

Health

United  
States

1986

and  
Prevention  
Profile

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Public Health Service

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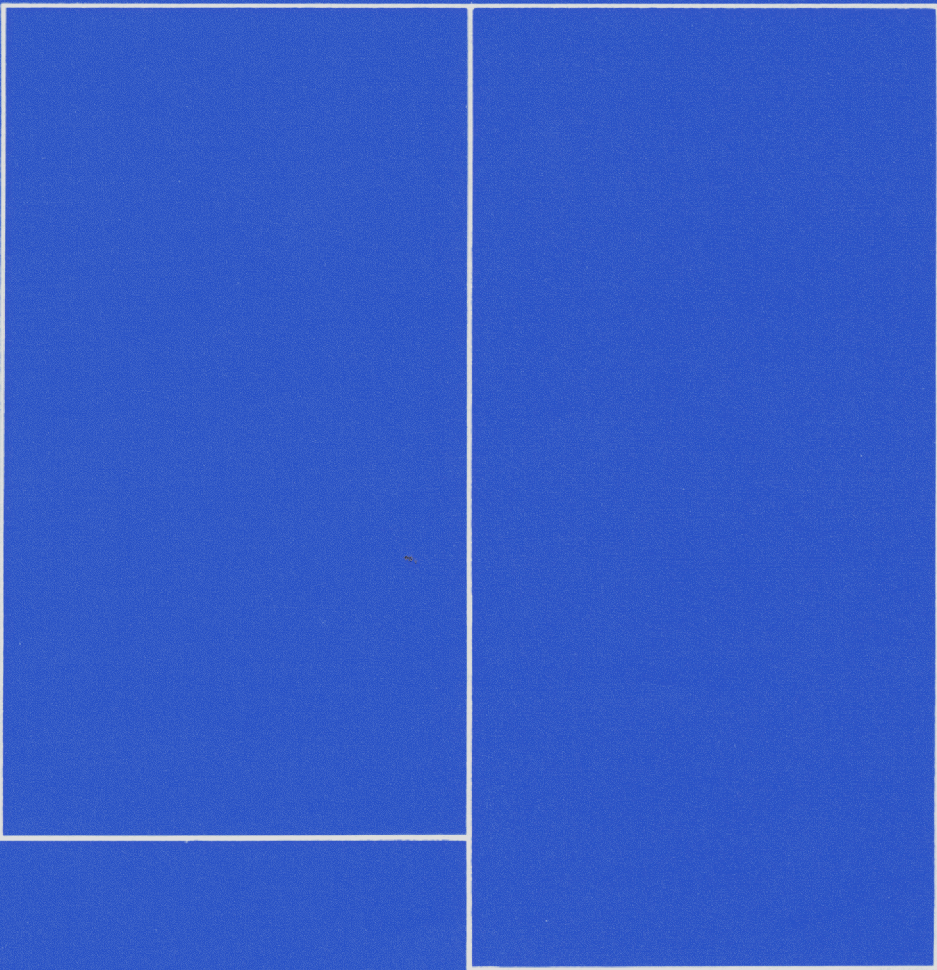
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# Health United States 1986

## and Prevention Profile

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Public Health Service  
National Center for Health Statistics

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# Preface

*Health, United States, 1986* is the 11th annual report on the health status of the Nation submitted by the Secretary of Health and Human Services to the President and Congress of the United States in compliance with Section 308(a)(2) of the Public Health Service Act. This volume also contains the third triennial *Prevention Profile*, submitted by the Secretary of the Department of Health and Human Services to the President and the Congress of the United States in compliance with Section 404 of Title IV of the Health Services and Centers Amendments of 1978 (Public Law 95-626). These reports were compiled by the National Center for Health Statistics, Office of the Assistant Secretary for Health. The National Committee on Vital and Health Statistics served in a review capacity.

The 1986 *Prevention Profile* serves as an integral part of the Department's overall disease prevention and health promotion initiative by providing data to chart progress toward the five broad goals published in

*Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. It also delineates all of the 1990 objectives contained in *Promoting Health/Preventing Disease: Objectives for the Nation* and presents data, where available, to measure and evaluate progress since the objectives were established.

*Health, United States*, presents statistics concerning recent trends in the health care sector. The 112 detailed tables in this year's report are organized around four major subject areas—health status and determinants, utilization of health resources, health care resources, and health care expenditures. The major criterion used in selecting the detailed tables is the availability of comparable national data over a period of several years. Similar tables appear in each volume of *Health, United States*, to enhance the use of this publication as a standard reference source. This volume also includes a guide to the detailed tables, an appendix describing data sources, and a glossary.

# Acknowledgments

Overall responsibility for planning and coordinating the content of this volume rested with the Office of Analysis and Epidemiology Program, National Center for Health Statistics, under the general direction of Jacob J. Feldman.

The *Prevention Profile* was prepared by Patricia M. Golden and Ronald W. Wilson. *Health, United States*, was prepared under the direction of Diane M. Makuc and Joel C. Kleinman. The detailed tables were prepared by Margaret A. Cooke, Fanchon F. Finucane, Ilene B. Gottfried, Andrea N. Kopstein, and Rebecca A. Placek. Statistical assistance was coordinated by Rebecca A. Placek, assisted by Susan L. Carpenter, Jeffrey R. Eisele, Laura E. Montgomery, and Mavis B. Prather. Production planning and coordination were managed by Rebecca A. Placek and Madelyn A. Lane with manuscript preparation by Jeanenne M. Barry, Dorothea J. Donahue, Jacqueline A. Smith, Emi D. VanMeter, and Shari L. Woodruff.

Within the Publications Branch, publications management and editorial review were provided by Rolfe W. Larson and John E. Mounts. Printing and production were managed by Linda L. Bean, assisted by Patricia L. Wilson and Annette F. Gaidurgis. The designer was Patricia A. Vaughan, assisted by Sarah M. Hinkle.

The *Prevention Profile* would not have been possible without the assistance of staff members throughout the Public Health Service who are involved in the Department of Health and Human Services' health promotion initiative. Publication of *Health, United States*, would not have been possible without the contributions of numerous staff members throughout the National Center for Health Statistics and several other agencies. These people gave generously of their time and knowledge, providing data from their surveys and programs; their cooperation and assistance is gratefully acknowledged.

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### Symbols

- - - Data not available
- ... Category not applicable
- Quantity zero
- 0.0 Quantity more than zero but less than 0.05
- \* Figure does not meet standards of reliability or precision



# Health, United States, 1986

## Highlights

### Health Status and Determinants

■ In 1984, the overall fertility rate was 65.4 live births per 1,000 women 15–44 years of age. The overall fertility rate has remained at about the same level since the mid-1970's, but the rate among women 30–34 years of age has increased an average of almost 3 percent annually to 66.5 in 1984. The fertility rate among women 35–39 years of age has been increasing at almost 4 percent per year during the 1980's, reaching 22.8 live births per 1,000 women in 1984 (tables 2 and 3).

■ The percent of live births to unmarried mothers has been steadily increasing for both white and black mothers. Between 1970 and 1984 the percent of births to the unmarried increased from 5.7 to 13.4 percent among births to white mothers and from 37.6 to 59.2 percent among black mothers (table 6).

■ Since 1975, the percent of births to mothers under 20 years of age has declined for both white and black mothers. In addition, the birth rate among teenagers has been declining since 1970. Nevertheless, both the birth rate and the percent were more than twice as great for black teenagers as white teenagers in 1984 (tables 2 and 6).

■ During 1980–84, the percent of mothers who received prenatal care during the first trimester of pregnancy stayed about the same. In 1984, the use of early prenatal care remained substantially greater among white mothers (79.6 percent) than among black mothers (62.2 percent) (table 6).

■ Life expectancy at birth reached a new high of 74.7 years in 1984. White females have the longest life expectancy (78.7 years), followed by black females (73.7 years), white males (71.8 years), and black males (65.6 years) (table 12).

■ The infant mortality rate declined by 3.6 percent in 1984, reaching 10.8 deaths per 1,000 live births. Although the mortality rates for both black and white infants have improved each year, the black infant mortality rate remains almost twice as high as the rate for white infants (table 13).

■ In 1982–84, average annual infant mortality rates were lowest in the New England States and highest in the East South Central States overall (9.7 versus 12.9 deaths per 1,000 live births) as well as among white infants (9.2 versus 10.5) (table 14).

■ During 1982–84, the black infant mortality rate was lowest in the Mountain and Pacific States (15.4 and 16.2 deaths per 1,000 live births, respectively) and highest in the East North Central States (21.7), particularly in Illinois and Michigan (table 14).

■ Between 1980 and 1984, the death rate for preschool children 1–4 years of age decreased almost 20 percent from 63.9 to 51.9 deaths per 100,000 children. The death rate for children 5–14 years of age also declined during this period from 30.6 to 26.7 deaths per 100,000 children (table 20).

■ The death rate for heart disease, the leading cause of death, continued to decline in 1984. Between 1970 and 1984, the age-adjusted death rate for heart disease has decreased by 28 percent. The decrease was similar for white males (28 percent) and both white and black females (26 percent), but lower for black males (20 percent) (table 21).

■ The age-adjusted death rate for stroke, the third leading cause of death in the United States, declined by 50 percent between 1970 and 1984. The annual rate of decrease since 1970 has been about 5 percent for both sexes and both major race groups (table 21).

■ Between 1982 and 1983, the age-adjusted incidence rate for lung cancer declined for white males from 82.7 to 79.3 new cases per 100,000 population. This decline of 4.1 percent is the first significant decrease in lung cancer that has been observed for any race-sex group in the United States and is related to the decreasing prevalence of cigarette smoking by white males (table 36).

■ Between 1974 and 1983, age-adjusted lung cancer incidence rates increased rapidly for white females (5.7 percent increase per year) and black females (5.2 percent per year) (table 36).

■ Between 1974 and 1983, the incidence of prostate cancer has been increasing among both white and black men at about 2 percent each year. However, the age-adjusted incidence rate for black men in 1983 (126.9 new cases per 100,000 population) is almost 60 percent higher than for white men (80.3). The 5-year survival rate for prostate gland cancer increased between 1973–76 and 1977–82 from 67 to 72 percent for white men and from 57 to 62 percent for black men (tables 36 and 37).

■ Five-year survival rates for breast cancer, the leading cancer site among women, are about 20 percent higher for white females than black females (75 versus 63 percent). Survival for breast cancer has not changed between 1973–76 and 1977–82 (table 37).

■ Between 1980 and 1985, cigarette smoking continued to decline more among males than females. The percent of adult males 20 years of age and over who smoke cigarettes declined from 38 percent in 1980 to 33 percent in 1985; smoking among adult females decreased from 30 percent in 1980 to 28 percent in 1985 (table 40).

■ ■ Among those who smoked cigarettes in 1985, one-third of adult males and one-fifth of adult females smoked at least one pack per day. White smokers were about three times as likely as black smokers to smoke heavily among both males and females (table 41).

■ ■ Between 1970 and 1984, lead emissions declined by 80 percent, from 204 thousand to 40 thousand metric tons per year. This substantial decrease primarily resulted from the increased use of unleaded gasoline and industrial air pollution control equipment (table 49).

### Utilization of Health Resources

■ ■ Between 1983 and 1985, the average number of physician visits per person remained about the same for persons under 65 years of age. However, among persons 65 years and over the average number of visits increased from 7.6 to 8.3 visits per year (table 52).

■ ■ Between 1982 and 1984, short-stay hospital use, as measured by days of care per 1,000 population, declined in all age-sex groups. The decreases ranged from 10 percent for males 65 years of age and over to 17 percent for males under 15 years of age. For persons under 45 years of age the declines are due to decreases in the hospital discharge rate, whereas for persons 45 years and over the declines are primarily attributable to shorter hospital stays (table 59).

■ ■ Between 1979 and 1984, the average length of stay in non-Federal short-stay hospitals declined from 7.2 to 6.6 days. The largest declines in length of stay occurred for persons 65 years and over. Hospital stays by the elderly for heart disease were 2 days shorter in 1984 than in 1979, and stays for malignant neoplasms decreased by 2 days for elderly males and by 3 days for elderly females (table 60).

■ ■ The proportion of births delivered by Cesarean section has continued to increase. In 1984, Cesarean sections accounted for 21 percent of all deliveries compared with 19 percent in 1982 and 16 percent in 1979 (table 61).

■ ■ The use of computerized axial tomography (CAT scan) for inpatients in non-Federal short-stay hospitals has risen fivefold between 1979 and 1984. Large increases have occurred in all age-sex groups, but particularly among females 65 years and over who received this procedure seven times more frequently in 1984 as in 1979 (table 62).

### Health Care Resources

■ ■ Between 1982 and 1985, the number of health care industry employees increased slightly from 7.8 to 7.9 million persons. During this period, the number of persons employed in hospitals and physicians' offices remained stable at 4.3 million and 900 thousand persons,

respectively, while employment in nursing homes increased from 1.2 to 1.3 million (table 70).

■ ■ Physician supply continues to vary by geographic area. In 1983, the number of non-Federal physicians per 10,000 population ranged from 14.3 for the East South Central States to 25.4 for New England (table 71).

■ ■ Among first-year medical school enrollees the percent of black students declined slightly between 1971-72 and 1984-85 from 7.1 to 6.8 percent. During this same period other minority student enrollment increased about fourfold from 3.3 to 12.5 percent, and female enrollment more than doubled from 13.7 to 33.6 percent (table 77).

■ ■ The numbers of females in health professions traditionally dominated by males continue to increase significantly. Between 1971-72 and 1984-85, the percentages of female students in dental schools increased from 1 to 24 percent. Increases in the proportion of female students have occurred also in schools of medicine, pharmacy, optometry, and veterinary medicine (table 77).

■ ■ Between 1981 and 1984, the number of short-stay hospital beds remained stable at about 1.1 million. However, proprietary hospital beds increased 14 percent to 100 thousand, while nonprofit hospital beds increased 1 percent to 717 thousand. Federally owned beds declined by 5 percent to 82 thousand; similarly State and local government hospital beds declined by 5 percent to 203 thousand (table 79).

### Health Care Expenditures

■ ■ In 1985, health care expenditures in the United States totaled \$425 billion, an average of \$1,721 per person, and comprised 10.7 percent of the gross national product, up from 10.3 percent the previous year and 5.9 percent in 1965 (table 89).

■ ■ Between 1984 and 1985, the medical care component of the Consumer Price Index (CPI) increased at a rate of 6.2 percent compared with an overall inflation rate of 3.6 percent. This 1985 increase in the medical care component was the same as the 1984 increase. The CPI for physician, dental, and hospital services increased at a lower rate in 1985 than in earlier years (tables 86 and 88).

■ ■ Hospital care expenditures continue to claim the largest share of health care dollars, accounting for 39.2 percent of health care expenditures in 1985. This proportion represents a slight decline from 39.8 percent in 1984. Physician services, dentist services, and nursing home care accounted for 19.5 percent, 6.4 percent, and 8.3 percent, respectively, in 1985, slightly higher than the 1984 percentages. Construction expenditures declined from 4.8 percent of the total in 1965 to 2.3 percent in 1984 and 1.9 percent in 1985 (table 94).

■ In 1985, national health expenditures increased 8.9 percent, continuing the trend toward lower annual increases since 1982. Hospital care, among the largest increases prior to the 1980's, showed the smallest increase for both 1984 and 1985 (5.8 and 7.3 percent, respectively). Nursing home care expenditures continued to be among the largest increases (10.6 percent). Expenditures for construction declined by 9.0 percent (table 95).

■ Since the advent of the Medicare and Medicaid programs in the mid-1960's, the Federal Government's share of personal health care expenditures has increased from 10.1 percent in 1965 to 28.4 percent in 1980. It increased much more slowly during the 1980's to 30.3 percent in 1985 (table 96).

■ In 1985, government financing accounted for 53.8 percent of hospital care expenditures, 46.9 percent of nursing home care expenditures, and 29.1 percent of expenditures for physician services. Medicare contributed 29.1 percent of hospital care funds in 1985 compared with 8.9 percent from Medicaid. Government sources paid for almost half of all nursing home care; 1.7 percent by Medicare and 41.8 percent by Medicaid (table 97).

■ The proportion of the population under 65 years of age with no health insurance rose from 12.4 percent in 1980 to 14.7 percent in 1982 with a smaller increase to 15.1 percent in 1984. The proportion with private health insurance declined during the period, from 78.8 percent in 1980 to 76.0 percent in 1984 (table 104).

■ Between 1976 and 1985, the number of health maintenance organizations (HMO) increased from 174 to 478, and enrollment rose from 6 million to 21 million. Enrollment per 1,000 population has continued to be highest in the West (173 per 1,000 population in 1985) and lowest in the South (38 per 1,000 population in 1985). Individual practice associations account for an increasingly large proportion of HMO enrollees, 30 percent in 1985 compared with 7 percent in 1976 (table 105).

■ During the period 1980-84, Medicare enrollees in Pacific division States had the highest Supplementary Medical Insurance benefit payment per enrollee (\$863 in 1984 compared with the United States average of \$672). Medicare enrollees in the Middle Atlantic, Pacific, New England, and East North Central divisions had the highest hospital insurance benefit payments over the period 1980-84 averaging about \$200 per enrollee more than the other five geographic divisions. The high hospital insurance benefit payments in the Pacific division can be attributed to high hospital charges per day, whereas those in the other divisions are related primarily to long hospital stays (table 108).

■ In 1985, children and adults in families receiving Aid to Families with Dependent Children comprised 70 percent of Medicaid recipients but accounted for only 25 percent of expenditures. The aged, the blind, and disabled accounted for 28 percent of recipients and 74 percent of expenditures (table 109).

# Prevention Profile

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# Introduction

## Background

In the second half of the 1970's, the concept of health promotion and disease prevention gained increased emphasis. In large measure, the basis for that activity was the recognition that many major health problems still confronting Americans are rooted in lifestyle or environmental factors that are amenable to change. This recognition provided the theme of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, published in 1979. This report stressed how important health promotion and disease prevention could be in reducing unnecessary death and disability in the United States and also described a number of important measures that appear to hold the key to further improvements in health status. Additionally, *Healthy People* delineated a set of broad national goals for improving the health of the American people during the decade of the 1980's. The goals, one for each of the five major stages of life, are

- To continue to improve infant health, and, by 1990, to reduce infant mortality by at least 35 percent, to fewer than 9 deaths per 1,000 live births.
- To improve child health, foster optimal childhood development, and, by 1990, reduce deaths among children ages 1 to 14 years by at least 20 percent, to fewer than 34 per 100,000.
- To improve the health and health habits of adolescents and young adults, and, by 1990, to reduce deaths among people ages 15 to 24 by at least 20 percent, to fewer than 93 per 100,000.
- To improve the health of adults, and, by 1990, to reduce deaths among people ages 25 to 64 by at least 25 percent, to fewer than 400 per 100,000.
- To improve the health and quality of life for older adults and, by 1990, to reduce the average annual number of days of restricted activity due to acute and chronic conditions by 20 percent, to fewer than 30 days per year for people aged 65 and older.

This 1986 *Prevention Profile* was prepared in response to legislation enacted in 1978 (Public Law 95-626) that called for the triennial preparation of a national disease prevention data profile. The first profile appeared with *Health, United States, 1980*, the second with *Health, United States, 1983*. This third profile provides both baseline data and data for subsequent time periods for a substantial number of the 1990 objectives in *Promoting Health/Preventing Disease: Objectives for the Nation* (1980). Thus, the 1986 *Prevention Profile*, as did its two predecessor reports, enables the measurement and documentation of the cumulative effects of strategies to alleviate or avoid problems that must be faced in moving toward the five broader health promotion and disease prevention goals published in *Healthy People*.

*Promoting Health/Preventing Disease: Objectives for the Nation* identified 15 broad areas to be given priority attention because they represent areas in which health promotion and disease prevention measures might be expected to achieve further gains through a wide range of public, private, and individual health promotion and disease prevention strategies. These 15 areas are

- High blood pressure control
- Family planning
- Pregnancy and infant health
- Immunization
- Sexually transmitted diseases
- Toxic agent and radiation control
- Occupational safety and health

- Injury prevention
- Fluoridation and dental health
- Surveillance and control of infectious diseases
- Smoking and health
- Alcohol and drug misuse prevention
- Improved nutrition
- Physical fitness and exercise
- Control of stress and violent behavior

Within each of these 15 areas a set of specific and measurable objectives for 1990 were identified, which when taken together and attained should permit the realization of the national goals set forth in *Healthy People*.

To attain the 1990 objectives, aggressive involvement and efforts on the part of the Public Health Service, other parts of the Department of Health and Human Services, other departments in the Federal Government, State and local governments, and the private sector were expected. In a special supplement to *Public Health Reports*,<sup>1</sup> the Public Health Service has described a series of implementation plans that embody the steps to be taken by agencies of the Federal Government in pursuit of the 1990 objectives. Additionally, a continuing review of the activities of the Department of Health and Human Services in health promotion and disease prevention is published periodically in the Public Health Service series *Prevention*. (See, for example, *Prevention* '84/85.)

More recently, the U.S. Public Health Service conducted an indepth review of the progress achieved midway toward the 1990 objectives. The results of this review, which took place throughout 1985, have been published in *The 1990 Health Objectives for the Nation: A Midcourse Review*.<sup>2</sup> The findings of that review are statistically consistent with the data in this 1986 *Prevention Profile* but the two reports differ in two respects. The publication presenting the findings of the midcourse review discusses in more detail the specific implementation strategies involved in achieving the objectives; the 1986 *Prevention Profile* provides in some cases data that reflect progress beyond the dates addressed by the midcourse review and in other cases data relevant to the objectives that may not have been addressed in the midcourse review.

The National Center for Health Statistics included health promotion and disease prevention as part of the 1985 National Health Interview Survey (NHIS). Data on this topic was designed to monitor progress toward specific 1990 objectives as well as to give insight into broader aspects of the Department of Health and Human Services health promotion and disease prevention initiative. Data from the 1985 NHIS have been published in Thornberry, Wilson, and Golden.<sup>3</sup> Additionally, a number of research reports prepared by the staffs of agencies designated as having lead responsibility for particular 1990 objectives appear in the November–December 1986 and the January–February 1987 issues of *Public Health Reports*.

Estimates shown in the publications referenced above as well as others may differ slightly from those shown in *Prevention Profile*. Minor differences in estimates for similar variables can result from differences in the conceptualization and tabulation of variables that are based on a combination of several questions, from differences in computation and rounding techniques, or from computations based on different universes (as in data on smoking for persons 18 years of age and over and for persons 20 years of age and over).

## Organization and Scope of This Profile

Since the inception of the health promotion initiative, varying degrees of progress have been achieved for certain objectives with some objectives still presenting considerable challenges. The figures and accompanying text

<sup>1</sup>Promoting health/preventing disease: Public Health Service implementation plans for attaining the objectives for the Nation. *Public Health Rep.* 98(5) supp., Sept.–Oct. 1983.

<sup>2</sup>Office of Disease Prevention and Health Promotion: *The 1990 Health Objectives for the Nation: A Midcourse Review*. Public Health Service. Nov. 1986.

<sup>3</sup>National Center for Health Statistics, O.T. Thornberry, R.W. Wilson, and P.M. Golden: Health promotion data for the 1990 objectives: Estimates from the National Health Interview Survey of Health Promotion and Disease Prevention, United States, 1985. *Advance Data from Vital and Health Statistics*. No. 126. DHHS Pub. No. (PHS) 86-1250. Public Health Service. Hyattsville, Md., Sept. 19, 1986.

on the following pages highlight progress toward the five goals set down in *Healthy People* and some of the more salient trends in progress toward specific 1990 objectives. Figures 1–6 contain the relevant trend data. Figures 7–17 reference data elsewhere in the profile. Following the figures is a presentation on the general focus of each of the 15 subject areas identified in *Objectives for the Nation*. Within each of these 15 areas is presented what can be considered the heart of the prevention profile, that is, a statement of each objective followed by tables displaying data for the baseline and subsequent years where tracking data are available. Source notes for tracking data appear with the tables. The objectives appear in the left column on the page, the most recent data next to them in the second column, and notes pertaining to the objectives in the third column.

The data in this profile can readily be seen as important tools for those who measure progress and adjust the courses of activities directed at attaining the objectives. The data are not without limitations, however, and these must be borne in mind as the profile is studied.

- Baseline data for some of the objectives as they appear in *Prevention Profile* have been modified from those in *Objectives for the Nation*. In some instances, population figures from the 1980 decennial census have been used to recompute rates that had been computed from earlier population estimates.
- More appropriate data sources have been found for some areas, and in others the earlier baseline data have been deleted pending recommendations for modifications.
- The profile includes objectives for which no data, baseline or otherwise, are available. The nature of the problem and possible approaches have been discussed at some length in Green, Wilson, and Bauer.<sup>4</sup>
- The data used for tracking the objectives are essentially national in nature and may mask regional differences.
- In some cases the objectives were specified using age or other classifications different from those commonly used in collecting and displaying certain types of data.
- Because of limitations imposed by the periodicity cycles within which different data are collected, the year for which the most current data are available may vary from objective to objective.

<sup>4</sup>Green, L. W., Wilson, R. W., and Bauer, K. G.: Data requirements to measure progress on the objectives for the Nation in health promotion and disease prevention. *Am. J. Public Health* 73(1):18–24, Jan. 1983.

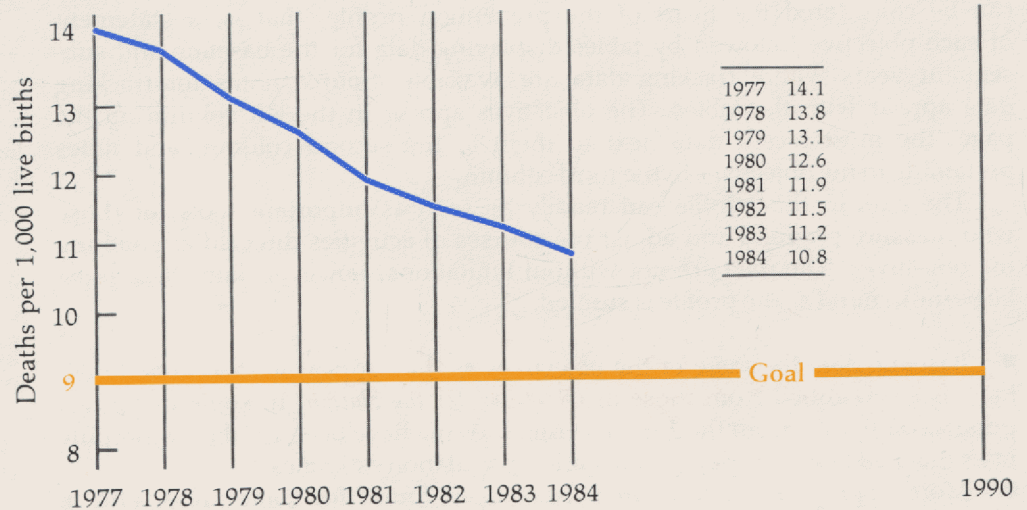
# Graphic Highlights

## Goals

In 1977 the infant mortality rate was 14.1 infant deaths per 1,000 live births; the infant mortality rate for 1984 was 10.8. Although the 1984 rate was the lowest rate ever recorded for the United States, this rate was still 20 percent above the 1990 goal of 9.0 deaths per 1,000 live births (figure 1).

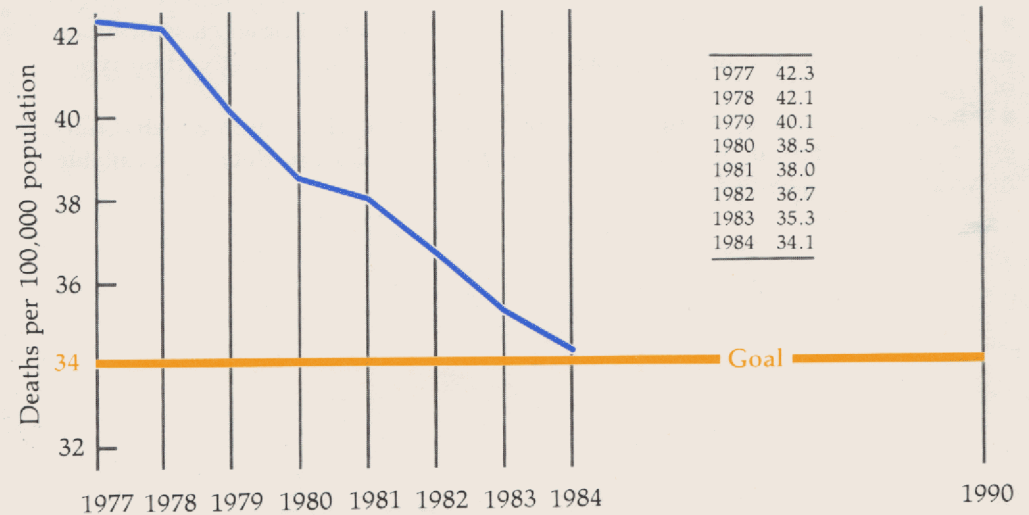
Since 1977 the death rate for children 1-14 years of age has virtually reached the 1990 goal of 34.0 deaths per 100,000 population in this age group (figure 2). The death rate for children 1-14 years old dropped from 42.3 per 100,000 in 1977 to 34.1 per 100,000 in 1984. During these years, the most lives claimed of children in this age group were in the cause-of-death category "accidents and adverse effects," which includes principally deaths from motor vehicle accidents, drownings, falls, and burns. From 1977 to 1984 the death rate from all these accidental causes decreased.

**Figure 1. Infant mortality rates: United States, 1977-84 and 1990 goal**



SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

**Figure 2. Death rates for children 1-14 years of age: United States, 1977-84 and 1990 goal**



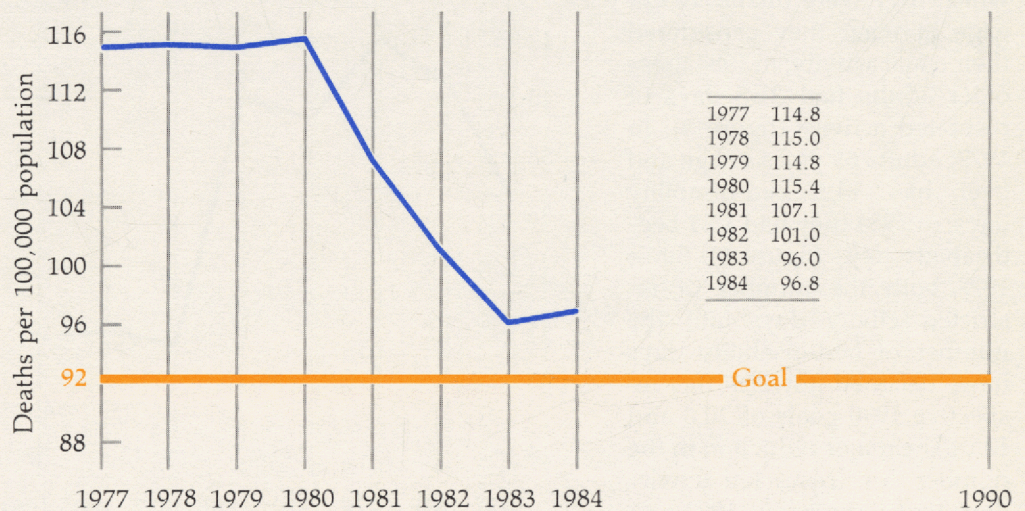
SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.



Since 1977 the death rate for young adults 15-24 years of age has continued to approach the 1990 goal of 92.0 deaths per 100,000 population in this age group (figure 3). In 1977 the death rate for young adults 15-24 years old was 114.8 per 100,000 population; in 1984 the rate was 96.8 per 100,000 population. By far, most lives claimed in this age group were from motor vehicle accidents during this period. Although the death rate from this cause declined during these 8 years, motor vehicle accident deaths claimed over half (51.0 percent) of the lost lives of young adults in 1984. Over half of the other deaths were attributable to homicides and suicides.

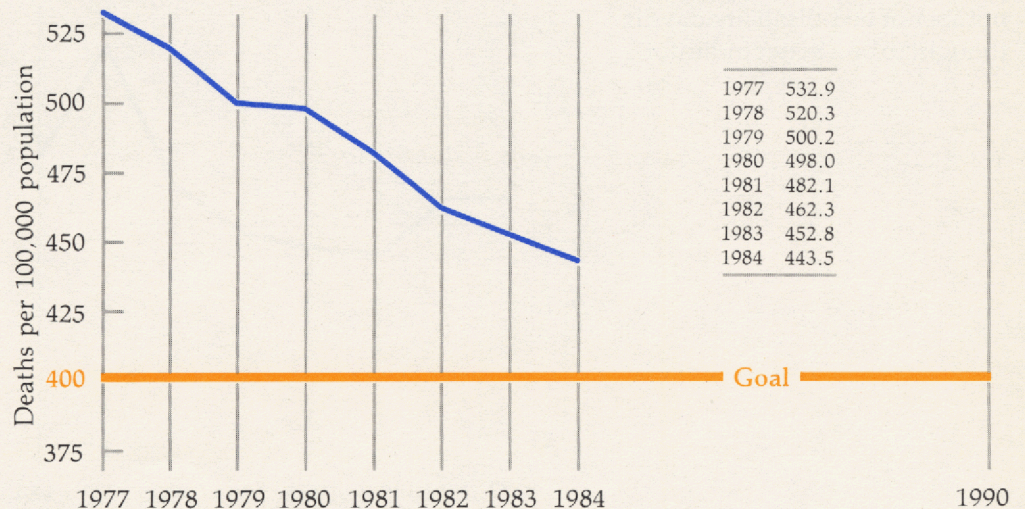
The death rate for adults 25-64 years old dropped from 532.9 per 100,000 in 1977 to 443.5 per 100,000 in 1984 (figure 4). This decline represented decided progress toward the 1990 goal of 400 deaths per 100,000 population 25-64 years old. In 1977, the leading cause of death for these adults was diseases of the heart. However, in 1984 cancer ranked number one.

**Figure 3. Death rates for persons 15-24 years of age: United States, 1977-84 and 1990 goal**



SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

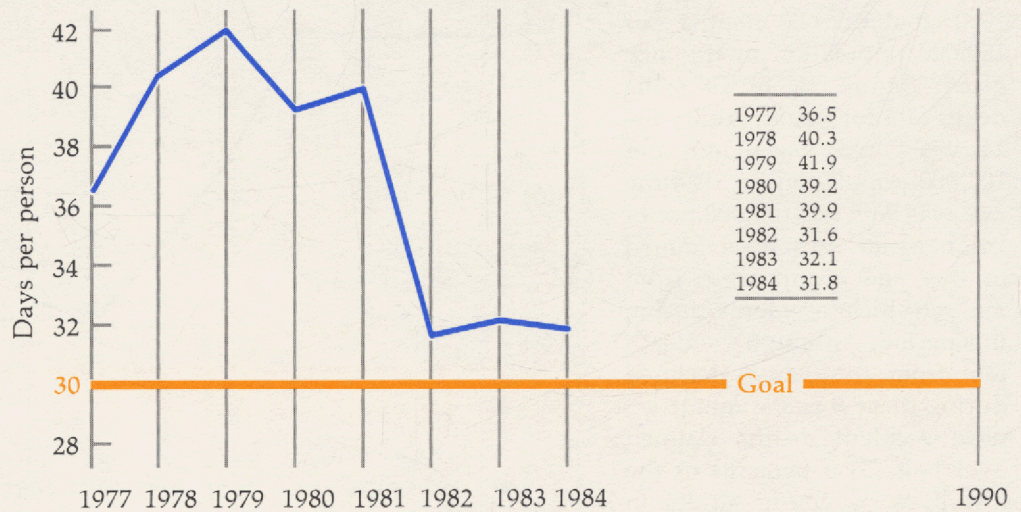
**Figure 4. Death rates for persons 25-64 years of age: United States, 1977-84 and 1990 goal**



SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

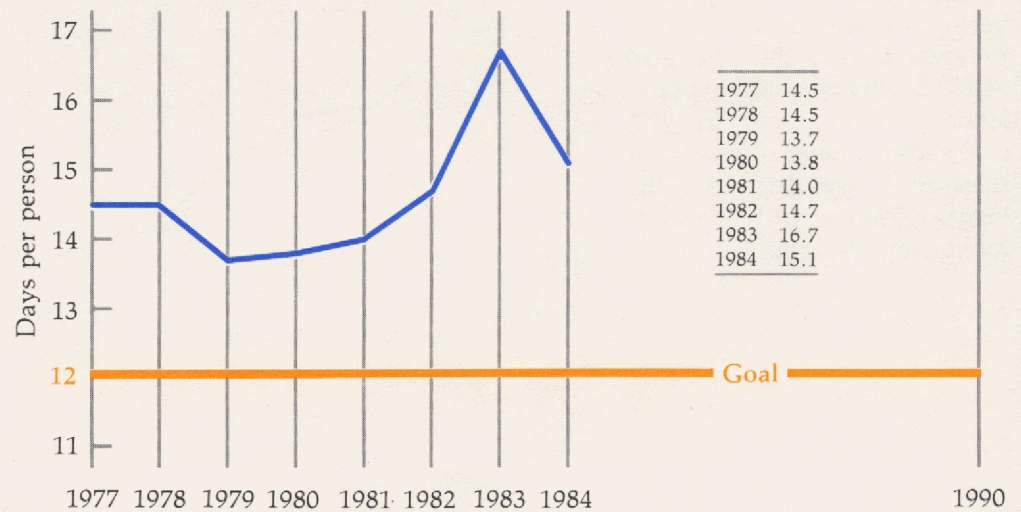
In 1977, adults 65 years of age and over had 36.5 days in which they were unable to engage in what they considered their usual activity; in 1984 these older adults had 31.8 days of restricted activity (figure 5). In 1977, adults 65 years of age and over had 14.5 bed-disability days; in 1984 they had 15.1 bed-disability days (figure 6). Since 1977 both the number of restricted-activity days and the number of bed-disability days have declined toward the respective 1990 goals of 30.0 and 12.0. The major reduction in the number of restricted-activity days that occurred in 1982 was the result of a modification in the survey methodology. The rather vague nature of the concept of restricted-activity days makes this measure less than an ideal indicator of the health status of older people. The number of bed-disability days is thought to be a better indicator.

**Figure 5. Restricted-activity days for persons 65 years of age and over: United States, 1977-84 and 1990 goal**



SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

**Figure 6. Bed-disability days for persons 65 years of age and over: United States, 1977-84 and 1990 goal**



SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

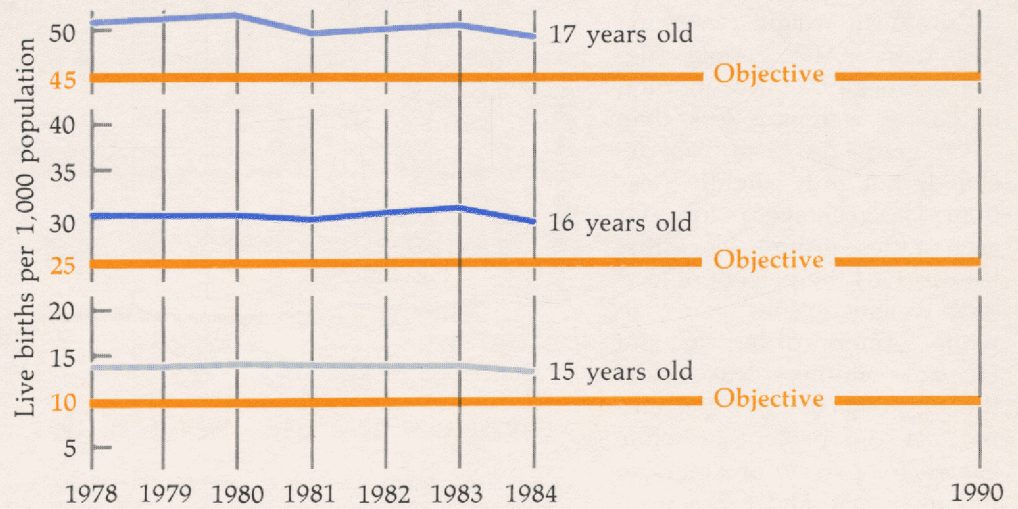
## Family Planning

Since 1978 the birth rates among teens have declined slightly (figure 7). In 1978 the birth rate for 15-year-old females was 14.0 per 1,000 in this age group and 13.4 in 1984. In 1978 the birth rate for 16-year-old females was 31.0, and for 17-year-olds it was 51.0. In 1984 the rates were 30.1 and 49.8, respectively. At each of these ages, the birth rate among black teenagers was twice that among white teens. In 1984 almost all (94 percent) of the births among 15-year-old females were first births. For 16-year-old females this proportion dropped to 90 percent and for 17-year-olds it was 83 percent. In 1984, 23 percent of the babies born to 17-year-old black females were delivered to mothers who already had at least one child. The comparable proportion for babies born to 17-year-old white females was 12 percent.

## Pregnancy and Infant Health

From 1978 to 1984 the infant mortality rates for white and for black infants have declined in just about the same proportion, 22 percent and 20 percent, respectively (figure 8). Nevertheless, the infant mortality rates for black infants remain almost twice as high as those for white. In 1978 the white infant mortality rate was 12.0 per 1,000 live births; in 1984 the rate was 9.4. The comparable rates for black infants were 23.1 and 18.4; the 1984 rate for black infants was 53.3 percent above the 1990 objective. The infant mortality rate for American Indians has shown the biggest proportionate drop (31 percent) since 1978. In 1978 the infant mortality rate for American Indians was 13.7; in 1984 the rate was 9.5.

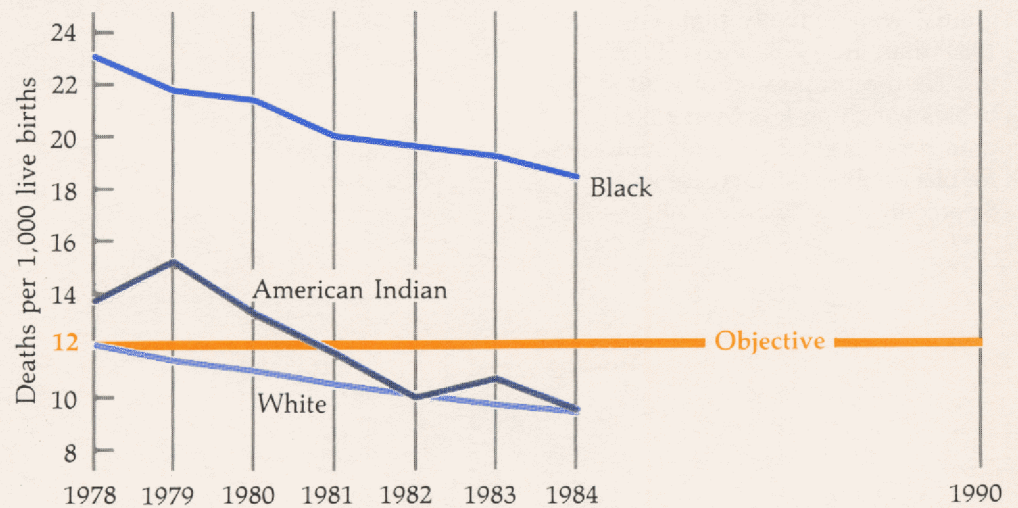
**Figure 7. Birth rates for girls 15-17 years of age: United States, 1978-84 and 1990 objectives**



NOTE: See objectives on p. 23.

SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

**Figure 8. Infant mortality rates, by race: United States, 1978-84 and 1990 objective**



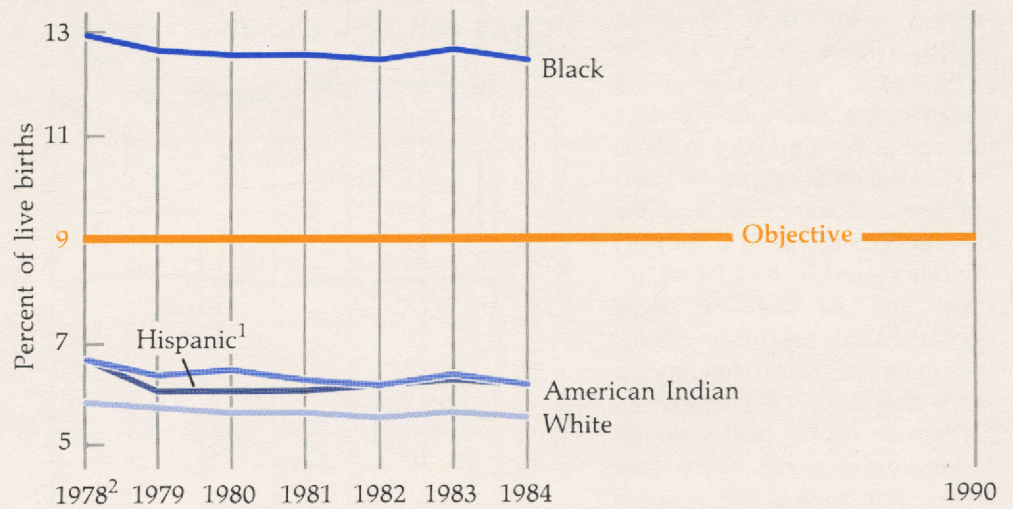
NOTE: See objective on p. 26.

SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

In 1978, 5.9 percent of white babies (live births), 12.9 percent of black babies, 6.7 percent of American Indian babies, and 6.7 percent of Hispanic babies were of low birth weight (weighing less than 2,500 grams) (figure 9). Since 1978 the proportion of babies weighing less than 2,500 grams at birth has declined, but only slightly (less than 1 percentage point), for each of these groups. Nevertheless, in 1984 the percent of low-birth-weight babies born to white, American Indian, and Hispanic mothers was below the 1990 objective of 9 percent. In 1984, 5.6 percent of white babies, 6.2 percent of American Indian babies, and 6.2 percent of Hispanic babies were of low birth weight. The low-birth-weight rate for blacks, however, was 12.4 percent in 1984.

Among both white and black babies, the proportions of very low-birth-weight babies (those weighing under 1,500 grams) were actually higher in 1984 than in 1978. From 1978 to 1984 the proportion of white babies weighing less than 1,500 grams increased 2 percent, and for black babies the increase was 8 percent.

Figure 9. Infants weighing less than 2,500 grams at birth, by race and ethnicity of mother: United States, 1978-84 and 1990 objective



<sup>1</sup> Data for people of Hispanic origin available only for States with an Hispanic-origin item on their birth certificates. In 1978, there were 17 States; in 1979, 19 States; in 1980, 22 States; in 1982, 23 States; and in 1983, 24 States.

<sup>2</sup> Includes infants weighing 2,500 grams.

NOTE: See objective on p. 27.

SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

## Immunization

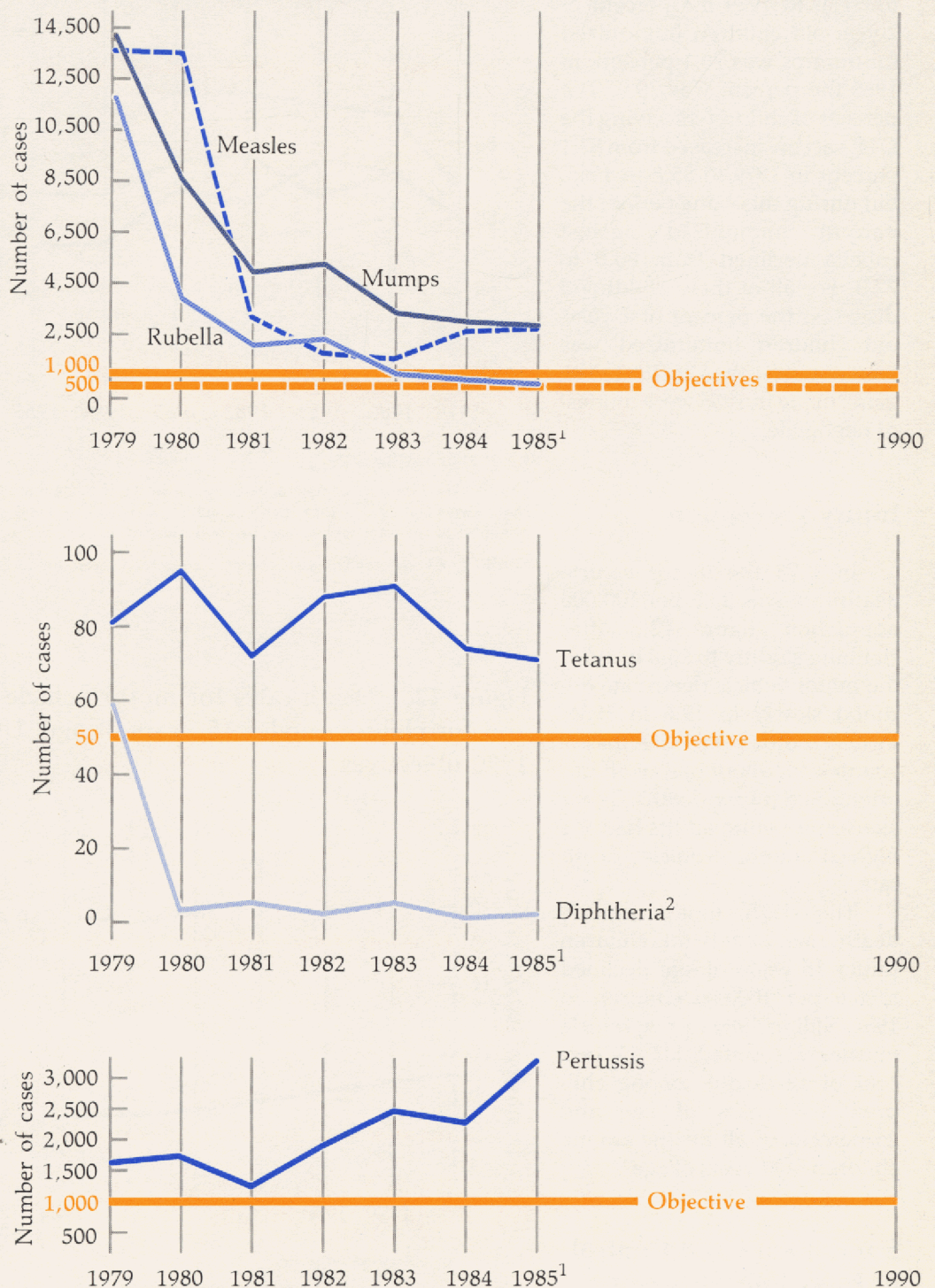
In 1979, 13,597 cases of measles were reported and in 1985, 2,704 cases (figure 10). During this 7-year period, the lowest number of cases, 1,497, were reported in 1983. However, in both 1984 and 1985 the incidence of measles increased. Although a relative increase of 80.6 percent has occurred since 1983, the annual incidence of measles has been reduced 99.9 percent since the licensing of measles vaccine in the early 1960's.

The number of reported cases of mumps dropped from 14,225 in 1979 to 2,886 in 1985. The 1985 incidence of mumps was the lowest annual total for this disease since mumps became a nationally notifiable disease in 1968.

In 1979, 11,795 cases of rubella were reported. The following year, the number of reported cases of rubella dropped almost 70 percent to 3,904 cases and then decreased steadily to 604 in 1985, the lowest annual total for this disease since rubella became a nationally notifiable disease in 1966.

In 1979, 59 cases of diphtheria were reported. In 1980 the incidence of diphtheria had dropped to 3 cases (see footnote to figure 10). Since 1980 the highest number of diphtheria cases observed in any year has been 5. In 1985, 2 cases of diphtheria were reported. In 1979 the incidence of tetanus was 81 cases. The 1985 incidence of 71 cases represented the lowest number of cases reported following 7 years of fluctuation. Since 1979 the incidence of pertussis has fluctuated to include a low of 1,248 cases in 1981 and a high of 3,275 in 1985.

Figure 10. Reported cases of selected diseases: United States, 1979-85 and 1990 objectives



<sup>1</sup> Provisional data.

<sup>2</sup> Includes cases of cutaneous and noncutaneous diphtheria combined. The Conference of State and Territorial Epidemiologists and the Centers for Disease Control changed the diphtheria disease reporting definition in 1979, and since that time only noncutaneous diphtheria has been reported.

NOTE: See objectives on pp. 30 and 31.

SOURCE: Centers for Disease Control, Center for Prevention Services.

In 1979 the percent of 2-year-old children immunized for measles was 80.0 percent; in 1985 the percent was 81.7 (figure 11). In 1979 the percent of 2-year-old children immunized for mumps was 70.1 percent; in 1985 the percent was 78.9. The percent of children receiving the DTP vaccine increased from 82.1 percent in 1979 to 85.8 in 1985; but during this same period, the percent immunized against rubella declined from 80.0 to 77.3. For all of these childhood diseases, the percent of 2-year-old children immunized was lower in 1984 than in 1982. The gains made in 1985 were modest or negligible.

