describe members of a household related by blood, marriage, adoption, or other legal arrangement; single persons who are living alone or sharing a household with others but who are financially independent; or two or more persons living together who share responsibility for at least two of three major types of expenses—food, housing, and other expenses. The income distribution was determined for the subset of all consumer units where the reference person was age 65 or older.

Reference population: These data refer to the resident noninstitutional population.

Source: Consumer Expenditure Survey.

INDICATOR 28 **ACCESS TO HEALTH CARE**

TABLE 28A | PERCENTAGE OF MEDICARE BENEFICIARIES AGE 65 OR OLDER WHO REPORTED PROBLEMS WITH ACCESS TO HEALTH CARE, 1992 TO 1996

	1992	1993	1994	1995	1996
PERCENT REPORTING DIFFICULTY OBTAINING CARE	3.1	2.6	2.6	2.6	2.3
PERCENT REPORTING THEY DELAYED GETTING CARE DUE TO COST	9.8	9.1	7.6	6.8	5.5

Reference population: These data refer to noninstitutional Medicare beneficiaries.
Source: Medicare Current Beneficiary Survey.

TABLE 28B | ACCESS TO AND SATISFACTION WITH HEALTH CARE AMONG MEDICARE BENEFICIARIES AGE 65 OR OLDER, BY AGE GROUP AND RACE AND HISPANIC ORIGIN, 1996

AGE GROUP

	TOTAL	65 TO 74	75 TO 84	85 OR OLDER
PERCENT REPORTING DIFFICULTY OBTAINING CARE	2.3	2.7	1.7	2.2
PERCENT REPORTING THEY DELAYED GETTING CARE DUE TO COST	5.5	6.5	4.5	3.0
PERCENT REPORTING THEY WERE UNSATISFIED OR VERY UNSATISFIED WITH HEALTH CARE	3.0	2.8	3.1	4.0

RACE AND HISPANIC ORIGIN

	TOTAL	NON-HISPANIC WHITE	NON-HISPANIC BLACK	HISPANIC
PERCENT REPORTING DIFFICULTY OBTAINING CARE	2.3	2.1	3.8	2.9
PERCENT REPORTING THEY DELAYED GETTING CARE DUE TO COST	5.5	5.0	9.6	7.3
PERCENT REPORTING THEY WERE UNSATISFIED OR VERY UNSATISFIED WITH HEALTH CARE	3.0	2.9	2.5	3.7

Reference population: These data refer to noninstitutional Medicare beneficiaries.
Source: Medicare Current Beneficiary Survey.

INDICATOR 29 **USE OF HEALTH CARE SERVICES**

TABLE 29A | RATES OF HEALTH CARE SERVICE USAGE BY MEDICARE BENEFICIARIES AGE 65 OR OLDER, 1990 TO 1998 (PER 1,000)

USE OF SERVICES									
TYPE OF SERVICE	1990	1991	1992	1993	1994	1995	1996	1997	1998
HOSPITALIZATION	307	311	311	306	337	344	352	364	365
HOME HEALTH VISITS	2,141	—	3,822	4,648	6,352	7,608	8,376	8,227	5,058
SKILLED NURSING FACILITY ADMISSIONS	23	—	28	33	43	50	59	67	69
PHYSICIAN VISITS AND CONSULTATIONS	10,800	11,800	11,800	12,100	12,500	12,900	13,000	13,000	13,100
AVERAGE LENGTH OF HOSPITAL STAY (DAYS)	8.8	8.6	8.3	7.9	7.4	6.9	6.5	6.2	6.1

— = NOT AVAILABLE

Note: Data for 1998 should be considered preliminary. Some data for 1991 are not available (—). For hospitalizations, home health visits, and skilled nursing facility admissions, utilization rates for 1994–1998 exclude HMO enrollees from the numerator and denominator because utilization data are not available for this group. Prior to 1994, HMO enrollees were included in the denominators causing utilization rates to be understated. Prior to 1994, HMO enrollees represented 7 percent or less of the Medicare population; in 1998 they represented about 18 percent. For physician visits, data on HMO enrollees are excluded for all years.

Reference population: These data refer to Medicare beneficiaries in fee-for-service only.

Source: Medicare claims and enrollment data.

TABLE 29B | USE OF HOME HEALTH AND SKILLED NURSING FACILITY SERVICES BY MEDICARE BENEFICIARIES AGE 65 OR OLDER, BY AGE GROUP, 1998

	65 TO 74	75 TO 84	85 OR OLDER
HOME HEALTH VISITS PER 1,000 ENROLLEES	2,350	6,262	12,709
SKILLED NURSING FACILITY ADMISSIONS PER 1,000 ENROLLEES	27	83	200

Note: Data for 1998 should be considered preliminary.

Reference population: These data refer to Medicare beneficiaries in fee-for-service only.

Source: Medicare claims and enrollment data.

INDICATOR 30 **NURSING HOME UTILIZATION****TABLE 30A | RATE OF NURSING HOME RESIDENCE AMONG PERSONS AGE 65 OR OLDER, BY SEX AND AGE GROUP, 1985, 1995, AND 1997 (PER 1,000)**

	1985	1995	1997
TOTAL			
65 OR OLDER	54.0	45.9	45.3
65 TO 74	12.5	10.1	10.8
75 TO 84	57.7	45.9	45.5
85 OR OLDER	220.3	198.6	192.0
MEN			
65 OR OLDER	38.8	32.8	32.0
65 TO 74	10.8	9.5	9.8
75 TO 84	43.0	33.3	34.6
85 OR OLDER	145.7	130.8	119.0
WOMEN			
65 OR OLDER	61.5	52.3	51.9
65 TO 74	13.8	10.6	11.6
75 TO 84	66.4	53.9	52.7
85 OR OLDER	250.1	224.9	221.6

Note: Rates for 65 or older category are age-adjusted using the 2000 standard population. In 1997 population, figures are adjusted for net underenumeration using the 1990 National Population Adjustment Matrix from the U.S. Census Bureau.
Reference population: These data refer to the resident population. Persons residing in personal care or domiciliary care homes are excluded.
Source: National Nursing Home Survey.