### Injury Prevention

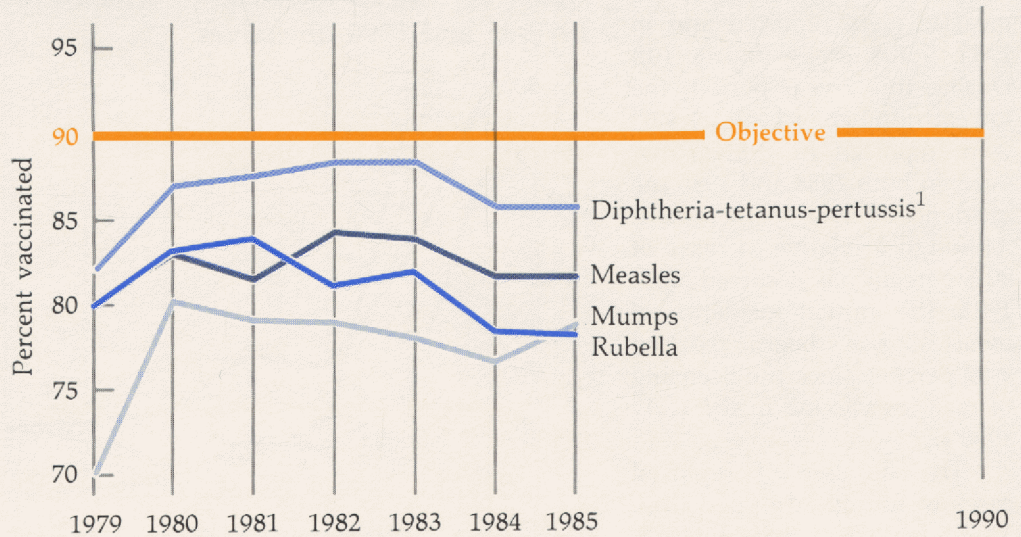
In 1978 the motor vehicle death rate was 23.6 per 100,000 population (figure 12). After climbing slightly to 23.8 in 1979, the motor vehicle death rate declined slowly to 19.6 in 1984. In 1984 motor vehicle deaths accounted for about half of all unintentional injury deaths. Teenagers and young adults had the highest motor vehicle death rate.

The 1978 motor vehicle death rate of 9.0 for children under 15 years of age declined to 6.6 per 100,000 children in 1984. Still in 1984 motor vehicle injuries accounted for 13 percent of all deaths among children 1-4 years of age and 25 percent of all deaths among children 5-14 years of age.

### Surveillance and Control of Infectious Diseases

In 1978 the estimated incidence of hepatitis B was 41 cases per 100,000 population (figure 13). Since then, the incidence of this disease has risen steadily despite the introduction of an effective vaccine in 1981. In 1985 the estimated inci-

Figure 11. Children 2 years of age immunized for selected diseases: United States, 1979-85 and 1990 objective

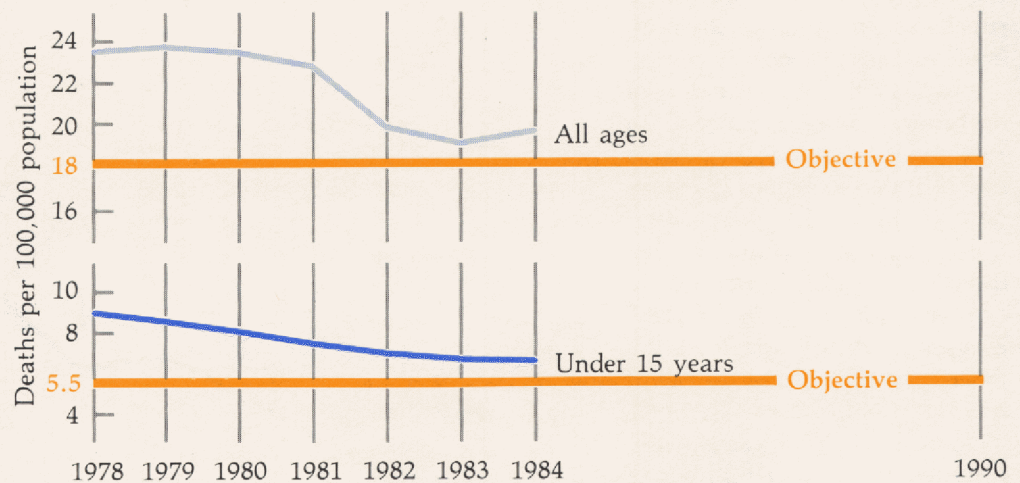


<sup>1</sup> 3 or more vaccinations.

NOTE: Based on a subsample of respondents in the U.S. Immunization Survey. The subsample includes only respondents stating that they used immunization records as a reference. The subsample size is approximately one-third of the total sample size. See objectives on p. 32.

SOURCE: Centers for Disease Control, Center for Prevention Services.

Figure 12. Death rates for motor vehicle accidents, for all persons and for children under 15 years of age: United States, 1978-84 and 1990 objectives



NOTE: See objectives on p. 42.

SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

dence of hepatitis B was 69 cases per 100,000 population. Moreover, other data not depicted indicate that the pool of chronic carriers in the United States has been increasing at the rate of 20,000 new carriers each year. By contrast, the annual reported incidence of tuberculosis has been decreasing since 1978, although there was essentially no decline in 1985. In 1978 the reported incidence of tuberculosis was 13.1 per 100,000 population; in 1985 the incidence rate was 9.3 per 100,000.

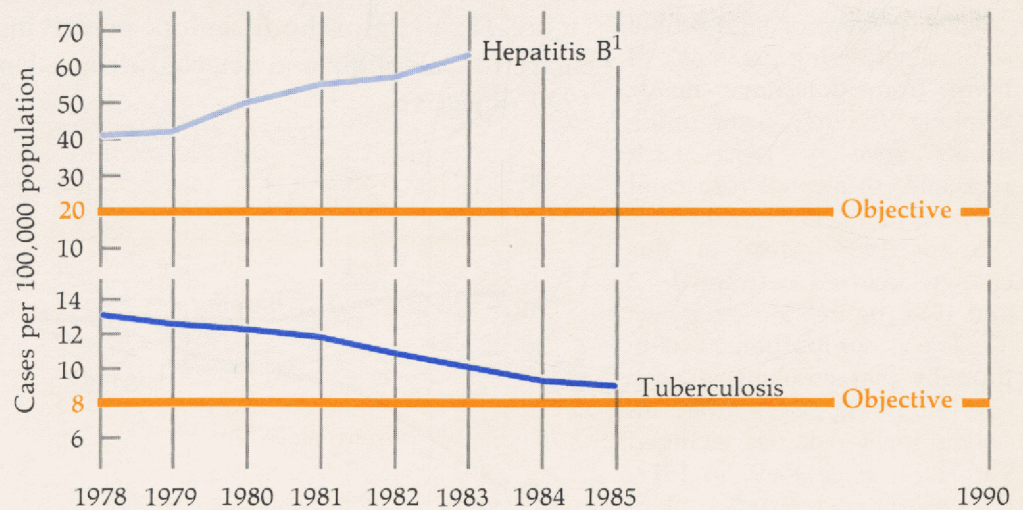
### Smoking and Health

The downward trend in the proportion of cigarette smokers since the first Surgeon General's Report on Smoking and Health (1964) continued between 1979 and 1985. In 1979, 33.5 percent of the population 18 years of age and over smoked; in 1985, 30.1 percent smoked (figure 14).

The decline in the proportion of smokers between 1979 and 1985 has not been as substantial for women as for men, however. Therefore, during these years, the previously observed convergence of the proportions of smokers for males and females also continued. In 1979, 37.5 percent of males were smokers; 29.9 percent of females were smokers. In 1985 the percent of males and the percent of females who smoked were 32.6 and 27.8, respectively.

The relatively sharp rise in smoking among teenage females that occurred during the early-to-mid-1970's has since been curbed. In 1979, one-fourth of all high school seniors smoked cigarettes on a daily basis. Although daily use did drop between 1979 and 1981, the proportions remained fairly stable until 1984 when the proportion dropped to 18.7. In 1985, 19.5 percent of all high school seniors were daily smokers.

**Figure 13. Incidence of hepatitis B and tuberculosis: United States, 1978-85 and 1990 objectives**

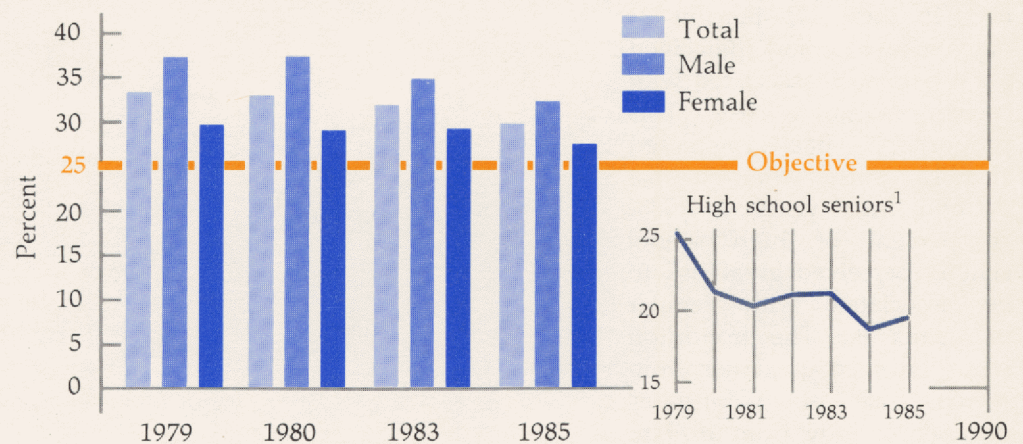


<sup>1</sup> Estimated.

NOTE: See objectives on p. 48

SOURCE: Centers for Disease Control, Center for Infectious Diseases and Center for Prevention Services.

**Figure 14. Current cigarette smokers among persons 18 years of age and over, by sex, and among high school seniors: United States, selected years 1979-85 and 1990 objective**



<sup>1</sup> No objective.

NOTE: See objective on p. 51.

SOURCE: National Center for Health Statistics, Division of Health Interview Statistics, National Health Interview Survey; National Institute on Drug Abuse.

## Alcohol and Drug Misuse

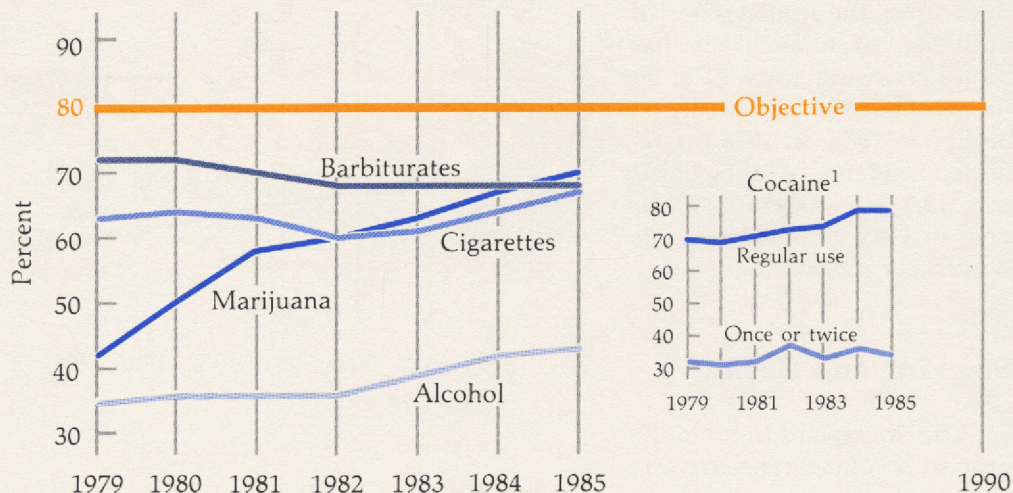
The percent of high school seniors perceiving great risk of harm from occasional heavy drinking (having 5 or more drinks once or twice each weekend) of alcohol rose from 35 percent in 1979 to 43 percent in 1985. Most of this change occurred between 1982 and 1984 (figure 15).

The proportion who thought that smoking a pack or more of cigarettes a day involves great risk has changed very little since 1979. In 1979, 63 percent perceived pack-a-day smoking to be a great risk compared to 67 percent in 1985. This meant that about one-third (33 percent) of these young people did not believe cigarette smoking poses a great risk to health.

Since 1979, there has been a significant increase in concerns about regular marijuana use. In 1979, 42 percent of high school seniors perceived great risk to be associated with regular marijuana use. This proportion has increased steadily since then—almost doubling in 6 years. In 1985, 70 percent of high school seniors perceived great risk to be associated with regular marijuana use. The proportion who perceived great risk from regular use of barbiturates dropped slightly from 1979 to 1985.

Perceived risk in regular use of cocaine increased a little since 1979. The proportion of high school seniors that saw great risk in regular cocaine use was 70 percent in 1979. In 1985 the proportion attributing great risk to regular cocaine use was 79 percent. The proportion of high school seniors who perceived great risk in trying cocaine once or twice did not change much over the 7-year period.

Figure 15. High school seniors perceiving great risk in using cigarettes, alcohol, and selected drugs: United States, 1979-85 and 1990 objective



<sup>1</sup> No objective.

NOTE: See objective on p. 56.

SOURCE: National Institute on Drug Abuse.



Other data not depicted reveal that in 1985 very few high school seniors thought that there is much risk in using marijuana experimentally (15 percent) or even occasionally (25 percent). Very few (24 percent) associated much risk of harm with having one or two drinks of alcohol almost daily. Fully two-thirds (70 percent) thought the user takes a great risk in consuming four or five drinks nearly every day, but this means that about one-third of the students did not view this pattern of regular heavy drinking as entailing great risk.

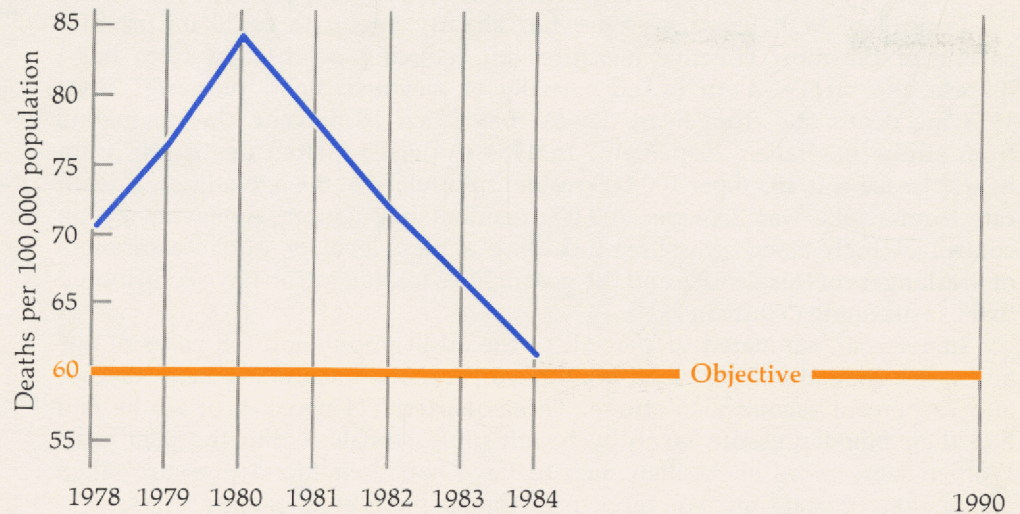
### Control of Stress and Violent Behavior

Between 1978 and 1984, homicide was the leading cause of death for black males 15–24 years of age. In 1978 the homicide death rate for black males 15–24 years old was 70.7 per 100,000 (figure 16). This rate increased to a peak of 84.3 in 1980 and has since declined to 61.5 in 1984. Although declining, death rates for homicide among these black males are far in excess of those of any other race-sex group of the U.S. population.

In 1978 the rate of suicide among people 15–24 years of age was 12.1 per 100,000 (figure 17). In 1984 the rate was virtually the same—12.5. Within the age group, persons 20–24 years have suicide rates twice as high as persons 15–19 years.

From 1978 to 1984 suicide rates for black people 15–24 years old have declined. Throughout this period, suicide rates have been higher for white males 15–24 years than for either black males, white females, or black females in this age group. In 1978 the suicide rate for white males was 20.4; in 1984, the rate was 22.0.

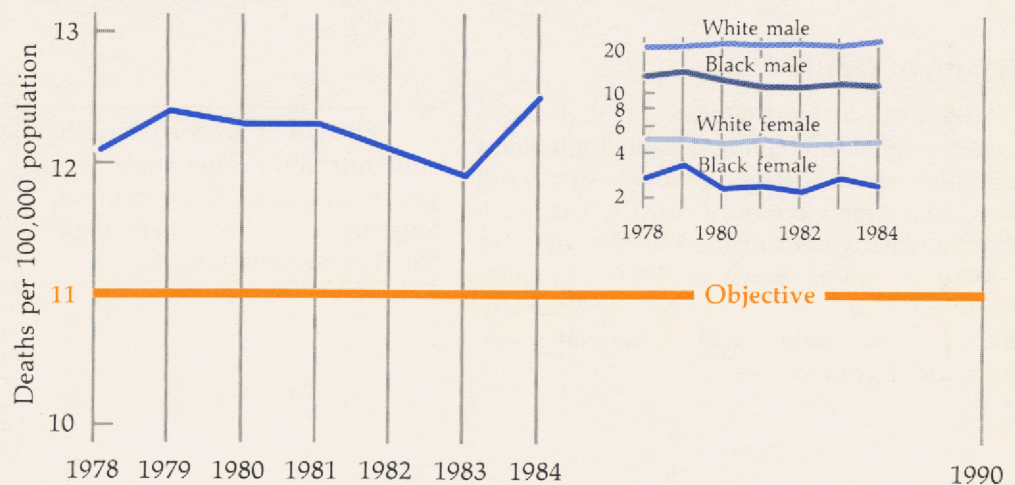
**Figure 16. Death rates for homicide among black males 15-24 years of age: United States, 1978-84 and 1990 objective**



NOTE: See objective on p. 63.

SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

**Figure 17. Death rates for suicide among persons 15-24 years of age, by race and sex: United States, 1978-84 and 1990 objective**



<sup>1</sup>Estimated.

NOTE: See Objective on p. 63. No objective by race and sex.

SOURCE: National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics System.

# Objectives

## High Blood Pressure Control

Control of high blood pressure has already begun to fulfill its promise as one of the most effective measures for reducing death rates from heart disease and stroke—both linked causally to elevated blood pressure. Since 1978 the death rate from heart disease has fallen 10 percent; the death rate from stroke has fallen 25 percent. In 1984 the age-adjusted death rate from heart disease was 183.6 per 100,000 resident population; the age-adjusted death rate from stroke was 33.4 per 100,000 resident population. Achievements in control of high blood pressure, including a high level of public awareness of the dangers of this disease and the possibilities for its control, have contributed to these declining death rates.

In 1985, an estimated 91 percent of the adult population (18 years of age and over) knew that high blood pressure was related to coronary heart disease and 77 percent related it to stroke. Three-quarters (74 percent) of adults had had their blood pressure taken by health professionals within the past year. Women were more likely than men to have had their blood pressure taken and persons 65 years and over more likely than persons in other age groups.

Public information programs by both government and private organizations have helped to increase public awareness of the association between certain aspects of nutrition and hypertension. For example, data about consumer knowledge collected between 1973 and 1985 indicate significant increases in public awareness of the relationship between sodium and hypertension and in consumer avoidance of salt or sodium. Still, in 1985, only 59 percent of the adult population (18 years of age and over) identified salt (or sodium) as the substance in food most often associated with high blood pressure.

## Improved Health Status

By 1990, at least 60 percent of the estimated population having definite high blood pressure should have attained successful long-term blood pressure control, that is, a blood pressure at or below 140/90 mmHg for 2 years or more. (Based on 1979 data, high blood pressure control rates vary among communities and States, with a general range from 25 to 60 percent.)

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The 1976–80 National Health and Nutrition Examination Survey found that 11 percent of hypertensives had their high blood pressure under control.

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*Note: The objectives appear in the left column, the most recent data for objectives that can be tracked appear next to them in text or tabular form in the middle column, and notes pertaining to the objectives are in the right column.*

Objective revised from that previously published.

At the time this objective was written, high blood pressure was defined as a measurement of 160/95 mmHg or higher. The results of the Hypertension Detection and Follow-up Program, released since this objective was written, demonstrated the value of treating mild hypertension, as did a number of subsequent clinical trials. As a result, the definition of high blood pressure was changed to a measurement of 140/90 mmHg or higher. It also should be noted that the term "definite" high blood pressure is no longer used.

## Reduced Risk Factors

By 1990, the average daily sodium ingestion (as measured by excretion) for adults should be reduced at least to the 3–6-gram range. (Baseline data unavailable.)

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Data from the first 2 years of the revised FDA Total Diet Study (1982–84) indicate that average sodium intakes for adults, excluding salt added at the table, were within the Established Safe and Adequate Daily Dietary Intake range of 1,100–3,300 milligrams established by the National Academy of Sciences in 1980.

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Baseline revised from that previously published.

Same objective in Improved Nutrition.

3–6 grams of salt correspond roughly to 1.2–2.4 grams of sodium.

By 1990, the prevalence of significant overweight (120 percent of "desired" weight) among the U.S. adult population should be decreased to 10 percent of men and 17 percent of women, without nutritional impairment. (In 1971-74, 23.7 percent of men and 26.0 percent of women 20-74 years of age were overweight.)

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In the 1976-80 National Health and Nutrition Examination Survey 24.0 percent of adult men and 26.5 percent of adult women were overweight.

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Baseline revised from that previously published.

Same objective in Improved Nutrition.

Overweight is defined for men as body mass index (BMI) greater than or equal to 27.8 kilograms/meter<sup>2</sup>, and for women as 27.3 kilograms/meter<sup>2</sup>. These cut points were used because they represent the sex-specific 85th percentiles for persons 20-29 years of age in the 1976-80 National Health and Nutrition Examination Survey. The language for this objective in terms of BMI would be: By 1990, the prevalence of overweight (BMI of 27.8 or higher for men and 27.3 or higher for women) among the U.S. adult population should be reduced, without impairment of nutritional status, to approximately 18 percent of men and 21 percent of women.

### Increased Public and Professional Awareness

By 1990, at least 50 percent of adults should be able to state the principal risk factors for coronary heart disease and stroke, that is, high blood pressure, cigarette smoking, elevated blood cholesterol levels, and diabetes. (Data from the survey The Public and High Blood Pressure, conducted in 1979, show that 24 percent of the public knew that high blood pressure is a likely cause of heart trouble, 32 percent reported that cigarette smoking is a cause, and 11 percent cited cholesterol and fatty foods as a cause of heart trouble.)

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The 1985 National Health Interview Survey estimated that 92 percent of the public thought that high blood pressure was related to coronary heart disease, and 78 percent related high blood pressure to stroke.

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Baseline revised from that previously published.

By 1990, at least 90 percent of adults should be able to state whether their current blood pressure is normal (below 140/90 mmHg) or elevated, based on a reading taken at the most recent visit to a medical or dental professional or other trained reader. (Of persons 17 years of age and over interviewed in 1974, 47 percent reported that their blood pressure was normal, high, low, or other based on a reading taken within the past year; 21 percent had not been told; and 32 percent had not had their blood pressure taken.)

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The 1985 National Health Interview Survey estimated that 73 percent of the population had had their blood pressure taken by a physician within the past year, and 87 percent had had their blood pressure measured within the past 24 months. Of those whose blood pressure was taken within the past 24 months 70 percent (or approximately 61 percent of the total population) were given the numbers measuring systolic and diastolic pressure.

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Baseline revised from that previously published.

### Improved Services and Protection

By 1990, no geopolitical area of the United States should be without an effective public program to identify persons with high blood pressure and to follow up on their treatment. (Baseline data unavailable.)

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As of 1985, all State health departments had coordinated hypertension control programs.

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By 1985, at least 50 percent of processed food sold in grocery stores should be labeled to inform the consumer of sodium and caloric content, employing understandable, standardized, quantitative terms. (In 1979, labeling for sodium was rare; the extent of caloric labeling was about 50 percent in the marketplace.)

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In 1982, 30 percent of processed food sold in grocery stores had sodium labeling, and 49 percent had labels that include information about caloric content according to the Food Labeling and Packaging Survey.

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### Improved Surveillance and Evaluation Systems

By 1985, a system should be developed to determine the incidence of high blood pressure, coronary heart disease, congestive heart failure, and hemorrhagic and occlusive strokes. After demonstrated feasibility, by 1990, ongoing sets of these data should be developed. (The National Heart, Lung and Blood Institute has initiated the Community Cardiovascular Disease Surveillance program.)

By 1985, a methodology should be developed to assess categories of high blood pressure control, and a national baseline study of this status should be completed. Five categories are suggested: (1) Unaware; (2) aware, not under care; (3) aware, under care, not controlled; (4) aware, under care, controlled; and (5) aware, monitored without therapy.

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Methodology has been developed and plans are being formulated to include information collection, using the five suggested categories, as part of the National Health and Nutrition Examination Survey III.

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### Family Planning

The 1990 family-planning objectives promote both maternal and infant health as well as the emotional and social health of individuals and the family. One aim of family planning is to prevent unintended fertility. Unintended pregnancies can impose psychological and social costs that often continue throughout the lifetimes of both the mother and the child. The first five objectives address reducing unintended pregnancies for teenagers and unmarried women. It is assumed that reductions in overall births or the birth rates for these persons will achieve these objectives because the majority of their births, especially those for the younger age groups, are presumed more likely than other pregnancies to be unintended. Moreover, pregnancies among teenagers, among unmarried women, among women over 34 years of age, and among high-parity women are all associated with higher than average rates of maternal and/or infant morbidity and mortality.

The data show a decline in the number of births for girls in the 10-14 age group since 1978, although this decline corresponds primarily to the declining number of girls in this age group. Since 1978 the birth rates among both youngsters and older teens have remained relatively unchanged. The birth rate for girls 10-14 years of age was 1.2 per 1,000 in 1978 and also in 1984. The birth rate for 15-year-olds was 14.0 per 1,000 girls in 1978 and 13.4 in 1984. In 1978 the birth rate for 16-year-old girls was 31.0, and for 17-year-olds it was 51.0. In 1984 the rates were 30.1 and 49.8, respectively.

Since 1978 the "unintended" birth rate for unmarried women 15-44 years has risen. In 1978, there were 25.7 births per 1,000 unmarried women 15-44 years of age; in 1984 the rate was 31.0. However, some of this increase in the rates for these older women may be explained by a changing social environment, in which more women are opting for single parenthood and social attitudes have become more accepting of these choices.

The 1990 family-planning objectives also give priority to improving the health status of Americans still further by encouraging the availability of family-planning information, including that related to the relative safety and effectiveness of various contraceptive methods, and by encouraging the reduction of specific risk factors, such as the content of estrogen in oral contraceptives. Research suggests that an estrogen content greater than 50 micrograms is related to various health problems. In 1978, 24 percent of the oral contraceptives sold contained more than 50 micrograms of estrogen; in 1985, the percent was 5.6 of all prescriptions—well below the 1985 objective of 15 percent of sales containing this level of estrogen.

### Reduced Risk Factors

By 1990, there should be virtually no unintended births to girls 14 years of age and under. Fulfilling this objective would probably reduce births to this age group to near zero. (In 1978, there were 10,772 births for this age group.)

Year	Births
1978	10,772
1979	10,699
1980	10,169
1981	9,632
1982	9,773
1983	9,752
1984	9,965
1990	0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, the birth rate for girls 15 years of age should be reduced to 10 per 1,000. (In 1978, there were 14.0 births per 1,000 for this age group.)

Year	Birth rate
1978	14.0
1979	14.0
1980	14.2
1981	14.1
1982	14.0
1983	14.0
1984	13.4
1990	10.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

Baseline revised from that previously published.

The birth rate is the number of children born alive to women in an age group expressed as a rate per 1,000 women in the age group.

By 1990, the birth rate for girls 16 years of age should be reduced to 25 per 1,000. (In 1978, there were 31.0 births per 1,000 for this age group.)

Year	Birth rate
1978	31.0
1979	30.9
1980	30.9
1981	30.4
1982	31.1
1983	30.6
1984	30.1
1990	25.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

Baseline revised from that previously published.

The birth rate is the number of children born alive to women in an age group expressed as a rate per 1,000 women in the age group.

By 1990, the birth rate for girls 17 years of age should be reduced to 45 per 1,000. (In 1978, there were 51.0 births per 1,000 for this age group.)

Year	Birth rate
1978	51.0
1979	51.4
1980	51.8
1981	49.8
1982	50.2
1983	50.6
1984	49.8
1990	45.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

Baseline revised from that previously published.

The birth rate is the number of children born alive to women in an age group expressed as a rate per 1,000 women in the age group.

By 1990, reductions in unintended births among single American women (15–44 years of age) should reduce the birth rate in this group to 18 per 1,000. (In 1978, there were 25.7 births per 1,000 unmarried women 15–44 years of age.)

Year	Birth rate
1978	25.7
1979	27.2
1980 <sup>a</sup>	28.4
1980	29.4
1981	29.6
1982	30.0
1983	30.4
1984	31.0
1990	18.0

Baseline revised from that previously published.

Unmarried women include the categories single, widowed, and divorced.

<sup>a</sup>The method of deriving data by marital status of the mother was changed in 1980. The rate of 28.4 represents the rate that would be obtained using the same methodology as 1978 and 1979.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, the availability of family-planning information and methods (education, counseling, and medical services) to all women and men should have sufficiently increased to reduce by 50 percent the disparity between Americans of different economic levels in their ability to avoid unplanned births. (In 1976, 52 percent of births that occurred during the previous 5 years reported by ever-married women with family incomes below the poverty level were unplanned compared with 29.2 percent for women with family incomes of 150 percent of poverty level or higher.)

**Increased Public and Professional Awareness**

By 1990, at least 75 percent of men and women over 14 years of age should be able to describe accurately the various contraceptive methods, including the relative safety and effectiveness of one method versus the others. (Baseline data unavailable.)

**Improved Services and Protection**

By 1985, sales of oral contraceptives containing more than 50 micrograms of estrogen should have been reduced to 15 percent of total sales. (In 1978, 23.9 percent of tablets dispensed sold contained this level.)

Year	Percent of tablets dispensed	Percent of prescriptions filled
1978	23.9	---
1979	20.6	---
1980	17.1	---
1981	13.6	---
1982	10.6	---
1983	---	8.8
1984	---	7.1
1985	---	5.6
1990	---	15.0

Baseline revised from that previously published.

Source: Data from Food and Drug Administration. Based on data from the National Prescription Audit, IMS America, Ambler, Pa.

By 1985, 100 percent of federally funded family-planning programs should have an established routine for providing an initial infertility assessment, either directly or through referral. (Baseline data unavailable.)

In 1985, 100 percent of federally funded programs authorized by Title X of the Public Health Service Act routinely provided initial infertility assessment either directly or indirectly.

## Pregnancy and Infant Health

Among the principal threats to infant health are birth defects that can lead to lifelong handicapping conditions and problems associated with low birth weight, which, in turn, can increase a newborn's risk of illness and death. After declining from 7.1 in 1978 to 6.8 in 1980, the proportion of low-birth-weight babies has remained just about the same. In 1984, 6.7 percent of all live births were of low birth weight. Among both white and black low-birth-weight babies, the proportions of very low-birth-weight babies (those weighing under 1,500 grams) were actually higher in 1984 than in 1978. The marked gap in the infant mortality rate between white and black infants mirrors the more than twofold difference in the proportion of low-birth-weight babies between the two groups (5.6 percent compared to 12.4 in 1984) and the threefold difference in the proportion of very low birth weight between white (0.9 percent) and black infants (2.6 percent).

Prenatal care during the first trimester reduces the risk of having a low-birth-weight infant. However, there has been virtually no change in the proportion of mothers who begin prenatal care during the first trimester for four consecutive years. The percentage of black women who begin prenatal care early actually declined slightly from 1980 to 1982. Teenagers have particularly low rates of early prenatal care. In 1984 among those under 15 years old, 6.8 percent of white youngsters and 5.5 percent of black youngsters received no prenatal care at all.

Reaching more women with appropriate and timely prenatal care and educating both men and women about the important relationship of healthful lifestyles, including abstinence from smoking and alcohol, to successful pregnancy outcomes has become a priority public health concern at the Federal level and in States across the Nation. In 1985, 85 percent of females and 75 percent of males under 45 years of age knew that smoking definitely increases the chances of low birth weight. Over a quarter of both men and women under 45 years of age did not know that cigarette smoking definitely increases the chances of miscarriage. Even fewer knew of the adverse relationship of smoking to stillbirth. Although over 80 percent of both men and women in this age group knew about the relationship of heavy drinking during pregnancy to birth defects, mental retardation, and low birth weight of the newborn, only 62 percent of females and 49 percent of males under 45 years of age had ever heard of Fetal Alcohol Syndrome.

### Improved Health Status

By 1990, the infant mortality rate should be reduced to no more than 9 deaths per 1,000 live births. (In 1978, the infant mortality rate was 13.8 per 1,000 live births.)

Year	Infant mortality rate
1978	13.8
1979	13.1
1980	12.6
1981	11.9
1982	11.5
1983	11.2
1984	10.8
1990	9.0

The infant mortality rate is the number of deaths of infants under 1 year of age expressed as a rate per 1,000 live births.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, no county and no racial or ethnic group of the population (for example, black people, American Indians, people of Hispanic origin) should have an infant mortality rate in excess of 12 deaths per 1,000 live births. (In 1978, the infant mortality rate for white people was 12.0 per 1,000 live births; for black people 23.1 per 1,000 live births; for American Indians 13.7 per 1,000 live births; the rate for people of Hispanic origin was not available separately.)

Year	Infant mortality rate			
	White	Black	American Indian	Hispanic
1978	12.0	23.1	13.7	---
1979	11.4	21.8	15.2	---
1980	11.0	21.4	13.2	---
1981	10.5	20.0	11.7	---
1982	10.1	19.6	10.0	---
1983	9.7	19.2	10.7	---
1984	9.4	18.4	9.5	---
1990	...	12.0	12.0	12.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

The infant mortality rate is the number of deaths of infants under 1 year of age expressed as a rate per 1,000 live births.

By 1990, the neonatal mortality rate should be reduced to no more than 6.5 deaths per 1,000 live births. (In 1978, the neonatal mortality rate was 9.5 per 1,000 live births.)

Year	Neonatal mortality rate
1978	9.5
1979	8.9
1980	8.5
1981	8.0
1982	7.7
1983	7.3
1984	7.0
1990	6.5

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

The neonatal mortality rate is the number of deaths of infants under 28 days of age expressed as a rate per 1,000 live births.

By 1990, the perinatal mortality rate should be reduced to no more than 5.5 per 1,000. (In 1977, the perinatal mortality rate was 15.4 per 1,000.)

Year	Perinatal mortality rate
1977	15.4
1978	14.6
1979	13.8
1980	13.2
1981	12.6
1982	12.3
1983	11.5
1984	11.0
1990	5.5

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

The perinatal mortality rate is the number of fetal deaths at 28-weeks gestation or more (late fetal deaths) plus the number of infant deaths at under 7 days old expressed as a rate per 1,000 live births plus late fetal deaths.

By 1990, the maternal mortality rate should not exceed 5 per 100,000 live births for any county or for any racial or ethnic group (for example, black people, American Indians, people of Hispanic origin). (In 1978, the overall rate was 9.6—the rate for white people was 6.4, the rate for black people was 25.0, the rate for American Indians was 12.1, the rate for people of Hispanic origin was not available separately.)

Year	Maternal mortality rate				
	Total	White	Black	American Indian <sup>a</sup>	Hispanic
1978	9.6	6.4	25.0	12.1	---
1979	9.6	6.4	25.1	11.7	---
1980	9.2	6.7	21.5	8.2	---
1981	8.5	6.3	20.4	5.4	---
1982	7.9	5.8	18.2	7.3	---
1983	8.0	5.9	18.3	12.0	---
1984	7.8	5.4	19.7	2.4	---
1990	5.0	5.0	5.0	5.0	5.0

<sup>a</sup>Based on very small frequencies and should be interpreted with caution.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

The maternal mortality rate is the number of deaths to women from complications of pregnancy, childbirth, and the puerperium expressed as a rate per 100,000 live births.



By 1990, the incidence of neural tube defects should be reduced to 1.0 per 1,000 live births. (In 1979, the rate was 1.7 per 1,000.)

By 1990, Rhesus hemolytic disease of the newborn should be reduced to below a rate of 1.3 per 1,000 live births. (In 1977, the rate was 1.8 per 1,000.)

Year	Rate
1977	1.8
1980	1.5
1981	1.4
1982	1.5
1983	1.6
1990	1.3

Source: Data from Centers for Disease Control, Center for Environmental Health.

By 1990, the incidence of infants born with Fetal Alcohol Syndrome should be reduced by 25 percent. (In 1977, the rate was 1 per 2,000 births, or approximately 1,650 cases.)

Same objective in Alcohol and Drug Misuse Prevention.

### Reduced Risk Factors

By 1990, low-birth-weight babies (weighing less than 2,500 grams) should constitute no more than 5 percent of all live births. (In 1978, the proportion was 7.1 percent of all births.)

Year	Percent low birth weight
1978 <sup>a</sup>	7.1
1979	6.9
1980	6.8
1981	6.8
1982	6.8
1983	6.8
1984	6.7
1990	5.0

<sup>a</sup>Includes babies weighing 2,500 grams.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, no county and no racial or ethnic group of the population (for example, black people, American Indians, people of Hispanic origin) should have a rate of low-birth-weight infants (weighing less than 2,500 grams) that exceeds 9 percent of all live births. (In 1978, the rate for white people was 5.9 percent, for black people 12.9 percent, for American Indians 6.7 percent, and for people of Hispanic origin 6.7 percent.)

Year	Percent low birth weight			
	White	Black	American Indian	Hispanic
1978 <sup>a</sup>	5.9	12.9	6.7	6.7
1979	5.8	12.6	6.4	6.1
1980	5.7	12.5	6.5	6.1
1981	5.7	12.5	6.3	6.1
1982	5.6	12.4	6.2	6.2
1983	5.7	12.6	6.4	6.3
1984	5.6	12.4	6.2	6.2
1990	9.0	9.0	9.0	9.0

<sup>a</sup>Includes babies weighing 2,500 grams.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

Data for people of Hispanic origin available only for States with an Hispanic-origin item on their birth certificates. In 1978, there were 17 States; in 1979, 19 States; in 1980, 22 States; in 1982, 23 States; and in 1983, 23 States and the District of Columbia.

By 1990, the majority of infants should leave hospitals in car safety carriers. (Baseline data unavailable.)

In 1985, 61 percent of children under 5 years of age had been brought home in carseats after birth.

## Increased Public and Professional Awareness

By 1990, 85 percent of women of childbearing age should be able to choose foods wisely (state special nutritional needs of pregnancy) and understand the hazards of smoking, alcohol, pharmaceutical products, and other drugs during pregnancy and lactation. (Baseline data unavailable.)

In 1985 the proportion aware that heavy drinking during pregnancy increases the chance of miscarriage was 87 percent; of low birth weight, 88 percent; of mental retardation of the newborn, 87 percent; of birth defects, 88 percent. The proportion who knew that smoking during pregnancy increases the chance of miscarriage was 74 percent; of low birth weight, 85 percent; of stillbirth, 67 percent; of premature birth, 76 percent.

## Improved Services and Protection

By 1990, virtually all women and infants should be served at levels appropriate to their need by a regionalized system of primary, secondary and tertiary care for prenatal, maternal, and perinatal health services.

By 1990, the proportion of women in any county or racial or ethnic group (for example, black people, American Indians, people of Hispanic origin) who obtain no prenatal care during the first trimester of pregnancy should not exceed 10 percent. (In 1978, 21.8 percent of white mothers, 39.8 percent of black mothers, 43.7 percent of American Indian mothers, and 43.0 percent of Hispanic mothers received no prenatal care during the first trimester.)

Year	Percent with no prenatal care during 1st trimester			
	White	Black	American Indian	Hispanic
1978	21.8	39.8	43.7	43.0
1979	20.9	38.4	41.3	39.5
1980	20.7	37.3	41.3	39.8
1981	20.6	37.6	40.7	39.4
1982	20.7	38.5	39.5	39.0
1983	20.6	38.5	40.3	39.0
1984	20.4	37.8	40.0	38.5
1990	10.0	10.0	10.0	10.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

Data for people of Hispanic origin available only for States with an Hispanic-origin item on their birth certificates. In 1978, there were 17 States; in 1979, 19 States; in 1980, 22 States; in 1982, 23 States; and in 1983, 23 States and the District of Columbia.

By 1990, virtually all pregnant women at high risk of having a fetus with a condition diagnosable *in utero* should have access to counseling and information on amniocentesis and prenatal diagnosis, as well as therapy as indicated. (In 1978, about 10 percent of women 35 years of age and over received amniocentesis. Baseline data are unavailable for other high-risk groups.)

By 1990, virtually all women who give birth should have appropriately attended safe delivery provided in ways acceptable to them and their families. (In 1977, less than 0.2 percent of births out of hospital were unattended by a physician or midwife.)

Year	Percent of births unattended
1977	0.2
1978	0.3
1979	0.3
1980	0.3
1981	0.3
1982	0.3
1983	0.3
1984	0.3
1990	0.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, virtually all newborns should be provided neonatal screening for metabolic disorders for which effective and efficient tests and treatments are available (for example, phenylketonuria (PKU) and congenital hypothyroidism). (In 1978, about 75 percent of newborns were screened for PKU; about 3 percent were screened for hypothyroidism in the early 1970's.)

By 1990, virtually all infants should be able to participate in primary health care that includes well-child care; growth development assessment; immunization; screening, diagnosis, and treatment for conditions requiring special services; appropriate counseling regarding nutrition, automobile safety, and prevention of other accidents such as poisonings. (Baseline data unavailable.)

### **Improved Surveillance and Evaluation Systems**

By 1990, a system should be in place for comprehensive and longitudinal assessment of the impact of a range of prenatal factors (for example, maternal exposure to radiation, ultrasound, dramatic temperature change, toxic agents, smoking, use of alcohol or drugs, exercise, or stress) on infant and child physical and psychological development.

### **Immunization**

The introduction and widespread use of vaccines have resulted in dramatic declines in the incidence of the seven major childhood infectious diseases—measles, mumps, rubella, polio, diphtheria, pertussis, and tetanus. For each of these diseases, immunization levels have reached or exceeded the 1990 objectives for the Nation, and considerable progress has been made in reducing the annual incidence of all but pertussis and tetanus. In 1979, 1,623 pertussis cases were reported, and in 1985, 3,275 cases. Nationwide, pertussis cases continue to be most common and most severe in infants and young children. Since 1979 the annual incidence of tetanus has fluctuated between 70 and 100 cases. In 1979, 81 tetanus cases were reported; in 1985, 71 cases. The highest number of cases (95) was reported in 1980. (Data for 1985 are provisional.)

Despite past successes, the potential still exists for childhood infectious diseases to touch substantial portions of the U.S. population, because, with the exception of smallpox, the causal agents for the major diseases of childhood have yet to be eliminated. Transmission of measles still occurs in approximately 7 percent of the counties of the United States, and in 1985 the number of cases was actually higher than the record low observed in 1983. To maintain and extend past successes, ongoing education and motivation of the general public and health care providers to continue routine immunizations is essential. It is equally necessary to maintain programs to reach large numbers in appropriate population groups when new vaccines are developed. Although vaccines have become available to reduce the risk of influenza, hepatitis B, and pneumococcal pneumonia, vaccine usage in specific target populations has not substantially increased in recent years.

### Improved Health Status

By 1990, reported measles incidence should be reduced to less than 500 cases per year—all imported or within two generations of importation. (In 1979, 13,597 measles cases were reported.)

Year	Cases of measles
1979	13,597
1980	13,506
1981	3,124
1982	1,714
1983	1,497
1984	2,587
1985 <sup>a</sup>	2,704
1990	500

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, reported mumps incidence should be reduced to less than 1,000 cases per year. (In 1979, 14,225 mumps cases were reported.)

Year	Cases of mumps
1979	14,225
1980	8,576
1981	4,941
1982	5,270
1983	3,355
1984	3,021
1985 <sup>a</sup>	2,886
1990	1,000

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, reported rubella incidence should be reduced to less than 1,000 cases per year. (In 1979, 11,795 rubella cases were reported.)

Year	Cases of rubella
1979	11,795
1980	3,904
1981	2,077
1982	2,325
1983	970
1984	752
1985 <sup>a</sup>	604
1990	1,000

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, reported congenital rubella syndrome incidence should be reduced to less than 10 cases per year. (In 1979, 62 new cases of congenital rubella syndrome were reported.)

Year	New cases of congenital rubella syndrome
1979	62
1980	50
1981	19
1982	7
1983	20
1984	5
1985 <sup>a</sup>	0
1990	10

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, reported diphtheria incidence should be reduced to less than 50 cases per year. (In 1979, 59 diphtheria cases were reported.)

Year	Cases of diphtheria
1979	59
1980	3
1981	5
1982	2
1983	5
1984	1
1985 <sup>a</sup>	2
1990	50

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

The Conference of State and Territorial Epidemiologists and the Centers for Disease Control changed the diphtheria disease reporting definition in 1979, and since that time only noncutaneous diphtheria has been reported.

By 1990, reported pertussis incidence should be reduced to less than 1,000 cases per year. (In 1979, 1,623 pertussis cases were reported.)

Year	Cases of pertussis
1979	1,623
1980	1,730
1981	1,248
1982	1,895
1983	2,463
1984	2,276
1985 <sup>a</sup>	3,275
1990	1,000

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

Baseline revised from that previously published.

By 1990, reported tetanus incidence should be reduced to less than 50 cases per year. (In 1979, 81 tetanus cases were reported.)

Year	Cases of tetanus
1979	81
1980	95
1981	72
1982	88
1983	91
1984	74
1985 <sup>a</sup>	71
1990	50

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, reported polio incidence should be less than 10 cases per year. (In 1979, 26 paralytic polio cases were reported.)

Year	Cases of paralytic polio
1979	26
1980	8
1981	6
1982	8
1983	15
1984	8
1985 <sup>a</sup>	5
1990	10

<sup>a</sup>Provisional data.

Source: Data from Centers for Disease Control, Center for Prevention Services.

## Increased Public and Professional Awareness

By 1990, all mothers of newborns should receive instruction prior to leaving the hospital or after home births on immunization schedules for their babies. (Of 52 reporting areas in fiscal year 1981, 14 had projects with education programs in which mothers receive such instruction. These projects cover mothers receiving services from public programs.)

Fiscal year	Federally funded projects
1981	14
1982	35
1983	43
1984	44
1985	46
1990	52

Source: Data from Centers for Disease Control, Center for Prevention Services.

## Improved Services and Protection

By 1990, at least 90 percent of all children should have completed their basic immunization series by age 2—measles, mumps, rubella, polio, diphtheria, tetanus, and pertussis. (In 1979 over 50 percent of children 2 years of age had received vaccinations for each of the diseases.)

Year	Percent vaccinated <sup>a</sup>				
	Measles	Rubella	Mumps	Polio <sup>b</sup>	DTP <sup>b</sup>
1979	80.8	80.8	70.1	76.3	82.1
1980	83.0	83.2	80.2	80.7	87.0
1981	81.5	83.9	79.1	80.9	87.6
1982	84.3	81.1	79.0	78.6	88.4
1983	83.9	81.9	78.1	78.6	88.4
1984	81.7	76.7	78.4	74.2	85.8
1985	81.7	77.3	78.9	76.7	85.8
1990	90.0	90.0	90.0	90.0	90.0

<sup>a</sup>Based on a subsample of respondents in the U.S. Immunization Survey of 1979–1981. The subsample includes only respondents stating that they used immunization records as a reference. The subsample size is approximately one-third of the total sample size.

<sup>b</sup>3 or more vaccinations.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, at least 95 percent of children attending licensed day care facilities and kindergarten through 12th grade should be fully immunized. (Based on data collected during the 1978–79 school year, the immunization level for measles, rubella, polio and DTP was about 90 percent for first school entrants and lower overall.)

School year	Percent of new entrants vaccinated <sup>a</sup>				
	Measles	Rubella	Mumps	Polio	DTP
1978–79	93	91	83	92	92
1979–80	94	93	86	93	94
1980–81	96	96	92	95	96
1981–82	97	97	95	96	96
1982–83	97	97	96	97	96
1983–84	98	98	97	97	97
1984–85	98	98	97	96	97
1985–86	98	98	97	96	96
1990–91	95	95	95	95	95

<sup>a</sup>Kindergarten or first grade.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, at least 60 percent of people in high-risk populations as defined by the Immunization Practices Advisory Committee of the Public Health Service should be receiving annual immunization against influenza. (In 1979, about 18 percent of people in high-risk populations were immunized.)

Year	Percent of high-risk population immunized
1979	18
1980	16
1981	16
1982	17
1983	17
1984	17
1985	17
1990	60

Source: Data from Centers for Disease Control, Center for Prevention Services.

Baseline revised from that previously published.

Data for each disease are collected independently.

Data for each disease are collected independently; however, because of current school laws the percents probably reflect the general level of fully immunized students at the kindergarten and first grade levels.

Baseline revised from that previously published.

The high-risk population includes older persons, particularly those 65 years of age and over, and others, including children, with certain predisposing chronic conditions.

By 1990, at least 60 percent of high-risk populations as defined by the Immunization Practices Advisory Committee of the Public Health Service should have received vaccination against pneumococcal pneumonia. (Baseline data unavailable.)

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An estimated 10.3 percent of the high-risk population received pneumococcal vaccine during 1985.

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The high-risk population includes children under 2 years of age with splenic dysfunction or anatomic asplenia and adults and children over 2 years of age with certain predisposing chronic conditions.

By 1990, at least 50 percent of people in populations designated as targets by the Immunization Practices Advisory Committee of the Public Health Service should be immunized within 5 years of licensure of new vaccines for routine clinical use.

Same objective in Surveillance and Control of Infectious Diseases.

Vaccines may be developed for people at risk of getting hepatitis A; otitis media (*S. pneumoniae* and *H. influenzae*); selected respiratory and enteric viruses; meningitis (group B *N. meningitidis*, *S. pneumoniae*, *H. influenzae*).

By 1985, the Nation should have a plan in place to mount mass immunization programs in the face of possible epidemics of influenza or other epidemic diseases for which vaccines may exist.

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A plan for controlling influenza pandemics has been developed as has a Mass Immunization Guide.

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By 1990, no comprehensive health insurance policies should exclude immunizations. (Baseline data unavailable.)

### Improved Surveillance and Evaluation Systems

By 1990, at least 95 percent of all children 18 years of age and under should have up-to-date official immunization records in a uniform format using common guidelines for completion of immunization. (Baseline data unavailable.)

By 1990, surveillance systems should be sufficiently improved so that (1) at least 90 percent of those hospitalized and 50 percent of those not hospitalized with vaccine preventable diseases of childhood are reported, and (2) uniform case definitions are used nationwide. (Baseline data unavailable.)

### Sexually Transmitted Diseases

Gonorrhea, nongonococcal urethritis, genital herpes, and syphilis are among the most common sexually transmitted diseases (STD's). In addition to the tremendous number of syphilis and gonorrhea cases, millions of cases of nongonococcal urethritis and thousands of cases of genital herpes occur annually. The most serious complications caused by these sexually transmitted agents are pelvic inflammatory disease, sterility, infant pneumonia, infant death, birth defects, and mental retardation.

From 1978 to 1985 the gonorrhea case rate declined 16 percent. From 1978 to 1985 the gonococcal pelvic inflammatory disease rate declined 28 percent. The rate of primary and secondary syphilis increased from 1979 through 1982 but has since declined. In 1985 the incidence of primary and secondary syphilis was 11.5 cases per 100,000 population. Although the report of cases of congenital syphilis in 1985 (7.1 cases per 100,000 live births) represents a marked increase from its nadir in 1980 (3.0 cases per 100,000 live births), much of the increase in recent years is believed to result from improved surveillance efforts and a new reporting form with an expanded case definition of congenital syphilis.

Clearly both the quality of the services and the attitudes with which they are delivered are important in attracting those who need STD services. Although existing programs are interrupting the transmission of syphilis and gonorrhea, many vulnerable groups are not yet served. Therefore, as suspected with congenital syphilis, the rates of certain reported STD's might well increase as

public and professional knowledge and awareness increase and more affected people are encouraged to seek treatment.

Since the development of the 1990 objectives, the scope and the complexity of the sexually transmitted disease problem in the United States has expanded to reflect an increased appreciation for both the range of agents transmitted through sexual contact and the relationship of STD to reproductive outcomes, genital neoplasias, and immune deficiencies. For example, Acquired Immune Deficiency Syndrome (AIDS), which was unknown when the 1990 objectives were delineated, has emerged as a major sexually transmitted disease. About 75 percent of all known cases of AIDS have occurred through sexual transmission.

### Improved Health Status

By 1990, reported gonorrhea incidence should be reduced to a rate of 280 cases per 100,000 population. (In 1979, the reported incidence was 459 cases per 100,000 population.)

Year	Reported incidence of gonorrhea
1978	459.7
1979	450.3
1980	445.1
1981	435.2
1982	417.9
1983	387.6
1984	374.8
1985	384.3
1990	280.0

Baseline revised from that previously published.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, reported incidence of gonococcal pelvic inflammatory disease should be reduced to a rate of 60 cases per 100,000 females. (In 1978, the estimated incidence was 133.8 cases per 100,000 females.)

Year	Estimated incidence of gonococcal pelvic inflammatory disease
1978	133.8
1979	131.7
1980	127.1
1981	123.1
1982	116.0
1983	106.0
1984	99.0
1985	97.0
1990	60.0

Baseline revised from that previously published.

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, reported incidence of primary and secondary syphilis should be reduced to a rate of 7 cases per 100,000 population per year, with a reduction in congenital syphilis to 1.5 cases per 100,000 live births. (In 1979, the reported incidence of primary and secondary syphilis was 11 cases per 100,000 population and of congenital syphilis was 3.5 cases per 100,000 live births.)

Year	Reported incidence of primary and secondary syphilis	Reported incidence of congenital syphilis
1979	11.2	3.5
1980	12.1	3.0
1981	13.7	4.4
1982	14.6	4.3
1983	14.1	4.4
1984	12.2	6.8
1985	11.5	7.1
1990	7.0	1.5

Baseline revised from that previously published.

Source: Data from Centers for Disease Control, Center for Prevention Services.



By 1990, the incidence of serious neonatal infection from sexually transmitted agents, especially herpes and chlamydia, should be reduced to a rate of 8.5 cases of neonatal disseminated herpes per 100,000 children under 1 year of age and a rate of 360 cases of chlamydial pneumonia per 100,000 children under 1 year of age. (In 1979, about 16.8 cases of neonatal disseminated herpes per 100,000 children under 1 year of age and about 720 cases of chlamydial pneumonia per 100,000 children under 1 year of age were estimated to have occurred.)

By 1990, the incidence of nongonococcal urethritis and chlamydial infections should be reduced to a rate of 770 cases per 100,000 population. (In 1979, the case rate was estimated to be 1,140 per 100,000 population.)

### **Reduced Risk Factors**

By 1990, the proportion of sexually active men and women protected by properly used condoms should increase to 25 percent of those at high risk of acquiring sexually transmitted diseases. (In 1979, the estimated proportion was less than 10 percent.)

### **Increased Public and Professional Awareness**

By 1990, every junior and senior high school student in the United States should receive accurate, timely education about sexually transmitted diseases. (Currently, 70 percent of school systems provide some information about sexually transmitted diseases, but the quality and timing of the communication varies greatly.)

By 1985, at least 95 percent of health care providers seeing suspected cases of sexually transmitted diseases should be capable of diagnosing and treating all currently recognized sexually transmitted diseases, including: genital herpes diagnosis by culture, therapy (if available), and patient education; hepatitis B diagnosis among homosexual men, prevention through a vaccine, and patient education; and nongonococcal urethritis diagnosis, therapy, and patient education. (Baseline data unavailable.)

### **Improved Services and Protection**

By 1990, at least 50 percent of major industries and governmental agencies offering screening and health promotion programs at the worksite should be providing sexually transmitted disease services (education and appropriate testing) within those programs. (Baseline data unavailable.)

### **Improved Surveillance and Evaluation Systems**

By 1985, data should be available in adequate detail (but in statistical aggregates to preserve confidentiality) to determine the occurrence of nongonococcal urethritis, genital herpes, and other sexually transmitted diseases in each local area and to recommend approaches for preventing sexually transmitted diseases and their complications.

By 1990, surveillance systems should be sufficiently improved so that at least 25 percent of sexually transmitted diseases diagnosed in medical facilities are reported and uniform definitions are used nationwide. (Baseline data unavailable.)

## Toxic Agent and Radiation Control

In recent years the control of toxic agents in the environment has become a major public health priority. The electronic and print media regularly report on environmental hazards. These reports and feature stories serve to focus national attention on the problem of toxic substances in the environment and their threats to health. This widespread coverage has alerted the general public to the existence of various environmental health hazards.

Though advances have occurred since the 1990 objectives were developed in the late 1970's, much remains to be known and done about toxic agent control. For example, approximately 37 million housing units in the United States contained lead paint, and a substantial number are likely to continue in this condition for decades to come. Careless disposal of paint after its removal from houses, the use of leaded gasoline, and the difficulty of removing lead from other environmental sources, such as contaminated soil, significantly influence the degree to which lead toxicity prevalence rates among children can be expected to change by the end of this decade. Birth defects, miscarriage, and other adverse pregnancy outcomes resulting from exposure to other toxic substances will continue to pose a public health concern for the American people through the end of this century.

However, many of the concerns posed in the area of toxic agent control can be greatly reduced in scope through the combined efforts of Federal, State, and local governments; voluntary organizations; business and industry; and the health professions. In recent years, the Nation has seen a steady improvement in air quality. Since 1975 the ambient levels of all six criteria pollutants have decreased, in some cases dramatically. Federal, State, and local governments are working to ensure the safety of the Nation's drinking water. The Department of Transportation is authorized and has established programs to regulate the transport of hazardous materials. The Food and Drug Administration, in close cooperation with the American College of Radiology, is in the process of developing voluntary guidelines to help practicing clinicians decide on the usefulness of five x-ray examinations.

### Improved Health Status

By 1990, 80 percent of communities should experience a prevalence rate of lead toxicity of less than 500 per 100,000 among children 1-5 years of age. (In 1976-80, the estimated prevalence of lead toxicity among children 6 months-5 years of age was 4,000 per 100,000 nationally.)

Objective and baseline revised from those previously published.

By 1990, significant progress should have been made toward preventing birth defects or miscarriages resulting from exposure to toxic substances through environmental interventions based on current information and expansion of the knowledge base related to hazardous substances and their effects on reproduction. (Baseline data unavailable.)

Objective revised from that previously published.

### Reduced Risk Factors

By 1990, virtually all communities should experience no more than 1 day per year when air quality exceeds ambient air quality standards for sulfur dioxide, nitrous dioxide, carbon monoxide, lead, hydrocarbons, and particulate matter. (In 1979, the level was estimated at about 50 percent.)

By 1990, at least 95 percent of the population should be served by community water systems that meet Federal and State standards for safe drinking water. (In 1979, the level was 85-90 percent for the National Interim Primary Drinking Water Standards.)

By 1990, there should be virtually no preventable contamination of ground water, surface water, or the soil from industrial toxins associated with wastewater management systems established after 1980. (Baseline data unavailable.)

By 1990, there should be no pesticides, herbicides, fungicides, or rodenticides available for sale that are known to be carcinogenic, teratogenic, or mutagenic in humans, unless determined to be vital to the national interest under certain conditions. (Baseline data unavailable.)

By 1990, inhalation of fumes from toxic materials during transport should be eliminated. (Baseline data unavailable.)

By 1990, the number of medically unnecessary diagnostic x-ray examinations should be reduced by some 50 million examinations annually. (In 1980, the number of diagnostic x-ray examinations performed in the United States was 260 million, of which 80 million were estimated to be medically unnecessary.)

Baseline revised from that previously published.

### **Increased Public and Professional Awareness**

By 1990, at least 75 percent of all city council members in urban communities should be able to report accurately whether the quality of their air and water has improved or worsened over the decade and to identify the principal substances of concern. (Baseline data unavailable.)

By 1990, at least half of all adults should be able to accurately report an accessible source of information on toxic substances to which they may be exposed, including information on interactions with other factors such as smoking and medications. (Baseline data unavailable.)

By 1990, at least half of all people 15 years of age and over should be able to identify the major categories of environmental threats to health and note some of the health consequences of those threats. (Baseline data unavailable.)

By 1990, at least 70 percent of all primary care physicians should be able to identify the principal health consequences of exposure to each of the major categories of environmental threats to health. (Baseline data unavailable.)

### **Improved Services and Protection**

By 1990, at least 90 percent of all children 1-5 years of age identified with lead toxicity should have been brought under medical and environmental management. (Baseline data unavailable.)

Objective and baseline revised from those previously published.

By 1990, the Toxic Substances Control Act and the Resource Conservation and Recovery Act should be fully implemented to protect the U.S. population against hazards resulting from production, use, and disposal of toxic chemicals. (Baseline data unavailable.)

By 1990, individuals purchasing a potentially toxic product sold commercially or used industrially should be protected by clear labeling as to content, direction for proper use and disposal, and factors that may make that individual especially susceptible (health status, age, sex, medications, genetic traits). (Baseline data unavailable.)

By 1990, every individual should have access to an acute care facility with the capability to provide or make appropriate referrals for screening, diagnosis, and treatment of suspected exposure to toxic agents. (Baseline data unavailable.)

By 1990, every individual residing in an area of a population density greater than 20 per square mile or in an area of particularly high risk, should be protected by an early warning system designed to detect the most serious environmental hazards posing imminent threats to health. (Baseline data unavailable.)

By 1990, every populated area of the country should be able to be reached within 6 hours by an emergency response team in the event of exposure to an environmental hazard posing acute threats to health from a toxic agent, chemical, and/or radiation. (Baseline data unavailable.)

### **Improved Surveillance and Evaluation Systems**

By 1990, a broad scale surveillance and monitoring system should have been planned to discern and measure known environmental hazards of a continuing nature as well as those resulting from isolated incidents. Such activities should be continuously carried out at both Federal and State levels.

By 1990, a central clearinghouse for observations of agent-disease relationships and host susceptibility factors should be fully operational, as well as a national environmental data registry to collect and catalog information on concentrations of hazardous agents in air, food, and water.

### **Occupational Safety and Health**

In 1985 over one-third of the employed population reported exposure on their jobs to substances or conditions that pose risks to health, and 41 percent reported exposure to risks of accidents or injuries on their jobs. Work conditions can generate serious threats to health through daily exposure to risks such as toxic chemicals, asbestos, coal dust, cotton fiber, ionizing radiation, physical hazards, excessive noise, as well as stress. Exposure to these toxic chemicals or physical hazards can lead to a broad range of health problems including asbestosis, byssinosis, silicosis, musculoskeletal conditions, various cancers, amputations, loss of eyes, lacerations, and noise-induced loss of hearing.

Additionally, lifestyle behaviors and health factors—alcohol consumption, smoking, diet, physical fitness, and stress—can interact with factors in the work environment to increase risks of occupational illness and injuries. Over the past 5 years the number of employers sponsoring health promotion programs has increased markedly to help workers identify and change lifestyle elements generally acknowledged to be etiologic factors in many chronic diseases and traumatic injuries.

In 1978 there were 4,590 work-related deaths for firms or employers with 11 or more employees compared with 3,740 in 1984. In 1978 approximately 9.2 cases of work-related disabling injuries per 100 workers occurred; in 1984, there were approximately 7.8 cases per 100 full-time workers. In 1981 the rate of work-related injuries per 100 workers (8.1) was already below the 1990 objective of 8.3. The progress shown by these data thus far reflects the influence of factors such as demographic shifts, economic conditions and the Occupational Safety and Health Administration's efforts to link enforcement to survey results.

In May 1986, the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard became effective. It requires employers in the manufacturing industries to inform their employees of health and physical hazards and requires that these employers provide training to employees on

the hazards of the chemical products and safe handling of the products. In addition, OSHA issued an Advance Notice of Proposed Rulemaking to expand the scope of the standard to provide coverage in industries other than manufacturing.

### Improved Health Status

By 1990, workplace accident deaths for firms or employers with 11 or more employees should be reduced to less than 3,750 per year. (In 1978, there were 4,590 work-related deaths for firms or employers with 11 or more employees.)

Year	Work-related deaths
1978	4,590
1979	4,950
1980	4,400
1981	4,370
1982	4,090
1983	3,100
1984	3,740
1990	3,750

Baseline revised from that previously published.

Source: Data from Bureau of Labor Statistics.

By 1990, the rate of work-related injuries should be reduced to 8.3 cases per 100 full-time workers. (In 1978, there were 9.2 cases per 100 workers.)

Year	Work-related injuries rate
1978	9.2
1979	9.2
1980	8.5
1981	8.1
1982	7.6
1983	7.5
1984	7.8
1990	8.3

Source: Data from Bureau of Labor Statistics.

By 1990, lost workdays from injuries should be reduced to 55 per 100 workers annually. (In 1978, 62.1 days per 100 workers were lost.)

Year	Lost workdays rate
1978	62.1
1979	66.2
1980	63.7
1981	60.4
1982	57.5
1983	57.2
1984	61.8
1990	55.0

Source: Data from Bureau of Labor Statistics.

By 1990, the incidence of compensable occupational dermatitis should be reduced to about 60,000 cases. (In 1978, there were approximately 65,900 cases of occupation-related skin diseases or disorders.)

Year	Cases of occupation-related skin disease or disorders
1978	65,900
1979	67,900
1980	56,200
1981	51,200
1982	41,900
1983	39,500
1984	42,500
1990	60,000

Data include all cases of occupation-related skin diseases or disorders, regardless of whether compensation was involved.

Source: Data from Bureau of Labor Statistics.

By 1990, among workers newly exposed after 1985, there should be virtually no new cases of four preventable occupational diseases—*asbestosis*, *byssinosis*, *silicosis*, and *coal workers' pneumoconiosis*. (In 1979, there were an estimated 5,000 cases of *asbestosis*; in 1977, an estimated 84,000 cases of *byssinosis* were expected in active workers; in 1979, an estimated 60,000 cases of *silicosis* were expected among active workers in mining, foundries, stone, clay and glass products, and abrasive blasting; in 1974, there were an estimated 19,400 cases of *coal workers' pneumoconiosis*. Baseline data on incidence unavailable.)

By 1990, the prevalence of occupational noise-induced hearing loss should be reduced to 415,000 cases. (In 1975, there were an estimated 462,000 cases of work-related hearing loss.)

By 1990, occupational heavy metal poisoning (lead, arsenic, zinc) should be virtually eliminated. (Baseline data unavailable.)

### **Reduced Risk Factors**

By 1985, 50 percent of all firms with more than 500 employees should have an approved plan of hazard control for all new processes, new equipment, and new installations. (Baseline data unavailable.)

By 1990, all firms with more than 500 employees should have an approved plan of hazard control for all new processes, new equipment, and new installations. (Baseline data unavailable.)

### **Increased Public and Professional Awareness**

By 1990, at least 25 percent of workers should be able, prior to employment, to state the nature of their occupational health and safety risks and their potential consequences, as well as be informed of changes in these risks while employed. (In 1979, an estimated 5 percent of workers were fully informed.)

By 1985, workers should be routinely informed of lifestyle behaviors and health factors that interact with factors in the work environment to increase risks of occupational illness and injuries. (Baseline data unavailable.)

By 1985, all workers should receive routine notification in a timely manner of all health examinations or personal exposure measurements taken on work environments directly related to them. (Baseline data unavailable.)

By 1990, all managers of industrial firms should be fully informed about the importance of and methods for controlling human exposure to the important toxic agents in their work environments. (Baseline data unavailable.)

By 1990, at least 70 percent of primary health care providers should routinely elicit occupational health exposures as part of patient history and should know how to interpret the information for patients in an understandable manner. (Baseline data unavailable.)

By 1990, at least 70 percent of all graduate engineers should be skilled in the design of plants and processes that incorporate occupational safety and health control technologies. (Baseline data unavailable.)

### **Improved Services and Protection**

By 1990, generic standards and other forms of technology transfer should be established, where possible, for standardized employer attention to such

major common problems as chronic lung hazards, neurological hazards, carcinogenic hazards, mutagenic hazards, teratogenic hazards, and medical monitoring requirements.

By 1990, the number of health hazard evaluations being performed annually should increase tenfold; the number of industrywide studies being performed annually should increase threefold. (In 1979, the National Institute for Occupational Safety and Health performed approximately 152 general industry health hazard evaluations.)

Year	Health hazard evaluations	
	Total <sup>a</sup>	Mining
1979	152	8
1980	277	15
1981	390	28
1982	464	32
1983	460	29
1984	509	20
1985	536	17
1990	1,500	

Baseline revised from that previously published.

<sup>a</sup>Excludes mining.

Source: Data from National Institute for Occupational Safety and Health.

### Improved Surveillance and Evaluation Systems

By 1985, an ongoing occupational health hazard-illness-injury coding scheme, survey and surveillance capability should be developed, including identification of workplace hazards and related health effects, including cancer, coronary heart disease and reproductive effects. This system should include adequate measurements of the severity of work-related disabling injuries.

By 1985, at least one question about lifetime work history and known exposures to hazardous substances should be added to all appropriate existing health data reporting systems, for example, cancer registries, hospital discharge abstracts, and death certificates.

Usual occupation has been on the Standard Death Certificate since 1939, but this information is currently not coded by all States.

By 1985, a program should be developed to: (1) follow up individual findings from health hazard and health evaluation, reports from unions and management, and other existing surveillance sources of clinical and epidemiological data; and (2) use the findings to determine the etiology, natural history, and mechanisms of suspected occupational disease and injury.

### Injury Prevention

Injuries cause enormous losses in human life. In 1983 the cause of death category "accidents and adverse effects" accounted for over 143,000 deaths and ranked fourth as a cause of death in the United States. In addition to death and disability, injuries cause substantial economic losses. The direct medical expenses and indirect productivity losses are conservatively estimated at \$75 billion to \$100 billion annually. The 1990 injury prevention objectives give priority to reducing deaths from motor vehicles and home injuries, especially among children, and deaths from falls, residential fires, and drownings.

In 1984, the overall motor vehicle death rate of 19.6 per 100,000 was down almost 20 percent from the 1978 rate of 23.6. The 1984 motor vehicle death rate of 6.6 deaths per 100,000 children under 15 years of age was down over 25 percent from the 1978 rate. These decreases in motor vehicle deaths are attributable to many factors, including improved motor vehicle design, improved road conditions, improved medical care for crash victims, increased public awareness of the risk of drunk driving, and increased use of safety belts and child safety seats.

Mandatory seat belt laws are in force in 16 States; all 50 States and the District of Columbia now require child safety seat use. Yet in 1985, only about

one-third of adults 18 years and over wore seat belts most of the time when they were in automobiles. Moreover, over half of the adults with children under 5 years of age had not been advised by health professionals about the importance of using child safety seats.

Between 1978 and 1984 the number of deaths resulting from home injuries among children under 15 years decreased from 6.0 to the 1990 objective of 5.0. Similarly, the 1990 objective of 4,500 residential fire deaths was passed in 1984 when the number of such deaths was 4,466. However, fire fatality rates for children and the elderly remain particularly problematical because both have difficulty in escaping from housefires and are less likely to survive fire-related injuries.

As of 1977, 18 States had passed residential smoke detector legislation primarily aimed at new construction and multifamily dwellings. By 1983 the number of States requiring smoke detectors had grown to 29, and of these 22 required existing housing to be retrofitted with smoke detectors. Yet in 1985 only about 60 percent of the population was protected by working smoke detector systems.

### Improved Health Status

By 1990, the motor vehicle death rate should be reduced to no greater than 18 per 100,000 population. (In 1978, it was 23.6 per 100,000 population.)

Year	Death rate
1978	23.6
1979	23.8
1980	23.5
1981	22.4
1982	19.8
1983	19.0
1984	19.6
1990	18.0

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, the motor vehicle death rate for children under 15 years of age should be reduced to no greater than 5.5 per 100,000 children. (In 1978, it was 9.0 per 100,000.)

Year	Death rate
1978	9.0
1979	8.6
1980	8.1
1981	7.5
1982	7.0
1983	6.7
1984	6.6
1990	5.5

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, the home accident death rate for children under 15 years of age should be no greater than 5.0 per 100,000 children. (In 1978, it was 6.0 per 100,000.)

Year	Death rate
1978	6.0
1979	5.7
1980	5.7
1981	---
1982	---
1983	5.0
1984	4.9
1990	5.0

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.



By 1990, the death rate from falls should be reduced to no more than 2 per 100,000 population. (In 1978, it was 6.2 per 100,000 population.)

Year	Death rate
1978	6.2
1979	5.9
1980	5.9
1981	5.5
1982	5.2
1983	5.1
1984	5.0
1990	2.0

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, the death rate from drowning should be reduced to no more than 1.5 per 100,000 population. (In 1978, it was 2.6 per 100,000 population.)

Year	Death rate
1978	2.6
1979	2.5
1980	2.7
1981	2.3
1982	2.3
1983	2.2
1984	1.9
1990	1.5

Objective and baseline revised from those previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, the number of tapwater scald injuries requiring hospital care should be reduced to no more than 2,000 per year. (Baseline data unavailable.)

By 1990, residential fire deaths should be reduced to no more than 4,500 per year. (In 1978, there were 5,401 deaths.)

Year	Residential fire deaths
1978	5,401
1979	5,299
1980	5,083
1981	---
1982	---
1983	4,512
1984	4,466
1990	4,500

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, the number of accidental deaths from firearms should be held to no more than 1,700. (In 1978, there were 1,806.)

Year	Unintentional deaths from firearms <sup>a</sup>
1978	1,806
1979	2,004
1980	1,955
1981	1,871
1982	1,756
1983	1,695
1984	1,688
1990	1,700

<sup>a</sup>Excludes deaths with intention unknown.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

## Reduced Risk Factors

By 1990, the proportion of automobiles containing automatic restraint protection should be greater than 75 percent. (In 1979, the proportion was 1 percent.)

By 1990, all birthing centers, physicians, and hospitals should ensure that at least 50 percent of newborns return home in certified child passenger carriers. (Baseline data unavailable.)

By 1990, at least 75 percent of residential units should have a properly placed and functioning smoke detector. (In 1979, there were approximately 30 million systems.)

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In 1985, 60 percent of persons 18 years of age and over reported at least one working smoke detector in their homes.

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Objective revised from that previously published.

### Increased Public and Professional Awareness

By 1990, the proportion of parents of children under 10 years of age who can identify appropriate measures to address the three major risks for serious injury to their children (motor vehicle accidents, burns, poisonings) should be greater than 80 percent. (Baseline data unavailable.)

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In 1985, 62 percent of children under 10 years of age were living in households having the telephone number of a poison control center; 27 percent were in households having ipecac syrup. Of children under 5 years, 82 percent wore seatbelts all or most of the time when riding in cars; 61 percent had been brought home from the hospital in carseats after birth.

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By 1990, virtually all primary health care providers should advise patients about the importance of safety belts and should include instruction about use of child restraints to prevent injuries from motor vehicle accidents as part of their routine interaction with parents. (Baseline data unavailable.)

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In 1985, 45 percent of families with children under 5 years of age were advised by health professionals of the importance of using seat belts.

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Baseline revised from that previously published.

### Improved Services and Protection

By 1990, at least 75 percent of communities with a population over 10,000 should have the capability for ambulance response and transport within 20 minutes of a call. (Baseline data unavailable.)

Baseline revised from that previously published.

By 1990, virtually all injured persons in need should have access to regionalized systems of trauma centers, burn centers, and spinal cord injury centers. (Baseline data unavailable.)

Baseline revised from that previously published.

By 1990, at least 90 percent of the population should be living in areas with access to regionalized or metropolitan area poison control centers that provide information on the clinical management of toxic substance exposures in the home or work environment. (In 1979, about 30 percent of the population lived in such areas.)

Year	Percent of population
1979	30
1982	40
1984	55
1990	90

Data limited to poison control centers certified by the American Association of Poison Control Centers.

Source: Data from Centers for Disease Control, Center for Environmental Health.

## Improved Surveillance and Evaluation Systems

By 1990, at least 75 percent of the States should have developed a detailed plan for the uniform reporting of injuries. (In 1981, there were seven States with detailed plans for the uniform reporting of injuries.)

Year	States
1981	7
1982	9
1990	38

Baseline revised from that previously published.

Source: Data from Centers for Disease Control, Center for Environmental Health.

## Fluoridation and Dental Health

Dental diseases constitute in the aggregate one of the Nation's most prevalent health problems. Two of the most common oral diseases are dental caries (tooth decay) and periodontal disease (disease of the gums and other tissues supporting the teeth). Tooth decay, which eventually affects 95 percent of all Americans during their lifetimes, leads to an estimated yearly cost of \$16 billion for treatment. Despite the proven efficacy of optimally fluoridated water in building decay-resistant teeth at a very modest cost, only slightly more than half of all Americans have access to fluoridated water systems in their communities. Approximately 31 million Americans are not served by community water systems.

Between 1971-74 and 1979-80, the proportion of 9-year-old children who experienced dental caries in their permanent teeth decreased from 71 percent to 49 percent. Nevertheless, significant variations exist with respect to age, geographic location, and race. For instance, black, American Indian, and Alaskan Native children have higher rates of untreated dental decay than other children in the U.S. population.

Much of the decline in dental caries has been attributed to widespread exposure to fluoride. However, a large proportion of dental caries (over 80 percent reported) could be prevented by pit and fissure sealants. Unfortunately, only 18 percent of adults surveyed in 1985 had heard of sealants and knew of their correct purpose in preventing tooth decay. Therefore, the number of children whose parents would ensure that they receive this preventive treatment is correspondingly low.

In general the public is aware of the importance of personal oral hygiene and regular professional dental care. However, the public does not make distinctions between the regimens conducive to preventing tooth decay and those conducive to preventing gum disease. Although research has clearly established the critical role of fluorides in the prevention of tooth decay, in 1985, 88 percent of the population thought that regular brushing and flossing of the teeth was "definitely" important to prevent tooth decay. By comparison, only 45 percent and 61 percent of adults, respectively, knew that drinking fluoridated water and using fluoride toothpastes or mouthrinses were definitely important in preventing tooth decay.

For the prevention of gum disease, the dental profession believes that regular and thorough oral hygiene is the most effective method. A high proportion (95 percent) of the adult population reported that regular brushing and flossing of the teeth are important in preventing gum disease. In contrast, 26 percent reported that using fluoride toothpastes or fluoride mouthrinses is important; and 65 percent thought drinking water with fluoride from early childhood is important in preventing gum disease, even though no substantive evidence exists concerning the role of fluorides in preventing gum disease. Although avoiding between-meal sweets has been promoted for the prevention of tooth decay, research does not support its value for preventing gum disease.

## Improved Health Status

By 1990, the proportion of 9-year-old children who have experienced dental caries in their permanent teeth should decrease to 60 percent. (In 1971–74, 71 percent of 9-year-old children had at least one filled, missing due to caries, or untreated decayed tooth.)

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In 1979–80, the proportion was 49 percent.

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By 1990, the prevalence of gingivitis in children 6–17 years of age should decrease to 18 percent. (In 1971–74, prevalence was about 23 percent.)

By 1990, in adults the prevalence of gingivitis and destructive periodontal disease should decrease to 20 percent and 21 percent, respectively. (In 1971–74, for adults 18–74 years of age, 25 percent had gingivitis and 23 percent had destructive periodontal disease.)

## Reduced Risk Factors

By 1990, no public elementary or secondary school (and no medical facility) should offer highly cariogenic foods or snacks in vending machines or in school breakfast or lunch programs.

By 1990, virtually all students in secondary schools and colleges who participate in organized contact sports should routinely wear proper mouth guards. (Baseline data unavailable.)

## Increased Public and Professional Awareness

By 1990, at least 95 percent of school children and their parents should be able to identify the principal risk factors related to dental diseases and be aware of the importance of fluoridation and other measures in controlling these diseases. (Baseline data unavailable.)

By 1990, at least 75 percent of adults should be aware of the necessity for both thorough personal oral hygiene and regular professional care in the prevention and control of periodontal disease. (In 1972, only 52 percent knew of the need for personal oral hygiene, and only 28 percent were aware of the need for dental checkups.)

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In 1985, 88 percent of the population 18 years old and over thought that regular brushing and flossing of teeth was “definitely” important in preventing gum disease, and 82 percent thought that seeing a dentist regularly was definitely important.

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## Improved Services and Protection

By 1990, at least 95 percent of the population on community water systems should be receiving the benefits of optimally fluoridated water. (In 1975, the proportion of the population on community water systems who were receiving fluoridated water was 60 percent.)

Year	Percent on fluoridated community water systems
1975	60.0
1980	59.3
1984	61.4
1990	95.0

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, at least 50 percent of school children living in fluoride-deficient areas that do not have community water systems should be served by an optimally fluoridated school water supply. (In 1977, it was about 6 percent.)

By 1990, at least 65 percent of school children should be proficient in personal oral hygiene practices and should receive other needed preventive dental services in addition to fluoridation. (Baseline data unavailable.)

### **Improved Surveillance and Evaluation Systems**

By 1990, a comprehensive and integrated system should be in place for periodic determination of the oral health status, dental treatment needs, and utilization of dental services (including reasons for and costs of dental visits) of the U.S. population.

By 1985, systems should be in place for determining coverage of all major dental public health preventive measures and activities to reduce consumption of highly cariogenic foods.

### **Surveillance and Control of Infectious Diseases**

Historically, infectious diseases have been the principal causes of death, and their impact on infants and children drastically affected the life expectancy figures for American residents. Although pneumonia and influenza are the only infectious diseases remaining among the 10 leading causes of death in this country, millions of illnesses from infectious diseases occur each year. Infectious diseases still have a significant impact on the population when measured by increased social costs, decreased work productivity, and increased health care costs.

In more recent years, new demands for disease control have been created with the advent of diseases such as legionellosis and Acquired Immune Deficiency Syndrome (AIDS); and certain previously known infectious diseases still pose major challenges to the health of the Nation. Between July 1, 1981, and January 13, 1986, physicians and health departments in the United States notified the Centers for Disease Control of 16,458 patients with AIDS. An estimated 400,000 cases of pneumococcal pneumonia occur in the United States each year. Despite theoretically effective antimicrobial therapy, the case fatality rate for pneumococcal pneumonia is 25–35 percent among the elderly and among other persons most likely to acquire and succumb to this disease, such as persons with chronic heart disease, liver disease, lung disease, and cancer. Infectious diseases, such as tuberculosis, continue to be more prevalent in poverty areas and in areas with high immigration rates. Moreover, the 22,201 tuberculosis cases reported in 1985 represent only a 0.2-percent decrease from the 22,255 cases reported in 1984. During the previous 3 years, tuberculosis morbidity had declined an average of 6.7 percent per year. Available evidence from some areas suggests that tuberculosis incidence among AIDS patients may be responsible for no decrease in overall morbidity in 1985.

In 1978 the estimated incidence of hepatitis B was 41 cases per 100,000 population; in 1985 the estimated incidence was 69 cases per 100,000 population. Unfortunately, the source of infection of only 60 percent of hepatitis B cases can be identified, and a large proportion of those at highest risk cannot be identified prior to the time they are at risk of acquiring infection and thus are not receiving vaccine.

## Improved Health Status

By 1990, the annual estimated incidence of hepatitis B should be reduced to 20 per 100,000 population. (In 1978, the estimated incidence was 41 cases per 100,000 population.)

Year	Estimated incidence of hepatitis B
1978	41
1979	42
1980	50
1981	55
1982	57
1983	63
1984	67
1985	69
1990	20

Baseline revised from that previously published.

Source: Data from Centers for Disease Control, Center for Infectious Diseases.

By 1990, the annual reported incidence of tuberculosis should be reduced to 8 per 100,000 population. (In 1978, the reported incidence was 13.1 cases per 100,000 population.)

Year	Reported incidence of tuberculosis
1978	13.1
1979	12.6
1980	12.3
1981	11.9
1982	11.0
1983	10.2
1984	9.4
1985	9.3
1990	8.0

Source: Data from Centers for Disease Control, Center for Prevention Services.

By 1990, the annual estimated incidence of pneumococcal pneumonia should be reduced to 115 per 100,000 population, and the estimated incidence of pneumococcal bacteremia should be reduced to 7 per 100,000. (In 1979, the incidence of pneumococcal bacteremia was estimated to be 9 cases per 100,000 population.)

Year	Estimated incidence of pneumococcal bacteremia
1979	9
1980	9
1981	9
1982	9
1983	9
1984	9
1990	7

The incidence of pneumococcal bacteremia is used as an indicator of the incidence of pneumococcal pneumonia. Therefore, the objective and baseline have been revised from those previously published.

Source: Data from Centers for Disease Control, Center for Infectious Diseases.

By 1990, the annual reported incidence of bacterial meningitis should be reduced to 2 per 100,000 population. (In 1979, the reported incidence was 3 cases per 100,000 population.)

Year	Reported incidence of bacterial meningitis
1979	3.0
1980	3.0
1981	3.0
1982	3.0
1983	3.0
1984	3.9
1985	3.0
1990	2.0

Objective and baseline revised from those previously published. Reaching the 1990 goal depends on licensure of a vaccine by 1988, with an 80 percent efficacy in children 6 months of age and over.

Source: Data from Centers for Disease Control, Center for Infectious Diseases.

By 1990, the incidence of nosocomial infection in acute care hospitals should be reduced by 20 percent of what otherwise would pertain in the absence of hospital control programs. (In 1976, an estimated 6 percent of hospital infections were prevented.)

Year	Percent reduction
1976	6
1982	9
1990	20

Source: Data from Centers for Disease Control, Center for Infectious Diseases.

Baseline revised from that previously published.

By 1990, the annual estimated incidence of legionellosis should be reduced to 17 per 100,000 population. (In 1980, it was estimated to be 20 per 100,000 population.)

Objective added since publication of *Objectives for the Nation*. Although data on the estimated incidence of legionellosis were previously published, data are no longer being provided because of the gross underreporting of the disease.

### Improved Services and Protection

By 1990, 95 percent of licensed patient care facilities should be applying the recommended practices for controlling nosocomial infections. (Baseline data unavailable.)

By 1990, surveillance and control systems should be capable of responding to and containing: (1) newly recognized diseases and unexpected epidemics of public health significance; and (2) infections introduced from foreign countries.

By 1990, at least 50 percent of people in populations designated as targets by the Immunization Practices Advisory Committee of the Public Health Service should be immunized within 5 years of licensure of new vaccines for routine clinical use.

Same objective in Immunization.

Vaccines may be developed for people at risk of getting hepatitis A; otitis media (*S. pneumoniae* and *H. influenzae*); selected respiratory and enteric viruses; meningitis (group B *N. meningitidis*, *S. pneumoniae*, *H. influenzae*).

### Improved Surveillance and Evaluation Systems

By 1990, data-reporting systems in all States should be able to monitor trends of common infectious agents not now subject to traditional public health surveillance (respiratory illnesses, gastrointestinal illnesses, otitis media).

By 1990, the extent of epidemics of respiratory and enteric viral illnesses should be determined within 2 weeks after they appear, through communitywide sentinel surveillance systems.

By 1990, all State health departments and appropriate Federal health agencies should have a computer-based telecommunications capacity for routine collection, analysis, and dissemination of surveillance data; rapid communication of messages; and epidemic aid investigations. (As of June 1983, three demonstration systems had been established.)

In 1985 the electronic Epidemiologic Surveillance Project linked the Centers for Disease Control with 24 States, New York City, and Puerto Rico.

Baseline revised from that previously published.

By 1990, laboratories throughout the country should be linked for monitoring infectious agents and antibiotic resistance patterns and for disseminating information.

## Smoking and Health

Today cigarette smoking is recognized as the single most preventable cause of death in our society; and since the release in 1964 of the first *Surgeon General's Report on the Health Consequences of Smoking*, the smoking behavior of the U.S. population shifted dramatically. More than 35 million smokers have quit smoking since that time. Between 1979 and 1985 the proportion of adult smokers 18 years of age and over declined from 34 percent to 30 percent.

Data from the high school senior survey show a dramatic decline in the daily use of cigarettes among this group, from 25.4 percent of high school seniors reporting daily use in 1979 to 19.5 percent in 1985. The percent of high school seniors reporting daily cigarette use had been slightly lower in 1984. Persons who start smoking before the age of 20 are more likely to be heavy smokers as adults and to continue smoking well into their adult years. Therefore reducing the prevalence of smoking among children and youths 12-18 years old is crucial to the broader objective of reducing the overall burden of illness attributable to smoking. If the decline in regular smoking by high school seniors reflects behavior for younger age groups as well, considerable progress is possibly being made toward achieving this objective.

Among the adverse health outcomes associated with smoking are lung cancer and other cancers including laryngeal, esophageal, and bladder cancer. People who smoke are also at risk of developing and worsening chronic obstructive lung disease, including bronchitis and emphysema. In 1983, 80.3 new cases of lung and broncheal cancer per 100,000 population, 58.3 new cases of bladder cancer, and 5.0 new cases of esophageal cancer were reported. In 1984 the age-adjusted death rate for malignant neoplasms of the trachea, bronchus, and lung was 36.8 per 100,000 resident population; of the esophagus, 2.7; of the larynx, 1.1; and of the bladder, 2.3. In 1985, 49.7 persons per 1,000 had chronic bronchitis and 8.9 per 1,000 had emphysema.

Overall, progress has been made in educating the public about many of these adverse health outcomes associated with smoking. In 1985 the majority of adults (80 percent or higher) were aware of the major conditions associated with smoking (emphysema; chronic bronchitis; and cancer of the lung, larynx, and esophagus). The exception was bladder cancer, which only about one-third associated with smoking.

Knowledge about the adverse effects of smoking during pregnancy seemed less widespread, however. In 1985, 15 percent of women of childbearing age (under 45 years of age) were not aware that smoking during pregnancy increases a woman's chances of having a low-birth-weight baby. Even more women (at least 25 percent) were unaware that smoking increases a woman's risk for miscarriage or premature birth. About one-third were not aware of the role smoking during pregnancy plays in increasing the chances of stillbirth. As a whole, men seemed to be about as knowledgeable as women about the relationship of cigarette smoking by pregnant women to miscarriage and stillbirth and a little less knowledgeable about its relationship to premature birth and low birth weight.



## Reduced Risk Factors

By 1990, the proportion of adults who smoke should be reduced to below 25 percent. (In 1979, 34 percent of the population 18 years of age and over smoked.)

Year	Percent smokers
1979	33.5
1980	33.2
1983	32.1
1985	30.1
1990	24.9

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics.

By 1990, the proportion of women who smoke during pregnancy should be no greater than one-half the proportion of all women who smoke. (Baseline data unavailable.)

By 1990, the proportion of children and youth 12–18 years of age who smoke should be reduced to below 6 percent. (In 1979, 11.7 percent smoked.)

By 1990, the sales-weighted average tar yield of cigarettes should be reduced to below 10 milligrams. The other components of cigarette smoke known to cause disease should also be reduced proportionately. (In 1978, the sales-weighted average yield was 16.1 milligrams.)

Year	Milligrams of tar
1978	16.1
1979	15.1
1980	14.1
1981	13.2
1990	9.9

Source: Data from Federal Trade Commission.

## Increased Public and Professional Awareness

By 1990, the proportion of the adult population aware that smoking is one of the major risk factors for heart disease should be increased to at least 85 percent. (In 1975, the proportion was 53 percent.)

Year	Percent aware of risk factors
1975	53
1977	68
1981	74
1985	90
1990	85

Source: Data from Federal Trade Commission; 1985 data from National Center for Health Statistics, Division of Health Interview Statistics.

By 1990, at least 90 percent of the adult population should be aware that smoking is a major cause of lung cancer, as well as multiple other cancers including laryngeal, esophageal, and bladder cancer. (Baseline data unavailable.)

In 1985 the percent of the population 18 years of age and over that knew of the relationship of smoking to lung cancer was 94 percent; to cancer of the larynx, 87 percent; to cancer of the esophagus, 79 percent; and to bladder cancer, 35 percent.

By 1990, at least 85 percent of the adult population should be aware of the special risk of developing and worsening chronic obstructive lung disease, including bronchitis and emphysema, among smokers. (Baseline data unavailable.)

By 1990, at least 85 percent of women should be aware of the special health risks for women who smoke, including the effect on outcomes of pregnancy and the excess risk of cardiovascular disease with oral contraceptive use. (Baseline data unavailable.)

By 1990, at least 65 percent of children 12 years of age should be able to identify smoking cigarettes with increased risk of serious disease of the heart and lungs. (Baseline data unavailable.)

### Improved Services and Protection

By 1990, at least 35 percent of all workers should be offered smoking cessation programs sponsored or supported by employers-employees, either at the worksite or in the community. (In 1979, 15 percent of U.S. business firms had programs to encourage or assist their employees to stop smoking.)

By 1985, tar, nicotine, and carbon monoxide yields should be prominently displayed on each cigarette package and on promotional material. (Tar and nicotine yields are required in advertising and promotional material as a result of a voluntary agreement between the Federal Trade Commission and the cigarette manufacturing industry; tar, nicotine, and carbon monoxide levels are currently not required on packaging.)

By 1985, the present cigarette warning should be strengthened to increase its visibility and impact and to give the consumer additional needed information on the specific multiple health risks of smoking. Special consideration should be given to rotational warnings and to identification of especially vulnerable groups.

By 1990, laws should exist in all 50 States and all jurisdictions prohibiting smoking in enclosed public places and establishing separate smoking areas at work and in dining establishments. (In 1978, 31 States had some form of smoking restriction laws.)

By 1990, major health and life insurers should offer differential insurance premiums to smokers and nonsmokers. (In 1979 approximately 30 major companies were offering differential premiums.)

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In 1985 the percent of the population 18 years of age and over who knew that cigarette smoking increases a person's chance of getting emphysema was 90 percent; and for chronic bronchitis, it was 85 percent.

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In 1985 the proportion who knew that smoking during pregnancy increases the chance of miscarriage was 74 percent; of low birth weight, 85 percent; of stillbirth, 67 percent; of premature birth, 76 percent.

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Baseline revised from that previously published.

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On October 12, 1984, the President signed into law the Comprehensive Smoking Education Act of 1984, requiring that the single health warning be replaced with four rotating labels on cigarette packages and in cigarette advertising.

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In 1985, 41 States and the District of Columbia had laws restricting smoking.

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In 1985 virtually all companies offered differential premiums.

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## Improved Surveillance and Evaluation Systems

By 1985, insurance companies should have collected, reviewed, and made public their actuarial experience on the differential life experience and hospital utilization by specific cause and sex of smokers and nonsmokers.

By 1990, continuing epidemiological research should have delineated the unanswered research questions regarding low-yield cigarettes, and preliminary partial answers to these questions should have been generated by research efforts.

By 1990, in addition to biomedical hazard surveillance, continuing examination of the changing tobacco product and the sociologic phenomena resulting from those changes should have been accomplished.

## Alcohol and Drug Misuse

Alcohol plays a causal or contributing role in deaths from accidents, homicides, and suicides as well as in diseases such as cancer and cirrhosis. Moreover, the misuse of alcohol leads to increased risk of injury and death to family members and others, especially by fires and motor vehicle and other accidents. In 1978 the alcohol consumption rate was 2.71 gallons of absolute alcohol per person 14 years of age and over, and the rate increased slightly from 1978 to 1980. Starting in 1981 the trend in the per capita rate of alcohol consumption has been slightly downward. In 1984 the rate was 2.65 gallons of absolute alcohol per person 14 years and over. In 1985, 19 percent of adults 18 years of age and over were moderate drinkers (.22 to .99 ounce of absolute alcohol per day), 24 percent were lighter drinkers (.01 to .21 ounce absolute alcohol per day or less than 4 drinks per week) and 8 percent were heavier drinkers (1.00 ounce or more per day or 2 or more drinks per day).

The relationship of drinking and driving, particularly among teenagers, has become of increased public concern. Since 1980 alcohol-related motor vehicle accident deaths have declined. After the rate remained at 11.5 deaths per 100,000 population from 1978 through 1980, the number of alcohol-related motor vehicle deaths per 100,000 persons decreased to a low of 9.0 per 100,000 in 1983. In 1984 the rate was 9.5 deaths per 100,000 population. In 1985, 15 percent of adults 30 years of age and over admitted driving at least once in the last year when they perhaps had had too much to drink and almost a quarter of younger adults (18–29 years old) admitted doing so.

Drug misuse is also a serious public health problem. The toll from drug misuse includes premature death, severe disability, family disruption, and crime. Currently some 20 million people use marijuana. More than 22 million have tried cocaine at least once, and an estimated 4 million to 5 million are current users. In addition, the abuse of stimulants, sedatives, hallucinogens, inhalants, and other psychoactive drugs remains a problem. Heroin addiction is still considered by some to be the most serious drug problem in the United States.

The 1990 objectives for alcohol and drug misuse place particular emphasis on the use of drugs by adolescents and young adults. Studies show that the frequency of marijuana use in adolescence as well as early initiation into drug usage tend to increase the incidence of cocaine use in the 18–25 age group. In 1979, the proportion of adolescents 12–17 years old reporting frequent use (5 days or more during the previous month) of marijuana was 9 percent; in 1982, frequent use of marijuana by adolescents 12–17 years of age was 6 percent. Marijuana is still used on a daily or near daily basis by about 1 in every 20 high school seniors (4.9 percent). Less than 1 percent of high school seniors report daily use of any one of the illicit drugs other than marijuana.

Significant progress has been made, however, in high school seniors' awareness of the risks of using drugs. Awareness of the risk of marijuana use increased from 42 percent in 1979 to 70 percent in 1985.

**Improved Health Status**

By 1990, the alcohol-related death rate from motor vehicle accidents should be reduced to less than 9.5 per 100,000 population per year. (In 1977, there were 11.5 deaths per 100,000 population.)

Year	Death rate
1977	11.5
1978	11.5
1979	11.5
1980	11.5
1981	10.5
1982	9.5
1983	9.0
1984	9.5
1990	9.4

Source: Data from National Highway Traffic Safety Administration.

Objective and baseline revised from those previously published.

By 1990, deaths from accidents other than motor vehicle (for example, falls, fires, drownings, skimobile, and aircraft accidents) indirectly attributable to alcohol use should be reduced to 5 per 100,000 population per year. (In 1975, there were 7 per 100,000 population.)

By 1990, the cirrhosis death rate should be reduced to 12 per 100,000 population per year. (In 1978, the rate was 13.5 per 100,000 population.)

Year	Chronic liver disease and cirrhosis death rate
1978	13.5
1979	13.2
1980	13.5
1981	12.8
1982	11.9
1983	11.7
1984	11.6
1990	12.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

Baseline revised from that previously published.

Effective in 1979, the cause-of-death category is "chronic liver disease and cirrhosis."

By 1990, the incidence of infants born with the Fetal Alcohol Syndrome should be reduced by 25 percent. (In 1977, the rate was 1 per 2,000 births, or approximately 1,650 cases.)

Same objective in Pregnancy and Infant Health.

By 1990, drug-related deaths should be reduced to 2 per 100,000 population per year. (In 1978, the rate was 2.7 per 100,000 population.)

Year	Death rate
1978	2.7
1979	3.2
1980	3.0
1981	3.1
1982	3.2
1983	3.2
1984	3.3
1990	2.0

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

Baseline revised from that previously published.

Drug-related mortality excludes deaths from alcohol. The definition, however, is affected by a revision in the *International Classification of Diseases*. The 1978 data are defined by categories in the Eighth Revision, Adapted for Use in the United States. The 1979 data are defined by categories in the Ninth Revision. The change in the death rate for these causes between 1978 and 1979 reflects, to a degree, the change in the classification of diseases between these two years. The baseline has also been revised to take into account calculation results from the 1980 census.

By 1990, adverse reactions from medical drug use sufficiently severe to require hospital admission should be reduced to 25 percent fewer admissions per year. (In 1979, estimates ranged from 105,000 to 350,000 admissions per year.)

### Reduced Risk Factors

By 1990, per capita consumption of alcohol should not exceed current levels. (In 1978, about 2.71 gallons of absolute alcohol per capita were consumed by persons 14 years of age and over.)

Year	Per capita consumption in gallons
1978	2.71
1979	2.75
1980	2.78
1981	2.77
1982	2.73
1983	2.69
1984	2.65
1990	2.71

Baseline revised from that previously published.

Source: Data from National Institute on Alcohol Abuse and Alcoholism.

By 1990, the proportion of adolescents 12–17 years of age who abstain from using alcohol or other drugs should not fall below 1977 levels. (In 1977, the proportion of abstainers was 69 percent for alcohol; for other drugs, ranging from 83 percent for marijuana to 99.9 percent for heroin.)

Year	Percent of abstainers		
	Alcohol	Marijuana	Heroin
1977 <sup>a</sup>	69	83	99.9
1979	63	83	99.9
1982	74	89	99.9
1990	69	83	99.9

Baseline revised from that previously published.

A person is considered as not using alcohol or other drugs if he or she has never used the substance or if the last use of the substance was more than 1 month prior to the survey in which the data were collected.

<sup>a</sup>In 1979, the design of the questionnaire was changed. Consequently, 1977 data are not comparable to those of later years.

Source: Data from National Institute on Drug Abuse.

By 1990, the proportion of adolescents 14–17 years of age who report acute drinking-related problems during the past year should be reduced to below 17 percent. (In 1978, the estimate was 19 percent based on 1974 survey data.)

Acute drinking-related problems have been defined as problems such as episodes of drunkenness, driving while intoxicated, or drinking-related problems with school authorities.

By 1990, the proportion of problem drinkers among all adults 18 years of age and over should be reduced to 8 percent. (In 1979, it was about 10 percent.)

By 1990, the proportion of young adults 18–25 years of age reporting frequent use of drugs other than alcohol should not exceed 1977 levels. (In 1977, it was less than 1 percent for drugs other than marijuana and 19 percent for marijuana.)

Year	Percent reporting frequent use	
	Marijuana	Other drugs
1977	9	( <sup>a</sup> )
1979	8	( <sup>a</sup> )
1982	6	0.9
1990	9	( <sup>a</sup> )

Frequent use of other drugs means the non-medical use of any specific drug on 5 days or more during the previous month.

<sup>a</sup>Quantity more than zero but less than 0.5.

Source: Data from National Institute on Drug Abuse.

By 1990, the proportion of adolescents 12–17 years of age reporting frequent use of drugs other than alcohol should not exceed 1977 levels. (In 1977, the percentages were less than 1 percent for drugs other than marijuana and 9 percent for marijuana.)

Year	Percent reporting frequent use	
	Marijuana	Other
1977	19	0.8
1979	22	2.4
1982	16	2.3
1990	19	0.8

Source: Data from National Institute on Drug Abuse.

## Increased Public and Professional Awareness

By 1990, the proportion of women of childbearing age aware of risks associated with pregnancy and drinking, in particular, the Fetal Alcohol Syndrome, should be greater than 90 percent. (In 1979, it was 73 percent.)

In 1985 the proportion aware that heavy drinking during pregnancy increases the chance of miscarriage was 87 percent; of low birth weight, 88 percent; of mental retardation of the newborn, 87 percent; of birth defects, 88 percent; 62 percent had heard of Fetal Alcohol Syndrome.

By 1990, the proportion of adults who are aware of the added risk of head and neck cancers for people with excessive alcohol consumption should exceed 75 percent. (Baseline data unavailable.)

In 1985, 40 percent of adults were aware of the added risk of throat cancer, and 32 percent were aware of the added risk of cancer of the mouth.

By 1990, 80 percent of high school seniors should state that they perceive great risk associated with frequent regular cigarette smoking, marijuana use, barbiturate use, or alcohol intoxication. (In 1979, 63 percent of high school seniors perceived great risk from one or two packs of cigarettes smoked daily, 42 percent from regular marijuana use, 72 percent from regular barbiturate use, and only 35 percent from having five or more drinks per occasion once or twice each weekend.)

Year	Percent perceiving great risk			
	Cigarettes	Marijuana	Barbiturates	Alcohol <sup>a</sup>
1979	63	42	72	35
1980	64	50	72	36
1981	63	58	70	36
1982	61	60	68	36
1983	61	63	68	39
1984	64	67	69	42
1985	67	70	68	43
1990	80	80	80	80

<sup>a</sup>5 or more drinks once or twice each weekend.

Source: Data from National Institute on Drug Abuse.

By 1990, pharmacists filling prescriptions should routinely counsel patients on the proper use of drugs designated as high priority by the Food and Drug Administration, with particular attention to prescriptions for pediatric and geriatric patients and to the problems of drinking alcoholic beverages while taking certain prescription drugs. (Baseline data unavailable.)

## Improved Services and Protection

By 1990, the proportion of major firms that provide a substance abuse prevention and referral program should be greater than 70 percent. (In 1976, 50 percent of a sample of the Fortune 500 firms offered some type of employee assistance program.)

Year	Percent of firms
1976	50
1979	57
1990	70

Source: Data from National Institute on Alcohol Abuse and Alcoholism.

Objective revised from that previously published.

By 1990, standard medical and pharmaceutical practice should include drug profiles on 90 percent of adults covered under the Medicare program and on 75 percent of other patients with acute and chronic illnesses being cared for in all private and organized medical settings. (Baseline data unavailable.)

## Improved Surveillance and Evaluation Systems

By 1990, a comprehensive data capability should be established to monitor and evaluate the status and impact of misuse of alcohol and drugs on health status, motor vehicle accidents, accidental injuries in addition to those from motor vehicles, interpersonal aggression and violence, sexual assault, vandalism and property damage, pregnancy outcomes, and emotional and physical development of infants and children.