TABLE 30B | NUMBER OF NURSING HOME RESIDENTS AGE 65 OR OLDER, BY SEX AND AGE GROUP, 1985, 1995, AND 1997, IN THOUSANDS

	1985	1995	1997
TOTAL			
65 OR OLDER	1,318	1,423	1,465
65 TO 74	212	190	198
75 TO 84	509	512	528
85 OR OLDER	597	720	738
MEN			
65 OR OLDER	334	357	372
65 TO 74	81	79	81
75 TO 84	141	144	159
85 OR OLDER	113	133	132
WOMEN			
65 OR OLDER	984	1,066	1,093
65 TO 74	132	111	118
75 TO 84	368	368	369
85 OR OLDER	485	587	606

Reference population: These data refer to the population residing in nursing homes. Persons residing in personal care or domiciliary care homes are excluded.
Source: National Nursing Home Survey.

TABLE 30C | PERCENTAGE OF NURSING HOME RESIDENTS AGE 65 OR OLDER WHO ARE INCONTINENT AND DEPENDENT IN MOBILITY AND EATING, BY AGE GROUP AND SEX, 1985 AND 1997

	DEPENDENT MOBILITY		INCONTINENT		DEPENDENT EATING		DEPENDENT MOBILITY, EATING, AND INCONTINENT	
	1985	1997	1985	1997	1985	1997	1985	1997
TOTAL								
65 OR OLDER	75.7	79.3	55.0	64.9	40.9	45.1	32.5	35.7
65 TO 74	61.2	73.1	42.9	59.2	33.5	42.1	25.7	30.7
75 TO 84	70.5	77.1	55.1	64.3	39.4	44.8	30.6	34.5
85 OR OLDER	83.3	82.6	58.1	66.9	43.9	46.1	35.6	37.8
MEN								
65 OR OLDER	71.2	76.3	54.2	65.0	36.0	42.8	28.0	33.6
65 TO 74	55.8	72.3	38.8	60.1	32.8	42.7	24.1	32.9
75 TO 84	65.7	75.1	54.4	65.9	32.6	43.7	25.5	34.6
85 OR OLDER	79.2	78.3	58.1	65.6	39.2	42.1	30.9	33.0
WOMEN								
65 OR OLDER	77.3	80.2	55.4	64.8	42.4	45.6	33.9	35.9
65 TO 74	64.5	73.7	45.4	58.6	34.0	41.6	26.7	29.2
75 TO 84	72.3	78.0	55.3	63.6	42.0	45.3	32.6	34.4
85 OR OLDER	84.3	83.5	58.1	67.2	45.0	46.9	36.7	38.8

Note: Residents dependent in mobility and eating require the assistance of a person or special equipment. Residents who are incontinent have difficulty in controlling bowels and/or bladder or have an ostomy or indwelling catheter. Rates for the 65 or older category are age-adjusted using the 1995 National Nursing Home Survey population.

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

Source: National Nursing Home Survey.

INDICATOR 31 **HOME CARE**

TABLE 31A | PERCENTAGE OF MEDICARE BENEFICIARIES AGE 65 OR OLDER WHO RECEIVED HOME CARE FOR A CHRONIC DISABILITY, BY TYPE OF ASSISTANCE, 1982, 1989, AND 1994

	1982	1989	1994
PERCENTAGE RECEIVING CARE			
	18.1	16.4	15.1
TYPE OF ASSISTANCE			
TOTAL	100.0	100.0	100.0
INFORMAL CARE ONLY	73.6	66.6	64.3
INFORMAL AND FORMAL CARE	21.0	24.4	28.0
FORMAL CARE ONLY	5.4	9.0	7.8

Note: Home care refers to paid or unpaid assistance provided to a person with a chronic disability, living in the community.
 Reference population: These data refer to Medicare beneficiaries.
 Source: National Long Term Care Survey.

TABLE 31B | DISTRIBUTION OF TYPES OF ASSISTANCE AMONG MEDICARE BENEFICIARIES AGE 65 OR OLDER WHO RECEIVED HOME CARE FOR A CHRONIC DISABILITY, BY LEVEL OF DISABILITY, 1982, 1989, AND 1994

	INFORMAL CARE ONLY	INFORMAL AND FORMAL CARE	FORMAL CARE ONLY	TOTAL NUMBER (IN THOUSANDS)
1982				
LEVEL OF DISABILITY:				
IADLS ONLY	80.8	12.1	7.1	1,687
1 ADL	74.5	19.8	5.7	1,068
2 ADLS	68.6	25.3	6.1	569
3 ADLS	66.0	29.3	4.7	341
4 ADLS	65.4	32.1	2.6	394
5 ADLS	65.3	33.2	1.5	548
TOTAL	73.6	21.0	5.4	4,607
1989				
LEVEL OF DISABILITY:				
IADLS ONLY	77.7	12.6	9.7	1,509
1 ADL	69.0	20.5	10.5	1,153
2 ADLS	61.1	26.9	12.0	734
3 ADLS	58.7	34.8	6.5	519
4 ADLS	53.3	41.2	5.5	479
5 ADLS	54.4	41.6	4.0	399
TOTAL	66.6	24.4	9.0	4,793
1994				
LEVEL OF DISABILITY:				
IADLS ONLY	78.3	12.2	9.5	1,488
1 ADL	64.9	24.4	10.7	1,114
2 ADLS	62.8	30.0	7.3	745
3 ADLS	57.4	37.2	5.4	443
4 ADLS	51.1	46.2	2.6	434
5 ADLS	41.4	55.3	3.3	512
TOTAL	64.3	28.0	7.8	4,736

Note: Home care refers to paid or unpaid assistance provided to a person with a chronic disability living in the community. See "Indicator 18: Disability" for information on the definition of disability.

Reference Population: These data refer to Medicare beneficiaries.

Source: National Long Term Care Survey.

Appendix B: Data Source Descriptions

Consumer Expenditure Survey

The Consumer Expenditure Survey is conducted by the Bureau of Labor Statistics. The survey contains both a diary component and an interview component. Data presented in this chart-book on both out-of-pocket health care and housing expenditures are derived from the interview component only. The proportions shown are derived from sample data and are not weighted to reflect the entire population.

In the interview portion of the Consumer Expenditure Survey, respondents are interviewed once every three months for five consecutive quarters. Respondents report information on consumer unit¹ characteristics and expenditures during each interview. Income data are collected during the second and fifth interviews only.

The data presented are obtained from consumer units whose reference person² is at least 65 years old. From all consumer units of this type, complete income reporters³ are selected. The data are then sorted by income, and grouped into income quintiles, with the first quintile containing the lowest reported incomes.⁴ Annual expenditures are estimated by “annualizing” quarterly estimates. (That is, quarterly estimates are multiplied by four.) The proportions of total out-of-pocket expenditures that are used for health care and housing are then calculated separately for each income group.

Due to small sample sizes of consumer units with a reference person age 65 or older, these data may have large standard errors relative to their means; caution should be exercised when analyzing these results.

Definitions:

For the purposes of this report, housing is defined as “basic housing” (i.e., shelter and utilities). Shelter includes payments for mortgage principal, interest and charges; property taxes; maintenance, repairs, insurance, and other expenses; and rent; rent as pay; and maintenance, insurance, and other expenses for renters. “Basic housing” is defined to include utilities because some renters have these costs included in their rent; furthermore, they are a cost that most consumer units incur to provide a tolerable living environment, whether it be for heating and cooling, cooking, or lighting. Other expenses that are included in the Consumer Expenditure Interview Survey definition of housing, such as furniture and appliances, are not included in the current definition, because they are not purchased frequently. This is especially true for older consumers.

Health care expenditures include out-of-pocket expenditures for health insurance, medical services, and prescription drugs and medical supplies.

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Continuing Survey of Food Intakes by Individuals

The Continuing Survey of Food Intakes by Individuals (CSFII) is designed to measure what Americans eat and drink. Uses of the survey include: monitoring the nutritional adequacy of American diets, measuring the impact of food fortification on nutrient intakes, developing

1. This term is used to describe members of a household related by blood, marriage, adoption, or other legal arrangement; single persons who are living alone or sharing a household with others but who are financially independent; or two or more persons living together who share responsibility for at least two of three major types of expenses—food, housing, and other expenses. Students living in university-sponsored housing are also included in the sample as separate consumer units. For convenience, the term “household” may be substituted for “consumer unit.”
2. This is the first person mentioned when the respondent is asked to name the person or persons who own or rent the home in which the consumer unit resides.
3. In general, “complete” reporters of income are those families that provide a value for at least one major source of income, such as wages and salaries, self-employment income, and Social Security income. However, even “complete” reporters of income do not necessarily provide a full accounting of income from all sources.
4. It is important to note that income does not necessarily include all sources of taxable income; for example, capital gains are not collected as “income.” Similarly, other sources of revenue (such as sales of jewelry, art, furniture, or other similar property) are not included in the definition of income used by the Consumer Expenditure Interview Survey.

dietary guidance and related programs, estimating exposure of population groups to food contaminants, evaluating the nutritional impact of food assistance programs, and assessing the need for agricultural products. The 1994–96 CSFII sample consisted of individuals residing in households and included oversampling of the low-income population. In each of the three survey years, respondents were asked to provide, through in-person interviews, food intake data on two nonconsecutive days, with both days of intake collected by the 24-hour recall method.

This report uses CSFII data to calculate the Healthy Eating Index (HEI), a summary measure of dietary quality. The HEI consists of 10 components, each representing a different aspect of a healthful diet based on the U.S. Department of Agriculture’s Food Guide Pyramid and the Dietary Guidelines for Americans. Components 1 to 5 measure the degree to which a person’s diet conforms to the Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol and sodium intake, and component 10 measures the degree of variety in a person’s diet. High component scores indicate intakes close to recommended ranges or amounts; low component scores indicate less compliance with recommended ranges or amounts. Scores for each component are given equal weight and added to calculate an overall HEI score with a maximum value of 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score below 51 implies a poor diet.

For more information on CSFII 1989–91, see: Tippet, K.S., Mickle, S.J., Goldman, J.D., et al. (1995). *Food and Nutrient Intakes by Individuals in the United States, 1 day, 1989–91*. U.S. Department of Agriculture, Agricultural Research Service, NFS Rep. No. 91-2.

For more information on CSFII 1994–96, see: Tippet, K.S., and Cypel, Y.S. (Eds.) (1998). *Design and Operation: The Continuing Survey of Food Intakes by Individuals and the Diet and Health Knowledge Survey, 1994–96*. U.S. Department of Agriculture, Agricultural Research Service, NFS Rep. No. 96-1.

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Current Population Survey

The Current Population Survey (CPS) is a nationally representative sample survey of about 50,000 households conducted monthly for the Bureau of Labor Statistics by the U.S. Census Bureau.

The CPS core survey is the primary source of information on the employment characteristics of the civilian noninstitutional population age 16 and older, including estimates of unemployment released every month by the Bureau of Labor Statistics.

In 1994, the questionnaire for the CPS was redesigned, and the computer-assisted personal interviewing method was implemented. In addition, the 1990 census-based population controls, with adjustments for the estimated population undercount, were also introduced.

Monthly CPS supplements provide additional demographic and social data. The Annual Demographic Survey, or March CPS supplement, is the primary source of detailed information on income and work experience in the United States. The Annual Demographic Survey is used to generate the annual Population Profile of the United States, reports on geographical mobility and educational attainment, and detailed analyses of money income and poverty status.

For more information regarding the CPS, its sampling structure, and estimation methodology, see: *Employment and Earnings* 47 (1), 235-252. U.S. Department of Labor, Bureau of Labor Statistics. January 2000.

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Health and Retirement Study

The Health and Retirement Study (HRS) is a national panel study being conducted by the University of Michigan Institute for Social Research under a cooperative agreement with the National Institute on Aging. The study had an initial sample in 1992 of over 12,600 persons from the 1931–1941 birth cohort and their spouses. The HRS was joined in 1993 by a companion study, Assets and Health Dynamics Among the Oldest Old (AHEAD), with a sample of 8,222 respondents born before 1924 who were age 70 or older and their spouses. In 1998, these two data collection efforts were combined into a single survey instrument and field period, and were expanded through the addition of baseline interviews with two new birth cohorts—the Children of the Depression Age (CODA—1924 to 1930) and the War Babies (WB—1942 to 1947). Plans call for adding a new 6-year cohort of Americans entering their 50s every 6 years. In 2004, baseline interviews will be conducted with the Early Boomer birth cohort (1948 to 1953). The combined studies, which are collectively called HRS, have become a “steady state” sample that is representative of the entire U.S. population over age 50. HRS will follow respondents longitudinally until they die. All cohorts will be followed with biennial interviews.