## Improved Nutrition

Although linkages between certain nutrient deficiencies and health status have long been recognized, in recent years diet has become associated with a number of chronic diseases, such as cardiovascular disease, cancer, and diabetes. As a result, issues relating to quantities and kinds of foods and modification of the human diet have assumed a prominent focus in disease prevention and health promotion.

Of particular concern in the nutrition area is the persistence of a general profile of overweight in the U.S. population. Obesity is a significant public health problem because it affects a large proportion of the population and has adverse effects on health and longevity. Data from the NHANES I and II suggest little change in overweight between 1971 and 1980, despite indications that the public is generally aware of the danger of being overweight and the need for both calorie reduction and physical exercise to control weight. In 1985, 27 percent of males and 46 percent of females were trying to lose weight. Of those trying to lose weight, 77 percent of males and 85 percent of females were eating fewer calories, and 58 percent of males and 57 percent of females were increasing physical activity in order to lose weight. In 1985, 27 percent of women 18 years of age and over who were overweight and 21 percent of men who were overweight were both dieting and exercising to lose weight.

## Improved Health Status

By 1990, the proportion of pregnant women with iron deficiency anemia (as estimated by hemoglobin concentrations early in pregnancy) should be reduced to 3.5 percent. (In 1971-74, the proportion of pregnant women with low hemoglobin levels was 31.9; the proportion with low hemoglobin levels and low transferrin saturation was 6.5.)

Baseline revised from that previously published.

By 1990, growth retardation of infants and children caused by inadequate diets should have been eliminated in the United States as a public health problem. (In 1972-73, an estimated 10-15 percent of infants and children among migratory workers and certain poor rural populations suffered growth retardation from dietary inadequacies.)

## Reduced Risk Factors

By 1990, the prevalence of significant overweight (120 percent of "desired" weight) among the U.S. adult population should be decreased to 10 percent of men and 17 percent of women, without nutritional impairment. (In 1971-74, 23.7 percent of men and 26.0 percent of women 20-74 years of age were overweight.)

By 1990, 50 percent of the overweight population should have adopted weight loss regimens, combining an appropriate balance of diet and physical activity. (Baseline data unavailable.)

By 1990, the mean serum cholesterol level in the adult population 18-74 years of age should be at or below 200 milligrams per deciliter. (In 1971-74, for adults 20-74 years of age, the mean serum cholesterol level was 214 milligrams/deciliter for men and 217 milligrams/deciliter for women.)

By 1990, the mean serum cholesterol level in children 1-14 years of age should be at or below 150 milligrams/deciliter. (In 1971-74, for children 1-17 years of age, the mean serum cholesterol level was 176 milligrams/deciliter.)

By 1990, the average daily sodium ingestion (as measured by excretion) for adults should be reduced at least to the 3-6-gram range. (Baseline data unavailable.)

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In the 1976-80 National Health and Nutrition Examination Survey 24.0 percent of adult men and 26.5 percent of adult women were overweight.

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In 1985, 27 percent of women 18 years of age and over who were overweight and 21 percent of men who were overweight were both dieting and exercising to lose weight.

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In 1976-80, the mean serum cholesterol level was 211 milligrams/deciliter for men and 215 milligrams/deciliter for women.

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Data from the first 2 years of the revised FDA Total Diet Study (1982-84) indicate that average sodium intakes for adults, excluding salt added at the table, were within the Established Safe and Adequate Daily Dietary Intake range of 1,100-3,300 milligrams established by the National Academy of Sciences in 1980.

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Same objective in High Blood Pressure Control.

Overweight is defined for men as body mass index (BMI) greater than or equal to 27.8 kilograms/meter<sup>2</sup>, and for women as 27.3 kilograms/meter<sup>2</sup>. These cut points were used because they represent the sex-specific 85th percentiles for persons 20-29 years of age in the 1976-80 National Health and Nutrition Examination Survey. The language for this objective in terms of BMI would be: By 1990, the prevalence of overweight (BMI of 27.8 or higher for men and 27.3 or higher for women) among the U.S. adult population should be reduced, without impairment of nutritional status, to approximately 18 percent of men and 21 percent of women.

Based on body mass index calculated from self-reported height and weight in the 1985 National Health Interview Survey.

Baseline revised from that previously published.

All values referenced to Abell-Kendall method. Abell, L. L., et al.: A simplified method for the estimation of total cholesterol in serum and demonstration of its specificity. *J. Biol. Chem.* 195:357-66, 1952.

Baseline revised from that previously published.

Same objective in High Blood Pressure Control.

3-6 grams of salt correspond roughly to 1.2-2.4 grams of sodium.



By 1990, the proportion of women who breast feed their babies should be increased to 75 percent at hospital discharge and to 35 percent at 6 months of age. (In 1978, the proportion of infants breast fed at 1 week was 45.1; the proportion of infants breast fed at 6 months was 18.9.)

Year	Percent of infants	
	1 week	6 months
1978	45.1	18.9
1979	49.7	21.3
1980	54.0	23.2
1981	56.4	25.1
1982	60.5	27.1
1983	57.0	23.3
1984	58.0	23.8
1985	56.4	22.1
1990	75.0	35.0

Source: Data from Ross Laboratories, National Mothers' Surveys. (Copyright; used with permission.)

Baseline revised from that previously published.

Data include infants who may receive formulas in addition to breast feeding. Excludes unwed mothers.

### Increased Public and Professional Awareness

By 1990, the proportion of the population able to identify the principal dietary factors known or strongly suspected to be related to disease should exceed 75 percent for each of the following diseases: heart disease, high blood pressure, dental caries, and cancer. (Baseline data largely unavailable. About 12 percent of adults are aware of the relationship between high blood pressure and sodium intake.)

In 1985, 80 percent of the population 18 years of age and over who were overweight knew that eating a diet high in animal fat increases the chance of heart disease, and 86 percent knew the relationship of high cholesterol to heart disease; 58 percent named sodium (or salt) as the substance in food most often associated with high blood pressure; 88 percent identified avoiding between-meal sweets as being important to preventing tooth decay.

By 1990, 70 percent of adults should be able to identify the major foods that are: low in fat content, low in sodium content, high in calories, good sources of fiber. (Baseline data unavailable.)

By 1990, 90 percent of adults should understand that to lose weight people must either consume foods that contain fewer calories or increase physical activity or both. (Baseline data unavailable.)

In 1985, 73 percent of the population 18 years of age and over cited either "eating fewer calories" or "increasing physical activity" as one of the two best ways to lose weight; 55 percent cited both.

## Improved Services and Protection

By 1990, the labels of all packaged foods should contain useful calorie and nutrient information to enable consumers to select diets that promote and protect good health. Similar information should be displayed where non-packaged foods are obtained or purchased. (In 1978, 7.5 percent of the national sales from FDA regulated foods bore sodium labeling.)

Year	Percent of sales dollars for products <sup>a</sup> with—	
	Sodium labeling	Nutrition labeling
1978	7.5	41.9
1980	13.9	44.3
1982	18.9	54.5
1983	30.1	55.2
1984	40.0	55.0
1985	59.0	55.0
1990	100.0	100.0

Baseline revised from that previously published.

<sup>a</sup>Based on national sales volume of brands in a sample of approximately 1,700 packaged-processed foods regulated by the Food and Drug Administration and sold in grocery stores in the United States. Excludes fresh and processed meat, bread, fluid milk, ice cream, chip-type snacks, cookies, and carbonated soft drinks.

Source: Data from Food and Drug Administration, Division of Consumer Studies.

By 1990, sodium levels in processed food should be reduced by 20 percent from present levels. (Baseline data unavailable.)

By 1985, the proportion of employee and school cafeteria managers who are aware of and actively promoting U.S. Department of Agriculture and Department of Health and Human Services dietary guidelines should be greater than 50 percent. (Baseline data unavailable.)

By 1990, all States should include nutrition education as part of required comprehensive school health education at elementary and secondary levels. (In 1979, only 10 States mandated nutrition as a core content area in school health education.)

In 1985, 12 States mandated nutrition as a core content area in school health education.

By 1990, virtually all routine health contacts with health professionals should include some element of nutrition education and nutrition counseling. (Baseline data unavailable.)

In 1985, 10 percent of the population 18 years of age and over indicated that proper nutrition is often discussed when visiting a doctor for routine care; 16 percent indicated that proper nutrition is sometimes discussed.

## Improved Surveillance and Evaluation Systems

Before 1990, a comprehensive national nutrition status monitoring system should have the capability for detecting nutritional problems in special population groups, as well as for obtaining baseline data for decisions on national nutrition policies.

The report of the Joint Nutrition Monitoring Evaluation Committee was published in 1986.

## Physical Fitness and Exercise

For the purposes of the 1990 objectives, "appropriate regular physical activity" refers to exercise involving large muscle groups in dynamic movement for periods of 20 minutes or longer, 3 or more days per week, and performed at an intensity requiring 60 percent or greater of an individual's cardiorespiratory capacity. Such activity can benefit a person's health in a number of ways, including reduced risk of coronary heart disease, improved ability to maintain desired weight, reduced symptoms associated with temporary anxiety states, and relief from the feelings and other symptoms associated with mild to moderate depression. In addition, people who engage in regular physical activity report that they feel better generally and have more energy.

In 1985 less than one-half of the adult population exercised on a regular basis and only one-quarter had done so for 5 or more years. A higher percent of adults under 65 years of age than older adults engaged in regular exercise. Over four-fifths of adults considered themselves as active or more active than other persons of the same age, but the majority did not know the specific exercise requirements to strengthen the heart and lungs (frequency and duration of exercise and heart and breathing rate during exercise). In 1985, 39.3 percent knew the appropriate number of days per week; 22.7 percent knew the number of minutes per occasion; 33.8 percent knew the intensity; but only 5.1 percent knew all three: duration, frequency, and intensity. Although the relationship between physical activity and health is better understood today than in 1979, the scarcity of relevant and comparable national surveillance and evaluation systems preclude documenting the progress that has been made in the years since the objectives were developed.

### Reduced Risk Factors

By 1990, the proportion of children and adolescents 10–17 years of age participating regularly in appropriate physical activities, particularly cardiorespiratory fitness programs that can be carried into adulthood, should be greater than 90 percent. (Baseline data unavailable.)

By 1990, the proportion of children and adolescents 10–17 years of age participating in daily school physical education programs should be greater than 60 percent. (In 1974–75, the proportion was 33 percent.)

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In 1984, the proportion was 36 percent.

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By 1990, the proportion of adults 18–64 years of age participating regularly in vigorous physical exercise should be greater than 60 percent. (In 1978, the proportion who regularly exercise was estimated at over 35 percent.)

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In 1985, the proportion was an estimated 42 percent.

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By 1990, 50 percent of adults 65 years of age and over should be engaging in appropriate physical activity, for example, regular walking, swimming, or other aerobic activity. (In 1975, about 36 percent took regular walks.)

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In 1985, 29 percent exercised or played sports regularly.

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### **Increased Public and Professional Awareness**

By 1990, the proportion of adults who can accurately identify the variety and duration of exercise thought to promote cardiovascular fitness most effectively should be greater than 70 percent. (Baseline data unavailable.)

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In 1985, 5.1 percent of the population knew the duration, frequency, and intensity of exercise needed to promote cardiovascular fitness most effectively.

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By 1990, the proportion of primary care physicians who include a careful exercise history as part of their initial examination of new patients should be greater than 50 percent. (Baseline data unavailable.)

### **Improved Services and Protection**

By 1990, the proportion of employees of companies and institutions with more than 500 employees and offering employer-sponsored fitness programs should be greater than 25 percent. (In 1979, about 2.5 percent of companies had formally organized fitness programs.)

### **Improved Surveillance and Evaluation Systems**

By 1990, a methodology for systematically assessing the physical fitness of children should be established, with at least 70 percent of children and adolescents 10–17 years of age participating in such an assessment.

By 1990, data should be available with which to evaluate the short- and long-term health effects of participation in programs of appropriate physical activity.

By 1990, data should be available to evaluate the effects of participation in programs of physical fitness on job performance and health care costs.

By 1990, data should be available for regular monitoring of national trends and patterns of participation in physical activity, including participation in public recreation programs in community facilities.

### **Control of Stress and Violent Behavior**

In recent years, considerable public and professional interest has focused on the relationship between stress and physical and mental health. Unless suitably managed, stress may contribute to physiological and psychological dysfunctions such as depression, fatigue, obesity, coronary heart disease, suicide, or violence. In 1985 one-half of adults 18 years of age and over reported experiencing at least moderate amounts of stress during the 2 weeks preceding being interviewed in the National Health Interview Survey. In addition, almost one-half of adults felt that stress had had some effect on their health in the past year; 16 percent of the females and 9 percent of the males felt that stress had had considerable effect on their health.

A survey conducted in 1985 by Louis Harris and Associates, Inc. for Prevention Magazine reported that 69 percent of the population undertook specific steps to control stress, including getting enough sleep, regularly socializing with others, being active in community groups, and exercising, as well as less frequently used measures such as therapy, meditation, time management procedures, and deep-breathing exercises. Participation in mutual help groups has grown at a rapid rate since 1978. In 1978, 2.5 million to 5 million people were reached by mutual support or self-help groups (depending on the definition

of such groups). In 1984, 12 million to 14 million people were reached by these groups.

The 1990 objectives for controlling stress and violent behavior focus especially on improving the health status of the American public by preventing homicides, suicides, and injuries resulting from stress and also on investigating the psychological, environmental, and biological interactions that link stress to health disorders. In 1984 homicide was the leading cause of death for black males 15–44 years of age; suicide was the second leading cause of death among young people 15–24 years. Child abuse and other forms of family violence, which pose difficult problems of measurement, continue to threaten the physical and mental health of many thousands of Americans. Estimates indicate that in every year but one from 1976 to 1984, the number of reports of child abuse has increased; however, improved reporting practices and systems may be responsible for some of the measured increase. In 1984 child protective services agencies received reports of child abuse and neglect involving an estimated 1,726,649 children in the United States, although incidence was suspected to be much higher.

### Improved Health Status

By 1990, the death rate from homicide among black males 15–24 years of age should be reduced to below 60 per 100,000. (In 1978, the homicide rate for this group was 70.7 per 100,000.)

Year	Homicide rate
1978	70.7
1979	76.5
1980	84.3
1981	78.2
1982	72.0
1983	66.8
1984	61.5
1990	60.0

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

By 1990, injuries and deaths to children inflicted by abusing parents should be reduced by at least 25 percent. (Estimates vary from 200,000 to 4 million cases of child abuse each year in this country, however, reliable baseline data are unavailable.)

By 1990, the rate of suicide among people 15–24 years of age should be below 11 per 100,000. (In 1978, the suicide rate for this age group was 12.1 per 100,000.)

Year	Suicide rate
1978	12.1
1979	12.4
1980	12.3
1981	12.3
1982	12.1
1983	11.9
1984	12.5
1990	10.9

Baseline revised from that previously published.

Source: Data from National Center for Health Statistics, Division of Vital Statistics.

### Reduced Risk Factors

By 1990, the number of handguns in private ownership should decline by 25 percent. (In 1978, the total number of handguns in private ownership was estimated to be 30 million to 40 million.)

### **Increased Public and Professional Awareness**

By 1990, the proportion of the population 15 years of age and over that can identify an appropriate community agency to assist in coping with a stressful situation should be greater than 50 percent. (Baseline data unavailable.)

By 1990, the proportion of young people 15-24 years of age who can identify an accessible suicide prevention "hotline" should be greater than 60 percent. (Baseline data unavailable.)

By 1990, the proportion of the primary care physicians who take a careful history related to personal stress and psychological coping skills should be greater than 60 percent. (Baseline data unavailable.)

### **Improved Services and Protection**

By 1990, to reduce the gap in mental health services, the number of persons reached by mutual support or self-help groups should double from 1978 baseline figures. (In 1978, estimates ranged from 2.5 million to 5 million, depending on the definition of such groups.)

By 1990, stress identification and control should become integral components of the continuum of health services offered by organized health programs. (Baseline data unavailable.)

By 1990, of the 500 largest U.S. firms, the proportion offering work-based stress reduction programs should be greater than 30 percent. (Baseline data unavailable.)

### **Improved Surveillance and Evaluation Systems**

By 1985, surveys should show what percentage of the U.S. population perceives stress as adversely affecting their health, and what proportion of these are trying to use appropriate stress-control techniques.

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In 1985, 44 percent of the population 18 years of age and over indicated that stress had some effect on their health; 14 percent had sought help from family, friends, professionals, or self-help groups.

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By 1985, a methodology should have been developed to rate the environmental stress loads of major categories of occupations.

By 1990, the existing knowledge base through scientific inquiry about stress effects and stress management should be greatly enlarged.

By 1990, the reliability of data on the incidence and prevalence of child abuse and other forms of family violence should be greatly increased.



Detailed  
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							Region	Division, State	International
Population, resident . . . . .	1	1	1						
Fertility and natality									
Birth rates . . . . .	2, 4		2-4			3, 4			
Lifetime births expected . . . . .	5		5						
Live births . . . . .			6			6			
Low birth weight . . . . .			6, 7					7	
Prenatal care . . . . .			6						
Abortion . . . . .	8		8			8-10			
Contraception . . . . .	11		11						
Mortality									
Life expectancy . . . . .	12	12, 19	12						19
Infant . . . . .	13		13, 14					14	18
Neonatal . . . . .	13		13, 15					15	
Postneonatal . . . . .			13, 16					16	
Fetal . . . . .	13		13, 17					17	
Perinatal . . . . .			13						
All causes . . . . .	20, 22	20-22	20-22			23			
Heart disease . . . . .	24	21, 24	21, 24						
Cerebrovascular disease . . . . .	25	21, 25	21, 25						
Cancer . . . . .	26	21, 26	21, 26						
Respiratory cancer . . . . .	27	21, 27	21, 27						
Breast cancer . . . . .	28		21, 28						
Complications of pregnancy . . . . .	29		29						
Motor vehicle accident . . . . .	30	21, 30	21, 30						
Homicide . . . . .	31	21, 31	21, 31						
Suicide . . . . .	32	21, 32	21, 32						
Occupational disease . . . . .	33								
Other causes of death . . . . .		21	21						
Determinants and measures of health									
Childhood vaccination . . . . .			34		34				
Diseases, notifiable . . . . .						35			
Cancer incidence . . . . .		36	36			36			
Cancer survival . . . . .			37			37			
Limitation of activity . . . . .	38	38	38	38	38		38		
Self-assessment of health . . . . .	39	39	39	39	39		39		
Cigarette smoking . . . . .	40-42	40-42	40, 41						
Alcohol consumption . . . . .	42	42, 43							
Marijuana smoking . . . . .	42	42							
Elevated blood pressure . . . . .	44, 45	44, 45	44, 45						
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Air pollutants . . . . .						49			
Occupational health and safety . . . . .						50, 51			

II. Utilization of health resources	Age	Sex	Race	Family income	Location of residence	Type of ownership/ organization	Other variables	Geographic region
Ambulatory								
All physician visits:								
Source or place . . . . .	52	52	52	52	52			52
Interval since last visit . . . . .	53	53	53	53	53			53
Physician's office visits:								
Physician's specialty . . . . .	54	54	54					
Visit characteristics . . . . .	55	55	55				55	
Dentist visits, interval since last visit . . . . .	56	56	56	56	56			56

II. Utilization of health resources	Age	Sex	Race	Family income	Location of residence	Type of ownership/ organization	Other variables	Geographic region
<b>Inpatient care</b>								
<b>Short-stay hospitals:</b>								
<b>Average length of stay:</b>								
General	57, 58	57	57	57	57	58, 63	58	57, 58
Diagnosis	60	60						
Admissions						63		
Outpatient visits						63		
Discharges, general	57, 58	57	57	57	57	58	58	57, 58
Diagnosis	59, 60	59, 60						
Surgery	61	61					61	
Diagnostic and other nonsurgical procedures	62	62					62	
<b>Days of care:</b>								
General	57, 58	57	57	57	57	58	58	57, 58
Diagnosis	59, 60	59, 60						
Nursing homes, residents	64, 65	65	65				64	
<b>Mental health facilities:</b>								
Additions						66	66	
Patient care episodes						67		
Admissions	68, 69	68				68, 69	69	

III. Health care resources	Place of employment	Occupation	Activity/ specialty	Minorities/ women	Geographic area	
					Region	Division, State
<b>Personnel</b>						
Active health personnel	70	74			74	
Physicians		72, 74	71, 73		74	71
Hospital employees		75				
<b>Health professions education:</b>						
Graduates		76				
Schools		76				
Student enrollment		77		77, 78		

III. Health care resources—Continued	Specialty	Type of ownership/ organization	Beds	Employees	Occupancy rates	Geographic division, State
<b>Facilities</b>						
Short-stay hospitals		79	79		79	
Long-stay hospitals	80	80	80		80	
Mental health facilities		81	81			
Community hospitals			82	84	83	82-84
Nursing homes			85			85

IV. Health care expenditures	Age	Type of expenditure	Source of funds or payment	Other variables	Geographic area	
					Region	Division, State
National health expenditures		94, 95	92, 93	89		
Health care coverage	104			104	104	
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Public programs (including Medicare and Medicaid)	107	106, 110		107, 109	107	
<b>Utilization and payments under</b>						
Medicare						108
Personal health care			96	91		90
Hospital care			97			99
Nursing home care			97			100
Physician services			97			
Consumer Price Index		86-88				
Hospital costs and expenses		98		98, 101		
Nursing home charges	103		102	102, 103	102, 103	
Health research and development			111	112		

Table 1. Resident population, according to age, sex, and race: United States, selected years 1950-84

(Data are based on decennial census updated by data from multiple sources)

Sex, race, and year	Total resident population	Under 1 year	1-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85 years and over
All races												
Number in thousands												
1950.....	150,697	3,147	13,017	24,319	22,098	23,759	21,450	17,343	13,370	8,340	3,278	577
1960.....	179,323	4,112	16,209	35,465	24,020	22,818	24,081	20,485	15,572	10,997	4,633	929
1970.....	203,212	3,485	13,669	40,746	35,441	24,907	23,088	23,220	18,590	12,435	6,119	1,511
1980.....	226,546	3,534	12,815	34,942	42,487	37,082	25,635	22,800	21,703	15,581	7,729	2,240
1984.....	236,495	3,646	14,213	33,975	40,112	41,230	30,545	22,493	22,314	16,733	8,609	2,624
White male												
1950.....	67,129	1,400	5,845	10,860	9,689	10,430	9,529	7,836	6,180	3,736	1,406	218
1960.....	78,367	1,784	7,065	15,659	10,483	9,940	10,564	9,114	6,850	4,702	1,875	331
1970.....	86,721	1,501	5,873	17,667	15,232	10,775	9,979	10,090	7,958	4,916	2,243	487
1980.....	94,976	1,487	5,402	14,773	18,123	15,940	11,010	9,774	9,151	6,096	2,600	621
1984.....	98,253	1,522	5,923	14,169	16,846	17,571	13,122	9,569	9,355	6,599	2,897	681
Black male												
1950.....	7,300	944		1,442	1,162	1,105	1,003	772	460	299	113	
1960.....	9,114	281	1,082	2,185	1,305	1,120	1,086	891	617	382	137	29
1970.....	10,748	245	975	2,784	2,041	1,226	1,084	979	739	461	169	46
1980.....	12,585	269	967	2,614	2,807	1,967	1,235	1,024	854	567	228	53
1984.....	13,480	279	1,079	2,632	2,779	2,353	1,448	1,063	927	608	251	63
White female												
1950.....	67,813	1,341	5,599	10,431	9,821	10,851	9,719	7,868	6,168	4,031	1,669	314
1960.....	80,465	1,714	6,795	15,068	10,596	10,204	11,000	9,364	7,327	5,428	2,441	527
1970.....	91,028	1,434	5,615	16,912	15,420	11,004	10,349	10,756	8,853	6,366	3,429	890
1980.....	99,835	1,412	5,127	14,057	17,653	15,896	11,232	10,285	10,325	7,951	4,457	1,440
1984.....	103,047	1,442	5,627	13,440	16,422	17,311	13,291	9,961	10,471	8,430	4,933	1,718
Black female												
1950.....	7,745	941		1,446	1,300	1,260	1,112	796	443	322	125	
1960.....	9,758	283	1,085	2,191	1,404	1,300	1,229	974	663	430	160	38
1970.....	11,832	243	970	2,773	2,196	1,456	1,309	1,134	868	582	230	71
1980.....	14,046	266	951	2,587	2,937	2,267	1,488	1,258	1,059	776	360	106
1984.....	14,991	275	1,052	2,569	2,880	2,667	1,738	1,307	1,131	833	400	133

NOTE: Population figures are census counts as of April 1 for 1950, 1960, 1970, and 1980 and estimates as of July 1 for 1984.

SOURCES: U.S. Bureau of the Census: 1950 Nonwhite Population by Race. Special Report P-E, No. 3B. Washington. U.S. Government Printing Office, 1951; Population estimates and projections. Current Population Reports. Series P-25, Nos. 499 and 952. Washington. U.S. Government Printing Office, May 1973 and May 1984; U.S. Bureau of the Census, U.S. Census of Population: 1960, Number of Inhabitants, PC(1)-A1, United States Summary, 1964. U.S. Bureau of the Census, U.S. Census of Population: 1970, Number of Inhabitants, Final Report PC(1)-A1, United States Summary, 1971; Unpublished data from the U.S. Bureau of the Census.

Table 2. Live births, crude birth rates, and birth rates by age of mother, according to race of child: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Race of child and year	Live births	Crude birth rate <sup>1</sup>	Age								
			10-14 years	15-17 years	18-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years
All races			Live births per 1,000 women								
1950.....	3,632,000	24.1	1.0	40.7	132.7	196.6	166.1	103.7	52.9	15.1	1.2
1955.....	4,097,000	25.0	0.9	44.5	157.9	241.6	190.2	116.0	58.6	16.1	1.0
1960.....	4,257,850	23.7	0.8	43.9	166.7	258.1	197.4	112.7	56.2	15.5	0.9
1965.....	3,760,358	19.4	0.8	36.6	124.5	195.3	161.6	94.4	46.2	12.8	0.8
1970.....	3,731,386	18.4	1.2	38.8	114.7	167.8	145.1	73.3	31.7	8.1	0.5
1975.....	3,144,198	14.6	1.3	36.1	85.0	113.0	108.2	52.3	19.5	4.6	0.3
1976.....	3,167,788	14.6	1.2	34.1	80.5	110.3	106.2	53.6	19.0	4.3	0.2
1977.....	3,326,632	15.1	1.2	33.9	80.9	112.9	111.0	56.4	19.2	4.2	0.2
1978.....	3,333,279	15.0	1.2	32.2	79.8	109.9	108.5	57.8	19.0	3.9	0.2
1979.....	3,494,398	15.6	1.2	32.3	81.3	112.8	111.4	60.3	19.5	3.9	0.2
1980.....	3,612,258	15.9	1.1	32.5	82.1	115.1	112.9	61.9	19.8	3.9	0.2
1981.....	3,629,238	15.8	1.1	32.1	81.7	111.8	112.0	61.4	20.0	3.8	0.2
1982.....	3,680,537	15.9	1.1	32.4	80.7	111.3	111.0	64.2	21.1	3.9	0.2
1983.....	3,638,933	15.5	1.1	32.0	78.1	108.3	108.7	64.6	22.1	3.8	0.2
1984.....	3,669,141	15.5	1.2	31.1	78.3	107.3	108.3	66.5	22.8	3.9	0.2
White											
1950.....	3,108,000	23.0	0.4	31.3	120.5	190.4	165.1	102.6	51.4	14.5	1.0
1955.....	3,485,000	23.8	0.3	35.4	145.7	235.8	186.6	114.0	56.7	15.4	0.9
1960.....	3,600,744	22.7	0.4	35.5	154.6	252.8	194.9	109.6	54.0	14.7	0.8
1965.....	3,123,860	18.3	0.3	27.8	111.9	189.0	158.4	91.6	44.0	12.0	0.7
1970.....	3,091,264	17.4	0.5	29.2	101.5	163.4	145.9	71.9	30.0	7.5	0.4
1975.....	2,551,996	13.6	0.6	28.0	74.0	108.2	108.1	51.3	18.2	4.2	0.2
1976.....	2,567,614	13.6	0.6	26.3	70.2	105.3	105.9	52.6	17.8	3.9	0.2
1977.....	2,691,070	14.1	0.6	26.1	70.5	107.7	110.9	55.3	18.0	3.8	0.2
1978.....	2,681,116	14.0	0.6	24.9	69.4	104.1	107.9	56.6	17.7	3.5	0.2
1979.....	2,808,420	14.5	0.6	24.7	71.0	107.0	110.8	59.0	18.3	3.5	0.2
1980.....	2,898,732	14.9	0.6	25.2	72.1	109.5	112.4	60.4	18.5	3.4	0.2
1981.....	2,908,669	14.8	0.5	25.1	71.9	106.3	111.3	60.2	18.7	3.4	0.2
1982.....	2,942,054	14.9	0.6	25.2	70.8	105.9	110.3	63.3	20.0	3.5	0.2
1983.....	2,904,250	14.6	0.6	24.8	68.3	102.6	108.0	64.0	21.0	3.5	0.2
1984.....	2,923,502	14.5	0.6	23.9	68.1	101.4	107.7	66.1	21.7	3.5	0.2
Black											
1960.....	602,264	31.9	4.3	---	---	295.4	218.6	137.1	73.9	21.9	1.1
1965.....	581,126	27.7	4.3	99.3	227.6	243.1	180.4	111.3	61.9	18.7	1.4
1970.....	572,362	25.3	5.2	101.4	204.9	202.7	136.3	79.6	41.9	12.5	1.0
1975.....	511,581	20.7	5.1	85.6	152.4	142.8	102.2	53.1	25.6	7.5	0.5
1976.....	514,479	20.5	4.7	80.3	142.5	140.5	101.6	53.6	24.8	6.8	0.5
1977.....	544,221	21.4	4.7	79.6	142.9	144.4	106.4	57.5	25.4	6.6	0.5
1978.....	551,540	21.3	4.4	75.0	139.7	143.8	105.4	58.3	24.3	6.1	0.4
1979.....	577,855	22.0	4.6	75.7	140.4	146.3	108.2	60.7	24.7	6.1	0.4
1980.....	589,616	22.1	4.3	73.6	138.8	146.3	109.1	62.9	24.5	5.8	0.3
1981.....	587,797	21.6	4.1	70.6	135.9	141.2	108.3	60.4	24.2	5.6	0.3
1982.....	592,641	21.4	4.1	71.2	133.3	139.1	106.9	60.4	24.4	5.4	0.4
1983.....	586,027	20.9	4.1	70.1	130.4	137.7	103.4	59.2	24.7	5.2	0.3
1984.....	592,745	20.8	4.3	69.7	132.0	137.9	103.2	59.5	24.8	5.1	0.2

<sup>1</sup>Live births per 1,000 population.

NOTE: Data are based on births adjusted for underregistration for 1950 and 1955 and on registered births for all other years. Beginning in 1970, births to nonresidents of the United States are excluded.

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, 1984, Vol. I, Natality. Public Health Service, DHHS, Hyattsville, Md. To be published.

Table 3. Birth rates for women 15-44 years of age, according to live-birth order and race of child: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Race of child and year	Live-birth order					
	Total	1	2	3	4	5 or higher
All races						
Live births per 1,000 women 15-44 years of age						
1950.....	106.2	33.3	32.1	18.4	9.2	13.2
1955.....	118.3	32.8	31.8	23.1	13.3	17.3
1960.....	118.0	31.1	29.2	22.8	14.6	20.3
1965.....	96.6	29.8	23.4	16.6	10.7	16.1
1970.....	87.9	34.2	24.2	13.6	7.2	8.7
1975.....	66.0	28.1	20.9	9.4	3.9	3.7
1977.....	66.8	28.2	21.6	10.0	3.8	3.2
1978.....	65.5	27.8	21.1	9.8	3.8	2.9
1979.....	67.2	28.6	21.6	10.1	3.8	2.9
1980.....	68.4	29.5	21.8	10.3	3.9	2.9
1981.....	67.4	29.0	21.6	10.2	3.8	2.8
1982.....	67.3	28.6	22.0	10.2	3.8	2.6
1983.....	65.8	27.8	21.5	10.1	3.7	2.6
1984.....	65.4	27.4	21.7	10.1	3.7	2.6
White						
1950.....	102.3	33.3	32.3	17.9	8.4	10.4
1955.....	113.7	32.6	32.0	22.9	12.6	13.6
1960.....	113.2	30.8	29.2	22.7	14.1	16.4
1965.....	91.4	28.9	23.0	16.2	10.2	13.1
1970.....	84.1	32.9	23.7	13.3	6.8	7.4
1975.....	62.5	26.7	20.3	8.8	3.5	3.1
1977.....	63.2	26.9	20.9	9.4	3.4	2.7
1978.....	61.7	26.6	20.2	9.2	3.3	2.4
1979.....	63.4	27.4	20.8	9.4	3.4	2.4
1980.....	64.7	28.4	21.0	9.5	3.4	2.4
1981.....	63.9	28.1	20.9	9.4	3.3	2.3
1982.....	63.9	27.7	21.3	9.5	3.3	2.2
1983.....	62.4	26.8	20.9	9.4	3.3	2.1
1984.....	62.2	26.4	21.1	9.4	3.2	2.0
Black						
1960.....	153.5	33.6	29.3	24.0	18.6	48.0
1965.....	133.9	35.7	26.2	19.4	14.6	38.0
1970.....	115.4	43.3	27.1	16.1	10.0	18.9
1975.....	87.9	36.9	24.2	12.6	6.3	8.0
1977.....	88.1	35.6	25.5	13.6	6.4	6.9
1978.....	86.7	34.6	25.4	13.9	6.5	6.4
1979.....	88.3	35.3	25.8	14.4	6.6	6.2
1980.....	88.1	35.2	25.7	14.5	6.7	6.0
1981.....	85.4	33.8	25.2	14.3	6.6	5.7
1982.....	84.1	33.0	24.9	14.2	6.5	5.4
1983.....	81.7	32.3	24.1	13.7	6.3	5.2
1984.....	81.4	32.2	24.1	13.7	6.3	5.1

NOTE: Data are based on births adjusted for underregistration for 1950 and 1955 and on registered births for all other years. Beginning in 1970, births to nonresidents of the United States are excluded. Figures for live-birth order not stated are distributed.

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, 1984, Vol. I, Natality. Public Health Service, DHHS, Hyattsville, Md. To be published.

Table 4. Completed fertility rates and parity distribution for women 50-54 years of age at the beginning of selected years 1930-85, according to race of child and birth cohort: United States, selected birth cohorts 1876-1935

(Data are based on the National Vital Statistics System)

Race of child and birth cohort of mother	Age 50-54 as of January 1	Completed fertility rate <sup>1</sup>	Parity (number of children born alive)								
			Total	0	1	2	3	4	5	6	7 or more
All races			Distribution of women <sup>2</sup>								
1876-80.....	1930	3,531.9	1,000.0	216.8	123.2	132.0	114.0	93.0	72.0	64.5	184.5
1886-90.....	1940	3,136.8	1,000.0	210.4	148.5	153.2	129.7	99.5	68.0	55.4	135.3
1896-1900.....	1950	2,675.9	1,000.0	194.6	200.7	195.2	136.6	87.8	53.5	41.5	90.1
1906-10.....	1960	2,285.8	1,000.0	215.6	225.1	218.7	131.4	77.5	44.6	29.2	57.9
1916-20.....	1970	2,574.0	1,000.0	149.0	179.0	251.7	174.6	102.8	55.8	32.0	55.1
1921-25.....	1975	2,856.9	1,000.0	108.5	152.1	248.7	197.0	123.5	68.0	39.5	62.7
1926-30.....	1980	3,079.2	1,000.0	105.5	113.7	226.5	209.6	143.5	81.9	47.6	71.7
1927-31.....	1981	3,118.0	1,000.0	104.1	107.4	222.4	212.0	147.5	84.6	49.2	72.8
1928-32.....	1982	3,152.7	1,000.0	101.1	102.2	219.7	214.7	151.3	87.0	50.8	73.2
1929-33.....	1983	3,182.8	1,000.0	96.3	98.9	218.0	217.7	154.9	89.2	52.0	73.0
1930-34.....	1984	3,199.7	1,000.0	91.5	96.8	217.8	220.9	157.9	90.7	52.6	71.8
1931-35.....	1985	3,201.4	1,000.0	87.2	96.3	218.8	224.0	160.0	91.4	52.5	69.8
White											
1876-80.....	1930	3,444.4	1,000.0	218.2	121.9	136.1	116.9	94.8	74.0	64.2	173.9
1886-90.....	1940	3,092.9	1,000.0	209.1	144.3	160.3	132.4	100.2	70.3	54.8	128.6
1896-1900.....	1950	2,631.5	1,000.0	193.1	192.1	205.9	141.4	89.0	55.2	41.1	82.2
1906-10.....	1960	2,248.9	1,000.0	207.9	218.0	233.2	138.8	79.6	44.7	28.0	49.8
1916-20.....	1970	2,526.7	1,000.0	134.6	175.9	268.7	185.1	106.5	55.3	30.3	43.6
1921-25.....	1975	2,793.7	1,000.0	94.2	150.6	264.6	208.8	127.9	67.9	36.9	49.1
1926-30.....	1980	2,986.0	1,000.0	94.1	114.1	240.2	222.3	148.8	81.2	44.5	54.8
1927-31.....	1981	3,023.6	1,000.0	92.5	108.2	235.8	224.9	153.0	83.9	46.0	55.6
1928-32.....	1982	3,058.1	1,000.0	89.5	103.2	232.9	227.6	157.2	86.5	47.2	55.9
1929-33.....	1983	3,087.2	1,000.0	85.0	99.8	231.2	230.5	161.1	88.6	48.2	55.6
1930-34.....	1984	3,102.5	1,000.0	81.2	97.6	230.5	233.6	164.1	90.0	48.5	54.5
1931-35.....	1985	3,101.3	1,000.0	78.5	96.8	231.1	236.4	166.0	90.5	48.2	52.5
All other											
1876-80.....	1930	4,254.7	1,000.0	207.7	134.0	99.5	87.4	79.9	54.7	64.8	272.0
1886-90.....	1940	3,451.4	1,000.0	231.9	175.9	105.9	96.6	93.3	52.4	58.0	186.0
1896-1900.....	1950	2,967.7	1,000.0	227.4	255.0	114.1	97.5	74.3	38.8	42.6	150.3
1906-10.....	1960	2,529.1	1,000.0	287.5	266.6	114.5	73.2	60.1	43.5	35.6	119.0
1916-20.....	1970	2,924.2	1,000.0	266.2	202.0	120.9	91.2	72.5	57.8	44.9	144.5
1921-25.....	1975	3,315.9	1,000.0	217.7	163.5	131.7	108.2	89.0	68.7	56.4	164.8
1926-30.....	1980	3,718.9	1,000.0	187.4	110.8	130.2	121.0	106.4	85.7	69.3	189.2
1927-31.....	1981	3,756.0	1,000.0	185.7	102.5	129.1	123.0	109.1	88.1	71.4	191.0
1928-32.....	1982	3,779.4	1,000.0	181.6	96.7	129.4	126.5	111.4	90.2	73.5	190.7
1929-33.....	1983	3,805.0	1,000.0	172.4	93.2	132.3	130.1	114.4	93.1	75.1	189.4
1930-34.....	1984	3,822.3	1,000.0	160.3	92.2	136.0	135.3	117.5	95.5	76.9	186.3
1931-35.....	1985	3,836.2	1,000.0	145.1	93.4	140.8	140.4	121.8	98.2	78.4	181.9

<sup>1</sup>Number of children born alive to each 1,000 women who have completed their reproductive histories (women 50-54 years of age).

<sup>2</sup>Proportional distribution of each 1,000 women in the cohort by the number of children born alive to them.

NOTES: Example of use of table--For every 1,000 women 50-54 years of age in 1981, an average of 3,118.0 children were born alive (about 3 children per woman). About 10 percent of the women in this cohort reached 50-54 years of age having had no children, about 11 percent had 1 child, and about 12 percent had 6 children or more. There is a small discontinuity between 1980 and 1981 in the central birth rates, which are the basis for the cumulative birth rates, because of a change in the population bases. The impact of this change on the cumulative rates is negligible.

SOURCES: National Center for Health Statistics: Fertility Tables for Birth Cohorts by Color, United States, 1917-73 by R. Heuser. DHEW Pub. No. (HRA) 76-1152. Health Resources Administration, Washington, U.S. Government Printing Office, Apr. 1976; Data computed from Vital Statistics of the United States, 1984, Vol. I, Natality. Public Health Service, DHHS, Hyattsville, Md. To be published.



Table 5. Lifetime births expected by currently married women and percent of expected births already born, according to age and race: United States, selected years 1967-85

(Data are based on reporting of birth expectations by currently married women of the civilian noninstitutionalized population)

Race and year	All ages	18-19 years	20-21 years	22-24 years	25-29 years	30-34 years
	18-34 years					
All races						
Expected births per currently married woman						
1967.....	3.1	2.7	2.9	2.9	3.0	3.3
1971.....	2.6	2.3	2.4	2.4	2.6	3.0
1975.....	2.3	2.2	2.2	2.2	2.3	2.6
1980.....	2.2	2.1	2.2	2.1	2.2	2.2
1983.....	2.2	2.2	2.2	2.2	2.3	2.2
1985.....	2.2	2.1	2.2	2.2	2.2	2.2
White						
1967.....	3.0	2.7	3.0	2.8	3.0	3.2
1971.....	2.6	2.3	2.4	2.4	2.6	2.9
1975.....	2.3	2.2	2.1	2.1	2.2	2.6
1980.....	2.2	2.1	2.2	2.1	2.1	2.2
1983.....	2.2	2.2	2.2	2.2	2.2	2.2
1985.....	2.2	2.0	2.2	2.2	2.2	2.1
Black						
1967.....	3.5	*	2.5	3.0	3.4	4.3
1971.....	3.1	*	2.4	2.8	3.1	3.7
1975.....	2.8	*	2.6	2.5	2.6	3.2
1980.....	2.4	*	2.2	2.1	2.4	2.5
1983.....	2.5	*	*	2.3	2.4	2.6
1985.....	2.4	*	*	2.3	2.3	2.5
All races						
Percent of expected births already born						
1967.....	70.2	26.9	33.2	47.8	76.1	92.7
1971.....	69.4	25.3	32.5	46.7	74.4	93.7
1975.....	68.8	27.5	30.7	43.9	70.9	93.0
1980.....	67.0	29.5	32.9	44.9	64.7	89.7
1983.....	65.8	30.1	31.4	42.6	63.0	87.1
1985.....	64.2	27.0	30.9	41.8	60.2	84.4
White						
1967.....	68.9	24.2	30.1	46.2	75.1	92.9
1971.....	68.9	23.7	31.4	45.3	74.1	93.8
1975.....	68.2	24.9	29.4	42.3	70.5	93.2
1980.....	66.3	28.6	31.8	43.5	64.0	90.0
1983.....	64.6	29.3	29.9	41.4	61.7	86.9
1985.....	63.3	25.7	30.6	40.4	59.4	84.1
Black						
1967.....	82.8	*	65.7	67.9	87.9	92.3
1971.....	74.8	*	43.0	57.5	81.0	93.4
1975.....	76.4	*	43.3	61.0	78.2	91.8
1980.....	74.7	*	46.1	58.9	73.8	90.9
1983.....	79.2	*	*	57.1	79.3	92.6
1985.....	77.1	*	*	62.3	72.8	91.4

SOURCE: U.S. Bureau of the Census: Population characteristics. Current Population Reports, Series P-20, Nos. 301, 375, 395, and 406. Washington. U.S. Government Printing Office, Nov. 1976, Oct. 1982, Nov. 1983, and June 1986.

Table 6. Live births, according to race of child and selected characteristics: United States, selected years 1970-84

(Data are based on the National Vital Statistics System)

Race of child and selected characteristic	1970	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984
All races											
						Percent of live births					
Birth weight:											
Less than 2,500 grams.....	7.94	7.39	7.26	7.07	7.11	6.94	6.84	6.81	6.75	6.82	6.72
Less than 1,500 grams.....	1.17	1.16	1.15	1.13	1.17	1.15	1.15	1.16	1.18	1.19	1.19
Age of mother:											
Less than 18 years.....	6.3	7.6	7.2	6.8	6.4	6.0	5.8	5.4	5.2	5.0	4.8
18-19 years.....	11.3	11.3	10.8	10.4	10.2	10.0	9.8	9.4	9.0	8.7	8.3
Unmarried mothers.....	10.7	14.3	14.8	15.5	16.3	17.1	18.4	18.9	19.4	20.3	21.0
Education of mother:											
Less than 12 years.....	30.8	28.6	27.4	26.2	26.1	24.4	23.7	22.9	22.3	21.7	20.9
16 years or more.....	8.6	11.4	12.1	12.6	13.1	13.7	14.0	14.8	15.3	15.9	16.4
Prenatal care began:											
1st trimester.....	68.0	72.4	73.5	74.1	74.9	75.9	76.3	76.3	76.1	76.2	76.5
3rd trimester or no prenatal care.....	7.9	6.0	5.7	5.6	5.4	5.1	5.1	5.2	5.5	5.6	5.6
White											
Birth weight:											
Less than 2,500 grams.....	6.84	6.26	6.13	5.93	5.94	5.80	5.70	5.67	5.63	5.67	5.59
Less than 1,500 grams.....	0.95	0.92	0.91	0.89	0.91	0.90	0.90	0.90	0.92	0.93	0.92
Age of mother:											
Less than 18 years.....	4.8	6.0	5.6	5.3	5.1	4.7	4.5	4.3	4.1	3.9	3.7
18-19 years.....	10.4	10.3	9.9	9.4	9.3	9.1	9.0	8.6	8.2	7.9	7.4
Unmarried mothers.....	5.7	7.3	7.7	8.2	8.7	9.4	11.0	11.6	12.1	12.8	13.4
Education of mother:											
Less than 12 years.....	27.0	25.0	23.9	22.9	23.4	21.3	20.7	19.9	19.3	18.7	18.0
16 years or more.....	9.5	12.7	13.5	14.0	14.4	15.2	15.6	16.4	17.0	17.7	18.4
Prenatal care began:											
1st trimester.....	72.4	75.9	76.8	77.3	78.2	79.1	79.3	79.4	79.3	79.4	79.6
3rd trimester or no prenatal care.....	6.2	5.0	4.8	4.7	4.5	4.3	4.3	4.3	4.5	4.6	4.7
Black											
Birth weight:											
Less than 2,500 grams.....	13.86	13.09	12.97	12.79	12.85	12.55	12.49	12.53	12.40	12.59	12.36
Less than 1,500 grams.....	2.40	2.37	2.40	2.38	2.43	2.37	2.44	2.47	2.51	2.55	2.56
Age of mother:											
Less than 18 years.....	14.7	16.1	15.2	14.3	13.3	12.8	12.2	11.4	11.1	10.9	10.6
18-19 years.....	16.6	16.8	16.0	15.4	15.2	14.7	14.3	13.9	13.5	13.4	13.1
Unmarried mothers.....	37.6	48.8	50.3	51.7	53.2	54.7	55.3	56.0	56.7	58.2	59.2
Education of mother:											
Less than 12 years.....	51.0	45.1	43.3	41.0	38.5	37.7	36.2	35.4	34.8	34.2	33.1
16 years or more.....	2.8	4.4	4.8	5.2	5.7	5.9	6.3	6.6	6.8	6.8	7.0
Prenatal care began:											
1st trimester.....	44.4	55.8	57.7	59.0	60.2	61.6	62.7	62.4	61.5	61.5	62.2
3rd trimester or no prenatal care.....	16.6	10.5	9.9	9.6	9.3	8.9	8.8	9.1	9.6	9.7	9.6

SOURCE: National Center for Health Statistics: *Vital Statistics of the United States*, Vol. I, Natality, for data years 1970-81. Public Health Service. Washington, U.S. Government Printing Office; for 1982-84, Public Health Service. To be published.

Table 7. Infants weighing 2,500 grams or less at birth, according to race of child, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79 <sup>1</sup>	1982-84 <sup>1</sup>	1972-74	1977-79 <sup>1</sup>	1982-84 <sup>1</sup>	1972-74	1977-79 <sup>1</sup>	1982-84 <sup>1</sup>
Infants weighing 2,500 grams or less at birth per 100 total live births									
United States.....	7.6	7.0	6.8	6.4	5.9	5.6	13.3	12.7	12.5
New England.....	6.9	6.4	6.0	6.6	5.9	5.5	12.9	12.5	11.9
Maine.....	6.4	5.4	5.4	6.4	5.4	5.3	*6.1	*6.1	*7.5
New Hampshire.....	6.6	5.8	5.1	6.6	5.8	5.1	*10.9	*6.7	*6.3
Vermont.....	6.8	6.5	6.0	6.8	6.4	6.0	*7.3	*20.4	*6.3
Massachusetts.....	7.0	6.3	5.9	6.7	6.0	5.5	12.5	11.4	11.2
Rhode Island.....	7.0	6.7	6.2	6.6	6.2	5.7	*13.5	*13.2	*11.7
Connecticut.....	7.1	6.9	6.6	6.4	6.0	5.7	13.2	13.7	13.0
Middle Atlantic.....	7.9	7.4	7.0	6.6	6.1	5.7	14.0	13.2	12.5
New York.....	8.1	7.7	7.2	6.8	6.4	5.8	13.7	12.9	11.9
New Jersey.....	8.0	7.4	7.0	6.5	5.9	5.6	14.4	13.5	12.7
Pennsylvania.....	7.4	6.8	6.6	6.5	5.8	5.5	14.2	13.6	13.6
East North Central.....	7.3	6.9	6.6	6.2	5.7	5.4	13.6	13.3	13.3
Ohio.....	7.3	6.9	6.6	6.4	5.9	5.6	13.5	13.1	12.6
Indiana.....	6.7	6.5	6.3	6.1	5.8	5.7	11.8	12.2	12.0
Illinois.....	7.9	7.4	7.2	6.2	5.7	5.4	14.0	13.7	13.8
Michigan.....	7.6	7.1	7.0	6.2	5.9	5.5	14.0	13.4	14.1
Wisconsin.....	6.1	5.5	5.2	5.7	5.1	4.6	12.5	12.5	12.3
West North Central.....	6.4	5.9	5.6	5.9	5.3	5.1	13.0	12.8	12.3
Minnesota.....	5.7	5.2	5.0	5.5	5.0	4.7	*12.5	*11.1	11.1
Iowa.....	5.9	5.2	4.9	5.8	5.1	4.7	*13.8	*11.3	*11.1
Missouri.....	7.4	6.9	6.7	6.2	5.7	5.5	13.4	13.3	12.8
North Dakota.....	5.6	5.2	4.8	5.5	5.0	4.6	*7.1	*10.2	*7.1
South Dakota.....	6.5	5.3	5.1	6.2	5.2	4.8	*18.9	*12.3	*8.7
Nebraska.....	6.2	5.6	5.4	5.9	5.3	5.0	*12.2	*12.3	*12.0
Kansas.....	6.5	6.4	6.1	6.1	5.9	5.5	11.7	12.6	12.1
South Atlantic.....	8.5	8.1	7.8	6.6	6.1	5.9	13.3	12.6	12.4
Delaware.....	8.2	7.7	7.3	6.5	5.9	5.7	14.2	13.7	12.4
Maryland.....	7.8	7.7	7.5	6.2	5.8	5.4	12.8	12.5	12.3
District of Columbia.....	13.1	13.1	13.0	*7.6	*6.6	5.8	14.0	14.4	14.7
Virginia.....	7.8	7.4	7.2	6.3	5.9	5.7	12.9	11.9	12.1
West Virginia.....	7.4	6.9	6.8	7.2	6.6	6.6	*13.0	*12.4	*11.4
North Carolina.....	8.7	8.0	7.9	6.8	6.2	6.0	13.4	12.4	12.4
South Carolina.....	8.9	8.9	8.8	6.5	6.1	6.2	12.8	13.0	12.8
Georgia.....	9.4	8.6	8.4	7.0	6.2	6.0	14.0	12.9	12.7
Florida.....	8.2	7.8	7.4	6.5	6.2	5.9	13.1	12.4	11.9
East South Central.....	8.3	7.9	7.9	6.6	6.3	6.2	12.8	12.2	12.2
Kentucky.....	7.4	7.0	6.9	6.8	6.5	6.4	12.7	12.7	11.9
Tennessee.....	8.1	8.0	7.9	6.7	6.6	6.4	13.4	12.9	13.2
Alabama.....	8.5	8.1	7.9	6.3	5.9	5.8	12.7	12.0	11.9
Mississippi.....	9.2	8.8	8.8	6.3	5.9	6.0	12.5	11.9	11.9

See footnotes at end of table.