The HRS is intended to provide data for researchers, policy analysts, and program planners who are making major policy decisions that affect retirement, health insurance, saving, and economic well-being. The objectives of the study are: to explain the antecedents and consequences of retirement; examine the relationship between health, income, and wealth over time; examine life cycle patterns of wealth accumulation and consumption; monitor work disability; provide a rich source of interdisciplinary data, including linkages with administrative data; monitor transitions in physical, functional, and cognitive health in advanced old age; examine the relationship of late-life changes in physical and cognitive health to patterns of spending down assets and income flows; relate changes in health to economic resources and intergenerational transfers; and examine how the mix and distribution of economic, family and program resources affect key outcomes, including retirement, spending down assets, health declines and institutionalization.

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Medicare Current Beneficiary Survey

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to aid the Health Care Financing Administration’s (HCFA) administration, monitoring and evaluation of the Medicare program. The MCBS collects information on: health care use, cost and sources of payment; health insurance coverage; household composition; sociodemographic characteristics; health status and physical functioning; income and assets; access to care; satisfaction with care; usual source of care, and how beneficiaries get information about Medicare.

Data from the MCBS enable HCFA to determine sources of payment for all medical services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services; develop reliable and current information on the use and cost of services not covered by Medicare (such as prescription drugs and long-term care); ascertain all types of health insurance coverage and relate coverage to sources of payment; and monitor the financial effects of changes in the Medicare program. Additionally, the MCBS is the only source of multidimensional person-based information about the characteristics of the Medicare population and their access to and satisfaction with Medicare services and information about the Medicare program.

The MCBS sample consists of Medicare enrollees whether in the community or in an institution. The survey is conducted in three rounds per year, with each round being four months in length. MCBS has a multistage stratified random sample design and a rotating panel survey

design. Each panel is followed for 12 interviews. In-person interviews are conducted using computer-assisted personal interviewing. Approximately 16,000 sample persons are interviewed in each round. However, because of the rotating panel design, only 12,000 sample persons receive all three interviews in a given calendar year.

Information collected in the survey is combined with information from HCFA's administrative data files and made available through public use data files. The Access to Care data file combines survey responses from the fall round of the MCBS with complete calendar year Medicare claims data; it does not contain health care use and cost data reported by the respondents. Access to Care data files are available within a year of the close of the subject calendar year. The complete medical use, cost, and source of payment data file takes twice as long to produce because it requires complex editing and imputation activities which are built upon an event-level match of survey-based information with Medicare claims and administrative data.

For more information, contact:

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Internet: www.hcfa.gov/mcbs/Default.asp or www.hcfa.gov/stats/stats.htm

National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the nation's primary source of information on criminal victimization. Each year data are collected by the U.S. Census Bureau for the Bureau of Justice Statistics, Department of Justice, from a nationally representative sample of about 43,000 households comprising more than 80,000 persons age 12 or older on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey measures rape, sexual assault, robbery, simple and aggregated assault, personal larceny, property theft, household burglary, and motor vehicle theft for the population as a whole, as well as for demographic groups in the population including the population age 65 or older, men and women, members of various racial groups, and persons living in cities, suburbs and rural areas. Victims are also asked characteristics of the crimes including whether they reported the incident to the police and, in instances of personal violent crimes, the characteristics of the perpetrator. The NCVS provides the largest national forum for victims to describe the impact of crime and the characteristics of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

A complete description of the survey methodology, including changes that were made when the survey was redesigned, can be found in *Criminal Victimization in the United States*, 1993, NCJ-151657.

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National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the civilian noninstitutional population conducted by the National Center for Health Statistics. Each week a probability sample of the civilian noninstitutional population of the United States is interviewed by personnel of the U.S. Census Bureau. Data are collected through personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, by self-reporting or as reported by a household informant. Data about illnesses, injuries, impairments, chronic and acute conditions, activity limitation, utilization of health services, and other health topics are also collected.

The interview is comprised of a core set of questions, which are repeated each year, and a set of topical supplements, which change from year to year. Each year, the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year. The sample includes an oversampling of black and Hispanic persons. The response rate for the ongoing part of the survey has been between 94 and 98 percent over the years. In 1995, interviewers collected information for the core questionnaire on 102,467 persons, including 11,955 persons age 65 or older.

Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

Massey, J.T., Moore, T.F., Parsons, V.L., and Tadros, W. (1989). Design and estimation for the National Health Interview Survey, 1985-1994. *Vital and Health Statistics*, 2 (110). Hyattsville, MD: National Center for Health Statistics.

Benson, V. and Marano, M. (1998). Current estimates from the National Health Interview Survey, 1995., 10 (199). Hyattsville, MD: National Center for Health Statistics.

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National Long Term Care Survey

The 1982, 1984, 1989, and 1994 National Long Term Care Surveys (NLTCs) are nationally representative surveys of Medicare beneficiaries age 65 or older with chronic functional disabilities. The samples drawn from the Medicare beneficiary enrollment files are nationally representative of both community and institutional residents. As sample persons are followed through the Medicare record system, virtually 100 percent of cases can be longitudinally tracked so that declines as well as improvements in health status may be identified, as well as the exact dates of death. NLTCs sample persons are followed until death and are permanently and continuously linked to the Medicare record system from which they are drawn. Linkage to the Medicare Part A and B service records extend from 1982 through 1995, so that detailed Medicare expenditures and types of service use may be studied.

Through the careful application of methods to reduce nonsampling error, the surveys provide nationally representative data on: the prevalence and patterns of functional limitations, both physical and cognitive; longitudinal and cohort patterns of change in functional limitation and mortality over 12 years; medical conditions and recent medical problems; health care services used; the kind and amount of formal and informal services received by impaired individuals and how it is paid for; demographic and economic characteristics such as age, race, sex, marital status, education and income and assets; out-of-pocket expenditures for health care services and other sources of payment; and housing and neighborhood characteristics.

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National Nursing Home Survey

The National Nursing Home Survey (NNHS) is a continuing series of national sample surveys of nursing homes, their residents, and their staff. Five nursing home surveys have been conducted: 1973 to 1974, 1977, 1985, 1995, and 1997.

The survey collects information on nursing homes, their residents, discharges, and staff. Nursing homes are defined as facilities with three or more beds that routinely provide nursing care services. In 1973-74, 1985, 1995, and 1997, the survey excluded personal care or domiciliary care homes. Facilities may be certified by Medicare or Medicaid, or not certified but licensed by the state as a nursing home. These facilities may be freestanding or nursing care units of hospitals, retirements centers, or similar institutions where the unit maintained financial and resident records separate from those of the larger institutions. The survey is based on self-administered questionnaires and interviews with administrators and staff in a sample of about 1,500 facilities.

The National Nursing Home Survey 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 size, ownership, Medicare/Medicaid certification, occupancy

rate, days of care provided, and expenses. For recipients, data are obtained on demographic characteristics, health status, and services received. Resident data are provided by a nurse familiar with the care provided to the resident. The nurse relies on the medical record and personal knowledge of the resident.

For more information on the 1985 NNHS, see: Hing, E., Sekscenski E, Strahan, G. (1985). The National Nursing Home Survey: 1985 summary for the United States. National Center for Health Statistics. *Vital Health Statistics*, 13(97).

For more information on the 1995 NNHS, see: Strahan, G. (1997). 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, Maryland: National Center for Health Statistics.

For more information on the 1997 NNHS, see: Gabrel, C. (2000). An overview of nursing home facilities: Data from the 1997 National Nursing Home Survey. National Center for Health Statistics. Advance data from *Vital and Health Statistics*; no. 311. Hyattsville, Maryland: National Center for Health Statistics.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births, deaths, marriages, and divorces in the United States. The Division of Vital Statistics obtains information on births and deaths from the registration offices of all states, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Geographic coverage for births and deaths has been complete since 1933. Demographic information on the death certificate is provided by the funeral director based on information supplied by an informant. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

U.S. Standard Certificates of Death are revised periodically, allowing careful evaluation of each item and addition, modification, and deletion of items. Since 1989, revised standard certificates have included items on educational attainment and Hispanic origin of decedents as well as improvements in 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.

Death rates by race and Hispanic origin are based on information from death certificates (numerators of the rates) and on population estimates from the U.S. Census Bureau (denominators of the rates). Race and Hispanic origin are 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. Race and Hispanic origin data from the census are self-reported by the respondent. To the extent that race and Hispanic origin classification is inconsistent between these two data sources, death rates will be biased. Studies have shown that persons self-reported as American Indian and Alaska Native, Asian and Pacific Islander, 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 and Alaska Native, Asian and Pacific Islander, and Hispanic groups. Bias also results from undercounts of some population groups in the census, particularly young black and white males and older persons, resulting in an overestimation of death rates. The net effects of misclassification and under coverage 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 Indian and Alaska Natives, 21 percent; Asian and Pacific Islanders, 11 percent; and Hispanics, 2 percent.

For more information, see: Rosenberg, H.M., Maurer, J.D., Sorlie, P.D., Johnson, N.J., et al. (1999). Quality of death rates by race and Hispanic origin: A summary of current research, 1999. National Center for Health Statistics. *Vital Health Statistics*, 2 (128).

For more information on mortality data, see: National Center for Health Statistics. (1996). Technical Appendix, *Vital Statistics of the United States, 1992*, Vol. II, Mortality, Part A, DHHS Pub. No. (PHS) 96-1101, Public Health Service. Washington. U.S. Government Printing Office, or visit the NCHS home page at www.cdc.gov/nchs/.

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Panel Study of Income Dynamics

The Panel Study of Income Dynamics is a longitudinal study of a representative sample of U.S. individuals (men, women, and children) and the family units in which they reside. Starting with a national sample of 5,000 U.S. households in 1968, the PSID has reinterviewed individuals from those households every year from 1968 to 1997 and will interview them every other year after 1999, whether or not they are living in the same dwelling or with the same people. Adults have been followed as they have grown older, and children have been observed as they advance through childhood and into adulthood, forming family units of their own. Information about the original 1968 sample individuals and their current co-residents (spouses, cohabitators, children, and anyone else living with them) is collected each year. In 1990, a representative national sample of 2,000 Hispanic households, differentially sampled to provide adequate numbers of Puerto Rican, Mexican-American, and Cuban-Americans, was added to the PSID database. With low attrition rates and successful recontacts, the sample size has grown to almost 8,700 in 1995. PSID data can be used for cross-sectional, longitudinal, and intergenerational analyses and for studying both individuals and families.

The central focus of the data has been economic and demographic, with substantial detail on income sources and amounts, employment, family composition changes, and residential location. Based on findings in the early years, the PSID expanded to its present focus on family structure and dynamics as well as income, wealth, and expenditures. Wealth and health are other important contributors to individual and family well-being that have been the focus of the PSID in recent years.

The PSID wealth modules measure net equity in homes and nonhousing assets divided into six categories: other real estate and vehicles; farm or business ownership; stocks, mutual funds, investment trusts, and stocks held in IRAs; checking and savings accounts, CDs, treasury bills, savings bonds, and liquid assets in IRAs; bonds, trusts, life insurance, and other assets; and other debts. The PSID measure of wealth excludes private pensions and rights to future Social Security payments.

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Population Projections

National population projections begin with recent population estimates by age, race, and Hispanic origin. These statistics are then projected forward to 2100, based on assumptions about fertility, mortality, and international migration. Low-, middle-, and high-growth assumptions are made for each of these components. The current middle-series assumptions are:

In the short-term (from 1999 to 2025), each racial and ethnic group's fertility levels will reach target fertility rates determined by birth expectations data and demographic theory.

After 2025, each racial and ethnic group's fertility rates are assumed to move regularly toward replacement level, reaching 2.1 in 2150.

Mortality differentials among racial and ethnic groups are assumed to narrow, so that by 2100 the age-specific death rates of the groups will be much closer together than what is observed today. The sex differential is also assumed to narrow by 2100.

Migration is assumed to vary over time based on current trends in migration and also changes in labor force needs.

For more information, see: Hollmann, F., Mulder, T.J., and Kallan, J.E., (January 2000). *Methodology and Assumptions for the Population Projections of the United States: 1999 to 2100*. Population Division Working Paper No. 38, U.S. Census Bureau.

For information on the methodology and assumptions behind the state population projections see: Campbell, P.R., (1996). *Population Projections for States by Age, Sex, Race, and Hispanic Origin: 1995 to 2025*, U.S. Bureau of the Census, Population Division, PPL-47.