Table 7. Infants weighing 2,500 grams or less at birth, according to race of child, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84--Continued

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79 <sup>1</sup>	1982-84 <sup>1</sup>	1972-74	1977-79 <sup>1</sup>	1982-84 <sup>1</sup>	1972-74	1977-79 <sup>1</sup>	1982-84 <sup>1</sup>
Infants weighing 2,500 grams or less at birth per 100 total live births									
West South Central.....	8.0	7.5	7.2	6.7	6.2	6.0	13.4	12.8	12.6
Arkansas.....	8.0	7.6	7.6	6.5	6.0	6.0	12.5	12.3	12.5
Louisiana.....	9.2	8.7	8.5	6.6	6.2	5.8	13.3	12.7	13.1
Oklahoma.....	7.6	6.9	6.6	7.0	6.3	6.1	14.5	12.6	12.0
Texas.....	7.8	7.2	6.9	6.7	6.2	6.0	13.5	13.0	12.3
Mountain.....	7.5	6.8	6.6	7.3	6.6	6.4	14.1	13.3	11.7
Montana.....	7.1	5.9	5.7	7.0	5.8	5.6	*16.7	*12.5	*9.6
Idaho.....	6.1	5.4	5.3	6.1	5.4	5.3	*2.7	*11.8	*7.6
Wyoming.....	9.0	7.8	7.1	8.9	7.7	7.1	*17.4	*15.2	*12.7
Colorado.....	9.2	8.2	7.8	8.9	7.9	7.4	*15.5	14.7	12.9
New Mexico.....	8.9	8.5	7.7	8.9	8.4	7.8	*13.9	*14.4	*11.4
Arizona.....	6.7	6.1	6.0	6.4	5.9	5.8	*11.7	11.7	11.3
Utah.....	5.7	5.5	5.6	5.6	5.5	5.5	*17.6	*11.3	*10.5
Nevada.....	8.6	7.3	6.7	7.6	6.6	6.1	*15.3	*12.9	*10.7
Pacific.....	6.4	6.0	5.8	5.7	5.3	5.1	12.1	11.4	11.1
Washington.....	6.1	5.4	5.1	5.8	5.1	4.8	*11.3	9.8	10.0
Oregon.....	5.7	5.2	5.0	5.5	5.1	4.8	*13.0	*11.0	*10.4
California.....	6.5	6.1	5.9	5.7	5.4	5.2	12.2	11.5	11.3
Alaska.....	6.1	5.5	4.8	5.6	5.1	4.4	*10.7	*8.1	*7.0
Hawaii.....	7.8	7.2	7.2	5.7	5.6	6.1	*7.0	*9.2	*9.7

<sup>1</sup>For 1979 and later, data are for infants weighing less than 2,500 grams at birth.

\*States with fewer than 5,000 live births for the 3-year period.

SOURCE: National Center for Health Statistics: Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics.

Table 8. Legal abortion ratios, according to selected patient characteristics: United States, 1973-83

(Data are based on reporting by State health departments and by facilities)

Selected characteristic	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Abortions per 100 live births											
Total.....	19.6	24.2	27.2	31.2	32.4	34.7	35.8	35.9	35.8	35.4	34.9
Age											
Under 15 years.....	74.3	92.4	101.5	111.2	112.1	110.2	121.3	122.7	126.4	120.0	133.6
15-19 years.....	31.7	39.9	46.4	54.4	57.2	61.8	66.0	66.4	66.8	66.5	67.3
20-24 years.....	17.9	21.9	25.0	30.1	32.5	35.6	37.3	37.5	37.9	38.0	38.1
25-29 years.....	12.3	15.0	16.6	19.0	19.9	21.6	22.3	23.0	23.2	23.5	23.0
30-34 years.....	16.5	20.5	22.1	23.5	22.8	23.6	23.3	23.3	23.7	23.0	22.0
35-39 years.....	26.7	34.9	37.5	41.1	42.4	43.7	41.5	40.3	40.3	37.1	35.4
40 years and over.....	40.2	53.8	59.9	68.9	74.2	76.6	74.7	78.3	77.6	75.0	69.1
Race											
White.....	17.5	20.7	22.7	25.6	26.6	28.9	30.7	31.3	31.2	30.4	29.5
All other.....	28.9	39.6	46.5	55.1	57.1	58.6	56.8	54.7	54.4	55.6	56.0
Marital status											
Married.....	6.2	7.6	8.3	9.0	9.3	11.0	10.7	10.2	9.8	9.7	9.3
Unmarried.....	109.8	132.6	141.1	159.2	158.5	156.7	157.8	149.9	147.5	142.2	135.2
Number of previous live births <sup>1</sup>											
0.....	23.0	27.4	30.2	35.2	41.1	46.3	48.8	48.6	48.6	48.2	46.9
1.....	12.1	15.0	17.3	20.2	19.1	20.8	21.3	21.9	21.9	22.0	22.1
2.....	19.6	25.6	29.7	33.0	31.2	32.4	32.7	32.8	32.6	32.4	32.5
3.....	25.8	34.6	39.8	44.6	39.3	35.7	34.3	33.5	33.5	32.2	31.9
4 or more.....	26.4	35.3	40.8	46.7	41.5	31.6	29.1	27.3	26.6	25.4	24.8

<sup>1</sup>For 1973-77, data indicate number of living children.SOURCES: Centers for Disease Control: Abortion Surveillance, 1973-78. Public Health Service, DHHS, Atlanta, Ga., May 1975-Nov. 1980; Abortion Surveillance, 1979-80. Public Health Service, DHHS, Atlanta, Ga., May 1983; Unpublished data.

Table 9. Legal abortions, according to selected characteristics: United States, 1973-83

(Data are based on reporting by State health departments and by facilities)

Selected characteristic	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Number of legal abortions reported in thousands											
Centers for Disease Control...	616	763	855	988	1,079	1,158	1,252	1,298	1,301	1,304	1,269
Alan Guttmacher Institute.....	745	899	1,034	1,179	1,320	1,410	1,498	1,554	1,577	1,574	1,515
Percent distribution											
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Period of gestation											
Under 9 weeks.....	36.1	42.6	44.6	47.0	51.2	52.2	52.1	51.7	51.2	50.6	49.7
9-10 weeks.....	29.4	28.7	28.4	28.0	27.2	26.9	27.0	26.2	26.8	26.7	26.8
11-12 weeks.....	17.9	15.4	14.9	14.4	13.1	12.3	12.5	12.2	12.1	12.4	12.8
13-15 weeks.....	6.9	5.5	5.0	4.5	3.4	4.0	4.2	5.2	5.2	5.3	5.8
16-20 weeks.....	8.0	6.5	6.1	5.1	4.3	3.7	3.4	3.9	3.7	3.9	3.9
21 weeks and over.....	1.7	1.2	1.0	0.9	0.9	0.9	0.9	0.9	1.0	1.1	1.0
Type of procedure											
Curettage.....	88.4	89.7	90.9	92.8	93.8	94.6	95.0	95.5	96.1	96.4	96.8
Intrauterine instillation.....	10.4	7.8	6.2	6.0	5.4	3.9	3.3	3.1	2.8	2.5	2.1
Hysterotomy or hysterectomy...	0.7	0.6	0.4	0.2	0.2	0.1	0.1	0.1	0.1	0.0	0.0
Other.....	0.6	1.9	2.4	0.9	0.7	1.4	1.6	1.3	1.0	1.0	1.1
Location of facility											
In State of residence.....	74.8	86.6	89.2	90.0	90.0	89.3	90.0	92.6	92.5	92.9	93.3
Out of State of residence.....	25.2	13.4	10.8	10.0	10.0	10.7	10.0	7.4	7.5	7.1	6.7
Previous induced abortions											
0.....	---	86.8	81.9	79.8	76.8	70.7	68.9	67.6	65.3	63.7	62.4
1.....	---	11.3	14.9	16.6	18.3	22.1	23.0	23.5	24.3	24.9	25.0
2.....	---	1.5	2.5	2.7	3.4	5.3	5.9	6.6	7.5	8.2	9.0
3 or more.....	---	0.4	0.7	0.9	1.5	1.8	2.1	2.3	2.9	3.2	3.7

NOTE: For a discussion of the differences in reported legal abortions between the Centers for Disease Control and the Alan Guttmacher Institute, see Appendix I. Percent distributions exclude cases for which selected characteristic was unknown and are based on abortions reported to the Centers for Disease Control.

SOURCES: Centers for Disease Control: Abortion Surveillance, 1979-80. Public Health Service, DHHS, Atlanta, Ga. May 1983; Unpublished data; Sullivan, E., Tietze, C., and Dryfoos, J.: Legal abortions in the United States, 1975-1976. Fam. Plann. Perspect. 9(3):116-129, May-June 1977; Henshaw, S., Forrest, J. D., and Blaine, E.: Abortion services in the United States, 1981 and 1982. Fam. Plann. Perspect. 16(3), May-June 1984; Henshaw, S.: Trends in abortions 1982-84. Fam. Plann. Perspect. 18(1), Jan.-Feb. 1986; The Alan Guttmacher Institute: Personal communication, 1983.

Table 10. Legal abortions, abortion-related deaths and death rates, and relative risk of death, according to period of gestation: United States, 1974-76, 1977-79, 1980-82, and 1982-83

(Data are based primarily on reporting by State health departments and by facilities)

Period of gestation and year	Number of legal abortions reported	Abortion-related deaths <sup>1</sup>		Relative risk of death <sup>2</sup>
		Number	Rate per 100,000 abortions	
Total				
1974-76.....	2,606,596	66	2.5	...
1977-79.....	3,489,127	44	1.3	...
1980-82.....	3,902,346	27	0.7	...
1982-83.....	2,572,967	20	0.8	...
Under 9 weeks				
1974-76.....	1,171,478	8	0.7	1.0
1977-79.....	1,808,655	10	0.6	1.0
1980-82.....	1,996,573	6	0.3	1.0
1982-83.....	1,290,903	3	0.2	1.0
9-10 weeks				
1974-76.....	738,615	10	1.4	2.0
1977-79.....	942,467	9	1.0	1.7
1980-82.....	1,036,542	5	0.5	1.7
1982-83.....	688,777	3	0.4	2.0
11-12 weeks				
1974-76.....	387,208	10	2.6	3.7
1977-79.....	439,754	7	1.6	2.7
1980-82.....	477,875	2	0.4	1.3
1982-83.....	324,342	1	0.3	1.5
13 weeks and over				
1974-76.....	309,295	38	12.3	17.6
1977-79.....	298,251	18	6.0	10.0
1980-82.....	391,356	314	3.6	12.0
1982-83.....	268,945	313	4.8	24.0

<sup>1</sup>1983 data are provisional.<sup>2</sup>Relative risk is the ratio of the death rate in the specified category to the death rate for the gestation period under 9 weeks.<sup>3</sup>1982 data include 3 deaths with weeks of gestation unknown.SOURCE: Centers for Disease Control: Abortion Surveillance, 1978. Public Health Service, DHHS, Atlanta, Ga., Nov. 1980; Unpublished data.

Table 11. Methods of contraception for ever-married women 15-44 years of age, according to race and age: United States, 1973, 1976, and 1982

(Data are based on household interviews of samples of ever-married women in the childbearing ages)

Method of contraception and age	All races			White			Black		
	1973	1976	1982	1973	1976	1982	1973	1976	1982
All methods									
Percent of ever-married women									
15-44 years.....	66.4	65.7	65.6	67.8	67.0	66.8	55.8	56.7	58.2
15-24 years.....	66.9	68.3	66.6	67.1	69.7	68.3	65.2	59.0	52.6
25-34 years.....	70.4	69.4	67.9	71.6	70.8	68.6	59.2	61.1	65.6
35-44 years.....	61.5	59.3	62.3	63.6	60.6	63.9	46.8	50.3	51.1
Female sterilization									
Percent of ever-married contracepting women									
15-44 years.....	13.6	15.3	26.6	12.5	14.8	25.0	25.4	21.8	39.8
15-24 years.....	4.3	3.8	*5.0	4.1	3.6	*4.6	6.8	*7.1	*12.0
25-34 years.....	12.1	15.8	21.7	11.4	15.6	19.7	20.3	19.1	35.6
35-44 years.....	21.7	22.7	43.2	19.2	21.6	41.9	47.2	35.1	56.6
Male sterilization <sup>1</sup>									
15-44 years.....	10.4	11.9	13.1	11.2	12.9	14.2	*1.2	*2.0	*2.2
15-24 years.....	2.1	*1.3	*4.0	2.3	*1.4	*4.3	*0.1	*0.4	*0.4
25-34 years.....	10.3	10.7	11.1	11.0	11.7	12.3	*2.0	*0.4	*1.7
35-44 years.....	15.8	20.9	20.1	17.2	22.8	21.5	*1.1	*5.2	*3.8
Birth control pill									
15-44 years.....	36.6	34.5	22.4	36.1	34.2	22.3	41.8	38.1	25.1
15-24 years.....	65.3	63.9	56.5	64.4	64.2	56.2	72.4	61.1	58.5
25-34 years.....	36.2	34.8	24.5	35.8	34.2	23.9	41.6	42.7	30.2
35-44 years.....	18.3	13.6	*3.4	18.2	13.1	*3.3	17.2	16.9	*5.0
Intrauterine device									
15-44 years.....	10.2	10.0	7.9	9.8	9.7	7.7	13.8	12.6	10.6
15-24 years.....	10.8	9.4	*3.6	10.7	9.3	*3.3	12.6	11.0	*8.8
25-34 years.....	13.2	11.3	10.1	12.7	11.0	9.8	18.8	13.6	14.6
35-44 years.....	5.6	8.3	7.0	5.4	8.0	7.2	8.4	12.1	*5.0
Diaphragm									
15-44 years.....	3.4	4.0	7.0	3.6	4.2	7.3	1.8	2.8	4.4
15-24 years.....	*1.5	3.3	*7.5	*1.6	3.6	*7.8	*0.3	*0.5	*4.0
25-34 years.....	3.1	4.1	9.1	3.2	4.3	9.7	*2.2	*2.3	3.5
35-44 years.....	5.0	4.5	*3.9	5.3	4.5	*3.8	*2.5	*4.8	*6.0
Condom									
15-44 years.....	12.6	9.9	12.1	13.4	10.2	12.6	4.1	6.2	5.0
15-24 years.....	7.7	7.0	12.1	8.3	7.2	12.3	*1.8	*4.6	*5.6
25-34 years.....	12.4	9.6	12.4	13.1	9.8	13.0	3.8	7.1	5.0
35-44 years.....	16.1	12.3	11.7	17.2	12.8	12.2	6.4	*6.0	*4.7

<sup>1</sup>Refers only to currently married couples.

\*Relative standard error greater than 30 percent.

SOURCE: Division of Vital Statistics, National Center for Health Statistics: Data from the National Survey of Family Growth.



Table 12. Life expectancy at birth and at 65 years of age, according to race and sex: United States, selected years 1900-1985

(Data are based on the National Vital Statistics System)

Specified age and year	All races			White			Black		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
At birth									
Remaining life expectancy in years									
1900 <sup>1,2</sup> .....	47.3	46.3	48.3	47.6	46.6	48.7	<sup>3</sup> 33.0	<sup>3</sup> 32.5	<sup>3</sup> 33.5
1950 <sup>2</sup> .....	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1960 <sup>2</sup> .....	69.7	66.6	73.1	70.6	67.4	74.1	63.2	60.7	65.9
1970.....	70.9	67.1	74.8	71.7	68.0	75.6	64.1	60.0	68.3
1971.....	71.1	67.4	75.0	72.0	68.3	75.8	64.6	60.5	68.9
1972.....	71.2	67.4	75.1	72.0	68.3	75.9	64.7	60.4	69.1
1973.....	71.4	67.6	75.3	72.2	68.5	76.1	65.0	60.9	69.3
1974.....	72.0	68.2	75.9	72.8	69.0	76.7	66.0	61.7	70.3
1975.....	72.6	68.8	76.6	73.4	69.5	77.3	66.8	62.4	71.3
1976.....	72.9	69.1	76.8	73.6	69.9	77.5	67.2	62.9	71.6
1977.....	73.3	69.5	77.2	74.0	70.2	77.9	67.7	63.4	72.0
1978.....	73.5	69.6	77.3	74.1	70.4	78.0	68.1	63.7	72.4
1979.....	73.9	70.0	77.8	74.6	70.8	78.4	68.5	64.0	72.9
1980.....	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1981.....	74.2	70.4	77.8	74.8	71.1	78.4	68.9	64.5	73.2
1982.....	74.5	70.9	78.1	75.1	71.5	78.7	69.4	65.1	73.7
1983.....	74.6	71.0	78.1	75.2	71.7	78.7	69.6	65.4	73.6
1984.....	74.7	71.2	78.2	75.3	71.8	78.7	69.7	65.6	73.7
1984 <sup>2,4</sup> .....	74.7	71.1	78.3	75.3	71.8	78.8	69.7	65.5	73.7
1985 <sup>2,4</sup> .....	74.7	71.2	78.2	75.3	71.8	78.7	69.5	65.3	73.7
At 65 years									
1900-1902 <sup>1,2</sup> .....	11.9	11.5	12.2	---	11.5	12.2	---	<sup>3</sup> 10.4	<sup>3</sup> 11.4
1950 <sup>2</sup> .....	13.9	12.8	15.0	---	12.8	15.1	13.9	12.9	14.9
1960 <sup>2</sup> .....	14.3	12.8	15.8	14.4	12.9	15.9	13.9	12.7	15.1
1970.....	15.2	13.1	17.0	15.2	13.1	17.1	14.2	12.5	15.7
1971.....	15.2	13.2	17.1	15.3	13.2	17.2	14.3	12.7	15.8
1972.....	15.2	13.1	17.1	15.2	13.1	17.2	14.2	12.4	15.8
1973.....	15.3	13.2	17.2	15.4	13.2	17.3	14.1	12.5	15.7
1974.....	15.6	13.4	17.5	15.7	13.5	17.7	14.5	12.7	16.2
1975.....	16.1	13.8	18.1	16.1	13.8	18.2	15.0	13.1	16.7
1976.....	16.1	13.8	18.1	16.2	13.8	18.2	15.0	13.1	16.7
1977.....	16.4	14.0	18.4	16.5	14.0	18.5	15.2	13.3	16.9
1978.....	16.4	14.1	18.4	16.5	14.1	18.5	15.3	13.3	17.1
1979.....	16.7	14.3	18.7	16.8	14.4	18.8	15.5	13.5	17.3
1980.....	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1981.....	16.7	14.3	18.6	16.7	14.4	18.7	15.5	13.4	17.3
1982.....	16.8	14.5	18.7	16.9	14.5	18.8	15.7	13.5	17.5
1983.....	16.7	14.5	18.6	16.8	14.5	18.7	15.5	13.4	17.3
1984.....	16.8	14.6	18.6	16.9	14.6	18.7	15.5	13.5	17.2
1984 <sup>2,4</sup> .....	16.8	14.5	18.7	16.9	14.6	18.8	15.6	13.4	17.5
1985 <sup>2,4</sup> .....	16.8	14.6	18.6	16.8	14.6	18.7	15.5	13.3	17.2

<sup>1</sup>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.

<sup>2</sup>Includes deaths of nonresidents of the United States.

<sup>3</sup>Figure is for the all other population.

<sup>4</sup>Provisional data.

SOURCES: National Center for Health Statistics: Vital Statistics Rates in the United States, 1940-1960, by R. D. Grove and A. M. Hetzel. DHEW Pub. No. (PHS) 1677. Public Health Service, Washington, U.S. Government Printing Office, 1968; Vital Statistics of the United States, 1970, Vol. II, Mortality, Part A. DHEW Pub. No. (HRA) 75-1101. Health Resources Administration, Washington, U.S. Government Printing Office, 1974; Annual summary of births, marriages, divorces, and deaths, United States, 1984. Monthly Vital Statistics Report, Vol. 33, No. 13. DHHS Pub. No. (PHS) 85-1120. Sept. 26, 1985; Annual summary of births, marriages, divorces, and deaths, United States, 1985. Monthly Vital Statistics Report, Vol. 34, No. 13. DHHS Pub. No. (PHS) 86-1120. Sept. 19, 1986. Public Health Service, Hyattsville, Md.; Unpublished data from the Division of Vital Statistics; Data computed by the Office of Research and Methodology from data compiled by the Division of Vital Statistics.

Table 13. Infant mortality rates, fetal death rates, and perinatal mortality rates, according to race: United States, selected years 1950-85

(Data are based on the National Vital Statistics System)

Race and year	Infant mortality rate <sup>1</sup>				Fetal death rate <sup>2</sup>	Late fetal death rate <sup>3</sup>	Perinatal mortality rate <sup>4</sup>
	Total	Neonatal		Post-neonatal			
		Under 28 days	Under 7 days				
All races							
Number of deaths per 1,000 live births							
1950 <sup>5</sup>	29.2	20.5	17.8	8.7	18.4	14.9	32.5
1960 <sup>5</sup>	26.0	18.7	16.7	7.3	15.8	12.1	28.6
1970	20.0	15.1	13.6	4.9	14.0	9.5	23.0
1975	16.1	11.6	10.0	4.5	10.6	7.8	17.7
1976	15.2	10.9	9.3	4.3	10.3	7.5	16.7
1977	14.1	9.9	8.4	4.2	9.8	7.1	15.4
1978	13.8	9.5	8.0	4.3	9.6	6.6	14.6
1979	13.1	8.9	7.5	4.2	9.3	6.4	13.8
1980	12.6	8.5	7.1	4.1	9.1	6.2	13.2
1981	11.9	8.0	6.7	3.9	8.9	5.9	12.6
1982	11.5	7.7	6.4	3.8	8.8	5.9	12.3
1983	11.2	7.3	6.1	3.9	8.4	5.4	11.5
1984	10.8	7.0	5.9	3.8	8.1	5.2	11.0
Provisional data:							
1984 <sup>5</sup>	<sup>6</sup> 10.7	6.9	---	3.7	---	---	---
1985 <sup>5</sup>	10.6	---	---	---	---	---	---
White							
1950 <sup>5</sup>	26.8	19.4	17.1	7.4	16.6	13.3	30.1
1960 <sup>5</sup>	22.9	17.2	15.6	5.7	13.9	10.8	26.2
1970	17.8	13.8	12.5	4.0	12.3	8.6	21.1
1975	14.2	10.4	9.0	3.8	9.4	7.1	16.0
1976	13.3	9.7	8.2	3.6	9.3	6.9	15.1
1977	12.3	8.7	7.4	3.6	8.7	6.5	13.9
1978	12.0	8.4	7.0	3.6	8.4	6.0	13.0
1979	11.4	7.9	6.6	3.5	8.3	5.9	12.5
1980	11.0	7.5	6.2	3.5	8.1	5.7	11.9
1981	10.5	7.1	5.9	3.4	8.0	5.5	11.3
1982	10.1	6.8	5.6	3.3	7.9	5.4	11.0
1983	9.7	6.4	5.4	3.3	7.4	5.0	10.3
1984	9.4	6.2	5.1	3.3	7.3	4.8	9.9
Black							
1950 <sup>5</sup>	43.9	27.8	23.0	16.1	32.1	---	---
1960 <sup>5</sup>	44.3	27.8	23.7	16.5	---	---	---
1970	32.6	22.8	20.3	9.9	23.2	---	---
1975	26.2	18.3	15.7	7.9	16.8	11.4	26.9
1976	25.5	17.9	15.3	7.6	16.0	10.7	25.8
1977	23.6	16.1	13.5	7.6	15.6	10.1	23.5
1978	23.1	15.5	13.2	7.6	15.6	9.7	22.7
1979	21.8	14.3	12.1	7.5	14.8	9.0	21.1
1980	21.4	14.1	11.9	7.3	14.4	8.9	20.7
1981	20.0	13.4	11.4	6.6	13.8	8.2	19.4
1982	19.6	13.1	11.1	6.6	13.8	8.1	19.1
1983	19.2	12.4	10.6	6.8	13.5	7.7	18.2
1984	18.4	11.8	10.2	6.5	12.7	7.3	17.4

<sup>1</sup>Infant mortality rate is number of deaths of infants under 1 year per 1,000 live births. Neonatal deaths occur within 28 days of birth; postneonatal deaths occur 28-365 days after birth. Deaths within 7 days are early neonatal deaths.

<sup>2</sup>Number of deaths of fetuses of 20 weeks or more gestation per 1,000 live births plus fetal deaths.

<sup>3</sup>Number of fetal deaths of 28 weeks or more gestation per 1,000 live births plus late fetal deaths.

<sup>4</sup>Number of late fetal deaths plus infant deaths within 7 days of birth per 1,000 live births plus late fetal deaths.

<sup>5</sup>Includes births and deaths of nonresidents of the United States.

<sup>6</sup>Revised figures.

SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-81. Public Health Service. Washington. U.S. Government Printing Office. 1982-84, to be published; Annual summary of births, marriages, divorces, and deaths, United States, 1984. Monthly Vital Statistics Report. Vol. 33, No. 13. DHHS Pub. No. (PHS) 85-1120. Sept. 26, 1985; Annual summary of births, marriages, divorces, and deaths, United States, 1985. Monthly Vital Statistics Report. Vol. 34, No. 13. DHHS Pub. No. (PHS) 86-1120. Sept. 19, 1986. Public Health Service. Hyattsville, Md.; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics.

Table 14. Infant mortality rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
	Infant deaths per 1,000 live births								
United States.....	17.6	13.6	11.2	15.7	11.9	9.8	28.2	22.8	19.1
New England.....	15.4	11.5	9.7	14.8	10.8	9.2	26.2	21.2	18.3
Maine.....	16.9	9.9	8.7	17.0	10.0	8.7	*6.1	*4.0	*16.9
New Hampshire.....	15.7	10.4	9.9	15.7	10.5	10.0	*32.8	*7.9	*23.2
Vermont.....	14.6	10.7	8.9	14.7	10.7	8.9	*-	*36.4	*25.0
Massachusetts.....	14.7	11.3	9.4	14.1	10.9	8.9	25.1	18.4	16.5
Rhode Island.....	17.4	13.3	10.5	16.7	12.0	9.9	*30.8	*32.9	*18.9
Connecticut.....	15.7	12.4	10.5	14.4	11.0	9.3	26.9	22.8	20.0
Middle Atlantic.....	17.0	13.8	11.4	14.9	11.9	9.8	27.9	22.4	18.6
New York.....	17.0	14.0	11.6	14.8	12.0	10.1	27.0	22.0	17.4
New Jersey.....	16.7	13.4	11.4	14.0	10.9	9.5	28.9	23.3	19.4
Pennsylvania.....	17.2	13.7	11.1	15.6	12.4	9.7	29.0	22.7	21.0
East North Central.....	17.9	13.8	11.6	15.8	12.1	9.8	30.4	24.2	21.7
Ohio.....	17.3	13.3	11.0	15.7	12.1	9.8	28.6	21.3	18.9
Indiana.....	17.8	13.4	11.3	16.6	12.4	10.4	28.5	22.6	19.2
Illinois.....	19.9	15.6	12.7	16.7	12.6	10.0	32.3	27.0	23.3
Michigan.....	18.0	13.7	11.9	15.3	11.8	9.6	31.1	23.9	23.7
Wisconsin.....	14.1	11.1	9.7	13.6	10.7	9.0	22.8	18.1	18.4
West North Central.....	16.6	12.6	10.0	15.7	11.7	9.3	28.0	24.4	18.5
Minnesota.....	15.8	11.3	9.4	15.6	10.9	9.2	*26.6	*24.4	17.6
Iowa.....	15.9	11.8	9.3	15.8	11.6	9.1	*24.9	*22.9	*19.3
Missouri.....	17.6	14.2	10.9	15.5	12.2	9.5	28.8	25.6	19.4
North Dakota.....	16.1	13.0	9.2	15.6	12.4	8.7	*17.7	*13.7	*10.1
South Dakota.....	19.4	13.6	10.3	17.4	12.1	8.5	*45.5	*26.7	*10.4
Nebraska.....	16.1	12.4	9.8	15.2	11.9	9.5	*32.1	*22.9	*16.1
Kansas.....	16.3	12.4	10.3	15.8	11.7	9.8	24.4	21.2	17.2
South Atlantic.....	19.2	15.5	12.7	16.0	12.3	10.0	27.7	23.3	19.7
Delaware.....	17.3	14.6	11.6	13.9	11.5	9.0	30.5	25.2	20.1
Maryland.....	15.6	14.5	11.8	13.7	11.6	9.2	22.1	21.8	18.3
District of Columbia.....	26.6	25.6	20.5	*21.8	*11.4	8.8	27.5	28.6	23.2
Virginia.....	18.6	14.7	12.3	15.9	12.5	10.1	28.4	22.5	19.9
West Virginia.....	19.1	14.5	11.1	18.6	14.2	11.0	*31.5	*22.7	*15.9
North Carolina.....	21.5	15.8	13.1	18.0	12.1	10.4	30.1	24.4	19.7
South Carolina.....	22.1	17.7	15.3	17.1	12.9	11.4	30.4	25.1	21.4
Georgia.....	18.9	15.3	13.0	15.2	12.0	9.8	26.4	21.4	18.8
Florida.....	18.2	14.8	11.9	15.3	12.1	9.5	27.3	22.6	19.6
East South Central.....	20.7	15.2	12.9	17.0	12.3	10.5	30.7	22.9	19.6
Kentucky.....	17.1	12.9	11.7	16.5	12.1	11.1	23.7	20.6	18.3
Tennessee.....	19.5	14.6	12.2	16.9	12.6	10.2	29.4	21.7	19.5
Alabama.....	21.8	15.8	13.3	17.3	12.3	10.1	30.5	22.4	19.4
Mississippi.....	25.0	18.1	15.0	17.6	11.8	10.4	33.3	24.9	20.1

See footnotes at end of table.

Table 14. Infant mortality rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84--Continued

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
Infant deaths per 1,000 live births									
West South Central.....	19.2	14.5	11.2	17.3	12.6	10.0	27.1	22.9	17.2
Arkansas.....	18.1	15.0	10.5	16.1	12.6	8.8	24.2	22.3	16.4
Louisiana.....	20.5	16.9	12.8	16.9	12.4	9.4	26.3	24.1	18.8
Oklahoma.....	17.6	13.4	11.4	17.2	12.6	11.4	28.4	20.6	15.5
Texas.....	19.2	13.9	10.8	17.6	12.6	10.1	28.4	22.3	16.3
Mountain.....	16.4	12.1	9.8	15.8	11.7	9.7	24.5	19.7	15.4
Montana.....	19.0	12.0	9.3	18.4	11.5	9.2	*24.7	*5.4	*23.9
Idaho.....	16.4	11.0	10.2	16.1	11.1	10.2	*32.7	*22.6	*20.5
Wyoming.....	19.8	13.4	10.2	19.8	13.5	10.3	*16.5	*29.6	*12.4
Colorado.....	16.5	11.3	9.8	16.3	11.1	9.7	*22.2	17.2	14.9
New Mexico.....	18.9	14.0	10.3	18.0	13.1	10.1	*31.5	*22.2	*11.0
Arizona.....	15.7	13.4	9.5	14.4	12.4	9.0	*24.6	20.4	15.7
Utah.....	12.9	10.7	9.7	12.7	10.7	9.7	*15.1	*18.8	*15.3
Nevada.....	18.5	12.9	10.5	17.9	12.1	10.2	*26.0	*21.3	*17.2
Pacific.....	15.0	11.8	9.8	14.4	11.3	9.5	23.4	18.9	16.2
Washington.....	16.2	12.0	10.1	15.8	11.9	9.9	*25.8	17.3	18.9
Oregon.....	15.6	11.9	10.0	15.4	11.9	10.0	*30.2	*17.7	*13.9
California.....	14.6	11.7	9.7	14.0	11.1	9.4	23.2	19.1	16.1
Alaska.....	18.6	15.2	11.6	16.7	13.8	9.8	*27.5	*16.1	*18.2
Hawaii.....	15.3	10.9	9.4	14.2	10.4	9.0	*13.7	*13.5	*15.0

\*States with fewer than 5,000 live births for the 3-year period.

SOURCE: National Center for Health Statistics: Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics.

Table 15. Neonatal mortality rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
	Neonatal deaths per 1,000 live births								
United States.....	13.0	9.4	7.3	11.8	8.3	6.5	19.6	15.3	12.4
New England.....	11.7	8.5	7.0	11.3	8.0	6.6	19.5	15.7	13.2
Maine.....	12.5	6.0	5.7	12.6	6.1	5.7	*6.1	*-	*13.6
New Hampshire.....	11.7	7.9	7.2	11.7	8.0	7.2	*10.9	*7.9	*16.6
Vermont.....	10.9	7.4	5.9	10.9	7.3	5.9	*-	*36.4	*12.5
Massachusetts.....	11.3	8.5	6.7	10.8	8.2	6.4	19.5	13.6	11.5
Rhode Island.....	13.5	9.7	8.0	13.1	8.9	7.7	*21.9	*20.6	*13.0
Connecticut.....	11.9	9.7	7.9	11.0	8.6	7.0	19.5	17.4	15.1
Middle Atlantic.....	12.9	10.1	7.9	11.5	8.9	7.0	20.0	15.5	12.0
New York.....	12.7	10.1	7.9	11.3	8.9	7.2	19.5	15.1	11.1
New Jersey.....	12.7	9.7	7.8	11.0	8.3	6.8	20.3	15.7	12.0
Pennsylvania.....	13.2	10.3	7.8	12.1	9.4	6.8	21.0	16.4	14.4
East North Central.....	13.3	9.5	7.8	11.9	8.4	6.7	21.5	16.1	14.3
Ohio.....	12.7	9.4	7.4	11.6	8.5	6.6	20.4	14.7	12.5
Indiana.....	13.5	9.2	7.4	12.7	8.5	6.9	20.6	15.3	12.5
Illinois.....	14.8	10.9	8.5	12.9	9.1	7.0	22.5	17.6	14.5
Michigan.....	13.4	9.4	8.3	11.5	8.1	6.6	22.3	16.1	17.2
Wisconsin.....	10.2	7.4	6.3	10.0	7.3	5.9	15.3	10.6	11.4
West North Central.....	12.5	9.0	6.4	12.0	8.4	6.0	20.3	16.9	11.6
Minnesota.....	11.8	7.8	5.9	11.8	7.7	5.8	*18.7	*14.9	10.8
Iowa.....	12.5	8.6	5.9	12.4	8.4	5.8	*19.4	*15.7	*12.2
Missouri.....	13.1	10.1	7.0	11.7	8.8	6.1	20.8	18.0	12.5
North Dakota.....	12.1	9.7	5.8	12.1	9.3	5.7	*14.2	*13.7	*10.1
South Dakota.....	13.2	9.1	6.1	13.0	8.8	5.6	*30.3	*10.7	*6.9
Nebraska.....	12.5	8.8	6.5	12.0	8.4	6.3	*22.6	*15.1	*9.7
Kansas.....	12.6	9.0	6.5	12.3	8.5	6.2	17.7	15.0	10.0
South Atlantic.....	14.0	10.7	8.6	12.2	8.7	6.8	18.9	15.5	13.3
Delaware.....	13.3	10.9	8.2	10.8	8.3	6.5	22.9	19.3	13.7
Maryland.....	11.5	10.7	8.2	10.1	8.7	6.4	16.1	16.0	12.9
District of Columbia.....	20.0	19.4	15.3	*17.7	*9.2	6.5	20.4	21.6	17.4
Virginia.....	14.2	10.6	8.8	12.4	8.9	7.1	21.3	16.3	14.5
West Virginia.....	15.0	9.9	7.1	14.7	9.6	7.0	*24.5	*16.4	*11.0
North Carolina.....	15.5	11.0	8.8	13.6	8.7	7.0	20.4	16.3	13.3
South Carolina.....	15.2	12.0	10.1	12.9	9.3	7.7	19.1	16.1	14.0
Georgia.....	13.0	10.0	8.7	11.3	8.3	6.6	16.5	13.2	12.5
Florida.....	13.3	10.0	7.8	11.5	8.5	6.4	18.9	14.3	12.4
East South Central.....	14.8	10.3	8.5	12.7	8.5	7.0	20.4	15.0	12.4
Kentucky.....	12.5	8.7	7.7	12.2	8.2	7.3	16.3	14.0	11.9
Tennessee.....	14.4	10.1	8.1	12.5	8.7	6.7	21.2	15.3	13.3
Alabama.....	15.3	10.5	8.8	13.0	8.6	7.1	19.6	14.1	12.0
Mississippi.....	17.5	12.1	9.5	13.9	8.6	7.0	21.6	15.9	12.3

See footnotes at end of table.

Table 15. Neonatal mortality rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84--Continued

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
	Neonatal deaths per 1,000 live births								
West South Central.....	14.1	9.8	7.1	13.0	8.6	6.4	18.9	15.1	10.8
Arkansas.....	13.2	9.4	6.3	12.1	8.2	5.4	16.5	13.0	9.2
Louisiana.....	15.4	11.8	8.5	13.3	9.0	6.3	18.8	16.2	12.2
Oklahoma.....	12.5	8.6	7.1	12.7	8.3	7.1	18.0	12.1	9.8
Texas.....	14.2	9.5	6.8	13.2	8.6	6.4	19.7	15.1	10.2
Mountain.....	11.6	7.8	5.8	11.5	7.7	5.8	17.5	12.9	9.0
Montana.....	14.0	7.8	5.1	14.0	7.9	5.1	*12.3	*5.4	*4.8
Idaho.....	11.5	6.9	5.7	11.4	6.9	5.8	*26.1	*13.6	*17.1
Wyoming.....	15.1	8.3	6.0	15.3	8.4	5.9	*12.3	*18.5	*9.3
Colorado.....	12.1	6.9	5.8	12.0	6.8	5.7	*16.4	11.6	9.8
New Mexico.....	12.8	9.2	6.0	13.1	9.0	6.2	*22.6	*13.9	*5.7
Arizona.....	10.4	8.9	5.7	10.1	8.8	5.8	*17.3	14.1	9.1
Utah.....	9.2	7.1	5.9	9.2	7.2	5.9	*10.1	*9.4	*9.4
Nevada.....	12.7	8.0	6.0	12.2	7.4	6.0	*18.3	*13.5	*8.6
Pacific.....	10.6	7.6	6.0	10.3	7.3	5.9	15.8	12.3	10.3
Washington.....	11.5	7.4	5.6	11.3	7.4	5.6	*18.6	9.8	11.0
Oregon.....	10.5	7.4	5.5	10.5	7.4	5.5	*18.1	*10.6	*7.3
California.....	10.4	7.7	6.2	10.0	7.3	6.0	15.7	12.5	10.3
Alaska.....	12.2	9.2	6.2	11.7	9.1	5.5	*18.8	*13.4	*11.7
Hawaii.....	12.1	7.4	6.2	11.4	7.0	5.9	*10.0	*9.8	*7.7

\* States with fewer than 5,000 live births for the 3-year period.

SOURCE: National Center for Health Statistics: Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics.

Table 16. Postneonatal mortality rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
	Postneonatal deaths per 1,000 live births								
United States.....	4.7	4.2	3.8	3.9	3.6	3.3	8.6	7.6	6.6
New England.....	3.7	3.0	2.7	3.5	2.8	2.5	6.7	5.5	5.1
Maine.....	4.4	3.8	3.0	4.5	3.9	3.0	*-	*4.0	*3.4
New Hampshire.....	4.0	2.5	2.8	3.9	2.5	2.8	*21.9	*-	*6.6
Vermont.....	3.7	3.3	3.0	3.7	3.3	3.0	*-	*-	*12.5
Massachusetts.....	3.4	2.8	2.7	3.2	2.7	2.5	5.6	4.8	5.0
Rhode Island.....	3.9	3.6	2.5	3.7	3.0	2.3	*8.9	*12.3	*5.9
Connecticut.....	3.8	2.7	2.6	3.4	2.4	2.3	7.4	5.4	4.9
Middle Atlantic.....	4.2	3.7	3.5	3.4	3.0	2.8	7.9	6.9	6.6
New York.....	4.3	3.9	3.6	3.5	3.2	2.9	7.5	6.8	6.3
New Jersey.....	4.0	3.7	3.6	3.0	2.7	2.7	8.6	7.6	7.4
Pennsylvania.....	4.0	3.4	3.3	3.5	3.0	2.8	8.0	6.3	6.7
East North Central.....	4.6	4.3	3.8	3.9	3.6	3.1	8.9	8.1	7.4
Ohio.....	4.6	4.0	3.6	4.1	3.6	3.2	8.2	6.6	6.4
Indiana.....	4.3	4.3	3.9	3.9	3.9	3.5	7.9	7.3	6.6
Illinois.....	5.1	4.7	4.2	3.8	3.5	3.0	9.8	9.4	8.7
Michigan.....	4.6	4.4	3.6	3.7	3.7	3.0	8.8	7.7	6.6
Wisconsin.....	3.9	3.7	3.4	3.7	3.4	3.1	7.5	7.6	7.1
West North Central.....	4.0	3.7	3.6	3.6	3.3	3.3	7.7	7.5	6.9
Minnesota.....	3.9	3.5	3.5	3.7	3.3	3.4	*7.9	*9.5	*6.8
Iowa.....	3.5	3.3	3.4	3.4	3.2	3.3	*5.5	*7.2	*7.1
Missouri.....	4.5	4.1	3.9	3.8	3.5	3.4	8.0	7.6	6.9
North Dakota.....	4.0	3.3	3.4	3.5	3.0	3.0	*3.5	*-	*-
South Dakota.....	6.1	4.5	4.2	4.4	3.3	3.0	*15.2	*16.0	*3.5
Nebraska.....	3.6	3.7	3.3	3.2	3.4	3.1	*9.4	*7.8	*6.4
Kansas.....	3.7	3.4	3.8	3.5	3.1	3.5	*6.7	*6.2	7.1
South Atlantic.....	5.3	4.8	4.1	3.9	3.6	3.2	8.9	7.7	6.4
Delaware.....	4.0	3.8	3.4	3.1	3.2	2.4	*7.6	*5.9	*6.3
Maryland.....	4.1	3.8	3.6	3.5	3.0	2.9	6.0	5.8	5.3
District of Columbia.....	6.6	6.2	5.2	*4.1	*2.2	*2.3	7.1	7.0	5.9
Virginia.....	4.3	4.2	3.5	3.6	3.6	3.0	7.2	6.2	5.4
West Virginia.....	4.0	4.6	4.0	3.9	4.6	4.0	*7.0	*6.3	*4.9
North Carolina.....	6.0	4.9	4.3	4.3	3.4	3.4	9.8	8.1	6.4
South Carolina.....	6.9	5.8	5.2	4.2	3.6	3.8	11.3	9.0	7.4
Georgia.....	5.9	5.3	4.3	3.8	3.7	3.2	9.9	8.3	6.3
Florida.....	4.9	4.9	4.1	3.8	3.7	3.1	8.4	8.3	7.2
East South Central.....	5.9	4.9	4.5	4.2	3.8	3.5	10.3	8.0	7.1
Kentucky.....	4.6	4.2	4.0	4.3	3.9	3.8	7.4	6.6	6.4
Tennessee.....	5.2	4.5	4.1	4.3	3.9	3.5	8.2	6.4	6.2
Alabama.....	6.6	5.3	4.5	4.3	3.7	3.0	10.9	8.3	7.3
Mississippi.....	7.5	6.0	5.5	3.7	3.2	3.4	11.7	9.0	7.8

See footnotes at end of table.

Table 16. Postneonatal mortality rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84--Continued

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
Postneonatal deaths per 1,000 live births									
West South Central.....	5.1	4.7	4.1	4.3	3.9	3.6	8.3	7.8	6.4
Arkansas.....	4.9	5.6	4.3	4.0	4.4	3.4	7.7	9.3	7.2
Louisiana.....	5.2	5.1	4.4	3.7	3.4	3.1	7.5	7.9	6.6
Oklahoma.....	5.1	4.8	4.3	4.5	4.3	4.3	10.4	8.4	5.7
Texas.....	5.1	4.4	4.0	4.4	3.9	3.7	8.7	7.2	6.1
Mountain.....	4.9	4.3	4.0	4.3	4.0	3.8	7.0	6.7	6.4
Montana.....	5.0	4.2	4.2	4.4	3.7	4.1	*12.3	*-	*19.1
Idaho.....	4.8	4.1	4.5	4.6	4.1	4.5	*6.5	*9.0	*3.4
Wyoming.....	4.7	5.1	4.2	4.5	5.1	4.4	*4.1	*11.1	*3.1
Colorado.....	4.4	4.4	4.0	4.3	4.4	4.0	*5.8	*5.6	*5.1
New Mexico.....	6.1	4.8	4.3	5.0	4.1	3.9	*8.9	*8.3	*5.2
Arizona.....	5.3	4.5	3.7	4.3	3.7	3.2	*7.3	*6.4	*6.7
Utah.....	3.7	3.6	3.7	3.5	3.5	3.7	*5.0	*9.4	*5.9
Nevada.....	5.8	5.0	4.5	5.7	4.8	4.2	*7.7	*7.8	*8.6
Pacific.....	4.4	4.1	3.7	4.1	4.0	3.6	7.6	6.6	5.9
Washington.....	4.7	4.6	4.5	4.5	4.5	4.3	*7.3	*7.4	*7.9
Oregon.....	5.1	4.6	4.5	4.9	4.5	4.5	*12.1	*7.1	*6.6
California.....	4.3	4.0	3.5	3.9	3.8	3.4	7.5	6.6	5.8
Alaska.....	6.4	6.0	5.3	5.0	4.8	4.3	*8.7	*2.7	*6.5
Hawaii.....	3.2	3.5	3.2	2.7	3.4	3.1	*3.7	*3.8	*7.3

\* States with fewer than 10,000 live births for the 3-year period.

SOURCE: National Center for Health Statistics: Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics.



Table 17. Fetal death rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
	Fetal deaths <sup>1</sup> per 1,000 live births plus fetal deaths								
United States.....	12.0	9.6	8.4	10.6	8.5	7.5	19.1	15.3	13.3
New England.....	9.6	7.6	7.1	9.4	7.4	6.7	14.0	10.6	12.6
Maine.....	6.9	7.3	6.9	7.0	7.2	6.9	*-	*4.0	*3.4
New Hampshire.....	8.7	6.7	6.3	8.7	6.7	6.4	*10.8	*7.8	*3.3
Vermont.....	10.8	7.2	7.0	10.8	7.2	6.9	*17.5	*-	*24.4
Massachusetts.....	10.0	7.1	7.1	9.9	7.0	6.7	13.2	7.9	13.5
Rhode Island.....	9.0	10.4	8.0	8.5	10.2	7.9	*18.9	*15.3	*11.3
Connecticut.....	10.2	8.1	7.0	9.7	7.5	6.3	14.4	12.9	12.1
Middle Atlantic.....	13.2	10.8	9.8	11.9	9.5	8.8	20.1	16.7	14.4
New York.....	12.9	10.9	10.4	11.8	9.9	9.4	17.8	15.2	14.1
New Jersey.....	11.6	9.5	8.2	10.6	8.1	7.0	16.0	15.0	13.3
Pennsylvania.....	14.7	11.3	9.8	12.6	9.8	8.9	29.0	21.7	16.1
East North Central.....	11.2	8.8	7.6	10.0	8.0	6.9	18.2	13.7	11.5
Ohio.....	11.1	9.2	7.9	10.2	8.5	7.2	17.0	13.6	11.9
Indiana.....	11.3	9.0	7.7	10.2	8.3	7.2	20.9	14.3	11.7
Illinois.....	12.1	9.7	8.4	10.2	8.3	7.2	19.1	14.6	12.9
Michigan.....	11.2	8.3	6.3	9.9	7.4	5.9	17.0	13.0	8.3
Wisconsin.....	9.4	6.8	7.0	8.9	6.7	6.5	16.0	8.3	13.4
West North Central.....	10.4	8.3	7.3	9.9	7.8	6.8	16.8	13.7	12.5
Minnesota.....	9.2	7.5	6.7	9.0	7.3	6.5	*11.0	*11.6	11.4
Iowa.....	10.0	7.4	6.8	10.0	7.2	6.7	*13.6	*14.2	*11.8
Missouri.....	11.3	9.2	7.9	10.2	8.4	7.1	17.3	13.6	12.2
North Dakota.....	9.9	9.0	6.8	9.4	8.8	6.3	*7.0	*6.8	*12.5
South Dakota.....	11.2	9.0	7.6	10.6	8.0	6.9	*-	*5.3	*6.9
Nebraska.....	10.2	8.6	7.8	10.0	8.2	7.4	*14.3	*17.4	*14.4
Kansas.....	11.2	8.4	7.5	10.5	7.9	6.9	20.0	13.5	13.6
South Atlantic.....	14.0	11.7	10.5	11.6	9.6	8.6	20.1	16.8	15.4
Delaware.....	9.5	8.7	8.3	8.2	7.6	7.5	13.8	12.0	10.8
Maryland.....	11.5	9.7	8.9	10.0	7.7	7.0	16.4	14.9	13.3
District of Columbia.....	16.6	14.9	13.5	*16.7	*8.0	9.5	16.7	16.3	14.5
Virginia.....	15.8	13.8	11.3	13.3	11.4	9.4	24.7	21.6	17.7
West Virginia.....	13.1	10.5	9.4	12.9	10.2	9.4	*18.9	*17.2	*11.2
North Carolina.....	14.3	11.3	9.5	11.8	9.0	8.0	20.7	16.3	12.9
South Carolina.....	15.4	12.7	12.1	11.3	9.6	8.9	21.9	17.4	17.2
Georgia.....	14.6	13.9	12.7	11.7	11.5	10.1	20.2	18.1	17.4
Florida.....	12.9	9.9	9.7	10.9	8.3	8.0	18.9	14.3	14.7
East South Central.....	15.1	11.3	9.7	12.3	9.1	8.1	22.5	17.1	14.2
Kentucky.....	12.1	9.5	8.4	11.4	8.8	7.9	19.4	16.0	13.8
Tennessee.....	13.4	10.4	7.8	12.1	9.3	7.2	18.3	14.3	9.9
Alabama.....	15.6	11.4	10.5	12.0	9.0	8.5	22.5	15.8	14.4
Mississippi.....	20.3	14.9	13.1	15.0	9.5	9.5	26.0	20.5	17.2

See footnotes at end of table.

Table 17. Fetal death rates, according to race, geographic division, and State: United States, average annual 1972-74, 1977-79, and 1982-84--Continued

(Data are based on the National Vital Statistics System)

Geographic division and State	All races			White			Black		
	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84	1972-74	1977-79	1982-84
	Fetal deaths <sup>1</sup> per 1,000 live births plus fetal deaths								
West South Central.....	12.0	9.4	8.2	10.5	8.3	7.4	17.6	14.0	11.8
Arkansas.....	12.2	10.3	7.2	10.1	8.4	6.3	18.4	15.7	9.7
Louisiana.....	12.5	10.8	9.3	9.1	7.8	7.1	17.6	15.7	13.1
Oklahoma.....	11.2	9.3	8.2	10.5	8.7	7.4	14.6	14.8	11.0
Texas.....	12.0	8.9	8.0	10.9	8.4	7.6	17.7	12.0	11.3
Mountain.....	10.6	8.5	7.6	10.1	8.3	7.4	18.4	13.0	12.5
Montana.....	10.2	8.5	7.0	9.5	8.0	6.8	*12.2	*16.0	*9.5
Idaho.....	10.0	7.5	7.3	9.6	7.5	7.1	*83.8	*9.0	*13.5
Wyoming.....	10.7	7.8	7.4	10.5	7.9	7.4	*16.2	*3.7	*3.1
Colorado.....	12.8	11.0	9.5	12.4	10.7	9.3	*20.7	18.1	15.0
New Mexico.....	10.5	8.4	7.3	9.8	8.1	7.2	*17.5	*9.2	*9.9
Arizona.....	9.8	7.6	7.0	9.4	7.2	6.6	*14.7	10.8	9.7
Utah.....	8.9	7.8	6.7	8.8	7.8	6.6	*17.3	*13.9	*4.7
Nevada.....	11.1	7.7	7.5	10.1	7.0	6.7	*18.3	*10.3	*16.2
Pacific.....	10.0	8.3	7.1	9.5	7.8	6.9	14.2	13.0	10.4
Washington.....	8.9	7.4	6.8	8.7	7.3	6.8	*13.9	10.3	9.6
Oregon.....	10.7	7.7	6.5	10.6	7.6	6.5	*17.8	*9.5	*7.9
California.....	9.7	8.3	7.1	9.3	7.8	6.9	14.1	13.2	10.4
Alaska.....	9.8	8.5	6.3	9.4	7.6	6.0	*7.2	*13.3	*11.6
Hawaii.....	16.7	11.1	9.9	19.0	14.2	11.1	*31.4	*17.0	*13.5

<sup>1</sup>Deaths of fetuses of 20 weeks or more gestation.

\*States with fewer than 5,000 live births for the 3-year period.

SOURCE: National Center for Health Statistics: Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics.