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Supplement on Aging

The Supplement on Aging (SOA), conducted by NCHS with the support of the National Institute on Aging, is a survey of noninstitutional persons age 70 or older who were interviewed originally as part of the 1984 core National Health Interview Survey (NHIS). The sample size is 7,527, and the sample is representative of the 1984 U.S. population age 70 and older. In addition, the SOA was administered to 8,621 sample persons ages 55 to 69 to obtain information about persons just prior to their retirement. The SOA includes measures of health and functioning, chronic conditions, housing and long term care, family structure and living arrangements, and social activities. It serves as the baseline for the Longitudinal Study on Aging (LSOA) which followed the original 1984 cohort through subsequent interviews in 1986, 1988, and 1990 and is continuing with passive mortality follow-up.

Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

Fitti, J.E. and Kovar, M.G. (1987). The Supplement on Aging to the 1984 National Health Interview Survey. *Vital and Health Statistics*, 1 (21). Hyattsville, MD: National Center for Health Statistics.

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Second Supplement on Aging

The Second Supplement on Aging (SOA II), conducted by NCHS with the support of the National Institute on Aging, is a survey of noninstitutional persons age 70 or older who were interviewed originally as part of the 1994 core National Health Interview Survey (NHIS). The sample size is 9,447. The SOA II includes measures of health and functioning, chronic conditions, use of assistive devices, housing and long term care, and social activities. It was designed to replicate the 1984 NHIS Supplement on Aging to examine whether changes have occurred in the health and functioning of the older population between the mid-1980s and the mid-1990s. The 1984 Supplement on Aging served as the baseline for the Longitudinal Study on

Aging (LSOA) which followed the original 1984 cohort through subsequent interviews in 1986, 1988, and 1990 and is continuing with passive mortality follow-up. The SOA II serves as the baseline for the Second Longitudinal Study on Aging (LSOA II).

The SOA II was implemented as part of the National Health Interview Survey on Disability (NHIS-D), which was designed in order to understand disability, estimate the prevalence of certain conditions, and provide baseline statistics on the effects of disabilities. The NHIS-D was conducted in two phases. Phase 1 of the NHIS-D collected information from the household respondent at the time of the 1994 NHIS core interview and was used as a screening instrument for Phase 2 of the NHIS-D. The screening criteria were broadly defined, and more than 50 percent of persons age 70 or older were included in the Phase 2 NHIS-D interviews. Persons age 70 or older who were not included in Phase 2 NHIS-D received the SOA II survey instrument, which was a subset of questions from the NHIS-D.

While the 1994 NHIS core and NHIS-D Phase 1 interviews took place in 1994, Phase 2 of the NHIS-D was conducted as a follow-up survey, 7 to 17 months after the core interviews. In the calculation of weights, therefore, the post-stratification adjustment was based on the population control counts from July 1, 1995, roughly the midpoint of the Phase 2 survey period. As a result, the SOA II sample, based on all 1994 NHIS core participants age 70 or older at the time of the Phase 2 NHIS-D interviews, is representative of the 1995 noninstitutional population age 70 and older.

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1963 Survey of the Aged

The major purpose of the 1963 Survey of the Aged was to measure the economic and social situations of a representative sample of all persons age 62 or older in the United States in 1963 in order to serve the detailed information needs of the Social Security Administration. The survey included a wide range of questions on health insurance, medical care costs, income, assets and liabilities, labor force participation and work experience, housing and food expenses, and living arrangements.

The sample consisted of a representative subsample (one-half) of the Current Population Survey (CPS) sample and the full Quarterly Household Survey. Income was measured using answers to 17 questions about specific sources. Results from this survey have been combined with results from the CPS from 1971 to the present in an income time-series produced by the Social Security Administration.

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1968 Survey of Demographic and Economic Characteristics of the Aged

The 1968 Survey of Demographic and Economic Characteristics of the Aged was conducted by the Social Security Administration to provide continuing information on the socioeconomic status of the older population for program evaluation. Major issues addressed by the study include the adequacy of Old-Age, Survivors, Disability, and Health Insurance (OASDHI) benefit levels, the impact of certain Social Security provisions on the incomes of the older population, and the extent to which other sources of income are received by older Americans.

Data for the 1968 Survey were obtained as a supplement to the Current Medicare Survey, which yields current estimates of health care services used and charges incurred by persons

covered by the hospital insurance and supplemental medical insurance programs. Supplemental questions covered work experience, household relationships, income, and assets. Income was measured using answers to 17 questions about specific sources. Results from this survey have been combined with results from the Current Population Survey from 1971 to the present in an income time-series produced by the Social Security Administration.

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Uniform Crime Reports

The Federal Bureau of Investigation's (FBI) Uniform Crime Reports (UCR) Program, which began in 1929, collects information on the following crimes reported to law enforcement authorities: homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson. Arrests are reported for 21 additional crime categories. There may be slight differences between these estimates and those published annually by the FBI, since the data files are updated on a periodic basis as additional data become available.

The UCR data are compiled from monthly law enforcement reports or individual crime incident records transmitted directly to the FBI or to centralized state agencies that then report to the FBI. In 1997, law enforcement agencies active in the UCR Program represented approximately 254 million United States inhabitants—95 percent of the total population. The UCR Program provides crime counts for the nation as a whole, as well as for regions, states, counties, cities, and towns. This permits studies among neighboring jurisdictions and among those with similar populations and other common characteristics.

UCR findings for each calendar year are published in a preliminary release in the spring, followed by a detailed annual report, *Crime in the United States*, issued the following calendar year. In addition to crime counts and trends, this report includes data on crimes cleared, persons arrested (age, sex, and race), law enforcement personnel (including the number of sworn officers killed or assaulted), and the characteristics of homicides (including age, sex, and race of victims and offenders, victim-offender relationships, weapons used, and circumstances surrounding the homicides). Other special reports are also available from the UCR Program.

For more information, contact:

Uniform Crime Reports
Programs Support Section
Criminal Justice Information Services Division
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Appendix C: Glossary

Activities of daily living (ADLs): Activities of daily living (ADLs) are basic activities that support survival, including eating, bathing, and toileting. In the National Long Term Care Survey, ADLs (designed to measure functional ability) include: eating, getting in and out of bed, getting around inside, dressing, bathing, and toileting. A person is considered disabled on an ADL activity if he or she is unable to perform the activity, uses active help, uses equipment, or requires standby help. See related *Instrumental Activities of Daily Living (IADLs)*.

Asset income: Asset income includes money income reported in the Current Population Survey from interest (on savings or bonds), dividends, income from estates or trusts, and net rental income. Capital gains are not included.