Table 18. Infant mortality rates and average annual percent change: Selected countries, 1978 and 1983

(Data are based on National Vital Statistics Systems)

Country	Infant mortality rate		Average annual percent change <sup>2</sup>
	1978	1983 <sup>1</sup>	
	Infant deaths per 1,000 live births		
Finland.....	7.6	6.5	-5.1
Japan.....	8.4	6.6	-5.9
Sweden.....	7.8	7.0	-2.1
Switzerland.....	8.6	7.6	-4.0
Norway.....	8.6	8.1	-1.5
Denmark.....	8.8	8.2	-1.7
Netherlands.....	9.6	8.4	-2.6
France.....	10.7	9.0	-3.4
Canada.....	12.0	9.1	-6.7
Spain.....	15.1	9.6	-10.7
United Kingdom.....	13.3	10.2	-5.2
Australia.....	12.2	10.3	-4.1
German Democratic Republic.....	13.1	10.7	-4.0
Singapore.....	12.6	10.7	-4.0
Federal Republic of Germany.....	14.7	10.9	-7.2
United States.....	13.8	11.2	-4.1
Belgium.....	11.6	11.3	-0.5
Austria.....	15.0	12.0	-4.4
Italy.....	17.1	12.4	-6.2
New Zealand.....	13.8	12.5	-2.0
Israel.....	16.3	14.2	-2.7
Greece.....	19.3	14.9	-5.0
Czechoslovakia.....	18.8	15.6	-3.7
Bulgaria.....	22.2	16.8	-5.4
Cuba.....	22.4	16.8	-5.6

<sup>1</sup>Data for Finland and Switzerland are for 1981. Data for Japan, Norway, Denmark, Canada, Spain, Australia, Singapore, and Federal Republic of Germany are for 1982. Data for all other countries refer to 1983; of these, the U.S. figure is final and all others are provisional.

<sup>2</sup>Average annual percent change is between 1978 and the most recent year data are available.

NOTE: Rankings are from lowest to highest infant mortality rates based on the latest data available for countries or geographic areas with at least 1 million population and with "complete" counts of live births and infant deaths as indicated in the United Nations *Demographic Yearbook*, 1983.

SOURCES: United Nations: *Demographic Yearbook*, 1981 and 1983. Pub. Nos. ST/ESA/STAT/SER.R/11 and ST/ESA/STAT/SER.R/13. New York. United Nations, 1983 and 1985; National Center for Health Statistics: Advance report of final mortality statistics, 1983. *Monthly Vital Statistics Report*. Vol. 34, No. 6, Supp. 2. DHHS Pub. No. (PHS) 85-1120. Public Health Service. Hyattsville, Md., Sept. 26, 1985.

Table 19. Life expectancy at birth, according to sex: Selected countries, selected periods

(Data are based on reporting by countries)

Country	Period	Life expectancy in years	Period	Life expectancy in years
Male				
Japan.....	1976	72.2	1982	74.2
Sweden.....	1972-76	72.1	1981	73.1
Netherlands.....	1977	72.0	1981	72.7
Norway.....	1976-77	72.1	1981-82	72.6
Israel.....	1977	71.3	1982	72.5
Switzerland.....	1968-73	70.3	1977-78	72.0
Canada.....	1970-72	69.3	1980-82	71.9
Cuba.....	1970	68.5	1977-78	71.5
Denmark.....	1975-76	71.1	1981-82	71.4
Australia.....	1965-67	67.6	1981	71.4
England and Wales.....	1974-76	69.6	1980-82	71.1
United States.....	1975	68.8	1982	70.9
New Zealand.....	1970-72	68.6	1982	70.7
France.....	1976	69.2	1981	70.4
Spain.....	1970	69.7	1975	70.4
Federal Republic of Germany.....	1975-77	68.6	1980-82	70.2
Greece.....	1970	70.1	1970	70.1
Italy.....	1970-72	69.0	1974-77	69.7
Finland.....	1975	67.4	1981	69.5
Northern Ireland.....	1975-77	67.5	1979-81	69.5
Austria.....	1976	68.1	1981	69.2
German Democratic Republic.....	1976	68.8	1982	69.1
Scotland.....	1971-73	67.2	1980-82	69.0
Ireland.....	1970-72	68.8	1970-72	68.8
Singapore.....	1970	65.1	1980	68.7
Female				
Japan.....	1976	77.4	1982	79.7
Norway.....	1976-77	78.4	1981-82	79.4
Netherlands.....	1977	78.4	1981	79.3
Sweden.....	1972-76	77.8	1981	79.1
Canada.....	1970-72	76.4	1980-82	78.9
Switzerland.....	1968-73	76.2	1977-78	78.7
France.....	1976	77.2	1981	78.5
Australia.....	1965-67	74.2	1981	78.4
United States.....	1975	76.6	1982	78.1
Finland.....	1975	75.9	1981	77.8
Denmark.....	1975-76	76.8	1981-82	77.4
England and Wales.....	1974-76	75.8	1980-82	77.1
New Zealand.....	1970-72	74.6	1982	76.9
Federal Republic of Germany.....	1975-77	75.2	1980-82	76.9
Austria.....	1976	75.1	1981	76.6
Spain.....	1970	75.0	1975	76.2
Italy.....	1970-72	74.9	1974-77	75.9
Israel.....	1977	74.7	1982	75.8
Poland.....	1976	74.6	1982	75.2
Scotland.....	1971-73	73.6	1980-82	75.2
Northern Ireland.....	1975-77	73.8	1979-81	75.1
German Democratic Republic.....	1976	74.4	1982	75.1
Belgium.....	1968-72	74.2	1972-76	75.1
Cuba.....	1970	71.8	1977-78	74.9
Czechoslovakia.....	1976	74.1	1981	74.3

NOTE: Rankings are from highest to lowest life expectancy based on the latest available data for countries or geographic areas with at least 1 million population and most recent data for 1970 or later. This table is based only on data from the official life tables of the country concerned, consistent with the data presented in the United Nations Demographic Yearbook, 1983.

SOURCES: United Nations: Demographic Yearbook, 1978 and 1983. Pub. Nos. ST/ESA/STAT/SER.R/7 and ST/ESA/STAT/SER.R/13. New York. United Nations, 1979 and 1985; National Center for Health Statistics: Vital Statistics of the United States, 1975, Vol. II, Mortality, Part A. DHEW Pub. No. (PHS) 79-1114. Public Health Service. Washington. U.S. Government Printing Office, 1979; Advance report of final mortality statistics, 1982. Monthly Vital Statistics Report. Vol. 33, No. 9, Supp. DHHS Pub. No. (PHS) 85-1120. Public Health Service. Hyattsville, Md., Dec. 20, 1984.

Table 20. Death rates for all causes, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races								
Number of deaths per 100,000 resident population								
All ages, age adjusted....	841.5	760.9	714.3	585.8	568.2	553.8	550.5	545.9
All ages, crude.....	963.8	954.7	945.3	878.3	862.4	852.0	862.8	862.3
Under 1 year.....	3,299.2	2,696.4	2,142.4	1,288.3	1,207.3	1,164.2	1,107.3	1,085.6
1-4 years.....	139.4	109.1	84.5	63.9	60.2	57.6	55.9	51.9
5-14 years.....	60.1	46.6	41.3	30.6	29.4	28.3	26.9	26.7
15-24 years.....	128.1	106.3	127.7	115.4	107.1	101.0	96.0	96.8
25-34 years.....	178.7	146.4	157.4	135.5	132.1	125.2	121.4	121.1
35-44 years.....	358.7	299.4	314.5	227.9	221.3	207.4	201.9	204.8
45-54 years.....	853.9	756.0	730.0	584.0	573.5	549.7	535.7	521.1
55-64 years.....	1,911.7	1,735.1	1,658.8	1,346.3	1,322.1	1,297.9	1,299.5	1,287.8
65-74 years.....	4,067.7	3,822.1	3,582.7	2,994.9	2,922.3	2,885.2	2,874.3	2,848.1
75-84 years.....	9,331.1	8,745.2	8,004.4	6,692.6	6,429.9	6,329.8	6,441.5	6,399.3
85 years and over.....	20,196.9	19,857.5	17,539.4	15,980.3	15,379.7	15,048.3	15,168.0	15,223.6
White male								
All ages, age adjusted.....	963.1	917.7	893.4	745.3	724.4	706.0	698.4	689.9
All ages, crude.....	1,089.5	1,098.5	1,086.7	983.3	965.1	951.8	957.4	951.1
Under 1 year.....	3,400.5	2,694.1	2,113.2	1,230.3	1,182.0	1,135.5	1,052.9	1,038.4
1-4 years.....	135.5	104.9	83.6	66.1	60.5	58.2	57.3	51.8
5-14 years.....	67.2	52.7	48.0	35.0	34.2	32.5	31.1	30.5
15-24 years.....	152.4	143.7	170.8	167.0	154.5	145.6	137.0	138.8
25-34 years.....	185.3	163.2	176.6	171.3	167.3	158.7	154.8	154.3
35-44 years.....	380.9	332.6	343.5	257.4	252.4	238.6	232.9	235.1
45-54 years.....	984.5	932.2	882.9	698.9	686.5	659.9	636.5	617.9
55-64 years.....	2,304.4	2,225.2	2,202.6	1,728.5	1,692.0	1,654.6	1,642.9	1,625.5
65-74 years.....	4,864.9	4,848.4	4,810.1	4,035.7	3,926.9	3,859.8	3,816.1	3,745.3
75-84 years.....	10,526.3	10,299.6	10,098.8	8,829.8	8,565.2	8,444.7	8,556.9	8,459.1
85 years and over.....	22,116.3	21,750.0	20,392.6	19,097.3	18,454.0	18,123.1	18,443.3	18,552.7
Black male								
All ages, age adjusted.....	1,373.1	1,246.1	1,318.6	1,112.8	1,067.7	1,035.0	1,019.6	1,011.7
All ages, crude.....	1,260.3	1,181.7	1,186.6	1,034.1	991.6	960.4	963.3	958.1
Under 1 year.....	5,306.8	4,298.9	2,586.7	2,164.8	2,168.9	2,243.4	2,136.6	
1-4 years.....	1,412.6	208.5	150.5	110.5	105.3	93.4	96.8	85.2
5-14 years.....	95.1	75.1	67.1	47.4	45.2	44.4	40.9	42.4
15-24 years.....	289.7	212.0	320.6	209.1	186.7	175.4	165.0	163.9
25-34 years.....	503.5	402.5	559.5	407.3	387.1	360.3	335.8	335.6
35-44 years.....	878.1	762.0	956.6	689.8	667.9	606.7	586.5	616.0
45-54 years.....	1,905.0	1,624.8	1,777.5	1,479.9	1,432.5	1,352.1	1,287.3	1,273.5
55-64 years.....	3,773.2	3,316.4	3,256.9	2,873.0	2,804.1	2,758.1	2,713.1	2,658.3
65-74 years.....	5,310.3	5,798.7	5,803.2	5,131.1	5,046.3	5,040.1	4,949.3	4,874.5
75-84 years.....	8,605.1	9,454.9	9,231.6	8,635.1	8,477.2	8,477.2	9,100.0	9,023.1
85 years and over.....	10,101.9	14,844.8	14,415.4	16,098.8	15,396.4	15,117.9	14,155.6	14,642.9

See footnotes at end of table.

Table 20. Death rates for all causes, according to sex, race, and age: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	645.0	555.0	501.7	411.1	401.4	393.3	392.7	391.3
All ages, crude.....	803.3	800.9	812.6	806.1	799.6	797.9	815.3	822.3
Under 1 year.....	2,566.8	2,007.7	1,614.6	962.5	935.4	895.2	837.6	818.5
1-4 years.....	112.2	85.2	66.1	49.3	47.7	47.0	43.9	41.6
5-14 years.....	45.1	34.7	29.9	22.9	21.6	21.2	19.7	20.0
15-24 years.....	71.5	54.9	61.6	55.5	53.2	49.5	48.3	49.6
25-34 years.....	112.8	85.0	84.1	65.4	64.7	61.3	60.1	59.5
35-44 years.....	235.8	191.1	193.3	138.2	133.6	127.7	123.4	123.9
45-54 years.....	546.4	458.8	462.9	372.7	370.9	355.1	351.0	341.9
55-64 years.....	1,293.8	1,078.9	1,014.9	876.2	869.4	859.8	867.8	864.9
65-74 years.....	3,242.8	2,779.3	2,470.7	2,066.6	2,032.8	2,022.9	2,024.7	2,032.5
75-84 years.....	8,481.5	7,696.6	6,698.7	5,401.7	5,176.3	5,100.7	5,162.2	5,140.0
85 years and over.....	19,679.5	19,477.7	16,729.5	14,979.6	14,438.2	14,123.9	14,278.3	14,319.6
Black female								
All ages, age adjusted.....	1,106.7	916.9	814.4	631.1	599.1	581.4	590.4	585.3
All ages, crude.....	1,002.0	905.0	829.2	733.3	707.3	692.4	711.2	712.0
Under 1 year.....	1,139.3	4,162.2	3,368.8	2,123.7	1,823.4	1,760.1	1,818.6	1,789.1
1-4 years.....	72.8	173.3	129.4	84.4	81.6	76.4	73.6	72.2
5-14 years.....	213.1	53.8	43.8	30.5	30.0	29.4	28.0	27.8
15-24 years.....	393.3	107.5	111.9	70.5	64.0	63.5	65.6	61.6
25-34 years.....	758.1	273.2	231.0	150.0	141.1	134.8	130.0	130.6
35-44 years.....	1,576.4	568.5	533.0	323.9	306.1	282.7	276.1	285.7
45-54 years.....	3,089.4	1,177.0	1,043.9	768.2	723.9	693.1	685.8	655.0
55-64 years.....	4,000.2	2,510.9	1,986.2	1,561.0	1,527.9	1,498.3	1,526.3	1,489.7
65-74 years.....	8,347.0	4,064.2	3,860.9	3,057.4	2,929.7	2,863.0	2,930.6	2,907.4
75-84 years.....	13,052.6	6,730.0	6,691.5	6,212.1	5,822.3	5,708.5	6,064.6	6,184.1
85 years and over.....	12,131.7	12,367.2	11,933.0	11,660.0	11,329.5	11,439.1		

<sup>1</sup>Includes deaths of nonresidents of the United States.SOURCES: National Center for Health Statistics: *Vital Statistics of the United States*, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.

Table 21. Age-adjusted death rates for selected causes of death, according to sex and race: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and cause of death	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races		Deaths per 100,000 resident population						
All causes.....	841.5	760.9	714.3	585.8	568.2	553.8	550.5	545.9
Diseases of heart.....	307.6	286.2	253.6	202.0	195.0	190.5	188.8	183.6
Cerebrovascular diseases.....	88.8	79.7	66.3	40.8	38.1	35.8	34.4	33.4
Malignant neoplasms.....	125.4	125.8	129.9	132.8	131.6	132.5	132.6	133.5
Respiratory system.....	12.8	19.2	28.4	36.4	36.6	37.5	37.9	38.4
Colorectal.....	19.0	17.7	16.8	15.5	15.1	15.0	14.9	15.0
Prostate <sup>2</sup> .....	13.4	13.1	13.3	14.4	14.3	14.4	14.6	14.5
Breast <sup>3</sup> .....	22.2	22.3	23.1	22.7	22.7	22.8	22.7	23.2
Chronic obstructive pulmonary diseases..	4.4	8.2	13.2	15.9	16.3	16.2	17.4	17.7
Pneumonia and influenza.....	26.2	28.0	22.1	12.9	12.3	10.9	11.8	12.2
Chronic liver disease and cirrhosis.....	8.5	10.5	14.7	12.2	11.4	10.5	10.2	10.0
Diabetes mellitus.....	14.3	13.6	14.1	10.1	9.8	9.6	9.9	9.5
Accidents and adverse effects.....	57.5	49.9	53.7	42.3	39.8	36.6	35.3	35.0
Motor vehicle accidents.....	23.3	22.5	27.4	22.9	21.8	19.3	18.5	19.1
Suicide.....	11.0	10.6	11.8	11.4	11.5	11.6	11.4	11.6
Homicide and legal intervention.....	5.4	5.2	9.1	10.8	10.4	9.7	8.6	8.4
White male								
All causes.....	963.1	917.7	893.4	745.3	724.4	706.0	698.4	689.9
Diseases of heart.....	381.1	375.4	347.6	277.5	268.8	262.1	257.8	249.5
Cerebrovascular diseases.....	87.0	80.3	68.8	41.9	38.9	36.6	35.2	33.9
Malignant neoplasms.....	130.9	141.6	154.3	160.5	158.3	159.4	158.9	159.0
Respiratory system.....	21.6	34.6	49.9	58.0	57.8	58.5	58.0	58.4
Colorectal.....	19.8	18.9	18.9	18.3	17.9	17.7	17.8	17.8
Prostate.....	13.1	12.4	12.3	13.2	13.1	13.2	13.4	13.3
Chronic obstructive pulmonary diseases..	6.0	13.8	24.0	26.7	26.8	26.2	27.6	27.6
Pneumonia and influenza.....	27.1	31.0	26.0	16.2	15.6	14.3	15.3	15.8
Chronic liver disease and cirrhosis.....	11.6	14.4	18.8	15.7	14.8	14.1	13.4	13.2
Diabetes mellitus.....	11.3	11.6	12.7	9.5	9.3	9.2	9.2	9.0
Accidents and adverse effects.....	80.9	70.5	76.2	62.3	59.1	54.1	51.8	51.3
Motor vehicle accidents.....	35.9	34.0	40.1	34.8	33.4	29.3	27.8	28.4
Suicide.....	18.1	17.5	18.2	18.9	18.9	19.4	19.3	19.7
Homicide and legal intervention.....	3.9	3.9	7.3	10.9	10.3	9.5	8.4	8.2
Black male								
All causes.....	1,373.1	1,246.1	1,318.6	1,112.8	1,067.7	1,035.0	1,019.6	1,011.7
Diseases of heart.....	415.5	381.2	375.9	327.3	316.7	309.4	308.2	300.1
Cerebrovascular diseases.....	146.2	141.2	124.2	77.5	72.7	68.9	64.2	62.8
Malignant neoplasms.....	126.1	158.5	198.0	229.9	232.0	235.2	232.2	234.9
Respiratory system.....	16.9	36.6	60.8	82.0	84.1	85.8	83.3	85.9
Colorectal.....	13.8	15.0	17.3	19.2	19.1	19.6	19.0	19.9
Prostate.....	16.9	22.2	25.4	29.1	29.9	29.1	29.9	29.7
Chronic obstructive pulmonary diseases..	---	---	---	20.9	21.4	20.6	22.2	22.8
Pneumonia and influenza.....	63.8	70.2	53.8	28.0	26.4	23.2	24.3	25.2
Chronic liver disease and cirrhosis.....	8.8	14.8	33.1	30.6	27.3	23.5	22.8	22.5
Diabetes mellitus.....	11.5	16.2	21.2	17.7	16.8	16.1	17.7	17.6
Accidents and adverse effects.....	105.7	100.0	119.5	82.0	74.7	68.3	66.2	64.7
Motor vehicle accidents.....	39.8	38.2	50.1	32.9	30.7	27.2	26.4	27.2
Suicide.....	7.0	7.8	9.9	11.1	11.0	10.8	10.5	11.2
Homicide and legal intervention.....	51.1	44.9	82.1	71.9	69.2	62.3	53.8	50.8

See footnotes at end of table.

Table 21. Age-adjusted death rates for selected causes of death, according to sex and race: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and cause of death	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female								
Deaths per 100,000 resident population								
All causes.....	645.0	555.0	501.7	411.1	401.4	393.3	392.7	391.3
Diseases of heart.....	223.6	197.1	167.8	134.6	129.8	127.4	126.7	124.0
Cerebrovascular diseases.....	79.7	68.7	56.2	35.2	33.1	31.0	29.6	28.9
Malignant neoplasms.....	119.4	109.5	107.6	107.7	107.2	108.2	108.5	109.9
Respiratory system.....	4.6	5.1	10.1	18.2	18.8	20.0	21.0	21.6
Colorectal.....	19.0	17.0	15.3	13.3	12.9	12.7	12.5	12.8
Breast.....	22.5	22.4	23.4	22.8	22.8	22.8	22.7	23.1
Chronic obstructive pulmonary diseases..	2.8	3.3	5.3	9.2	9.8	10.0	11.3	11.8
Pneumonia and influenza.....	18.9	19.0	15.0	9.4	9.0	7.6	8.6	8.8
Chronic liver disease and cirrhosis....	5.8	6.6	8.7	7.0	6.7	6.1	6.0	5.9
Diabetes mellitus.....	16.4	13.7	12.8	8.7	8.4	8.3	8.6	8.0
Accidents and adverse effects.....	30.6	25.5	27.2	21.4	20.2	18.7	18.3	18.5
Motor vehicle accidents.....	10.6	11.1	14.4	12.3	11.7	10.5	10.3	10.9
Suicide.....	5.3	5.3	7.2	5.7	6.0	5.8	5.6	5.6
Homicide and legal intervention.....	1.4	1.5	2.2	3.2	3.1	3.1	2.8	2.9
Black female								
All causes.....	1,106.7	916.9	814.4	631.1	599.1	581.4	590.4	585.3
Diseases of heart.....	349.5	292.6	251.7	201.1	191.2	186.3	191.5	186.6
Cerebrovascular diseases.....	155.6	139.5	107.9	61.7	58.1	54.7	53.8	51.8
Malignant neoplasms.....	131.9	127.8	123.5	129.7	127.1	128.7	129.8	131.0
Respiratory system.....	4.1	5.5	10.9	19.5	20.1	20.4	22.0	21.4
Colorectal.....	15.0	15.4	16.1	15.3	15.3	15.5	15.1	15.3
Breast.....	19.3	21.3	21.5	23.3	23.7	24.6	24.4	26.1
Chronic obstructive pulmonary diseases..	---	---	---	6.3	6.3	7.3	7.6	8.1
Pneumonia and influenza.....	50.4	43.9	29.2	12.7	11.3	10.1	10.2	11.3
Chronic liver disease and cirrhosis....	5.7	8.9	17.8	14.4	12.7	10.9	10.8	10.3
Diabetes mellitus.....	22.7	27.3	30.9	22.1	21.3	19.8	21.1	20.5
Accidents and adverse effects.....	38.5	35.9	35.3	25.1	21.6	20.8	21.9	20.1
Motor vehicle accidents.....	10.3	10.0	13.8	8.4	7.7	7.5	7.5	7.6
Suicide.....	1.7	1.9	2.9	2.4	2.5	2.2	2.1	2.3
Homicide and legal intervention.....	11.7	11.8	15.0	13.7	12.9	12.0	11.2	11.0

<sup>1</sup>Includes deaths of nonresidents of the United States.<sup>2</sup>Male only.<sup>3</sup>Female only.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics Rates in the United States, 1940-1960, by R. D. Grove and A. M. Hetzel. DHEW Pub. No. (PHS) 1677. Public Health Service. Washington. U.S. Government Printing Office, 1968; Unpublished data from the Division of Vital Statistics; Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.



Table 22. Provisional death rates for all causes, according to race, sex, and age: United States, 1983-85

(Data are based on a 10-percent sample of death certificates from the National Vital Statistics System)

Sex and age	All races			White			Black		
	1983	1984	1985	1983	1984	1985	1983	1984	1985
Deaths per 100,000 resident population									
Both sexes									
All ages, age adjusted.....	549.6	547.7	545.9	528.5	525.6	523.2	767.7	773.7	779.0
All ages, crude..	858.9	866.8	874.8	882.7	890.2	897.2	811.9	830.5	841.4
Under 1 year.....	1,076.8	1,079.7	1,055.2	937.7	914.2	930.0	1,843.3	2,033.0	1,817.1
1-4 years.....	51.7	50.1	51.1	48.3	45.9	46.1	69.0	76.3	79.3
5-14 years.....	27.3	25.1	27.9	26.3	23.6	26.1	34.9	34.2	37.3
15-24 years.....	95.8	98.5	94.8	94.7	96.6	91.2	104.8	115.4	118.1
25-34 years.....	121.6	123.1	122.3	109.2	109.7	107.5	218.7	223.0	232.3
35-44 years.....	203.3	205.5	210.5	179.0	178.4	184.0	425.1	445.4	452.4
45-54 years.....	541.9	531.7	516.3	499.5	489.7	469.6	948.1	933.6	953.0
55-64 years.....	1,298.8	1,289.6	1,284.7	1,228.9	1,223.3	1,219.1	2,094.3	2,034.0	2,029.8
65-74 years.....	2,883.4	2,864.4	2,839.1	2,815.7	2,799.5	2,776.5	3,812.8	3,767.9	3,730.0
75-84 years.....	6,309.7	6,416.5	6,411.3	6,324.5	6,403.3	6,385.2	6,586.7	7,140.3	7,284.4
85 years and over.....	15,422.3	14,890.1	15,486.3	15,666.5	15,218.9	15,787.0	13,293.1	12,009.9	12,843.9
Male									
All ages, age adjusted.....	727.8	721.3	717.4	701.8	694.6	689.5	1,024.7	1,016.1	1,028.9
All ages, crude....	942.0	945.8	945.1	958.6	961.8	960.1	950.2	963.4	979.0
Under 1 year.....	1,229.3	1,175.7	1,178.0	1,078.0	997.4	1,046.7	2,098.7	2,221.8	2,000.0
1-4 years.....	57.4	56.7	56.7	54.3	52.1	52.6	71.6	84.2	80.0
5-14 years.....	33.1	30.6	33.3	31.5	28.4	31.6	43.9	43.7	43.2
15-24 years.....	139.1	144.0	141.2	137.9	141.9	135.0	153.7	163.2	184.8
25-34 years.....	174.0	179.5	178.7	155.5	160.5	157.5	330.9	329.2	348.5
35-44 years.....	270.4	269.6	285.5	236.4	234.2	247.2	604.4	608.9	662.7
45-54 years.....	705.1	691.4	670.3	649.4	633.4	608.0	1,300.5	1,291.1	1,315.7
55-64 years.....	1,726.6	1,702.8	1,686.9	1,636.5	1,622.3	1,609.8	2,813.7	2,656.6	2,619.8
65-74 years.....	3,923.9	3,859.4	3,788.4	3,849.6	3,783.4	3,723.1	5,057.9	4,991.7	4,846.5
75-84 years.....	8,424.4	8,472.7	8,514.3	8,482.4	8,511.2	8,517.0	8,552.9	8,869.0	9,289.1
85 years and over.....	18,400.5	18,033.7	18,210.6	18,797.3	18,511.5	18,637.4	15,386.0	14,707.7	15,353.8
Female									
All ages, age adjusted.....	408.5	409.5	408.3	391.5	391.4	390.0	571.5	586.2	584.6
All ages, crude....	780.3	792.0	804.9	810.4	822.1	837.1	687.8	711.1	717.6
Under 1 year.....	917.6	974.1	927.1	789.6	826.5	806.8	1,581.1	1,841.3	1,643.9
1-4 years.....	45.8	43.2	45.1	42.0	39.4	39.1	66.5	68.3	78.5
5-14 years.....	21.3	19.4	22.2	20.9	18.6	20.3	25.7	24.5	31.3
15-24 years.....	51.3	52.2	47.5	50.1	50.1	46.3	56.8	69.1	53.7
25-34 years.....	69.7	67.4	65.9	62.4	58.4	56.6	119.0	129.7	129.4
35-44 years.....	138.4	143.6	137.7	122.3	123.4	121.5	275.9	309.3	277.0
45-54 years.....	388.9	381.0	371.2	356.2	351.6	336.7	664.3	641.0	658.4
55-64 years.....	923.7	924.2	927.8	867.0	866.6	868.8	1,530.4	1,525.6	1,545.5
65-74 years.....	2,084.9	2,092.0	2,095.1	2,018.0	2,031.4	2,030.7	2,934.4	2,881.7	2,907.7
75-84 years.....	5,066.0	5,197.0	5,162.2	5,067.7	5,161.7	5,128.0	5,392.9	6,095.1	6,059.7
85 years and over.....	14,194.6	13,614.1	14,389.8	14,390.5	13,909.5	14,681.7	12,273.5	10,729.9	11,678.6

NOTE: Includes deaths of nonresidents of the United States.

SOURCES: National Center for Health Statistics: Annual summary of births, marriages, divorces, and deaths, United States, 1984. *Monthly Vital Statistics Report*. Vol. 33, No. 13. DHHS Pub. No. (PHS) 85-1120. Sept. 26, 1985; Annual summary of births, marriages, divorces, and deaths, United States, 1985. *Monthly Vital Statistics Report*. Vol. 34, No. 13. DHHS Pub. No. (PHS) 86-1120. Sept. 19, 1986. Public Health Service. Hyattsville, Md.

Table 23. Provisional age-adjusted death rates for selected causes of death: United States, 1983-85

(Data are based on a 10-percent sample of death certificates from the National Vital Statistics System)

Cause of death	1983	1984	1985
	Deaths per 100,000 resident population		
All causes.....	549.6	547.7	545.9
Diseases of heart.....	188.5	183.3	181.7
Cerebrovascular diseases.....	34.3	33.9	32.3
Malignant neoplasms.....	132.3	133.1	132.5
Respiratory system.....	38.1	38.5	38.3
Breast <sup>1</sup> .....	22.8	23.4	23.2
Chronic obstructive pulmonary diseases.....	17.6	18.0	18.6
Pneumonia and influenza.....	11.2	12.2	13.2
Chronic liver disease and cirrhosis.....	10.4	9.8	9.6
Diabetes mellitus.....	9.8	9.9	10.1
Accidents and adverse effects.....	34.9	35.6	34.3
Motor vehicle accidents.....	18.1	19.2	18.3
Suicide.....	11.7	11.6	11.2
Homicide and legal intervention.....	8.2	8.2	8.1

<sup>1</sup>Female only.

NOTES: Includes deaths of nonresidents of the United States. Code numbers for cause of death are based on the International Classification of Diseases, Ninth Revision, described in Appendix II, table V.

SOURCES: National Center for Health Statistics: Annual summary of births, marriages, divorces, and deaths, United States, 1984. Monthly Vital Statistics Report. Vol. 33, No. 13. DHHS Pub. No. (PHS) 85-1120. Sept. 26, 1985; Annual summary of births, marriages, divorces, and deaths, United States, 1985. Monthly Vital Statistics Report. Vol. 34, No. 13. DHHS Pub. No. (PHS) 86-1120. Sept. 19, 1986. Public Health Service. Hyattsville, Md.

Table 24. Death rates for diseases of heart, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races								
Number of deaths per 100,000 resident population								
All ages, age adjusted....	307.6	286.2	253.6	202.0	195.0	190.5	188.8	183.6
All ages, crude.....	355.5	369.0	362.0	336.0	328.7	326.0	329.2	323.5
Under 1 year.....	3.5	6.6	13.1	22.8	21.3	21.1	26.0	26.1
1-4 years.....	1.3	1.3	1.7	2.6	2.5	2.3	2.5	2.4
5-14 years.....	2.1	1.3	0.8	0.9	0.9	1.1	0.9	1.0
15-24 years.....	6.8	4.0	3.0	2.9	2.6	2.7	2.6	2.7
25-34 years.....	19.4	15.6	11.4	8.3	8.4	8.2	8.3	8.0
35-44 years.....	86.4	74.6	66.7	44.6	43.2	40.7	39.3	38.7
45-54 years.....	308.6	271.8	238.4	180.2	177.7	169.4	164.7	156.7
55-64 years.....	808.1	737.9	652.3	494.1	481.5	468.7	463.0	450.3
65-74 years.....	1,839.8	1,740.5	1,558.2	1,218.6	1,175.8	1,156.4	1,139.2	1,102.7
75-84 years.....	4,310.1	4,089.4	3,683.8	2,993.1	2,850.3	2,801.4	2,816.3	2,748.6
85 years and over.....	9,150.6	9,317.8	8,468.0	7,777.1	7,458.8	7,341.8	7,335.5	7,251.0
White male								
All ages, age adjusted.....	381.1	375.4	347.6	277.5	268.8	262.1	257.8	249.5
All ages, crude.....	433.0	454.6	438.3	384.0	375.8	371.0	370.9	361.8
Under 1 year.....	4.1	6.9	12.0	22.5	20.0	22.3	24.1	24.6
1-4 years.....	1.1	1.0	1.5	2.1	2.2	2.1	2.2	2.2
5-14 years.....	1.7	1.1	0.8	0.9	0.9	0.9	0.9	0.9
15-24 years.....	5.8	3.6	3.0	2.9	2.6	2.8	2.7	2.8
25-34 years.....	20.1	17.6	12.3	9.1	9.4	9.5	9.6	9.2
35-44 years.....	110.6	107.5	94.6	61.8	60.6	57.2	55.3	54.0
45-54 years.....	423.6	413.2	365.7	269.8	265.6	253.8	243.0	231.2
55-64 years.....	1,081.7	1,056.0	979.3	730.6	708.7	689.9	674.1	655.5
65-74 years.....	2,308.3	2,297.9	2,177.2	1,729.7	1,669.9	1,636.2	1,603.6	1,533.0
75-84 years.....	4,907.3	4,839.9	4,617.6	3,883.2	3,751.5	3,674.7	3,664.3	3,579.3
85 years and over.....	9,950.5	10,135.8	9,693.0	8,958.0	8,596.0	8,442.2	8,503.4	8,416.4
Black male								
All ages, age adjusted.....	415.5	381.2	375.9	327.3	316.7	309.4	308.2	300.1
All ages, crude.....	348.4	330.6	330.3	301.0	289.7	282.3	288.5	282.2
Under 1 year.....	4.8	13.9	33.5	42.8	35.6	34.4	54.5	48.4
1-4 years.....	3.8	3.9	3.9	6.3	4.4	4.3	5.1	4.4
5-14 years.....	6.4	3.0	1.4	1.3	1.7	1.5	1.5	1.5
15-24 years.....	18.0	8.7	8.3	8.3	6.7	6.0	6.6	6.7
25-34 years.....	51.9	43.1	41.6	30.3	29.3	26.6	27.5	27.5
35-44 years.....	198.1	168.1	189.2	136.6	129.3	119.4	115.9	121.1
45-54 years.....	624.1	514.0	512.8	433.4	426.1	406.4	398.2	384.6
55-64 years.....	1,434.0	1,236.8	1,135.4	987.2	981.5	950.4	928.0	895.9
65-74 years.....	2,140.1	2,281.4	2,237.8	1,847.2	1,812.7	1,822.5	1,804.5	1,734.7
75-84 years.....	3,533.6	3,783.4	3,578.8	3,578.8	3,302.5	3,245.9	3,457.5	3,375.7
85 years and over.....	4,107.9	6,037.9	6,330.8	6,819.5	6,394.5	6,378.6	5,907.9	6,015.9

See footnotes at end of table.

Table 24. Death rates for diseases of heart, according to sex, race, and age: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	223.6	197.1	167.8	134.6	129.8	127.4	126.7	124.0
All ages, crude.....	289.4	306.5	313.8	319.2	314.6	315.8	321.5	319.3
Under 1 year.....	2.7	4.3	7.0	15.7	18.0	14.8	19.3	20.3
1-4 years.....	1.1	0.9	1.2	2.1	2.2	1.7	2.1	2.0
5-14 years.....	1.9	0.9	0.7	0.8	0.8	1.0	0.8	0.9
15-24 years.....	5.3	2.8	1.7	1.7	1.6	1.7	1.6	1.8
25-34 years.....	12.2	8.2	5.5	3.9	4.2	3.8	3.8	3.7
35-44 years.....	40.5	28.6	23.9	16.4	16.2	15.6	14.5	14.1
45-54 years.....	141.9	103.4	91.4	71.2	71.2	66.6	67.4	63.1
55-64 years.....	460.2	383.0	317.7	248.1	243.7	237.9	237.5	231.6
65-74 years.....	1,400.9	1,229.8	1,044.0	796.7	769.4	759.6	745.6	735.3
75-84 years.....	3,925.2	3,629.7	3,143.5	2,493.6	2,359.0	2,331.7	2,332.4	2,273.1
85 years and over.....	9,084.7	9,280.8	8,207.5	7,501.6	7,215.1	7,118.6	7,133.7	7,044.7
Black female								
All ages, age adjusted.....	349.5	292.6	251.7	201.1	191.2	186.3	191.5	186.6
All ages, crude.....	289.9	268.5	261.0	249.7	241.1	237.0	248.1	244.6
Under 1 year.....	3.9	12.0	31.3	43.6	29.2	30.0	45.6	45.1
1-4 years.....	8.8	2.8	4.2	4.4	4.0	3.9	3.6	4.3
5-14 years.....	8.8	3.0	1.8	1.7	1.4	1.7	1.1	1.4
15-24 years.....	19.8	10.0	6.0	4.6	4.2	4.3	4.4	4.3
25-34 years.....	52.0	35.9	24.7	15.7	13.7	13.3	13.6	12.5
35-44 years.....	185.0	125.3	99.8	61.7	56.0	53.4	53.0	52.8
45-54 years.....	526.8	360.7	290.9	202.4	197.8	192.2	182.8	174.1
55-64 years.....	1,210.7	952.3	710.5	530.1	517.2	501.9	517.7	499.6
65-74 years.....	1,659.4	1,680.5	1,553.2	1,210.3	1,152.3	1,124.3	1,159.8	1,127.1
75-84 years.....	3,499.3	2,926.9	2,964.1	2,707.2	2,509.4	2,445.0	2,660.1	2,618.9
85 years and over.....	5,650.0	5,669.8	5,796.5	5,583.9	5,491.3	5,298.4	5,315.0	

<sup>1</sup>Includes deaths of nonresidents of the United States.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.

Table 25. Death rates for cerebrovascular diseases, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races								
Number of deaths per 100,000 resident population								
All ages, age adjusted.....	88.8	79.7	66.3	40.8	38.1	35.8	34.4	33.4
All ages, crude.....	104.0	108.0	101.9	75.1	71.3	68.0	66.5	65.3
Under 1 year.....	5.1	4.1	5.0	4.4	3.7	3.7	3.9	3.0
1-4 years.....	0.9	0.8	1.0	0.5	0.3	0.3	0.4	0.4
5-14 years.....	0.5	0.7	0.7	0.3	0.3	0.3	0.3	0.3
15-24 years.....	1.6	1.8	1.6	1.0	0.9	0.7	0.8	0.8
25-34 years.....	4.2	4.7	4.5	2.6	2.6	2.4	2.2	2.2
35-44 years.....	18.7	14.7	15.6	8.5	8.4	7.7	7.3	7.5
45-54 years.....	70.4	49.2	41.6	25.2	24.9	23.7	22.8	22.6
55-64 years.....	195.3	147.3	115.8	65.2	62.9	58.9	57.6	55.8
65-74 years.....	549.7	469.2	384.1	219.5	206.3	193.5	182.2	177.0
75-84 years.....	1,499.6	1,491.3	1,254.2	788.6	715.6	675.1	652.7	626.2
85 years and over.....	2,990.1	3,680.5	3,234.6	2,288.9	2,126.8	2,000.8	1,912.5	1,883.8
White male								
All ages, age adjusted.....	87.0	80.3	68.8	41.9	38.9	36.6	35.2	33.9
All ages, crude.....	100.5	102.7	93.5	63.3	59.4	56.7	55.5	53.8
Under 1 year.....	5.9	4.3	4.5	3.8	3.5	3.6	4.0	2.6
1-4 years.....	1.1	0.8	1.2	0.4	0.3	0.3	0.5	0.3
5-14 years.....	0.5	0.7	0.8	0.2	0.3	0.3	0.2	0.2
15-24 years.....	1.6	1.7	1.6	1.0	0.8	0.7	0.8	0.8
25-34 years.....	3.4	3.5	3.2	2.0	2.1	2.0	1.9	1.8
35-44 years.....	13.1	11.3	11.8	6.5	6.4	5.6	5.5	5.9
45-54 years.....	53.7	40.9	35.6	21.7	20.5	20.2	19.1	19.3
55-64 years.....	182.2	139.0	119.9	64.2	61.6	57.3	56.5	54.3
65-74 years.....	569.7	501.0	420.0	240.4	225.3	211.5	197.1	190.4
75-84 years.....	1,556.3	1,564.8	1,361.6	854.8	775.6	727.3	714.8	671.1
85 years and over.....	3,127.1	3,734.8	3,317.6	2,236.9	2,051.4	1,944.7	1,862.9	1,846.4
Black male								
All ages, age adjusted.....	146.2	141.2	124.2	77.5	72.7	68.9	64.2	62.8
All ages, crude.....	122.0	122.9	108.7	73.1	68.2	64.3	61.3	60.0
Under 1 year.....	2.5	8.5	12.2	11.2	9.1	7.7	7.5	8.2
1-4 years.....	0.7	1.9	1.4	0.6	0.4	0.6	0.2	0.8
5-14 years.....	3.3	0.9	0.8	0.5	0.3	0.5	0.4	0.6
15-24 years.....	3.3	3.7	3.0	2.1	1.5	1.2	1.4	1.2
25-34 years.....	12.0	12.8	14.6	7.7	7.2	6.3	5.9	5.7
35-44 years.....	59.3	47.4	52.7	29.2	29.2	27.8	24.3	26.0
45-54 years.....	211.9	166.1	136.2	82.1	84.2	76.6	74.1	72.9
55-64 years.....	522.8	439.9	343.4	189.8	182.3	174.3	163.8	159.0
65-74 years.....	783.6	899.2	780.0	472.8	437.0	428.1	388.0	379.8
75-84 years.....	1,504.9	1,475.2	1,442.6	1,067.6	943.9	881.7	844.1	819.5
85 years and over.....	2,700.0	2,315.4	1,873.2	1,787.3	1,637.5	1,479.4	1,395.2	

See footnotes at end of table.

Table 25. Death rates for cerebrovascular diseases, according to sex, race, and age: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	79.7	68.7	56.2	35.2	33.1	31.0	29.6	28.9
All ages, crude.....	103.3	110.1	109.8	88.8	85.1	81.7	79.8	79.2
Under 1 year.....	2.9	2.6	3.2	3.3	2.3	2.1	2.5	2.6
1-4 years.....	0.6	0.5	0.6	0.4	0.3	0.2	0.2	0.3
5-14 years.....	0.4	0.6	0.6	0.3	0.3	0.3	0.3	0.3
15-24 years.....	1.2	1.4	1.1	0.7	0.8	0.6	0.7	0.6
25-34 years.....	2.9	3.4	3.4	2.0	2.0	1.7	1.6	1.6
35-44 years.....	13.6	10.1	11.5	6.7	6.7	5.9	5.6	5.6
45-54 years.....	55.0	33.8	30.5	18.7	18.8	17.8	16.9	17.0
55-64 years.....	156.9	103.0	78.1	48.7	47.7	44.0	42.6	42.0
65-74 years.....	498.1	383.3	303.2	172.8	163.6	154.2	144.6	140.9
75-84 years.....	1,471.3	1,444.7	1,176.8	730.3	665.4	628.9	602.0	580.9
85 years and over.....	3,017.9	3,795.7	3,316.1	2,367.8	2,206.0	2,074.5	1,986.5	1,962.5
Black female								
All ages, age adjusted.....	155.6	139.5	107.9	61.7	58.1	54.7	53.8	51.8
All ages, crude.....	128.3	127.7	112.1	77.9	74.4	70.6	70.5	68.5
Under 1 year.....	2.8	6.7	9.1	6.4	6.2	6.5	7.3	3.3
1-4 years.....		1.3	1.4	0.5	0.3	0.6	0.5	0.5
5-14 years.....	0.6	1.0	0.8	0.3	0.4	0.3	0.4	0.4
15-24 years.....	4.2	3.4	3.0	1.7	1.6	1.4	1.6	1.7
25-34 years.....	15.9	17.4	14.3	7.0	6.6	6.5	5.1	6.1
35-44 years.....	75.0	57.4	49.1	21.6	21.0	21.1	20.1	19.2
45-54 years.....	248.9	166.2	119.4	61.9	59.9	56.7	55.7	50.3
55-64 years.....	567.7	452.0	272.5	138.7	129.8	127.5	126.0	112.6
65-74 years.....	754.4	830.5	673.4	362.2	345.1	305.3	308.4	304.6
75-84 years.....	1,496.7	1,413.1	1,337.8	918.6	828.3	800.8	786.7	803.4
85 years and over.....		2,578.9	2,504.8	1,896.3	1,832.1	1,689.6	1,603.1	1,470.7

<sup>1</sup>Includes deaths of nonresidents of the United States.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.

Table 26. Death rates for malignant neoplasms, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races								
Number of deaths per 100,000 resident population								
All ages, age adjusted....	125.4	125.8	129.9	132.8	131.6	132.5	132.6	133.5
All ages, crude.....	139.8	149.2	162.8	183.9	184.0	187.2	189.3	191.8
Under 1 year.....	8.7	7.2	4.7	3.2	2.5	3.7	3.6	3.1
1-4 years.....	11.7	10.9	7.5	4.5	4.9	4.6	4.7	4.0
5-14 years.....	6.7	6.8	6.0	4.3	4.1	4.1	3.9	3.6
15-24 years.....	8.6	8.3	8.3	6.3	5.7	5.9	5.6	5.5
25-34 years.....	20.0	19.5	16.5	13.7	13.0	13.2	12.8	13.0
35-44 years.....	62.7	59.7	59.5	48.6	47.2	46.2	45.6	46.6
45-54 years.....	175.1	177.0	182.5	180.0	178.1	176.0	172.2	170.5
55-64 years.....	392.9	396.8	423.0	436.1	434.8	439.7	443.0	448.4
65-74 years.....	692.5	713.9	754.2	817.9	814.8	824.9	829.3	835.1
75-84 years.....	1,153.3	1,127.4	1,168.0	1,232.3	1,221.8	1,238.7	1,254.7	1,272.3
85 years and over.....	1,451.0	1,450.0	1,417.3	1,594.6	1,575.3	1,598.6	1,583.4	1,604.0
White male								
All ages, age adjusted.....	130.9	141.6	154.3	160.5	158.3	159.4	158.9	159.0
All ages, crude.....	147.2	166.1	185.1	208.7	207.9	211.7	213.8	215.1
Under 1 year.....	9.6	7.9	4.3	3.5	2.5	3.5	3.5	2.7
1-4 years.....	13.1	13.1	8.5	5.4	5.5	5.2	5.3	4.4
5-14 years.....	7.6	8.0	7.0	5.2	4.6	4.9	4.4	4.1
15-24 years.....	9.9	10.3	10.6	7.8	6.8	6.8	6.7	6.8
25-34 years.....	17.7	18.8	16.2	13.6	12.6	12.8	12.6	12.5
35-44 years.....	44.5	46.3	50.1	41.1	39.7	39.3	38.3	38.5
45-54 years.....	150.8	164.1	172.0	175.4	173.8	170.9	166.7	164.0
55-64 years.....	409.4	450.9	498.1	497.4	494.4	497.3	499.5	504.5
65-74 years.....	798.7	887.3	997.0	1,070.7	1,060.3	1,067.8	1,063.7	1,064.1
75-84 years.....	1,367.6	1,413.7	1,592.7	1,779.7	1,749.5	1,790.0	1,805.3	1,806.9
85 years and over.....	1,732.7	1,791.4	1,948.1	2,375.6	2,358.7	2,413.4	2,416.3	2,438.6
Black male								
All ages, age adjusted.....	126.1	158.5	198.0	229.9	232.0	235.2	232.2	234.9
All ages, crude.....	106.6	136.7	171.6	205.5	206.3	208.2	210.5	214.0
Under 1 year.....	8.2	6.8	5.3	4.5	2.7	2.3	3.9	3.2
1-4 years.....	7.9	7.9	7.6	5.1	4.5	4.0	4.7	3.5
5-14 years.....	5.8	4.4	4.8	3.7	4.7	4.5	4.1	3.6
15-24 years.....	7.9	9.7	9.4	8.1	7.0	6.9	5.6	6.4
25-34 years.....	18.0	18.4	18.8	14.1	14.1	14.8	14.7	15.8
35-44 years.....	55.7	72.9	81.3	73.8	75.8	70.6	70.7	74.4
45-54 years.....	211.7	244.7	311.2	333.0	332.2	333.1	315.5	314.1
55-64 years.....	490.8	579.7	689.2	812.5	814.8	838.2	821.6	841.7
65-74 years.....	636.4	938.5	1,168.9	1,417.2	1,462.1	1,477.3	1,457.4	1,444.9
75-84 years.....	853.5	1,053.3	1,624.8	2,029.6	2,010.5	2,048.4	2,196.8	2,226.3
85 years and over.....	1,155.2	1,635.9	2,393.9	2,383.6	2,566.1	2,219.0	2,471.4	

See footnotes at end of table.

Table 26. Death rates for malignant neoplasms, according to sex, race, and age: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female								
Number of deaths per 100,000 resident population								
All ages, age adjusted.....	119.4	109.5	107.6	107.7	107.2	108.2	108.5	109.9
All ages, crude.....	139.9	139.8	149.4	170.3	172.0	175.6	177.9	181.7
Under 1 year.....	7.8	6.8	5.4	2.7	2.6	3.5	3.5	2.9
1-4 years.....	11.3	9.7	6.9	3.6	4.5	4.3	4.4	3.8
5-14 years.....	6.3	6.2	5.4	3.7	3.5	3.5	3.4	3.0
15-24 years.....	7.5	6.5	6.2	4.7	4.5	4.9	4.6	4.3
25-34 years.....	20.9	18.8	16.3	13.5	12.9	12.9	12.3	12.8
35-44 years.....	74.5	66.6	62.4	50.9	48.6	48.5	48.0	49.0
45-54 years.....	185.8	175.7	177.3	166.4	165.5	163.5	160.0	160.0
55-64 years.....	362.5	329.0	338.6	355.5	356.3	361.5	366.8	370.0
65-74 years.....	616.5	562.1	554.7	605.2	605.7	618.4	627.4	638.6
75-84 years.....	1,026.6	939.3	903.5	905.4	907.8	913.0	919.5	944.2
85 years and over.....	1,348.3	1,304.9	1,179.4	1,266.8	1,257.2	1,270.6	1,265.7	1,284.3
Black female								
All ages, age adjusted.....	131.9	127.8	123.5	129.7	127.1	128.7	129.8	131.0
All ages, crude.....	111.8	113.8	117.3	136.5	135.2	137.9	140.7	142.9
Under 1 year.....	7.0	6.7	3.3	3.0	0.7	3.1	3.3	2.5
1-4 years.....	6.9	6.9	5.7	3.9	4.5	4.2	3.1	3.1
5-14 years.....	3.9	4.8	4.0	3.4	4.0	3.5	3.6	3.3
15-24 years.....	8.8	6.9	6.4	5.7	4.6	5.4	5.0	4.3
25-34 years.....	34.3	31.0	20.9	18.3	17.4	17.9	17.3	16.5
35-44 years.....	119.8	102.4	94.6	73.5	73.7	69.4	68.9	74.3
45-54 years.....	277.0	254.8	228.6	230.2	217.4	216.7	217.8	215.1
55-64 years.....	484.6	442.7	404.8	450.4	446.4	455.4	452.9	462.2
65-74 years.....	477.3	541.6	615.8	662.4	656.2	674.9	694.2	685.8
75-84 years.....	605.3	696.3	763.3	923.9	916.2	944.3	972.4	1,013.7
85 years and over.....	728.9	896.8	1,159.9	1,133.9	1,129.6	1,132.6	1,154.9	

<sup>1</sup>Includes deaths of nonresidents of the United States.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.



Table 27. Death rates for malignant neoplasms of respiratory system, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races								
Number of deaths per 100,000 resident population								
All ages, age adjusted.....	12.8	19.2	28.4	36.4	36.6	37.5	37.9	38.4
All ages, crude.....	14.1	22.2	34.2	47.9	48.5	50.2	51.3	52.3
Under 1 year.....	0.1	0.2	0.1	0.2	0.2	0.2	0.2	0.3
1-4 years.....	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.1
5-14 years.....	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1
15-24 years.....	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1
25-34 years.....	0.9	1.1	1.0	0.8	0.7	0.8	0.7	0.7
35-44 years.....	5.1	7.3	11.6	9.6	9.5	8.8	8.9	8.2
45-54 years.....	22.9	32.0	46.2	56.5	56.7	56.0	54.6	53.9
55-64 years.....	55.2	81.5	116.2	144.3	145.9	150.8	151.8	156.1
65-74 years.....	69.3	117.2	174.6	243.1	245.3	254.6	258.7	262.7
75-84 years.....	69.3	102.9	175.1	251.4	252.6	263.5	278.3	286.4
85 years and over.....	64.0	79.1	121.8	184.5	187.7	196.0	191.6	199.3
White male								
All ages, age adjusted.....	21.6	34.6	49.9	58.0	57.8	58.5	58.0	58.4
All ages, crude.....	24.1	39.6	58.3	73.4	73.7	75.5	75.9	76.8
Under 1 year.....	0.2	0.1	0.2	0.2	0.1	0.1	0.3	0.3
1-4 years.....	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.0
5-14 years.....	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1
15-24 years.....	0.3	0.2	0.2	0.2	0.2	0.1	0.2	0.2
25-34 years.....	1.2	1.6	1.4	0.9	0.9	0.9	0.7	0.8
35-44 years.....	7.9	10.4	15.4	11.2	11.1	10.1	10.0	9.1
45-54 years.....	39.1	53.0	67.6	74.3	74.6	72.4	68.7	67.8
55-64 years.....	95.9	149.8	199.3	215.0	212.8	216.8	215.2	220.0
65-74 years.....	119.4	225.1	344.8	418.4	415.1	424.1	420.7	421.3
75-84 years.....	109.1	191.9	360.7	516.1	515.8	534.1	550.1	556.5
85 years and over.....	102.7	133.9	243.8	391.5	420.6	439.1	435.9	446.8
Black male								
All ages, age adjusted.....	16.9	36.6	60.8	82.0	84.1	85.8	83.3	85.9
All ages, crude.....	14.3	31.1	51.2	70.8	71.8	73.0	72.6	75.5
Under 1 year.....	-	0.4	0.4	0.4	-	0.3	0.4	1.1
1-4 years.....	-	0.1	0.1	0.2	-	-	0.2	-
5-14 years.....	0.1	0.0	0.1	0.0	0.0	0.2	0.0	0.0
15-24 years.....	0.4	0.2	0.3	0.3	0.2	0.3	0.2	0.2
25-34 years.....	2.1	2.6	2.9	1.9	1.1	1.4	1.5	1.6
35-44 years.....	9.4	20.7	32.6	26.9	26.0	22.0	23.0	23.6
45-54 years.....	41.1	75.0	123.5	142.8	146.0	143.5	137.7	131.8
55-64 years.....	78.8	161.8	250.3	340.3	356.0	367.6	346.2	373.0
65-74 years.....	65.2	184.6	322.2	499.4	518.7	540.6	530.3	529.3
75-84 years.....	42.4	126.3	290.6	499.6	486.2	505.7	536.8	576.5
85 years and over.....	-	110.3	182.1	337.7	343.6	385.7	309.5	423.8

See footnotes at end of table.

Table 27. Death rates for malignant neoplasms of respiratory system, according to sex, race, and age: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	4.6	5.1	10.1	18.2	18.8	20.0	21.0	21.6
All ages, crude.....	5.4	6.4	13.1	26.5	27.6	29.7	31.5	32.8
Under 1 year.....	-	0.2	0.1	0.1	0.1	0.1	0.1	0.1
1-4 years.....	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.1
5-14 years.....	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.0
15-24 years.....	0.2	0.1	0.1	0.0	0.1	0.1	0.1	0.1
25-34 years.....	0.5	0.6	0.6	0.5	0.5	0.6	0.5	0.6
35-44 years.....	2.2	3.4	6.0	6.8	6.3	6.3	6.6	5.9
45-54 years.....	6.5	9.8	22.1	33.9	33.6	35.3	35.3	35.6
55-64 years.....	15.5	16.7	39.3	74.2	78.3	83.9	87.8	89.9
65-74 years.....	27.2	26.5	45.4	108.1	114.1	123.6	132.3	139.2
75-84 years.....	40.0	36.5	56.8	99.3	102.7	110.2	122.2	129.9
85 years and over.....	44.0	45.2	60.1	96.8	92.0	96.1	96.7	102.5
Black female								
All ages, age adjusted.....	4.1	5.5	10.9	19.5	20.1	20.4	22.0	21.4
All ages, crude.....	3.4	4.9	10.1	19.3	19.8	20.5	22.3	21.9
Under 1 year.....	-	-	-	0.4	-	0.3	-	-
1-4 years.....	-	0.1	0.1	-	-	-	0.1	0.1
5-14 years.....	-	0.1	-	0.0	-	0.0	0.0	0.0
15-24 years.....	0.3	-	0.1	0.1	0.1	0.0	-	0.1
25-34 years.....	1.2	0.8	0.5	0.8	0.6	0.7	0.7	0.6
35-44 years.....	2.7	3.4	10.5	7.9	9.7	9.9	8.7	7.7
45-54 years.....	8.8	12.8	25.3	46.4	46.4	40.4	45.4	42.4
55-64 years.....	15.3	20.7	36.4	83.8	89.1	92.8	97.2	98.4
65-74 years.....	16.4	20.7	49.3	91.7	89.6	98.0	110.6	106.1
75-84 years.....	19.2	33.1	52.6	81.1	83.5	98.5	108.5	112.3
85 years and over.....	19.2	44.7	54.0	90.5	86.6	88.7	96.9	86.5

<sup>1</sup>Includes deaths of nonresidents of the United States.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.

Table 28. Death rates for malignant neoplasm of breast for females, according to race and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Race and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races								
Number of deaths per 100,000 resident population								
All ages, age adjusted.....	22.2	22.3	23.1	22.7	22.7	22.8	22.7	23.2
All ages, crude.....	24.7	26.1	28.4	30.6	30.9	31.4	31.6	32.5
Under 25 years.....	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.0
25-34 years.....	3.8	3.8	3.9	3.3	3.3	3.4	3.2	3.3
35-44 years.....	20.8	20.2	20.4	17.9	17.4	17.3	16.6	18.5
45-54 years.....	46.9	51.4	52.6	48.1	48.1	47.2	45.9	45.8
55-64 years.....	70.4	70.8	77.6	80.5	79.1	80.2	81.9	82.0
65-74 years.....	94.0	90.0	93.8	101.1	104.4	103.8	104.9	108.0
75-84 years.....	139.8	129.9	127.4	126.4	126.6	130.9	130.9	136.2
85 years and over.....	195.5	191.9	157.1	169.3	171.9	178.1	175.1	180.0
White								
All ages, age adjusted.....	22.5	22.4	23.4	22.8	22.8	22.8	22.7	23.1
All ages, crude.....	25.7	27.2	29.9	32.3	32.7	33.1	33.3	34.2
Under 25 years.....	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0
25-34 years.....	3.7	3.6	3.7	3.0	3.1	3.2	3.0	3.1
35-44 years.....	20.8	19.7	20.2	17.3	16.8	17.0	16.0	17.4
45-54 years.....	47.1	51.2	53.0	48.1	48.2	46.5	45.3	45.3
55-64 years.....	70.9	71.8	79.3	81.3	79.9	80.8	82.8	82.2
65-74 years.....	96.3	91.6	95.9	103.7	106.6	105.4	106.9	110.1
75-84 years.....	143.6	132.8	129.6	128.4	128.8	133.0	133.1	138.3
85 years and over.....	204.2	199.7	161.9	171.7	174.0	181.9	178.6	183.7
Black								
All ages, age adjusted.....	19.3	21.3	21.5	23.3	23.7	24.6	24.4	26.1
All ages, crude.....	16.4	18.7	19.7	22.9	23.5	24.5	24.4	26.3
Under 25 years.....	0.1	0.2	0.1	0.0	0.1	0.1	0.1	0.0
25-34 years.....	4.9	6.1	5.9	5.3	5.2	5.2	4.6	5.0
35-44 years.....	21.0	24.8	24.4	24.1	23.7	22.3	23.8	28.9
45-54 years.....	46.5	54.4	52.0	52.7	53.1	57.7	55.3	55.5
55-64 years.....	64.3	63.2	64.7	79.9	79.4	83.0	82.9	90.5
65-74 years.....	67.0	72.3	77.3	84.3	92.0	97.1	95.0	100.1
75-84 years.....	81.0	87.5	101.8	114.1	112.6	122.0	120.6	128.2
85 years and over.....	81.0	92.1	112.1	149.9	158.0	145.2	143.4	149.6

<sup>1</sup>Includes deaths of nonresidents of the United States.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington, U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.

Table 29. Maternal mortality rates for complications of pregnancy, childbirth, and the puerperium, according to race and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Race and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1979	1980	1981	1982	1983	1984
All races									
Number of deaths per 100,000 live births									
All ages, age adjusted.....	73.8	32.2	21.5	10.2	9.6	8.9	8.0	8.0	7.4
All ages, crude.....	83.3	37.1	21.5	9.6	9.2	8.5	7.9	8.0	7.8
Under 20 years.....	70.7	22.7	18.9	6.2	7.6	7.6	6.5	5.4	6.3
20-24 years.....	47.6	20.7	13.0	7.5	5.8	6.5	4.5	7.5	4.3
25-29 years.....	63.5	29.8	17.0	7.6	7.7	6.6	7.6	6.6	6.9
30-34 years.....	107.7	50.3	31.6	12.8	13.6	11.4	11.4	9.1	11.5
35-39 years.....	191.2	92.8	71.0	33.3	31.3	22.6	18.5	20.0	19.9
40 years and over <sup>2</sup> .....	335.8	147.0	118.6	82.6	65.9	65.3	61.8	27.0	35.8
White									
All ages, age adjusted.....	53.2	22.4	14.5	6.6	7.0	6.5	5.7	5.9	5.0
All ages, crude.....	61.1	26.0	14.4	6.4	6.7	6.3	5.8	5.9	5.4
Under 20 years.....	44.9	14.8	13.9	3.3	5.9	4.3	4.1	4.4	4.3
20-24 years.....	35.7	15.3	8.4	4.5	4.3	5.3	3.1	4.9	2.0
25-29 years.....	45.0	20.3	11.2	5.8	5.5	5.1	5.5	5.2	5.7
30-34 years.....	75.9	34.3	18.8	8.7	9.4	8.7	9.1	6.0	7.8
35-39 years.....	144.0	64.1	48.6	23.8	21.2	16.2	13.9	15.6	15.1
40 years and over <sup>2</sup> .....	286.4	110.8	97.6	42.8	53.9	42.8	40.2	29.8	23.0
Black									
All ages, age adjusted.....	---	92.1	64.2	28.2	24.0	22.1	20.0	19.3	20.9
All ages, crude.....	---	103.6	59.8	25.1	21.5	20.4	18.2	18.3	19.7
Under 20 years.....	---	54.8	31.8	13.8	12.8	16.8	12.3	7.0	11.4
20-24 years.....	---	56.9	41.0	22.3	13.4	13.0	11.6	20.2	15.2
25-29 years.....	---	92.8	63.8	20.0	21.4	17.9	22.3	16.0	15.6
30-34 years.....	---	150.6	115.6	44.0	41.9	34.2	22.9	31.1	37.9
35-39 years.....	---	280.2	193.3	88.2	91.7	65.4	51.5	44.7	58.3
40 years and over <sup>2</sup> .....	---	369.8	240.7	183.5	119.2	167.2	166.6	25.0	122.7

<sup>1</sup>Includes deaths of nonresidents of the United States.<sup>2</sup>Rates computed by relating deaths of women 40 years and over to live births to women 40-49 years.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Vital Statistics of the United States, Vol. I, Natality, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics; U.S. Bureau of the Census: Population estimates and projections. Current Population Reports. Series P-25, No. 499. Washington. U.S. Government Printing Office, May 1973.

Table 30. Death rates for motor vehicle accidents, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	23.3	22.5	27.4	22.9	21.8	19.3	18.5	19.1
All ages, crude.....	23.1	21.3	26.9	23.5	22.4	19.8	19.0	19.6
Under 1 year.....	8.4	8.1	9.8	7.0	6.1	5.8	5.2	4.4
1-4 years.....	11.5	10.0	11.5	9.2	7.8	7.9	7.5	6.9
5-14 years.....	8.8	7.9	10.2	7.9	7.5	6.8	6.6	6.7
15-24 years.....	34.4	38.0	47.2	44.8	41.2	36.9	35.1	36.7
25-34 years.....	24.6	24.3	30.9	29.1	28.6	24.1	23.4	23.8
35-44 years.....	20.3	19.3	24.9	20.9	20.2	17.7	16.8	17.1
45-54 years.....	22.2	21.4	25.5	18.6	17.8	15.7	15.3	15.4
55-64 years.....	29.2	25.1	27.9	17.4	17.3	15.2	14.7	15.7
65-74 years.....	38.8	31.4	32.8	19.2	19.4	17.5	17.1	18.0
75-84 years.....	52.7	41.8	43.5	28.1	27.3	25.2	26.0	28.2
85 years and over.....	45.1	37.9	36.6	27.6	25.8	23.7	25.0	25.0
White male								
All ages, age adjusted.....	35.9	34.0	40.1	34.8	33.4	29.3	27.8	28.4
All ages, crude.....	35.1	31.5	39.1	35.9	34.5	30.1	28.5	29.1
Under 1 year.....	9.1	8.8	9.1	7.0	6.2	5.9	5.7	3.9
1-4 years.....	13.2	11.3	12.2	9.5	8.1	8.2	8.3	7.5
5-14 years.....	12.0	10.3	12.6	9.8	9.9	8.5	8.4	8.4
15-24 years.....	58.3	62.7	75.2	73.8	67.6	60.8	57.0	59.1
25-34 years.....	39.1	38.6	47.0	46.6	46.3	38.5	37.0	37.3
35-44 years.....	30.9	28.4	35.2	30.7	29.9	26.3	24.3	24.3
45-54 years.....	31.6	29.7	34.6	26.3	25.5	22.4	21.2	21.7
55-64 years.....	41.9	34.4	39.0	23.9	24.0	20.8	19.9	20.9
65-74 years.....	59.1	45.5	46.2	25.8	26.3	23.1	22.5	24.0
75-84 years.....	86.4	66.8	69.2	43.6	43.8	39.6	39.8	41.8
85 years and over.....	79.3	61.9	72.0	57.3	54.5	48.4	54.7	52.6
Black male								
All ages, age adjusted.....	39.8	38.2	50.1	32.9	30.7	27.2	26.4	27.2
All ages, crude.....	37.2	33.1	44.2	31.1	28.8	25.9	25.2	26.4
Under 1 year.....	9.0	6.8	10.6	7.8	6.0	5.0	3.6	5.7
1-4 years.....	12.7	12.7	16.9	13.7	9.7	11.1	10.9	9.8
5-14 years.....	9.7	10.4	16.1	10.5	9.3	8.6	8.5	8.7
15-24 years.....	41.6	46.4	58.1	34.9	30.8	29.2	28.3	31.9
25-34 years.....	57.4	51.0	70.4	44.9	42.2	36.6	35.9	36.8
35-44 years.....	45.9	43.6	59.5	41.2	40.0	33.9	33.6	33.8
45-54 years.....	49.9	48.1	61.4	39.1	39.0	33.9	32.4	28.5
55-64 years.....	58.8	47.3	62.1	40.3	35.6	31.8	31.2	31.5
65-74 years.....	48.5	46.1	54.9	41.8	42.4	33.7	29.6	35.5
75-84 years.....	61.8	51.8	51.5	46.5	43.9	39.8	41.7	45.0
85 years and over.....	58.6	58.6	53.8	34.0	36.4	37.5	28.6	57.1

See footnotes at end of table.

Table 30. Death rates for motor vehicle accidents, according to sex, race, and age: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	10.6	11.1	14.4	12.3	11.7	10.5	10.3	10.9
All ages, crude.....	10.9	11.2	14.8	12.8	12.3	11.0	10.8	11.5
Under 1 year.....	7.8	7.5	10.2	7.1	6.5	5.6	4.8	4.4
1-4 years.....	10.1	8.3	9.6	7.7	6.8	7.0	6.0	5.4
5-14 years.....	5.6	5.3	6.9	5.7	5.1	5.0	4.7	5.1
15-24 years.....	12.6	15.6	22.7	23.0	21.8	18.9	18.8	20.1
25-34 years.....	9.0	9.0	12.7	12.2	12.4	10.6	10.7	11.0
35-44 years.....	8.1	8.9	12.3	10.6	9.9	8.8	8.8	9.4
45-54 years.....	10.8	11.4	14.3	10.2	9.5	8.5	8.5	8.9
55-64 years.....	15.0	15.3	16.1	10.5	10.7	9.3	9.3	10.3
65-74 years.....	20.9	19.3	22.1	13.4	13.3	12.6	12.6	13.0
75-84 years.....	25.4	23.8	28.1	19.0	18.0	17.3	17.9	20.6
85 years and over.....	22.3	22.2	18.9	15.3	14.7	13.9	14.0	13.8
Black female								
All ages, age adjusted.....	10.3	10.0	13.8	8.4	7.7	7.5	7.5	7.6
All ages, crude.....	10.2	9.7	13.4	8.3	7.7	7.6	7.6	7.8
Under 1 year.....	7.0	8.1	11.9	5.3	3.1	4.8	5.1	5.1
1-4 years.....	6.2	8.8	12.6	9.5	8.7	7.8	8.0	6.9
5-14 years.....	11.5	5.9	9.3	5.2	5.2	5.6	4.3	4.4
15-24 years.....	10.7	9.9	13.4	8.0	7.7	7.8	8.6	8.4
25-34 years.....	11.1	9.8	13.3	10.6	8.2	8.8	7.4	9.0
35-44 years.....	11.1	11.0	16.1	8.3	7.7	7.8	7.3	8.6
45-54 years.....	10.6	11.8	16.4	9.1	8.2	7.1	8.7	6.4
55-64 years.....	14.0	14.0	17.1	9.3	9.3	7.9	8.1	8.5
65-74 years.....	12.7	14.2	16.3	8.5	10.2	9.1	9.6	9.7
75-84 years.....	17.6	8.8	14.3	11.1	11.8	8.5	15.1	13.7
85 years and over.....	17.6	21.1	17.5	12.3	6.3	9.6	7.8	9.8

<sup>1</sup>Includes deaths of nonresidents of the United States.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.

Table 31. Death rates for homicide and legal intervention, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	5.4	5.2	9.1	10.8	10.4	9.7	8.6	8.4
All ages, crude.....	5.3	4.7	8.3	10.7	10.3	9.6	8.6	8.4
Under 1 year.....	4.4	4.8	4.3	5.9	6.1	6.7	5.3	6.5
1-4 years.....	0.6	0.7	1.9	2.5	2.6	2.7	2.3	2.4
5-14 years.....	0.5	0.5	0.9	1.2	1.3	1.2	1.0	1.3
15-24 years.....	6.3	5.9	11.7	15.6	14.7	13.7	12.4	12.0
25-34 years.....	9.9	9.7	16.6	19.6	18.5	17.3	15.4	14.7
35-44 years.....	8.8	8.1	13.7	15.1	14.4	13.3	11.8	11.3
45-54 years.....	6.1	6.2	10.1	11.1	11.3	10.2	8.7	8.5
55-64 years.....	4.0	4.2	7.1	7.0	7.1	6.5	6.1	5.8
65-74 years.....	3.2	2.8	5.0	5.7	4.8	4.9	4.3	4.2
75-84 years.....	2.6	2.4	4.0	5.2	5.3	4.7	4.9	4.4
85 years and over.....	2.3	2.4	4.5	5.3	5.3	5.8	5.0	4.3
White male								
All ages, age adjusted.....	3.9	3.9	7.3	10.9	10.3	9.5	8.4	8.2
All ages, crude.....	3.9	3.6	6.8	10.9	10.4	9.6	8.6	8.3
Under 1 year.....	4.3	3.8	2.9	4.3	4.7	5.8	3.3	4.9
1-4 years.....	0.4	0.6	1.4	2.0	1.6	1.9	1.7	1.9
5-14 years.....	0.4	0.4	0.5	0.9	0.9	0.8	0.9	0.9
15-24 years.....	3.7	4.4	7.9	15.5	14.4	13.1	11.5	11.1
25-34 years.....	5.4	6.2	13.0	18.9	17.6	16.2	14.9	14.1
35-44 years.....	6.4	5.5	11.0	15.5	15.1	13.9	12.4	11.8
45-54 years.....	5.5	5.0	9.0	11.9	12.1	10.9	9.1	9.4
55-64 years.....	4.4	4.3	7.7	7.8	7.9	7.1	6.4	6.3
65-74 years.....	4.1	3.4	5.6	6.9	5.2	5.0	4.6	4.2
75-84 years.....	3.5	2.7	5.1	6.3	5.1	5.2	4.6	4.2
85 years and over.....	1.8	2.7	7.0	6.4	7.9	8.2	5.6	5.3
Black male								
All ages, age adjusted.....	51.1	44.9	82.1	71.9	69.2	62.3	53.8	50.8
All ages, crude.....	47.3	36.6	67.5	66.6	64.8	59.1	51.4	48.7
Under 1 year.....	1.8	10.3	14.3	18.6	11.1	16.1	14.0	20.1
1-4 years.....	1.7	1.7	5.1	7.2	8.9	8.7	7.2	5.0
5-14 years.....	1.8	1.4	4.2	2.9	4.1	3.4	3.1	3.2
15-24 years.....	58.9	46.4	102.5	84.3	78.2	72.0	66.8	61.5
25-34 years.....	110.5	92.0	158.5	145.1	136.9	124.3	102.0	96.2
35-44 years.....	83.7	77.5	126.2	110.3	106.1	91.4	82.0	78.1
45-54 years.....	54.6	54.8	100.6	83.8	83.8	74.1	57.8	57.1
55-64 years.....	35.7	31.8	59.8	55.6	53.4	49.3	46.7	40.6
65-74 years.....	18.7	19.1	40.6	33.9	36.3	36.6	28.1	30.3
75-84 years.....	11.5	16.1	18.9	27.6	33.5	24.8	32.4	28.3
85 years and over.....	10.3	23.1	17.0	29.1	19.6	27.0	28.6	

See footnotes at end of table.

Table 31. Death rates for homicide and legal intervention, according to sex, race, and age: United States, selected years 1950-84--Continued

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	1.4	1.5	2.2	3.2	3.1	3.1	2.8	2.9
All ages, crude.....	1.4	1.4	2.1	3.2	3.1	3.1	2.8	2.9
Under 1 year.....	3.9	3.5	2.9	4.3	4.9	4.2	3.7	4.0
1-4 years.....	0.6	0.5	1.2	1.5	1.8	1.7	1.2	1.7
5-14 years.....	0.4	0.3	0.5	1.0	1.0	1.0	0.7	0.9
15-24 years.....	1.3	1.5	2.7	4.7	4.3	4.4	3.7	4.3
25-34 years.....	1.9	2.0	3.4	4.3	4.3	4.3	4.1	3.9
35-44 years.....	2.2	2.2	3.2	4.1	3.6	4.0	3.5	3.4
45-54 years.....	1.6	1.9	2.2	3.0	3.2	2.9	2.9	2.7
55-64 years.....	1.3	1.5	2.0	2.1	2.2	2.2	2.2	2.2
65-74 years.....	1.1	1.1	1.7	2.5	2.1	2.4	2.0	1.9
75-84 years.....	1.2	1.2	2.5	3.3	3.6	2.9	3.1	2.9
85 years and over.....	1.9	1.5	2.0	4.0	3.3	3.9	3.8	2.6
Black female								
All ages, age adjusted.....	11.7	11.8	15.0	13.7	12.9	12.0	11.2	11.0
All ages, crude.....	11.5	10.4	13.2	13.5	12.7	12.0	11.3	11.2
Under 1 year.....	2.6	13.8	10.7	12.8	13.1	13.3	15.3	16.4
1-4 years.....	1.2	1.7	6.3	6.4	5.7	6.4	6.3	6.7
5-14 years.....	1.2	1.0	2.0	2.2	2.3	2.0	1.4	3.1
15-24 years.....	16.5	11.9	17.7	18.4	16.9	15.3	15.7	14.8
25-34 years.....	26.6	24.9	25.6	25.8	23.2	21.0	19.9	19.3
35-44 years.....	17.8	20.5	25.1	17.7	16.3	16.1	14.8	14.4
45-54 years.....	8.5	12.7	17.5	12.5	11.9	11.5	9.5	7.5
55-64 years.....	3.6	6.8	8.1	8.9	11.2	8.0	6.3	6.7
65-74 years.....	3.4	3.3	7.7	8.6	6.6	8.1	7.0	6.8
75-84 years.....	4.0	2.5	5.7	6.7	9.2	8.8	11.3	9.8
85 years and over.....	2.6	11.1	8.5	4.5	12.2	8.5	7.5	

<sup>1</sup>Includes deaths of nonresidents of the United States.NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.



Table 32. Death rates for suicide, according to sex, race, and age: United States, selected years 1950-84

(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
All races								
Number of deaths per 100,000 resident population								
All ages, age adjusted.....	11.0	10.6	11.8	11.4	11.5	11.6	11.4	11.6
All ages, crude.....	11.4	10.6	11.6	11.9	12.0	12.2	12.1	12.4
Under 1 year.....	-	...	...	...	...	...	...	...
1-4 years.....	-	...	...	...	...	...	...	...
5-14 years.....	0.2	0.3	0.3	0.4	0.5	0.6	0.6	0.7
15-24 years.....	4.5	5.2	8.8	12.3	12.3	12.1	11.9	12.5
25-34 years.....	9.1	10.0	14.1	16.0	16.3	16.0	15.8	15.5
35-44 years.....	14.3	14.2	16.9	15.4	15.9	15.3	14.6	15.1
45-54 years.....	20.9	20.7	20.0	15.9	16.1	16.6	16.2	16.2
55-64 years.....	27.0	23.7	21.4	15.9	16.4	16.9	16.5	17.3
65-74 years.....	29.3	23.0	20.8	16.9	16.2	17.4	17.7	18.8
75-84 years.....	31.1	27.9	21.2	19.1	18.6	20.3	22.3	22.0
85 years and over.....	28.8	26.0	20.4	19.2	17.7	17.6	19.0	18.4
White male								
All ages, age adjusted.....	18.1	17.5	18.2	18.9	18.9	19.4	19.3	19.7
All ages, crude.....	19.0	17.6	18.0	19.9	20.0	20.7	20.6	21.3
Under 1 year.....	-	...	...	...	...	...	...	...
1-4 years.....	-	...	...	...	...	...	...	...
5-14 years.....	0.3	0.5	0.5	0.7	0.8	0.9	0.9	1.1
15-24 years.....	6.6	8.6	13.9	21.4	21.1	21.2	20.6	22.0
25-34 years.....	13.8	14.9	19.9	25.6	26.2	26.1	26.2	25.8
35-44 years.....	22.4	21.9	23.3	23.5	24.3	23.6	23.2	23.7
45-54 years.....	34.1	33.7	29.5	24.2	23.9	25.8	25.5	25.3
55-64 years.....	45.9	40.2	35.0	25.8	26.3	27.9	27.4	28.8
65-74 years.....	53.2	42.0	38.7	32.5	30.3	33.1	33.2	35.6
75-84 years.....	61.9	55.7	45.5	45.5	43.8	48.5	52.5	52.0
85 years and over.....	61.9	61.3	50.3	52.8	53.6	53.9	56.8	55.8
Black male								
All ages, age adjusted.....	7.0	7.8	9.9	11.1	11.0	10.8	10.5	11.2
All ages, crude.....	6.3	6.4	8.0	10.3	10.2	10.1	9.9	10.6
Under 1 year.....	-	...	...	...	...	...	...	...
1-4 years.....	-	...	...	...	...	...	...	...
5-14 years.....	-	0.1	0.1	0.3	0.2	0.8	0.5	0.5
15-24 years.....	4.9	4.1	10.5	12.3	11.1	11.0	11.5	11.2
25-34 years.....	9.3	12.4	19.2	21.8	21.8	20.3	19.1	20.7
35-44 years.....	10.4	12.8	12.6	15.6	15.5	15.6	14.0	16.5
45-54 years.....	10.4	10.8	13.8	12.0	12.3	11.8	12.1	11.6
55-64 years.....	16.5	16.2	10.6	11.7	12.5	11.9	11.6	13.4
65-74 years.....	10.0	11.3	8.7	11.1	9.7	12.1	13.6	13.8
75-84 years.....	6.2	6.6	8.9	10.5	18.0	12.2	15.8	15.1
85 years and over.....	6.2	6.9	10.3	18.9	12.7	16.1	12.7	11.1

See footnotes at end of table.

Table 32. Death rates for suicide, according to sex, race, and age: United States, selected years 1950-84--Continued  
(Data are based on the National Vital Statistics System)

Sex, race, and age	1950 <sup>1</sup>	1960 <sup>1</sup>	1970	1980	1981	1982	1983	1984
White female		Number of deaths per 100,000 resident population						
All ages, age adjusted.....	5.3	5.3	7.2	5.7	6.0	5.8	5.6	5.6
All ages, crude.....	5.5	5.3	7.1	5.9	6.2	6.1	5.9	5.9
Under 1 year.....	-	...	...	...	...	...	...	...
1-4 years.....	-	...	...	...	...	...	...	...
5-14 years.....	0.1	0.1	0.1	0.2	0.3	0.3	0.3	0.3
15-24 years.....	2.7	2.3	4.2	4.6	4.9	4.5	4.6	4.7
25-34 years.....	5.2	5.8	9.0	7.5	7.7	7.5	7.2	6.6
35-44 years.....	8.2	8.1	13.0	9.1	9.5	9.2	8.2	8.4
45-54 years.....	10.5	10.9	13.5	10.2	11.1	10.4	9.9	10.0
55-64 years.....	10.7	10.9	12.3	9.1	9.4	9.5	9.1	9.1
65-74 years.....	10.6	8.8	9.6	7.0	7.3	7.4	7.9	7.8
75-84 years.....	8.4	9.2	7.2	5.7	5.5	6.1	6.6	6.8
85 years and over.....	8.9	6.1	6.1	5.8	3.7	3.9	5.3	5.1
Black female								
All ages, age adjusted.....	1.7	1.9	2.9	2.4	2.5	2.2	2.1	2.3
All ages, crude.....	1.5	1.6	2.6	2.2	2.4	2.1	2.0	2.2
Under 1 year.....	-	...	...	...	...	...	...	...
1-4 years.....	-	...	...	...	...	...	...	...
5-14 years.....	-	0.0	0.2	0.1	0.1	0.1	0.6	0.2
15-24 years.....	1.8	1.3	3.8	2.3	2.4	2.2	2.7	2.4
25-34 years.....	2.6	3.0	5.7	4.1	4.6	3.7	2.9	3.5
35-44 years.....	2.0	3.0	3.7	4.6	4.2	4.0	3.5	3.2
45-54 years.....	3.5	3.1	3.7	2.8	2.5	3.1	3.0	3.5
55-64 years.....	1.1	3.0	2.0	2.3	2.9	2.2	1.7	3.1
65-74 years.....	1.9	2.3	2.9	1.7	3.0	2.1	1.3	2.5
75-84 years.....	2.4	1.3	1.7	1.4	1.0	1.3	1.3	0.5
85 years and over.....	-	-	3.2	-	1.8	0.9	2.3	0.8

<sup>1</sup>Includes deaths of nonresidents of the United States.

NOTE: For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V.

SOURCES: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part A, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics and from table 1.

Table 33. Deaths for selected occupational diseases for males, according to age: United States, selected years 1970-84  
(Data are based on the National Vital Statistics System)

Age and cause of death	1970	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984
25 years and over											
	Number of deaths										
Malignant neoplasm of peritoneum and pleura (mesothelioma).....	602	591	569	608	557	559	552	556	576	584	584
Coalworkers' pneumoconiosis.....	1,155	973	869	835	840	918	977	1,053	954	926	923
Asbestosis.....	25	43	53	54	64	86	96	98	99	128	131
Silicosis.....	351	243	211	191	162	220	202	165	176	149	160
25-64 years											
Malignant neoplasm of peritoneum and pleura (mesothelioma).....	308	280	267	265	254	246	241	229	234	211	211
Coalworkers' pneumoconiosis.....	294	188	170	136	116	130	136	116	116	88	97
Asbestosis.....	17	22	21	23	31	29	30	21	26	30	25
Silicosis.....	90	64	43	49	50	51	49	44	42	37	34
65 years and over											
Malignant neoplasm of peritoneum and pleura (mesothelioma).....	294	311	302	343	303	313	311	327	342	373	373
Coalworkers' pneumoconiosis.....	861	785	699	699	724	788	841	937	838	838	826
Asbestosis.....	8	21	32	31	33	57	66	77	73	98	106
Silicosis.....	261	179	168	142	112	169	153	121	134	112	126

NOTE: Selection of occupational diseases based on definitions in D. Rutstein et al.: Sentinel health events (occupational): A basis for physician recognition and public health surveillance, *Am. J. Public Health* 73(9): 1054-1062, Sept. 1983. For data years shown, the code numbers for cause of death are based on the then current International Classification of Diseases, which are described in Appendix II, tables IV and V. Changes in number of deaths from 1978 to 1979 may be affected by changes in coding from the Eighth Revision to the Ninth Revision.

SOURCES: Data computed by the National Institute for Occupational Safety and Health from data compiled by the Division of Vital Statistics, National Center for Health Statistics; Data computed by the Division of Analysis from data compiled by the Division of Vital Statistics.

Table 34. Children 1-4 years of age immunized for selected diseases, according to race and standard metropolitan statistical area (SMSA) component: United States, 1970, 1976, and 1983-85

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Vaccination and year	Total	Race		Inside SMSA		Outside SMSA
		White	All other	Central city	Remaining areas	
All respondents		Percent of population				
<b>Measles:</b>						
1970.....	57.2	60.4	41.9	55.2	61.7	54.3
1976.....	65.9	68.3	54.8	62.5	67.2	67.3
1983.....	64.9	66.8	57.2	60.4	66.3	66.7
1984.....	62.8	65.4	52.0	56.6	63.3	66.4
1985.....	60.8	63.6	48.8	55.5	63.3	61.9
<b>Rubella:</b>						
1970.....	37.2	38.3	31.8	38.3	39.2	34.3
1976.....	61.7	63.8	51.5	59.5	63.5	61.5
1983.....	64.0	66.3	54.7	59.5	65.2	66.0
1984.....	60.9	63.9	48.3	56.1	60.4	64.6
1985.....	58.9	61.6	47.7	53.9	61.0	60.3
<b>DTP<sup>1,2</sup></b>						
1970.....	76.1	79.7	58.8	68.9	80.7	77.1
1976.....	71.4	75.3	53.2	64.1	75.7	72.9
1983.....	65.7	70.1	47.7	55.4	69.4	69.4
1984.....	65.7	69.1	51.3	57.9	66.6	69.8
1985.....	64.9	68.7	48.7	55.5	68.4	67.9
<b>Polio:<sup>2</sup></b>						
1970.....	77.5	80.5	62.7	75.2	81.5	75.1
1976.....	61.6	66.2	39.9	53.8	65.3	63.9
1983.....	57.0	61.9	36.7	47.7	60.3	60.3
1984.....	54.8	58.4	39.9	48.7	55.2	58.5
1985.....	55.3	58.9	40.1	47.1	58.4	58.0
<b>Mumps:</b>						
1970.....	---	---	---	---	---	---
1976.....	48.3	50.3	38.7	45.6	50.7	47.9
1983.....	59.5	61.8	50.0	52.6	60.2	63.6
1984.....	58.7	61.3	47.7	51.8	58.3	63.6
1985.....	58.9	61.8	47.0	52.4	61.0	61.4
Respondents consulting vaccination records, 1985 <sup>3</sup>						
Measles.....	76.9	78.1	67.2	73.5	76.7	79.0
Rubella.....	73.8	75.0	64.1	70.4	75.0	74.6
DTP <sup>1,2</sup> .....	87.0	88.5	75.2	79.6	89.7	88.6
Polio <sup>2</sup> .....	75.7	77.5	61.5	68.9	79.6	75.9
Mumps.....	75.5	77.1	62.7	70.5	76.8	77.0

<sup>1</sup>Diphtheria-tetanus-pertussis.<sup>2</sup>3 doses or more.<sup>3</sup>The data in this panel are based only on 35 percent of white respondents and 19 percent of all other respondents who consulted records for some or all vaccination questions. One month prior to interview all sampled households were asked to check vaccination records such as those from a private physician, the health department, or military.

NOTE: Beginning in 1976, the category "don't know" was added to response categories. Prior to 1976, the lack of this option resulted in some forced positive answers, particularly for vaccinations requiring multiple dose schedules, that is, polio and DTP.

SOURCE: Division of Immunization, Center for Prevention Services, Centers for Disease Control: Unpublished data from the United States Immunization Survey.

Table 35. Selected notifiable disease rates, according to disease: United States, selected years 1950-84

(Data are based on reporting by State health departments)

Disease	1950	1960	1970	1980	1981	1982	1983	1984
	Number of cases per 100,000 population							
Acquired immune deficiency syndrome (AIDS) <sup>1</sup> .....	---	---	---	---	---	---	---	1.88
Diphtheria.....	3.83	0.51	0.21	0.00	0.00	0.00	0.00	0.00
Hepatitis A.....	---	23.15	27.87	12.84	11.25	10.11	9.20	9.33
Hepatitis B.....	---	---	4.08	8.39	9.22	9.58	10.39	11.06
Mumps.....	---	---	55.55	3.86	2.20	2.46	1.55	1.32
Pertussis (whooping cough).....	79.82	8.23	2.08	0.76	0.54	0.82	1.05	0.96
Poliomyelitis, total.....	22.02	1.77	0.02	0.00	0.00	0.00	0.01	0.00
Paralytic.....	---	1.40	0.02	0.00	0.00	0.00	0.01	0.00
Rubella (German measles).....	---	---	27.75	1.72	0.91	1.00	0.41	0.32
Rubeola (measles).....	211.01	245.42	23.23	5.96	1.36	0.74	0.64	1.10
Salmonellosis, excluding typhoid fever.....	---	3.85	10.84	14.88	17.44	17.68	18.91	17.30
Shigellosis.....	15.45	6.94	6.79	8.41	8.66	7.83	8.43	7.36
Tuberculosis <sup>2</sup> .....	80.50	30.83	18.22	12.25	11.94	11.02	10.19	9.42
Varicella (chickenpox).....	---	---	---	96.69	100.48	94.37	99.65	138.44
Sexually transmitted diseases: <sup>3</sup>								
Syphilis <sup>4</sup> .....	146.02	68.78	45.26	30.51	31.95	32.84	32.13	29.81
Primary and secondary.....	16.73	9.06	10.89	12.06	13.72	14.61	14.08	12.20
Early latent.....	39.71	10.11	8.08	9.00	9.23	9.51	10.22	9.87
Late and late latent.....	76.22	45.91	24.94	9.30	8.85	8.60	7.70	7.60
Congenital.....	8.97	2.48	0.97	0.12	0.13	0.11	0.10	0.14
Gonorrhea.....	192.45	145.33	297.22	444.99	434.84	417.45	387.64	374.74
Chancroid.....	3.34	0.94	0.70	0.35	0.37	0.60	0.36	0.28
Granuloma inguinale.....	1.19	0.17	0.06	0.02	0.03	0.01	0.01	0.01
Lymphogranuloma venereum.....	0.95	0.47	0.30	0.09	0.12	0.10	0.14	0.07
	Number of cases							
Acquired immune deficiency syndrome (AIDS) <sup>1</sup> .....	---	---	---	---	---	---	---	4,445
Diphtheria.....	5,796	918	435	3	5	2	5	1
Hepatitis A.....	---	41,666	56,797	29,087	25,802	23,403	21,532	22,040
Hepatitis B.....	---	---	8,310	19,015	21,152	22,177	24,318	26,115
Mumps.....	---	---	104,953	8,576	4,941	5,270	3,355	3,021
Pertussis (whooping cough).....	120,718	14,809	4,249	1,730	1,248	1,895	2,463	2,276
Poliomyelitis, total.....	33,300	3,190	33	9	6	8	15	8
Paralytic.....	---	2,525	31	8	6	8	15	8
Rubella (German measles).....	---	---	56,552	3,904	2,077	2,325	970	752
Rubeola (measles).....	319,124	441,703	47,351	13,506	3,124	1,714	1,497	2,587
Salmonellosis, excluding typhoid fever.....	---	6,929	22,096	33,715	39,990	40,936	44,250	40,861
Shigellosis.....	23,367	12,487	13,845	19,041	19,859	18,129	19,719	17,371
Tuberculosis <sup>2</sup> .....	121,742	55,494	37,137	27,749	27,373	25,520	23,846	22,255
Varicella (chickenpox).....	---	---	---	190,894	200,766	167,423	177,462	221,983
Sexually transmitted diseases: <sup>3</sup>								
Syphilis <sup>4</sup> .....	217,558	122,538	91,382	68,832	72,799	75,579	74,637	69,888
Primary and secondary.....	23,939	16,145	21,982	27,204	31,266	33,613	32,698	28,607
Early latent.....	59,256	18,017	16,311	20,297	21,033	21,894	23,738	23,132
Late and late latent.....	113,569	81,798	50,348	20,979	20,168	19,779	17,896	17,827
Congenital.....	13,377	4,416	1,953	277	287	259	239	322
Gonorrhea.....	286,746	258,933	600,072	1,004,029	990,864	960,633	900,435	878,556
Chancroid.....	4,977	1,680	1,416	788	850	1,392	847	665
Granuloma inguinale.....	1,783	296	124	51	66	17	24	30
Lymphogranuloma venereum.....	1,427	835	612	199	263	235	335	170

<sup>1</sup>Preliminary data.<sup>2</sup>Data after 1974 are not comparable to prior years because of changes in reporting criteria effective in 1975.<sup>3</sup>Newly reported civilian cases.<sup>4</sup>Includes stage of syphilis not stated.

NOTE: Rates greater than 0 but less than 0.005 are shown as 0.00. The total resident population was used to calculate all rates except venereal diseases, for which the civilian resident population was used.

SOURCES: Centers for Disease Control: Final 1984 reports of notifiable diseases, *Morbidity and Mortality Weekly Report* 34(54). Public Health Service, Atlanta, Ga., Dec. 1985; Division of Sexually Transmitted Diseases, Center for Prevention Services, Centers for Disease Control: Selected data.

Table 36. Age-adjusted cancer incidence rates for selected cancer sites, according to sex and race: 1974-83

(Data are based on the Surveillance, Epidemiology, and End Results Program's population-based registries in Atlanta, Detroit, Seattle-Puget Sound, San Francisco-Oakland, Connecticut, Iowa, New Mexico, Utah, and Hawaii)

Race, sex, and site	1974	1976	1978	1980	1981	1982	1983	Average annual percent change <sup>1</sup>
Number of new cases per 100,000 population <sup>2</sup>								
White male								
All sites.....	370.6	385.6	391.2	399.3	403.5	401.4	402.0	0.9
Prostate gland.....	64.2	71.7	72.0	76.6	78.9	78.6	80.3	2.2
Lung and bronchus.....	73.6	78.1	80.7	81.6	82.8	82.7	79.3	1.0
Colon and rectum.....	56.9	57.2	57.9	58.1	59.4	58.8	58.3	0.5
Urinary bladder.....	28.6	28.6	29.5	30.8	30.1	29.2	29.8	0.7
Oral cavity and pharynx.....	17.5	17.4	17.2	16.5	17.0	16.4	17.2	-0.5
Stomach.....	13.2	12.6	11.7	12.3	11.6	11.3	10.6	-1.7
Esophagus.....	4.9	4.9	4.9	4.8	4.3	4.7	5.0	-0.3
Black male								
All sites.....	420.6	447.6	461.7	503.8	519.3	504.4	505.9	2.3
Prostate gland.....	98.2	108.4	114.0	123.3	124.2	126.2	126.9	2.4
Lung and bronchus.....	101.0	108.4	112.6	130.4	123.8	122.8	125.3	2.8
Colon and rectum.....	46.2	48.2	50.4	62.9	58.1	54.2	58.7	2.6
Urinary bladder.....	12.2	14.2	14.2	14.0	15.9	17.1	14.4	1.7
Oral cavity and pharynx.....	15.5	20.2	21.4	22.8	24.3	24.0	22.5	4.0
Stomach.....	20.8	18.7	18.7	21.4	22.3	25.3	21.7	2.1
Esophagus.....	19.0	15.3	21.2	16.4	19.1	20.3	19.9	1.4
White female								
All sites.....	311.2	309.8	303.4	305.0	312.2	311.5	311.4	0.1
Breast.....	95.0	86.5	84.8	85.4	89.2	89.2	92.1	-0.0
Colon and rectum.....	41.8	43.5	43.8	44.4	44.3	42.7	42.6	0.2
Lung and bronchus.....	19.7	23.7	26.4	28.1	30.9	33.1	33.5	5.7
Corpus uteri.....	31.9	32.3	27.5	25.0	24.5	24.4	24.0	-4.1
Ovary.....	15.3	14.3	13.7	13.8	13.6	13.6	13.5	-1.1
Cervix uteri.....	11.7	10.7	9.3	8.9	8.0	7.8	7.9	-4.7
Black female								
All sites.....	283.4	274.6	280.6	299.5	294.4	292.2	303.6	0.8
Breast.....	77.7	67.9	70.2	72.8	75.9	73.5	81.8	0.5
Colon and rectum.....	36.0	39.3	47.8	48.7	44.4	43.8	46.6	2.1
Lung and bronchus.....	21.3	24.6	27.0	33.5	32.7	30.4	33.9	5.2
Corpus uteri.....	13.2	13.9	15.2	13.9	13.8	14.2	14.9	-0.6
Ovary.....	10.1	9.2	8.4	9.6	9.7	10.4	11.0	0.9
Cervix uteri.....	24.7	24.3	19.2	19.0	18.4	17.9	14.2	-5.6

<sup>1</sup>The average annual percent change has been calculated by fitting a linear regression model to the yearly rates from 1974-83.<sup>2</sup>Adjusted to the 1970 U.S. standard population.

SOURCE: National Cancer Institute, National Institutes of Health, 1985 Annual Cancer Statistics Review. U.S. Department of Health and Human Services. Public Health Service. Bethesda, Md., 1985.

Table 37. Five-year relative cancer survival rates for selected sites, according to race: 1973-76 and 1977-82

(Data are based on the Surveillance, Epidemiology, and End Results Program's population-based registries in Atlanta, Detroit, Seattle-Puget Sound, San Francisco-Oakland, Connecticut, Iowa, New Mexico, Utah, and Hawaii)

Site	All races		White		Black	
	1973-76	1977-82	1973-76	1977-82	1973-76	1977-82
	Percent of patients					
All sites.....	48	49	49	50	38	37
Prostate gland.....	66	71	67	72	57	62
Lung and bronchus.....	12	13	12	13	10	10
Breast (females).....	74	74	74	75	63	63
Colon.....	50	53	50	53	46	47
Rectum.....	48	50	48	51	39	37
Urinary bladder.....	72	76	74	76	47	56
Oral cavity and pharynx.....	52	51	54	53	35	34
Stomach.....	15	16	14	15	15	16
Esophagus.....	5	6	5	7	3	3
Corpus uteri.....	88	84	89	85	59	56
Ovary.....	36	38	36	37	40	37
Cervix uteri.....	67	66	68	68	64	59

NOTES: Rates are based on follow up of patients through 1983. The rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. It estimates the chance of surviving the effects of cancer.

SOURCE: National Cancer Institute, National Institutes of Health, 1985 Annual Cancer Statistics Review. U.S. Department of Health and Human Services. Public Health Service. Bethesda, Md., 1985.

Table 38. Limitation of activity, according to selected characteristics: United States, 1983 and 1985

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Selected characteristic	Total with limitation of activity		Limited but not in major activity		Limited in amount or kind of major activity		Unable to carry on major activity	
	1983	1985	1983	1985	1983	1985	1983	1985
	Percent of population							
Total <sup>1,2</sup> .....	13.7	13.4	4.2	4.2	6.0	5.5	3.6	3.7
Age								
Under 17 years.....	5.0	5.1	1.5	1.4	3.2	3.2	0.4	0.5
Under 6 years.....	2.4	2.6	0.6	0.7	1.3	1.4	0.5	0.5
6-16 years.....	6.5	6.5	1.9	1.8	4.3	4.2	0.3	0.5
17-44 years.....	8.7	8.4	2.8	2.7	3.9	3.6	2.0	2.0
45-64 years.....	24.3	23.4	5.9	5.9	10.2	8.8	8.2	8.7
65 years and over.....	40.2	39.6	14.8	15.5	15.0	13.8	10.4	10.4
Sex <sup>1</sup>								
Male.....	13.9	13.6	3.8	3.8	5.5	5.1	4.6	4.6
Female.....	13.5	13.1	4.5	4.5	6.4	5.8	2.7	2.9
Race <sup>1</sup>								
White.....	13.4	13.1	4.2	4.3	5.9	5.5	3.3	3.4
Black.....	17.5	16.2	3.8	3.8	7.5	6.1	6.2	6.3
Family income <sup>1</sup>								
Less than \$10,000.....	22.9	23.3	5.3	5.6	9.6	9.0	8.0	8.7
\$10,000-\$14,999.....	16.5	17.1	4.5	5.0	6.8	6.9	5.2	5.3
\$15,000-\$19,999.....	14.4	13.6	4.3	3.9	6.6	5.7	3.4	4.1
\$20,000-\$34,999.....	11.0	11.7	3.7	3.7	5.1	5.1	2.1	2.9
\$35,000 or more.....	9.4	9.2	3.7	3.4	4.1	3.9	1.6	1.9
Geographic region <sup>1</sup>								
Northeast.....	13.0	11.8	4.0	3.6	5.4	4.9	3.6	3.3
Midwest.....	13.0	12.7	3.9	3.8	5.9	5.3	3.2	3.7
South.....	14.7	14.8	4.0	4.8	6.7	6.0	3.8	4.0
West.....	14.2	13.7	4.7	4.3	5.8	5.7	3.6	3.8
Location of residence <sup>1</sup>								
Within SMSA.....	13.5	13.0	4.1	4.0	5.9	5.4	3.4	3.6
Outside SMSA.....	14.4	14.6	4.2	4.8	6.4	5.9	3.8	4.0

<sup>1</sup>Age adjusted.<sup>2</sup>Includes all other races not shown separately and unknown family income.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey.



Table 39. Self-assessment of health, according to selected characteristics: United States, 1983 and 1985

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Selected characteristic	Excellent		Very good		Good		Fair or poor	
	1983	1985	1983	1985	1983	1985	1983	1985
	Percent of population <sup>1</sup>							
Total <sup>2,3</sup> .....	40.5	40.2	25.2	26.9	23.1	22.7	10.6	9.7
Age								
Under 17 years.....	52.5	52.4	24.7	26.1	18.9	18.1	3.1	2.6
Under 6 years.....	53.4	53.7	24.9	25.9	18.0	17.4	2.8	2.3
6-16 years.....	52.0	51.7	24.6	26.3	19.4	18.5	3.2	2.7
17-44 years.....	44.0	43.3	27.9	30.3	21.5	20.6	6.1	5.5
45-64 years.....	26.5	26.8	23.9	25.2	29.2	29.1	20.0	18.5
65 years and over.....	16.5	15.8	19.1	20.1	30.6	32.3	33.1	31.2
Sex <sup>2</sup>								
Male.....	42.8	42.7	24.8	26.0	21.7	21.3	10.1	9.5
Female.....	38.4	37.9	25.6	27.7	24.4	24.0	11.0	9.9
Race <sup>2</sup>								
White.....	42.4	42.0	25.7	27.4	21.9	21.4	9.5	8.8
Black.....	28.3	28.9	21.7	23.7	29.8	29.8	19.5	16.9
Family income <sup>2</sup>								
Less than \$10,000.....	28.9	28.0	21.9	23.4	27.5	28.2	21.1	19.9
\$10,000-\$14,999.....	34.0	31.4	24.7	27.4	27.0	27.1	13.7	13.7
\$15,000-\$19,999.....	36.9	36.4	26.7	27.7	25.5	25.0	10.4	10.3
\$20,000-\$34,999.....	43.7	41.9	27.1	28.3	21.9	21.9	6.9	7.6
\$35,000 or more.....	52.8	51.1	26.1	27.6	15.9	16.3	4.6	4.6
Geographic region <sup>2</sup>								
Northeast.....	41.6	40.3	26.3	27.8	22.5	23.0	9.1	8.5
Midwest.....	40.7	41.2	26.3	27.7	22.7	21.8	9.7	8.9
South.....	38.0	37.1	23.8	26.3	24.5	24.1	13.0	11.8
West.....	43.4	44.4	24.7	25.6	21.9	21.1	9.5	8.4
Location of residence <sup>2</sup>								
Within SMSA.....	41.3	41.2	25.7	27.1	22.5	22.2	9.9	9.0
Outside SMSA.....	38.9	37.0	24.2	26.1	24.4	24.4	11.9	12.0

<sup>1</sup>Includes unknown self-assessment of health.<sup>2</sup>Age adjusted.<sup>3</sup>Includes all other races not shown separately and unknown family income.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey.