Assisted-living facility: Assisted living is a model of residential care that blends many of the characteristics of the nursing home and community-based long term care. Assisted-living facilities offer older persons a choice in terms of living accommodations and service arrangements.

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 reported conditions. Since 1979, the International Classification of Diseases, Ninth Revision (ICD-9) has been used for coding cause of death. Data from earlier time periods were coded using the appropriate revision of the ICD for that time period. Changes in classification of causes of death in successive revisions of the ICD may introduce discontinuities in cause-of-death statistics over time. For further information, see Technical Appendix in National Center for Health Statistics. (1994). *Vital Statistics of the United States, 1990*, Volume II, Mortality, Part A. DHHS Pub. No. (PHS) 95-1101, Public Health Service, Washington, DC: U.S. Government Printing Office.

Cause-of-death ranking: Cause-of-death ranking for adults is based on the “List of 72 Selected Causes of Death, HIV Infection, and Alzheimer’s Disease.” The List of 72 Selected Causes of Death was adapted from one of the special lists for mortality tabulations recommended by the World Health Organization for use with the Ninth Revision of the International Classification of Diseases. Two group titles—“Major cardiovascular diseases” and “Symptoms, signs, and ill-defined conditions”—are not ranked based on the list of 72 selected causes. In addition, category titles that begin with the words “other” and “all other” are not ranked. The remaining category titles are ranked according to number of deaths to determine the leading causes of death. When one of the titles that represent a subtotal is ranked (for example, unintentional injuries), its component parts are not ranked (in this case, motor vehicle crashes and all other unintentional injuries).

Centenarians: Persons age 100 or older.

Death rate: The 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 of 1981 to 1989 and 1991, rates are based on national estimates of the resident population, as of July 1, rounded to the nearest thousand. Starting in 1992, rates are 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 persons. 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).

Disability: Disability refers to the temporary or long-term reduction of a person's capacity to function. The concept of disability encompasses many different dimensions of health and functioning, and the complex interactions with one's environment. The International Classification of Functioning and Disability (ICIDH-2) classifies functioning at the levels of body or body part, whole person, and whole person in social context. Accordingly, disablements are losses or abnormalities of bodily function and structure (impairments), limitations of activities (disabilities), or restrictions in participation (formerly called handicaps). See www.who.int/icidh for more information on the World Health Organization's definition of disability.

Domiciliary care home: Domiciliary care homes primarily provide supervisory care but also provide one or two personal services.

Earnings: Earnings is money income reported in the Current Population Survey from wages or salaries, net income from nonfarm self-employment, and net income from farm self-employment.

Educational attainment: Educational attainment refers to the highest level of school completed or highest degree received. For persons who attended school beyond high school, highest degree is recorded, rather than years in college.

Expenditures: See *Health care expenditures* and *Housing expenditures*.

Fee-for-service: This is the method of reimbursing health care providers on the basis of a fee for each health service provided to the insured person.

Head of household: As used in the Consumer Expenditure Survey, the head of household is the first person mentioned when the respondent is asked to name the person or persons who own or rent the home in which the consumer unit resides.

Health care expenditures: As defined in the Consumer Expenditure Survey, health care expenditures include out-of-pocket expenditures for health insurance, medical services, prescription drugs, and medical supplies. As defined in the Medicare Current Beneficiary Survey, health care expenditures include all expenditures for inpatient hospital, medical, nursing home, outpatient, dental, prescription drugs, home health care, and hospice services, including both out-of-pocket expenditures and expenditures covered by insurance.

Health maintenance organization (HMO): An HMO is a prepaid health plan delivering comprehensive care to members through designated providers, having a fixed monthly payment for health care services, and requiring members to be in a plan for a specified period of time (usually 1 year).

Healthy Eating Index: The Healthy Eating Index (HEI) is a summary measure of dietary quality. The HEI consists of 10 components, each representing different aspects of a healthful diet based on the U.S. Department of Agriculture's Food Guide Pyramid and the Dietary Guidelines for Americans. Components 1 to 5 measure the degree to which a person's diet conforms to the Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol and sodium intake, and component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score with a maximum value of 100. High component scores indicate intakes close to recommended ranges or amounts; low component scores indicate less compliance with recommended ranges or amounts. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score below 51 implies a poor diet.

Hispanic origin: Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, and other or unknown Spanish origins. Persons of Hispanic origin may be of any race. See related *Race*.

Home care: Paid or unpaid assistance provided to a person with a chronic disability or illness, living in the community.

Home health care: Home health care is care provided 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. In the Medicare Current Beneficiary Survey and Medicare claims and enrollment data, home health care refers to home visits by professionals including nurses, doctors, social workers, therapists, and home health aides.

Household head: See *Head of household*.

Housing expenditures: As defined in the Consumer Expenditure Survey, housing expenditures include: payments for mortgage principal, interest, and charges; property taxes; maintenance, repairs, insurance, and other expenses; rent; rent as pay (reduced or free rent for a unit as a form of pay); maintenance, insurance, and other expenses for renters; and utilities.

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 ages 5 to 15 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: As defined in the Current Population Survey, income includes money income (prior to payments for personal income taxes, Social Security, union dues, Medicare deductions, etc.) from: (1) money wages or salary; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security or railroad retirement; (5) Supplemental Security Income; (6) public assistance or welfare payments; (7) interest (on savings or bonds); (8) dividends, income from estates or trusts, or net rental income; (9) veterans' payment or unemployment and workmen's compensation; (10) private pensions or government employee pensions; (11) alimony or child support, regular contributions from persons not living in the household, and other periodic income. Certain money receipts such as capital gains are not included.

Income fifths: A population can be divided into groups with equal numbers of persons based on the size of their income to show how the population differs on a characteristic at various income levels. Income fifths are five groups of equal size, ordered from lowest to highest income.

Inpatient hospital services: As defined in the Medicare Current Beneficiary Survey, inpatient hospital services refers to services provided in acute-care hospitals.

Institutional population: See *Population*.

Instrumental activities of daily living (IADLs): Instrumental activities of daily living (IADLs) are indicators of functional well-being that measure the ability to perform more complex tasks. In the National Long Term Care Survey, IADLs include: heavy housework; light housework; laundry; preparing meals; shopping for groceries; getting around outside; traveling; managing money; and using a telephone. A person is considered disabled on an IADL activity (with the exception of "getting around outside") if he or she does not do the activity because of a disability or health problem. A person is considered disabled on the "getting around outside" activity if he or she requires active help, uses equipment, or cannot get around outside at all because of a health or disability problem. See *Activities of daily living (ADLs)*.

Labor force participation rate: The proportion of a particular population group that is in the labor force—that is, either working (employed) or actively looking for work (unemployed).

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.

Marital status: The marital status classification in the Current Population Survey identifies four major categories: single (never married), married, widowed, and divorced. The "married" category is divided into married, spouse present; married, spouse absent; and separated. In the Economics section, "married" includes only the married spouse present.

Median: A measure of central tendency. The simplest division of a set of measurements is into two parts—the lower and the upper half. The point on the scale that divides the group in this way is called the "median."

Medicaid: This nationwide health care program is operated and administered by the states, with Federal financial participation. Within certain broad Federally determined guidelines, states decide who is eligible; the amount, duration, and scope of services covered; rates of payment for providers; and methods of administering the program. Medicaid provides health care services for certain low-income persons. Medicaid does not provide health services to all low-income people in every state. The program was authorized in 1965 by Title XIX of the Social Security Act.

Medical/outpatient services: Medical/outpatient services refer to services provided by physicians, laboratories, clinics, emergency rooms, hospital outpatient departments, and providers of medical equipment and supplies.

Medicare: This is a nationwide health insurance program providing health insurance to people age 65 or older, 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. It consists of two separate but coordinated programs, hospital insurance (Part A) and supplementary medical insurance (Part B). Medicare generally does not cover nursing homes or prescription drugs.

National population adjustment matrix: The national population adjustment matrix adjusts the population to account for net underenumeration. Details on this matrix can be found on the U.S. Census Bureau Web site at: www.census.gov/population/www/censusdata/adjustment.html

Net worth: As defined in the Panel Study of Income Dynamics, net worth is the value of real estate, stocks, bonds, and other assets minus outstanding debts.

Nursing home: As defined in the National Nursing Home Survey, a nursing home is an establishment with three or more beds that provides nursing or personal care services to the older population, infirm, or chronically ill.

Nursing home care: As defined in the Medicare Current Beneficiary Survey, nursing home care refers to long-term, personal care provided in long-term care facilities.

Pensions: Pensions include money income reported in the Current Population Survey from railroad retirement, company or union pensions, including profit sharing and 401(k) payments, IRA's, Keoghs, regular payments from annuities and paid-up life insurance policies, Federal government pensions, U.S. military pensions, and state or local government pensions.

Physician visits and consultations: As defined in Medicare claims and enrollment data, physician visits and consultations include visits and consultations with primary care physicians, specialists, and chiropractors in their offices, hospitals (inpatient and outpatient), emergency rooms, patient homes, and nursing homes.

Population: Data on populations in the United States are often collected and published according to several different definitions. Various statistical systems then use the appropriate population for calculating rates.

Resident population: The resident population of the United States includes persons resident in the 50 States and the District of Columbia. It excludes residents of the Commonwealth of Puerto Rico, and residents of the outlying areas under United States sovereignty or jurisdiction (principally American Samoa, Guam, Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands). The definition of residence conforms to the criterion used in the 1990 census, which defines a resident of a specified area as a person "...usually resident" in that area. The resident population excludes the United States Armed Forces overseas, as well as civilian United States citizens whose usual place of residence is outside the United States.

Civilian population: The civilian population is the United States resident population not in the active duty Armed Forces.

Civilian noninstitutional population: The civilian noninstitutional population is the civilian population not residing in institutions. Institutions include correctional institutions, detention homes, and training schools for juvenile delinquents; homes for the older population and dependent (for example, nursing homes and convalescent homes); homes for dependent and neglected children; homes and schools for the mentally or physically handicapped; homes for unwed mothers; psychiatric, tuberculosis, and chronic disease hospitals; and residential treatment centers.

Resident noninstitutional population: The resident noninstitutional population is the resident population not residing in institutions. Institutions include correctional institutions, detention homes, and training schools for juvenile delinquents; homes for the older population and dependent (for example, nursing homes and convalescent homes); homes for dependent and neglected children; homes and

schools for the mentally or physically handicapped; homes for unwed mothers; psychiatric, tuberculosis, and chronic disease hospitals; and residential treatment centers.

Institutional population: The institutional population is the population residing in correctional institutions, detention homes, and training schools for juvenile delinquents; homes for the older population and dependent (for example, nursing homes and convalescent homes); homes for dependent and neglected children; homes and schools for the mentally or physically handicapped; homes for unwed mothers; psychiatric, tuberculosis, and chronic disease hospitals; and residential treatment centers.

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. Poverty thresholds are based on money income and do not include non-cash benefits, such as food stamps. 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. Census Bureau 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 \$13,359 in 1990, \$16,036 in 1996, and \$16,660 in 1998. For more information, see: Money Income of Households, Families, and Persons in the United States, 1996. U.S. Census Bureau. *Current Population Reports*. P-60. Washington, DC: U.S. Government Printing Office.

Prescription drugs: As defined in the Medicare Current Beneficiary Survey, prescription drugs are all prescription medications except those provided by the doctor or practitioner as samples and those provided in an inpatient setting.

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*.

Public assistance: Public assistance is money income reported in the Current Population Survey from Supplemental Security Income (payments made to low-income persons who are age 65 or older, blind, or disabled), and public assistance or welfare payments, such as Temporary Assistance for Needy Families and General Assistance.

Quintiles: See *Income fifths*.

Race: Data used in this chartbook generally classified individuals into the following racial groups: American Indian and Alaska Native, Asian and Pacific Islander, black, and white. Depending on the data source, the classification by race may be based on self-classification or on observation by an interviewer or other persons filling out the questionnaire. See related *Hispanic origin*.

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.

Reference population: The reference population is the base population from which a sample is drawn at the time of initial sampling. See *Population*.

Self-rated health status: 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?"

Skilled nursing facility: Skilled nursing facilities provide short-term skilled nursing care on an inpatient basis, following hospitalization. These facilities provide the most intensive care available outside of a hospital.

Social Security benefits: Social Security benefits include money income reported in the Current Population Survey from Social Security old-age, disability, and survivors' benefits.

Standard population: A population in which the age and sex composition is known precisely, as a result of a census. A standard population is used as a comparison group in the procedure for standardizing mortality rates.