Table 40. Cigarette smoking by persons 20 years of age and over, according to sex, race, and age: United States, 1965, 1976, 1980, and 1985

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Sex, race, and age	Current smoker <sup>1</sup>				Former smoker			
	1965	1976	1980 <sup>2</sup>	1985	1965	1976	1980 <sup>2</sup>	1985
All males								
Percent of persons								
20 years and over, age adjusted....	52.1	41.6	37.9	32.7	20.3	29.6	30.5	33.5
20 years and over, crude.....	52.4	41.9	38.3	33.2	20.5	28.9	29.3	31.9
20-24 years.....	59.2	45.9	39.7	31.0	9.0	12.2	12.1	11.3
25-34 years.....	60.7	48.5	43.1	38.2	14.7	18.3	20.6	19.6
35-44 years.....	58.2	47.6	42.6	37.6	20.6	27.3	27.6	32.2
45-64 years.....	51.9	41.3	40.8	33.4	24.1	37.1	36.9	42.0
65 years and over.....	28.5	23.0	17.9	19.6	28.1	44.4	47.4	52.5
White:								
20 years and over, age adjusted....	51.3	41.0	37.1	31.8	21.2	30.7	31.9	34.7
20-44 years.....	58.5	46.8	41.4	35.8	16.9	20.5	21.7	23.1
20-24 years.....	58.1	45.3	39.0	31.6	9.6	13.3	12.2	11.5
25-34 years.....	60.1	47.7	42.0	37.3	15.5	18.9	21.9	20.5
35-44 years.....	57.3	46.8	42.4	36.6	21.5	28.9	28.8	33.6
45 years and over.....	44.4	35.0	32.4	27.5	26.1	40.5	42.2	47.2
45-64 years.....	51.3	40.6	40.0	32.1	25.1	38.1	38.4	43.4
65 years and over.....	27.7	22.8	16.6	18.9	28.7	45.6	50.1	54.2
Black:								
20 years and over, age adjusted....	59.6	50.1	44.9	40.6	12.6	20.2	20.6	24.4
20-44 years.....	67.7	57.4	47.9	40.9	8.3	10.2	14.2	15.8
45 years and over.....	52.3	42.3	42.2	40.4	17.0	30.0	26.4	32.7
All females								
20 years and over, age adjusted....	34.2	32.5	29.8	28.3	8.2	13.9	15.7	18.8
20 years and over, crude.....	34.1	32.0	29.4	27.9	8.2	13.8	15.5	18.7
20-24 years.....	41.9	34.2	32.7	32.1	7.3	10.4	11.0	10.9
25-34 years.....	43.7	37.5	31.6	32.0	9.9	12.9	14.4	16.6
35-44 years.....	43.7	38.2	34.9	31.5	9.6	15.8	18.9	20.0
45-64 years.....	32.0	34.8	30.8	29.9	8.6	15.9	17.1	21.4
65 years and over.....	9.6	12.8	16.8	13.5	4.5	11.7	14.2	21.2
White:								
20 years and over, age adjusted....	34.5	32.4	30.0	28.3	8.5	14.6	16.3	19.7
20-44 years.....	43.3	36.8	33.3	31.9	9.6	14.2	15.9	17.7
20-24 years.....	41.9	34.4	33.3	33.1	8.0	11.4	12.5	11.9
25-34 years.....	43.4	37.1	31.6	32.0	10.3	13.7	14.7	17.9
35-44 years.....	43.9	38.1	35.6	30.9	9.9	17.0	20.2	21.1
45 years and over.....	25.1	26.7	25.5	22.9	7.4	14.6	16.2	21.9
45-64 years.....	32.7	34.7	30.6	29.7	8.8	16.4	17.4	22.1
65 years and over.....	9.8	13.2	17.4	13.3	4.5	11.5	14.3	21.6
Black:								
20 years and over, age adjusted....	32.7	34.7	30.6	31.6	5.9	10.2	11.8	13.4
20-44 years.....	45.0	40.1	34.3	35.5	5.9	8.1	9.3	9.9
45 years and over.....	20.6	28.3	25.6	26.7	6.0	12.4	14.1	16.9

<sup>1</sup>A current smoker is a person who has smoked at least 100 cigarettes and who now smokes; includes occasional smokers.  
<sup>2</sup>Based on data for the last 6 months of 1980.

NOTE: Excludes unknown smoking status.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey. Data computed by the Division of Epidemiology and Health Promotion from data compiled by the Division of Health Interview Statistics.

Table 41. Cigarettes smoked per day by persons 20 years of age and over, according to sex, race, and age: United States, 1965, 1976, 1980, and 1985

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Sex, race, and age	Less than 15				15-24				25 or more			
	1965	1976	1980 <sup>1</sup>	1985	1965	1976	1980 <sup>1</sup>	1985	1965	1976	1980 <sup>1</sup>	1985
All males												
Percent of current smokers <sup>2</sup>												
20 years and over, age adjusted..	30.1	24.9	24.2	26.2	45.7	44.4	41.7	41.1	24.1	30.7	34.2	32.8
20-24 years.....	34.9	31.6	32.6	34.9	49.7	49.9	47.6	48.0	15.4	18.5	19.8	17.1
25-34 years.....	25.7	25.5	23.1	28.9	50.0	45.8	46.8	42.6	24.3	28.7	30.1	28.5
35-44 years.....	23.7	19.6	17.5	20.1	44.8	41.2	41.9	37.6	31.5	39.2	40.7	42.3
45-64 years.....	26.7	18.5	21.5	21.2	45.3	44.1	35.9	39.5	28.0	37.4	42.6	39.3
65 years and over.....	47.1	39.1	32.4	33.6	39.0	42.7	42.5	41.0	13.8	18.2	25.2	25.4
White:												
20 years and over, age adjusted..	27.7	22.3	20.0	21.7	46.3	44.4	42.7	41.8	26.0	33.3	37.3	36.5
20-44 years.....	24.1	21.9	19.0	22.9	48.4	46.2	46.4	42.4	27.5	31.9	34.6	34.6
20-24 years.....	32.3	27.5	27.5	31.0	50.8	52.8	50.5	49.9	16.9	19.7	22.1	19.0
25-34 years.....	22.8	22.1	18.9	25.2	51.1	46.5	47.6	43.6	26.1	31.4	33.6	31.1
35-44 years.....	21.3	17.2	13.4	15.6	44.8	40.4	41.9	36.9	33.9	42.5	44.8	47.5
45 years and over.....	28.3	20.6	19.3	19.1	44.5	43.1	38.0	40.5	27.3	36.3	42.7	40.4
45-64 years.....	24.6	16.2	17.3	16.0	45.4	43.3	36.9	39.9	30.0	40.4	45.8	44.1
65 years and over.....	44.6	37.5	29.0	29.2	40.3	42.2	44.0	42.6	15.1	20.4	27.0	28.2
Black:												
20 years and over, age adjusted..	49.8	43.7	48.4	52.9	41.6	45.6	37.9	36.3	8.6	10.8	13.8	10.7
20-44 years.....	46.8	46.5	48.5	51.0	43.2	41.5	41.2	37.3	9.9	12.0	10.3	11.6
45 years and over.....	50.2	39.4	48.6	52.8	41.4	50.0	35.0	35.8	8.3	10.6	16.3	11.3
All females												
20 years and over, age adjusted..	46.2	37.6	34.7	36.4	40.8	43.4	42.0	43.0	13.0	19.0	23.2	20.6
20-24 years.....	48.4	43.1	43.5	45.8	41.9	42.4	40.6	42.0	9.7	14.5	15.9	12.2
25-34 years.....	41.4	34.3	33.7	36.5	43.1	45.2	42.1	42.2	15.5	20.5	24.2	21.3
35-44 years.....	39.1	33.8	27.6	31.0	43.7	44.4	39.7	41.3	17.1	21.8	32.7	27.8
45-64 years.....	44.4	34.3	29.6	33.0	42.0	44.2	45.5	44.2	13.6	21.5	24.9	22.7
65 years and over.....	62.6	49.3	48.7	42.3	31.0	38.9	38.2	44.2	6.4	11.8	13.1	13.4
White:												
20 years and over, age adjusted..	43.7	34.3	30.7	32.6	42.4	44.9	44.1	44.6	13.9	20.9	25.2	22.8
20-44 years.....	38.7	32.3	29.1	33.2	45.2	45.8	43.5	42.9	16.1	22.0	27.4	23.9
20-24 years.....	45.3	39.3	37.3	42.6	44.4	44.3	44.0	43.8	10.4	16.4	18.7	13.6
25-34 years.....	37.9	30.6	28.3	33.7	45.4	46.8	45.7	42.5	16.7	22.6	26.0	23.8
35-44 years.....	36.2	29.5	24.1	26.2	45.3	45.4	40.5	42.9	18.4	25.1	35.5	30.9
45 years and over.....	44.8	34.5	31.3	31.4	41.7	44.5	45.4	46.1	13.5	21.1	23.3	22.5
45-64 years.....	42.4	32.0	25.4	29.4	43.2	45.1	47.9	45.8	14.5	23.0	26.7	24.9
65 years and over.....	61.5	45.7	47.6	37.9	31.8	41.7	38.4	47.2	6.8	12.6	14.0	14.9
Black:												
20 years and over, age adjusted..	70.3	64.5	61.1	61.2	25.0	30.0	30.4	32.0	4.6	5.6	8.6	6.7
20-44 years.....	66.7	61.0	64.1	56.0	26.5	34.5	25.7	35.5	6.8	4.6	10.2	8.5
45 years and over.....	70.8	58.3	56.9	62.9	26.0	32.6	33.8	31.1	*3.2	9.0	*9.3	6.0

<sup>1</sup>Based on data for the last 6 months of 1980.<sup>2</sup>A current smoker is a person who has smoked at least 100 cigarettes and who now smokes; includes occasional smokers.

\*Relative standard error greater than 30 percent.

NOTE: Excludes unknown amount smoked.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey. Data computed by the Division of Epidemiology and Health Promotion from data compiled by the Division of Health Interview Statistics.

Table 42. Use of selected substances in the past month by youths 12-17 years of age, according to age and sex: United States, selected years 1972-82

(Data are based on household interviews of a sample of the population 12 years of age and over in the coterminous United States)

Substance, age, and sex	1972	1974	1976	1977	1979	1982
Cigarettes						
Percent of population						
All ages, both sexes.....	( <sup>1</sup> )	25	23	22	( <sup>1</sup> )	15
12-13 years.....	( <sup>1</sup> )	13	11	10	( <sup>1</sup> )	*3
14-15 years.....	( <sup>1</sup> )	25	20	22	( <sup>1</sup> )	10
16-17 years.....	( <sup>1</sup> )	38	39	35	( <sup>1</sup> )	30
Male.....	( <sup>1</sup> )	27	21	23	( <sup>1</sup> )	16
Female.....	( <sup>1</sup> )	24	26	22	( <sup>1</sup> )	13
Alcohol <sup>2</sup>						
All ages, both sexes.....	( <sup>1</sup> )	34	32	31	37	27
12-13 years.....	( <sup>1</sup> )	19	19	13	20	10
14-15 years.....	( <sup>1</sup> )	32	31	28	36	23
16-17 years.....	( <sup>1</sup> )	51	47	52	55	45
Male.....	( <sup>1</sup> )	39	36	37	39	27
Female.....	( <sup>1</sup> )	29	29	25	36	27
Marijuana						
All ages, both sexes.....	7	12	12	17	17	12
12-13 years.....	*1	*2	*3	*4	4	*2
14-15 years.....	6	12	13	16	17	8
16-17 years.....	16	20	21	30	28	23
Male.....	9	12	14	20	19	13
Female.....	6	11	11	13	14	10

<sup>1</sup>Data not comparable because definitions differ.

<sup>2</sup>In 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years, respondents answered questions aloud.

\*Relative standard error greater than 30 percent.

SOURCES: National Institute on Drug Abuse: National Survey on Drug Abuse: Main Findings 1979, by P. M. Fishburne, H. I. Abelson, and I. Cisin. DHHS Pub. No. (ADM) 80-976. Alcohol, Drug Abuse, and Mental Health Administration. Washington. U.S. Government Printing Office; National Survey on Drug Abuse: Main Findings 1982, by J. D. Miller et al. DHHS Pub. No. (ADM) 83-1263. Alcohol, Drug Abuse, and Mental Health Administration. Washington. U.S. Government Printing Office, 1983; Unpublished data from the Division of Epidemiology and Statistical Analysis.

Table 43. Alcohol consumption status of persons 18 years of age and over, according to sex: United States, selected years 1971-85

(Data are based on interviews of samples of the noninstitutionalized population)

Sex and alcohol consumption	1971	1973	1974	1975	1976	1979	1983 <sup>1</sup>	1985
Both sexes		Percent of persons						
Abstain.....	36	34	36	36	33	33	40	35
Light.....	34	29	28	31	38	34	29	35
Moderate.....	20	23	28	21	19	24	21	22
Heavier.....	10	14	11	12	10	9	10	8
Male								
Abstain.....	30	25	24	27	26	25	28	24
Light.....	29	24	24	27	33	29	28	33
Moderate.....	26	29	34	26	24	31	28	29
Heavier.....	15	22	18	20	18	14	16	14
Female								
Abstain.....	42	42	42	45	39	40	50	45
Light.....	40	35	32	35	44	38	30	37
Moderate.....	13	17	21	15	15	18	15	15
Heavier.....	5	6	5	4	3	4	4	3

<sup>1</sup>Data modified from those shown in Health, United States, 1985.

NOTE: Alcohol consumption status is defined in ounces of absolute alcohol (ethanol) consumed per day as follows: abstain, 0; light, .01-.21; moderate, .22-.99; and heavier, 1.00 or more.

SOURCES: Clark, W. B., Midanik, L., and Knupfer, G.: Report on the 1979 National Survey. University of California. Contract No. ADM 281-77-0021. Prepared for the National Institute of Alcohol Abuse and Alcoholism. Rockville, Md., Dec. 1981. 1983 and 1985 data computed by the National Institute of Alcohol Abuse and Alcoholism from data compiled by the National Center for Health Statistics, Division of Health Interview Statistics.

Table 44. Persons 25-74 years of age with borderline or definite elevated blood pressure, according to race, sex, and age: United States, 1960-62, 1971-74, and 1976-80

(Data are based on physical examinations of a sample of the civilian noninstitutionalized population)

Sex and age	All races			White			Black		
	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80
Both sexes				Percent of population					
Age adjusted, 25-74 years..	41.0	42.1	41.3	39.6	40.8	40.1	53.8	55.1	51.3
25-34 years.....	15.6	19.6	20.8	14.7	18.8	20.7	22.4	28.2	22.4
35-44 years.....	29.8	32.2	33.0	28.1	29.6	30.8	43.5	54.5	47.9
45-54 years.....	44.4	46.9	47.1	42.4	45.8	45.9	60.6	57.4	58.9
55-64 years.....	62.3	59.4	56.7	60.9	58.4	55.2	78.8	71.8	70.5
65-74 years.....	73.8	70.3	63.1	73.1	69.3	61.9	85.2	80.0	71.7
Male									
Age adjusted, 25-74 years....	43.7	46.1	46.6	42.8	45.4	45.9	53.6	55.9	52.8
25-34 years.....	23.3	27.5	31.2	22.3	27.2	31.5	31.9	33.6	31.5
35-44 years.....	37.4	38.1	39.5	37.0	36.0	37.6	44.2	60.5	53.8
45-54 years.....	47.2	52.8	52.1	46.0	53.0	52.0	56.3	53.3	50.9
55-64 years.....	59.3	59.3	58.6	58.3	58.9	57.6	74.8	67.5	71.7
65-74 years.....	65.9	65.4	62.0	65.0	64.0	60.6	*76.8	79.3	68.7
Female									
Age adjusted, 25-74 years....	38.4	38.4	36.2	36.5	36.4	34.6	54.7	54.6	50.1
25-34 years.....	8.6	12.3	11.0	7.6	10.8	10.4	16.1	24.2	15.1
35-44 years.....	22.7	26.7	27.0	19.8	23.6	24.6	43.0	49.9	43.4
45-54 years.....	41.8	41.5	42.3	39.1	39.1	40.1	64.8	61.0	65.8
55-64 years.....	65.0	59.5	55.0	63.3	57.9	53.1	82.8	75.3	69.4
65-74 years.....	80.3	74.1	63.9	79.8	73.4	63.0	*92.1	80.6	74.0

\*Based on fewer than 45 persons.

NOTE: Borderline or definite elevated blood pressure is defined as either systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg or both based on a single measurement.

SOURCE: Division of Health Examination Statistics, National Center for Health Statistics: Unpublished data.

Table 45. Persons 25-74 years of age with definite elevated blood pressure, according to race, sex, and age: United States, 1960-62, 1971-74, and 1976-80

(Data are based on physical examinations of a sample of the civilian noninstitutionalized population)

Sex and age	All races			White			Black		
	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80
Both sexes		Percent of population							
Age adjusted, 25-74 years..	20.9	21.7	20.1	19.2	20.1	19.2	36.8	36.6	27.7
25-34 years.....	5.3	6.7	7.7	4.2	6.0	7.6	14.0	12.9	9.2
35-44 years.....	13.3	15.5	13.9	11.4	13.5	12.5	28.7	31.9	24.3
45-54 years.....	21.4	24.3	25.3	19.2	22.2	24.2	39.5	43.7	36.6
55-64 years.....	31.8	33.2	28.1	30.1	31.6	26.9	50.1	52.1	39.5
65-74 years.....	48.7	40.9	34.5	46.9	39.5	34.0	71.9	55.7	36.6
Male									
Age adjusted, 25-74 years....	20.7	22.9	23.0	19.0	21.7	22.3	36.3	35.8	29.7
25-34 years.....	7.8	8.9	12.2	6.1	8.3	12.2	21.8	16.1	13.4
35-44 years.....	16.2	19.1	16.9	14.9	17.2	15.2	28.1	36.8	33.2
45-54 years.....	21.4	26.8	28.5	19.6	25.8	28.6	34.6	37.0	29.3
55-64 years.....	29.3	32.5	31.1	27.5	31.2	29.7	49.7	49.5	45.7
65-74 years.....	40.5	36.4	33.3	38.6	35.1	32.7	*63.3	50.3	32.1
Female									
Age adjusted, 25-74 years....	21.0	20.4	17.4	19.2	18.5	16.3	37.7	37.4	26.2
25-34 years.....	3.1	4.6	3.6	2.3	3.8	3.2	8.8	10.7	5.8
35-44 years.....	10.6	12.1	11.1	8.2	9.9	9.9	29.2	28.2	17.4
45-54 years.....	21.5	21.9	22.4	18.8	18.8	20.1	44.3	49.4	42.9
55-64 years.....	34.1	33.9	25.3	32.5	32.0	24.4	50.5	54.2	34.2
65-74 years.....	55.4	44.4	35.5	53.8	42.9	35.0	*79.0	59.8	40.0

\* Based on fewer than 45 persons.

NOTE: Definite elevated blood pressure is defined as either systolic pressure of at least 160 mmHg or diastolic pressure of at least 95 mmHg or both based on a single measurement.

SOURCE: Division of Health Examination Statistics, National Center for Health Statistics: Unpublished data.

Table 46. Persons 25-74 years of age with high-risk serum cholesterol levels, according to race, sex, and age: United States, 1960-62, 1971-74, and 1976-80

(Data are based on physical examinations of a sample of the civilian noninstitutionalized population)

Sex and age	All races			White			Black		
	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80
Both sexes		Percent of population							
Age adjusted, 25-74 years..	26.9	23.2	21.9	27.6	23.2	21.9	22.1	23.7	22.8
25-34 years.....	20.4	19.9	18.7	20.9	19.8	18.5	19.0	20.6	19.7
35-44 years.....	21.2	17.5	16.8	22.0	17.3	16.6	14.5	18.2	18.8
45-54 years.....	26.4	24.2	22.0	26.8	24.4	21.8	25.5	24.1	25.5
55-64 years.....	36.0	27.9	29.0	37.8	28.0	29.3	20.9	29.3	27.5
65-74 years.....	37.3	31.3	27.2	37.4	31.5	27.7	38.0	31.1	24.0
Male									
Age adjusted, 25-74 years....	24.1	22.1	20.1	25.1	22.0	20.1	17.1	22.7	23.4
25-34 years.....	23.6	22.7	19.2	24.7	22.8	18.7	16.3	22.3	24.8
35-44 years.....	26.3	22.6	20.5	27.7	22.2	20.1	13.4	23.7	24.5
45-54 years.....	25.3	24.1	20.1	26.1	24.6	20.8	21.1	20.4	25.3
55-64 years.....	22.8	19.5	22.0	23.9	19.3	22.4	13.7	23.0	22.1
65-74 years.....	20.8	19.9	18.1	20.7	19.5	18.4	*22.9	25.8	16.6
Female									
Age adjusted, 25-74 years....	29.3	24.0	23.3	29.7	23.9	23.4	26.8	24.6	22.3
25-34 years.....	17.5	17.2	18.2	17.3	16.9	18.4	20.8	19.4	15.6
35-44 years.....	16.5	12.9	13.4	16.7	12.7	13.3	15.5	14.1	14.3
45-54 years.....	27.4	24.3	22.9	27.5	24.1	22.7	29.9	27.2	25.8
55-64 years.....	48.5	35.5	35.3	50.6	35.8	35.6	*29.1	34.4	32.0
65-74 years.....	50.8	40.0	34.3	51.2	40.6	34.8	*50.1	35.1	29.5

\*Based on fewer than 45 persons.

NOTES: High-risk serum cholesterol levels are defined by age-specific cut points of the cholesterol distribution: 20-29 years of age, greater than 220 milligrams/deciliter; 30-39 years of age, greater than 240 milligrams/deciliter; and 40 years of age and over, greater than 260 milligrams/deciliter. Risk levels defined by NIH Consensus Development conference statement on lowering blood cholesterol, Dec. 10, 1984.

SOURCE: Division of Health Examination Statistics, National Center for Health Statistics: Unpublished data.



Table 47. Overweight persons 25-74 years of age, according to race, sex, and age: United States, 1960-62, 1971-74, and 1976-80

(Data are based on physical examinations of a sample of the civilian noninstitutionalized population)

Sex and age	All races			White			Black		
	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80	1960-62	1971-74	1976-80
Both sexes		Percent of population							
Age adjusted, 25-74 years..	27.4	27.9	28.4	26.4	26.8	27.2	35.9	38.8	41.1
25-34 years.....	18.9	20.5	20.2	17.6	19.7	19.4	31.6	29.1	26.3
35-44 years.....	23.8	28.4	27.9	21.8	26.6	26.4	38.0	45.3	40.8
45-54 years.....	29.6	30.0	31.7	28.8	29.1	30.2	33.2	39.4	52.1
55-64 years.....	35.7	32.0	32.8	34.8	31.0	31.9	45.5	43.9	44.2
65-74 years.....	34.6	31.5	32.7	35.0	31.0	31.9	31.5	37.3	46.0
Male									
Age adjusted, 25-74 years....	24.8	26.0	26.7	25.1	26.0	26.7	24.1	27.6	30.9
25-34 years.....	22.0	23.6	20.4	21.4	23.6	20.9	34.3	26.1	17.5
35-44 years.....	23.2	29.4	28.9	22.4	28.9	28.2	28.6	39.3	40.9
45-54 years.....	28.1	27.6	31.0	29.3	28.2	30.5	18.5	22.4	41.4
55-64 years.....	27.2	24.8	28.1	28.5	24.9	28.6	20.1	25.6	26.0
65-74 years.....	23.8	23.0	25.2	24.8	23.1	25.8	*11.7	21.6	26.4
Female									
Age adjusted, 25-74 years....	29.6	29.4	29.8	27.3	27.4	27.5	47.3	47.8	49.5
25-34 years.....	15.9	17.6	20.0	13.9	15.9	17.9	29.6	31.5	33.5
35-44 years.....	24.4	27.3	27.0	21.2	24.5	24.8	46.1	49.9	40.8
45-54 years.....	30.9	32.3	32.5	28.5	29.9	29.9	47.8	53.5	61.2
55-64 years.....	43.6	38.5	37.0	40.5	36.6	34.8	71.4	58.7	59.4
65-74 years.....	43.3	38.0	38.5	43.2	37.0	36.5	*47.8	49.2	60.8

\*Based on fewer than 45 persons.

NOTES: Overweight is defined for men as body mass index greater than or equal to 27.8 kilograms/meter<sup>2</sup>, and for women as body mass index greater than or equal to 27.3 kilograms/meter<sup>2</sup>. These cut points were used because they represent the sex-specific 85th percentiles for persons 20-29 years of age in the 1976-80 National Health and Nutrition Examination Survey. Excludes pregnant women.

SOURCE: Division of Health Examination Statistics, National Center for Health Statistics: Unpublished data.

Table 48. Progress toward 1990 health promotion goals: 1977-84

1990 goals	1977	1978	1979	1980	1981	1982	1983	1984	1990 goal
Infants (under 1 year)									
To continue to improve infant health, and by 1990, to reduce infant mortality by at least 35 percent to fewer than 9 deaths per 1,000 live births.....									
	14.1	13.8	13.1	12.6	11.9	11.5	11.2	10.8	9
Children (1-14 years)									
To improve child health, foster optimal childhood development, and by 1990, reduce deaths among children ages 1 to 14 years by at least 20 percent to fewer than 34 per 100,000.....									
	42.3	42.1	40.1	38.5	38.0	36.7	35.3	34.1	34
Adolescents and young adults (15-24 years)									
To improve the health and health habits of adolescents and young adults, and by 1990, to reduce deaths among people ages 15 to 24 by at least 20 percent to fewer than 93 per 100,000.....									
	114.8	115.0	114.8	115.4	107.1	101.0	96.0	96.8	92
Adults (25-64 years)									
To improve the health of adults, and by 1990, to reduce deaths among people ages 25 to 64 by at least 25 percent to fewer than 400 per 100,00.....									
	532.9	520.3	500.2	498.0	482.1	462.3	452.8	443.5	400
Older adults (65 years and over)									
To improve the health and quality of life for older adults and, by 1990, to reduce the average annual number of days of restricted activity due to acute and chronic conditions by 20 percent, to fewer than 30 days per year for people aged 65 and older <sup>1</sup> .....									
	36.5	40.3	41.9	39.2	39.9	31.6	32.1	31.8	30
To reduce the average annual number of days of bed disability due to acute and chronic conditions by 20 percent, to fewer than 12 days per year for people aged 65 and over <sup>1</sup> .....									
	14.5	14.5	13.7	13.8	14.0	14.7	16.7	15.1	12

<sup>1</sup>Levels of estimates for 1982-84 may not be comparable to estimates for previous years because the 1982-84 data are based on a revised questionnaire and field procedures.

SOURCES: Office of the Assistant Secretary for Health and Surgeon General: Healthy People--The Surgeon General's Report on Health Promotion and Disease Prevention, 1979. DHEW Pub. No. (PHS) 79-55071. Public Health Service. Washington. U.S. Government Printing Office, 1979; National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, Part B, 1950-84. Public Health Service. Washington. U.S. Government Printing Office; Data computed by Division of Analysis from data compiled by Division of Vital Statistics and from table I; Division of Health Interview Statistics: Data from the National Health Interview Survey.

Table 49. Air pollution, according to source and type of pollutant: United States, selected years 1970-84

(Data are calculated emissions estimates)

Type of pollutant and year	All sources	Transportation	Stationary fuel combustion	Industrial processes	Solid waste	Other
Particulate matter						
Emissions in 10 <sup>6</sup> metric tons per year						
1970.....	18.1	1.2	4.6	10.1	1.1	1.1
1975.....	10.4	1.4	2.7	5.0	0.6	0.7
1980.....	8.5	1.4	2.4	3.2	0.4	1.1
1982.....	7.0	1.3	2.2	2.4	0.4	0.7
1983.....	6.7	1.2	1.9	2.2	0.3	1.1
1984.....	7.0	1.3	2.0	2.5	0.3	0.9
Sulfur oxides						
1970.....	28.2	0.6	21.3	6.2	(1)	0.1
1975.....	25.6	0.6	20.3	4.7	(1)	(1)
1980.....	23.2	0.9	18.8	3.5	(1)	(1)
1982.....	21.3	0.8	17.3	3.2	(1)	(1)
1983.....	20.6	0.8	16.7	3.1	(1)	(1)
1984.....	21.4	0.9	17.4	3.1	(1)	(1)
Nitrogen oxides						
1970.....	18.1	7.6	9.1	0.7	0.4	0.3
1975.....	19.2	8.9	9.4	0.7	0.1	0.1
1980.....	20.4	9.2	10.2	0.7	0.1	0.2
1982.....	19.7	8.9	10.0	0.6	0.1	0.1
1983.....	19.1	8.6	9.6	0.6	0.1	0.2
1984.....	19.7	8.7	10.1	0.6	0.1	0.2
Volatile organic compounds						
1970.....	27.1	12.3	1.0	8.7	1.8	3.3
1975.....	22.8	10.3	1.0	8.1	0.9	2.5
1980.....	22.7	8.2	2.1	8.9	0.6	2.9
1982.....	19.9	7.5	2.5	7.1	0.6	2.2
1983.....	20.5	7.2	2.5	7.5	0.6	2.7
1984.....	21.5	7.2	2.6	8.4	0.6	2.7
Carbon monoxide						
1970.....	98.8	71.8	4.4	9.0	6.4	7.2
1975.....	81.2	62.0	4.4	6.9	3.1	4.8
1980.....	76.2	52.7	7.4	6.3	2.2	7.6
1982.....	67.4	48.1	8.0	4.4	2.0	4.9
1983.....	70.4	48.4	8.0	4.4	1.9	7.7
1984.....	69.9	48.5	8.3	4.9	1.9	6.3
Lead						
Emissions in 10 <sup>3</sup> metric tons per year						
1970.....	203.8	163.6	9.6	23.9	6.7	(2)
1975.....	147.0	122.6	9.3	10.3	4.8	(2)
1980.....	70.6	59.4	3.9	3.6	3.7	(2)
1982.....	54.4	46.9	1.7	2.7	3.1	(2)
1983.....	46.3	40.7	0.6	2.4	2.6	(2)
1984.....	40.1	34.7	0.5	2.3	2.3	(2)

<sup>1</sup>Emissions of less than 50,000 metric tons per year.<sup>2</sup>No emissions calculated.NOTE: Because of modifications in methodology and use of more refined emission factors, data from this table should not be compared with data in previous editions of Health, United States.SOURCE: Monitoring and Data Analysis Division: National Air Pollutant Emission Estimates, 1970-1984. EPA-450/4-85-014. U.S. Environmental Protection Agency. Research Triangle Park, N.C., Jan. 1986.

Table 50. Number and percent of employees with potential exposure to continuous noise without controls in selected industries, according to size of facility: United States, 1972-74 and 1981-83

(Data are based on interviews of a sample of nonagricultural businesses)

Industry	All facilities		8-99 employees		100-499 employees		500 or more employees	
	1972-74	1981-83	1972-74	1981-83	1972-74	1981-83	1972-74	1981-83
	Number							
All industries.....	3,451,828	2,543,810	935,163	976,695	1,196,451	946,106	1,320,214	621,008
General building contractors.....	77,526	93,120	22,783	63,862	54,743	22,563	-	6,693
Heavy construction contractors.....	36,697	95,661	17,706	38,848	9,057	43,385	9,933	13,427
Special trade contractors.....	70,362	171,213	38,605	151,886	31,756	19,327	-	---
Textile mill products.....	51,306	101,109	20,055	21,898	25,312	46,430	5,938	32,780
Apparel and other textile products.....	131,850	122,264	77,077	19,896	54,300	73,380	472	28,987
Lumber and wood products.....	54,135	99,913	32,468	61,981	14,743	29,783	6,923	8,147
Paper and allied products.....	175,953	77,728	38,330	19,760	75,073	41,214	62,549	16,753
Printing and publishing.....	120,275	116,221	36,600	43,960	16,805	38,081	66,869	34,179
Chemicals and allied products.....	48,037	42,329	14,569	12,036	25,749	21,281	7,718	9,011
Primary metals industries.....	414,976	132,726	35,585	17,135	88,711	55,683	290,679	59,907
Fabricated metal products.....	354,055	194,830	126,239	86,187	145,497	70,147	82,318	38,495
Machinery, except electrical.....	245,086	140,604	56,522	63,052	64,348	47,989	124,215	29,562
Miscellaneous manufacturing industries.....	71,039	22,038	20,442	8,793	32,232	13,244	18,364	-
Transportation by air.....	31,352	47,441	946	13,034	6,665	30,658	23,740	3,749
Auto repair services and garages...	17,861	33,820	17,301	33,114	560	706	---	---
Miscellaneous repair services.....	24,294	4,282	4,125	2,688	17,304	1,593	2,865	---
Electric and electronic equipment..	90,585	72,471	4,287	12,126	35,673	16,224	50,624	44,120
	Percent							
All industries.....	9.0	7.6	6.1	8.8	10.8	9.6	11.1	5.0
General building contractors.....	11.1	10.4	7.6	11.3	14.7	11.4	*-	*5.0
Heavy construction contractors.....	6.7	16.1	6.0	13.7	3.8	20.9	*67.3	*13.3
Special trade contractors.....	5.5	10.8	4.1	12.1	9.5	5.8	*-	---
Textile mill products.....	22.1	14.2	21.7	20.7	26.2	13.4	*13.8	12.6
Apparel and other textile products.....	14.4	9.8	15.4	4.7	14.3	12.0	*1.2	*13.9
Lumber and wood products.....	33.9	17.2	39.6	20.4	28.9	16.2	*26.0	*8.8
Paper and allied products.....	30.8	12.4	30.3	14.4	28.3	14.6	*35.0	8.1
Printing and publishing.....	9.7	9.8	10.5	9.2	5.4	10.6	11.6	9.9
Chemicals and allied products.....	5.0	4.6	7.4	6.7	13.5	8.2	1.3	1.9
Primary metals industries.....	30.8	12.4	29.5	12.4	39.9	17.9	28.9	9.6
Fabricated metal products.....	26.2	13.0	28.3	15.5	28.1	11.8	21.3	11.0
Machinery, except electrical.....	15.9	5.9	21.1	10.4	17.4	7.3	13.8	2.7
Miscellaneous manufacturing industries.....	18.5	4.2	14.7	5.3	21.2	8.9	*19.7	*-
Transportation by air.....	6.1	10.5	*3.1	16.8	11.2	*28.0	*5.6	1.4
Auto repair services and garages...	14.0	8.0	15.7	8.0	*3.3	*8.6	---	---
Miscellaneous repair services.....	13.2	2.1	2.7	1.5	*76.4	*6.5	*28.8	---
Electric and electronic equipment..	6.0	3.7	4.3	5.3	10.7	2.9	4.7	3.7

\*Based on fewer than 10 facilities.

SOURCE: National Institute for Occupational Safety and Health: Unpublished data from the 1972-74 National Occupational Hazard Survey and 1981-83 National Occupational Exposure Survey.

Table 51. Health and safety services in manufacturing industries, according to size of facility: United States, 1972-74 and 1981-83

(Data are based on interviews of a sample of nonagricultural businesses)

Health and safety services available in facility	All facilities		8-99 employees		100-499 employees		500 or more employees	
	1972-74	1981-83	1972-74 <sup>1</sup>	1981-83	1972-74	1981-83	1972-74	1981-83
	Number in thousands							
Employees.....	38,263	33,218	15,394	11,078	10,883	9,856	11,985	12,283
Occupational health and safety practices	Percent of employees							
Regularly monitor environmental conditions <sup>2</sup> .....	21.7	48.0	2.5	11.1	12.0	43.4	55.5	85.1
Personal protective devices required in some work areas <sup>3</sup> ...	39.2	53.5	32.5	45.9	45.9	59.0	41.6	56.0
Employer provides protective devices.....	52.5	80.2	41.9	70.4	59.8	82.8	59.7	86.8
Medical facilities and practices								
Health unit at the facility.....	31.5	42.7	3.3	3.8	18.8	31.7	79.5	86.7
Access to physician or clinic...	70.7	100.0	49.0	100.0	76.3	100.0	93.5	100.0
Preemployment medical exams.....	38.5	49.4	12.8	20.0	35.0	47.0	74.9	77.9
Periodic medical exams.....	14.4	30.1	6.0	8.4	13.4	26.4	26.1	52.7
Records of employee absenteeism showing type of illness.....	14.2	4.8	4.7	8.1	10.1	3.0	30.4	3.3

<sup>1</sup>Includes facilities with less than 8 employees.<sup>2</sup>Monitoring environmental conditions such as presence of fumes, gases, dust, noise, vibration, radiation.<sup>3</sup>Includes respirators, protective clothing, etc.

SOURCE: National Institute for Occupational Safety and Health: Unpublished data from the 1972-74 National Occupational Hazard Survey and 1981-83 National Occupational Exposure Survey.

Table 52. Physician visits, according to source or place of care and selected patient characteristics: United States, 1983 and 1985

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Selected characteristic	Source or place of care							
	Physician visits		Doctor's office		Hospital outpatient department <sup>1</sup>		Telephone	
	1983	1985	1983	1985	1983	1985	1983	1985
	Number per person				Percent of visits <sup>2</sup>			
Total <sup>3,4</sup> .....	5.0	5.2	55.9	57.1	14.9	14.6	15.5	13.8
Age								
Under 17 years.....	4.4	4.3	55.0	57.6	13.7	14.0	19.3	16.5
Under 6 years.....	6.5	6.3	54.3	57.0	12.8	13.6	20.6	18.3
6-16 years.....	3.2	3.1	55.8	58.2	14.7	14.4	17.9	14.5
17-44 years.....	4.5	4.7	54.4	55.7	16.4	14.9	14.6	13.1
45-64 years.....	5.8	6.1	58.7	58.0	15.2	16.0	12.5	12.3
65 years and over.....	7.6	8.3	58.9	59.0	12.3	12.0	11.9	10.5
Sex <sup>3</sup>								
Male.....	4.4	4.5	54.7	56.5	16.9	17.4	13.5	11.4
Female.....	5.7	5.8	56.5	57.4	13.6	12.7	16.7	15.5
Race <sup>3</sup>								
White.....	5.1	5.3	57.4	58.4	13.4	13.1	16.2	14.6
Black.....	4.8	4.9	44.1	47.6	26.5	24.8	9.7	8.1
Family income <sup>3</sup>								
Less than \$10,000.....	5.9	5.8	49.8	47.7	18.4	20.8	12.3	10.7
\$10,000-\$14,999.....	5.0	5.3	52.2	53.0	17.7	17.4	13.2	12.8
\$15,000-\$19,999.....	4.7	5.0	54.2	55.2	16.7	15.4	16.3	14.6
\$20,000-\$34,999.....	5.0	5.3	59.0	58.8	13.2	13.3	16.1	14.7
\$35,000 or more.....	5.4	5.4	59.6	62.2	11.5	11.2	18.8	15.3
Geographic region <sup>3</sup>								
Northeast.....	4.9	5.1	58.1	57.4	15.5	16.2	14.0	12.5
Midwest.....	5.2	5.3	53.4	55.1	14.6	14.6	17.1	16.2
South.....	4.8	5.0	56.6	59.4	14.5	13.9	15.6	12.7
West.....	5.4	5.6	56.0	55.7	15.1	13.9	14.4	14.0
Location of residence <sup>3</sup>								
Within SMSA.....	5.2	5.3	54.7	56.2	15.6	14.7	15.9	14.3
Outside SMSA.....	4.6	4.8	58.8	60.6	13.2	14.2	14.5	12.0

<sup>1</sup>Includes hospital outpatient clinic, emergency room, and other hospital visits.<sup>2</sup>Includes source or place unknown.<sup>3</sup>Age adjusted.<sup>4</sup>Includes all other races not shown separately and unknown family income.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey.

Table 53. Interval since last physician visit, according to selected patient characteristics: United States, 1964, 1980, and 1985

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Selected characteristic	Less than 1 year			1 year-less than 2 years			2 years or more		
	1964	1980	1985	1964	1980	1985	1964	1980	1985
	Percent of population <sup>1</sup>								
Total <sup>2,3</sup> .....	66.0	75.0	74.8	13.8	10.9	10.7	17.6	13.0	13.1
Age									
Under 17 years.....	67.0	76.7	78.3	14.8	12.8	11.8	14.7	9.2	8.3
Under 6 years.....	79.1	89.8	89.9	11.4	6.4	6.2	6.4	2.0	1.9
6-16 years.....	59.6	70.3	71.6	16.9	16.0	15.0	19.7	12.8	12.0
17-44 years.....	65.9	73.4	70.2	14.7	11.4	11.9	17.2	14.1	16.5
45-64 years.....	63.5	73.3	73.4	12.8	9.2	9.1	21.8	16.8	16.2
65 years and over.....	68.8	79.4	83.8	9.2	6.0	5.6	20.3	14.0	9.7
Sex <sup>2</sup>									
Male.....	62.4	70.6	70.1	14.7	11.9	11.6	19.7	16.2	16.7
Female.....	69.3	79.1	79.2	13.0	9.9	9.8	15.8	10.1	9.7
Race <sup>2</sup>									
White.....	67.3	75.4	75.3	13.7	10.7	10.5	17.0	13.0	12.9
Black <sup>4</sup> .....	57.0	74.0	73.0	14.6	11.7	12.0	21.8	12.4	13.1
Family income <sup>2,5</sup>									
Less than \$10,000.....	57.5	75.7	74.1	12.9	10.6	10.1	23.3	12.6	14.5
\$10,000-\$14,999.....	61.6	75.0	72.6	14.0	10.7	10.9	20.8	13.4	15.1
\$15,000-\$19,999.....	66.3	74.4	72.8	14.3	10.7	11.9	17.6	14.1	14.1
\$20,000-\$34,999.....	69.7	75.3	75.5	13.9	10.6	10.4	15.2	13.3	13.1
\$35,000 or more.....	73.0	76.9	79.0	12.8	10.9	9.7	13.2	11.6	10.4
Geographic region <sup>2</sup>									
Northeast.....	67.5	76.6	77.4	14.0	10.8	9.4	17.3	11.8	12.0
Midwest.....	65.9	75.6	75.4	14.0	10.7	10.4	18.4	12.8	13.2
South.....	64.0	74.0	72.9	13.6	11.1	11.8	17.9	13.8	13.6
West.....	68.4	74.3	74.9	13.5	11.0	10.3	16.2	13.4	13.0
Location of residence <sup>2</sup>									
Within SMSA.....	67.5	75.8	75.6	13.7	10.8	10.3	16.9	12.4	12.6
Outside SMSA.....	63.5	73.5	72.3	14.0	11.2	11.7	18.9	14.5	14.7

<sup>1</sup>Includes unknown interval since last physician visit.<sup>2</sup>Age adjusted.<sup>3</sup>Includes all other races not shown separately and unknown family income.<sup>4</sup>1964 data include all other races.<sup>5</sup>Family income categories for 1985. Income categories in 1964 are: less than \$2,000; \$2,000-\$3,999; \$4,000-\$6,999; \$7,000-\$9,999; and \$10,000 or more; and, in 1980 are: less than \$7,000; \$7,000-\$9,999; \$10,000-\$14,999; \$15,000-\$24,999; and \$25,000 or more.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey.

Table 54. Office visits to physicians, according to physician specialty and selected patient characteristics: United States, 1976 and 1981

(Data are based on reporting by a sample of office-based physicians)

Selected characteristic	All specialties <sup>1</sup>		General and family practice		Internal medicine		Obstetrics and gynecology		Pediatrics		General surgery	
	1976	1981	1976	1981	1976	1981	1976	1981	1976	1981	1976	1981
	Visits per person											
Total <sup>2</sup> .....	2.78	2.59	1.06	0.83	0.31	0.32	0.22	0.22	0.33	0.36	0.17	0.14
Age												
Under 15 years.....	2.11	2.10	0.62	0.52	0.03	0.03	0.02	0.01	1.06	1.16	0.06	0.04
15-44 years.....	2.59	2.26	1.01	0.75	0.22	0.19	0.44	0.45	0.05	0.05	0.16	0.14
45-64 years.....	3.36	3.10	1.41	1.11	0.60	0.64	0.13	0.12	0.01	0.01	0.26	0.23
65 years and over.....	4.33	4.34	1.84	1.48	0.96	1.04	0.07	0.06	0.01	0.01	0.31	0.27
Sex <sup>2</sup>												
Male.....	2.34	2.19	0.90	0.71	0.28	0.28	0.01	0.00	0.34	0.36	0.16	0.13
Female.....	3.18	2.95	1.20	0.93	0.34	0.35	0.42	0.42	0.32	0.35	0.18	0.15
Race <sup>2</sup>												
White.....	2.87	2.67	1.07	0.84	0.32	0.32	0.22	0.22	0.35	0.37	0.17	0.14
All other.....	2.19	2.12	0.95	0.79	0.24	0.32	0.19	0.17	0.23	0.33	0.15	0.15

<sup>1</sup>Includes other specialties not shown separately.<sup>2</sup>Age adjusted.

NOTE: Rates are based on the civilian noninstitutionalized population, excluding Alaska and Hawaii.

SOURCE: Division of Health Care Statistics, National Center for Health Statistics: Data from the National Ambulatory Medical Care Survey.



Table 55. Office visits to physicians, according to selected patient characteristics: United States, 1976 and 1981

(Data are based on reporting by a sample of office-based physicians)

Selected characteristic	Patient's first visit		Visit lasted 10 minutes or less <sup>1</sup>		Return visit scheduled	
	1976	1981	1976	1981	1976	1981
	Percent of visits					
Total <sup>2</sup> .....	14.6	14.3	49.9	47.1	59.3	58.7
Age						
Under 15 years.....	13.2	13.8	58.4	55.4	49.7	49.5
15-44 years.....	18.7	17.7	50.3	47.5	60.1	58.8
45-64 years.....	11.8	11.2	41.7	39.2	65.2	65.3
65 years and over.....	7.5	8.6	40.3	37.0	72.1	72.1
Sex <sup>2</sup>						
Male.....	16.8	15.7	49.8	46.6	56.9	56.1
Female.....	13.5	13.8	49.9	47.3	60.4	60.2
Race <sup>2</sup>						
White.....	14.2	14.1	49.4	46.7	59.3	58.4
All other.....	17.6	15.8	54.3	49.4	59.2	61.4
Location of physician's office <sup>2</sup>						
Within SMSA.....	15.0	14.9	47.1	45.4	61.3	60.4
Outside SMSA.....	13.4	12.8	58.1	52.1	53.9	53.6

<sup>1</sup>Time spent in face-to-face contact between physician and patient.<sup>2</sup>Age adjusted.

NOTE: Rates are based on the civilian noninstitutionalized population, excluding Alaska and Hawaii.

SOURCE: Division of Health Care Statistics, National Center for Health Statistics: Data from the National Ambulatory Medical Care Survey.

Table 56. Dental visits and interval since last visit, according to selected patient characteristics: United States, 1964, 1978, and 1983

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Selected characteristic	Interval since last dental visit											
	Dental visits			Less than 1 year			2 years or more			Never visited dentist		
	1964	1978	1983	1964	1978	1983	1964	1978	1983	1964	1978	1983
	Number per person						Percent of population <sup>1</sup>					
Total <sup>2,3</sup> .....	1.6	1.6	1.8	42.0	49.9	51.8	28.1	25.1	23.7	15.6	10.5	10.8
Age												
Under 17 years.....	1.4	1.6	1.9	41.6	50.7	50.6	6.3	8.0	7.6	42.6	29.4	30.4
Under 6 years.....	0.5	0.6	0.5	16.5	21.2	23.1	0.6	0.9	1.0	80.4	74.3	70.5
6-16 years.....	2.0	2.1	2.6	56.9	64.2	66.1	9.8	11.2	11.3	19.6	9.1	7.8
17-44 years.....	1.9	1.6	1.8	50.0	54.3	56.6	27.8	25.1	24.9	3.2	1.9	1.6
45-64 years.....	1.7	1.7	2.0	38.4	48.8	51.9	45.5	37.0	34.3	1.3	0.6	0.6
65 years and over.....	0.8	1.2	1.5	20.8	32.3	37.8	66.8	58.2	51.3	1.5	0.6	0.9
Sex <sup>2</sup>												
Male.....	1.4	1.4	1.7	40.0	48.1	49.9	28.8	26.2	25.2	16.1	10.8	11.0
Female.....	1.7	1.8	2.0	43.9	51.6	53.7	27.6	24.2	22.2	15.1	10.3	10.6
Race <sup>2</sup>												
White.....	1.7	1.7	1.9	44.7	52.3	54.0	27.3	24.0	22.6	13.8	9.8	10.3
Black <sup>4</sup> .....	0.9	*1.0	1.2	22.8	33.7	37.7	35.3	33.7	31.6	27.1	14.6	13.3
Family income <sup>2,5</sup>												
Less than \$10,000.....	0.9	1.1	1.2	25.8	37.0	37.4	34.6	33.7	34.5	27.0	14.6	14.4
\$10,000-\$14,999.....	0.9	1.1	1.4	29.2	38.7	41.9	34.3	32.2	30.9	22.0	*14.3	12.9
\$15,000-\$19,999.....	1.4	1.5	1.6	39.1	45.2	46.6	30.0	28.1	26.5	16.1	*12.2	12.9
\$20,000-\$34,999.....	1.9	1.8	2.2	49.6	55.3	57.5	24.9	21.3	20.0	11.0	*8.8	9.8
\$35,000 or more.....	2.8	2.3	2.7	63.3	66.9	70.4	16.6	14.8	12.9	7.0	*5.2	6.2
Geographic region <sup>2</sup>												
Northeast.....	2.1	1.9	2.3	47.9	55.0	57.0	25.7	22.7	20.6	12.7	*8.5	8.8
Midwest.....	1.6	1.6	1.8	44.0	51.7	54.7	28.8	24.8	23.0	13.0	*9.5	9.2
South.....	1.2	1.3	1.5	35.0	43.9	46.0	30.0	28.6	26.8	20.8	12.9	12.8
West.....	1.8	1.8	2.0	43.3	51.8	52.7	27.5	22.3	22.6	14.5	*10.4	11.4
Location of residence <sup>2</sup>												
Within SMSA.....	1.8	1.7	2.0	44.5	51.8	53.7	26.8	23.2	22.0	14.3	10.2	10.4
Outside SMSA.....	1.2	1.4	1.6	37.8	45.6	48.0	30.5	29.3	27.2	17.9	11.3	11.5

<sup>1</sup>Includes unknown interval since last dental visit.<sup>2</sup>Age adjusted.<sup>3</sup>Includes all other races not shown separately and unknown family income.<sup>4</sup>1964 data are for all other races.<sup>5</sup>Family income categories for 1983. Income categories in 1964 are: less than \$2,000; \$2,000-\$3,999; \$4,000-\$6,999; \$7,000-\$9,999; and \$10,000 or more; and, in 1978 are: less than \$7,000; \$7,000-\$9,999; \$10,000-\$14,999; \$15,000-\$24,999; and \$25,000 or more.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey.

Table 57. Discharges, days of care, and average length of stay in short-stay hospitals, according to selected characteristics: United States, 1964, 1980, and 1985

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Selected characteristic	Discharges			Days of care			Average length of stay		
	1964	1980	1985	1964	1980	1985	1964	1980	1985
	Number per 1,000 population						Number of days		
Total <sup>1,2</sup> .....	130.6	120.0	104.8	1,062.0	958.4	745.5	8.1	8.0	7.1
Age									
Under 17 years.....	67.7	62.0	49.5	400.6	324.6	255.1	5.9	5.2	5.2
Under 6 years.....	91.9	94.5	76.8	651.6	478.2	392.9	7.1	5.1	5.1
6-16 years.....	53.0	46.0	33.9	247.5	249.0	176.4	4.7	5.4	5.2
17-44 years.....	162.4	105.2	75.7	1,050.8	713.0	429.8	6.5	6.8	5.7
45-64 years.....	146.4	165.7	162.1	1,560.5	1,558.7	1,291.2	10.7	9.4	8.0
65 years and over.....	190.1	276.8	281.5	2,292.9	2,771.6	2,454.7	12.1	10.0	8.7
Sex <sup>1</sup>									
Male.....	104.0	119.4	107.0	1,012.4	1,043.8	793.3	9.7	8.7	7.4
Female.....	154.3	121.0	103.2	1,104.5	882.2	703.8	7.2	7.3	6.8
Race <sup>1</sup>									
White.....	133.8	119.9	104.6	1,053.4	921.0	726.1	7.9	7.7	6.9
Black <sup>3</sup> .....	106.3	130.4	114.8	1,141.2	1,365.7	980.0	10.7	10.5	8.5
Family income <sup>1,4</sup>									
Less than \$10,000.....	126.9	157.5	140.3	1,140.0	1,457.8	1,262.1	9.0	9.3	9.0
\$10,000-\$14,999.....	146.8	141.6	121.1	1,337.8	1,270.4	802.9	9.1	9.0	6.6
\$15,000-\$19,999.....	135.4	120.4	113.3	1,042.3	959.6	849.5	7.7	8.0	7.5
\$20,000-\$34,999.....	128.0	111.2	102.5	968.6	782.9	656.0	7.6	7.0	6.4
\$35,000 or more.....	121.8	102.4	86.6	971.0	714.1	532.2	8.0	7.0	6.1
Geographic region <sup>1</sup>									
Northeast.....	119.6	105.2	97.3	1,094.5	918.0	786.9	9.2	8.7	8.1
Midwest.....	130.7	126.4	108.3	1,041.2	978.1	782.6	8.0	7.7	7.2
South.....	138.7	139.2	116.2	1,051.2	1,118.0	829.4	7.6	8.0	7.1
West.....	133.5	95.9	88.5	1,066.2	701.1	496.8	8.0	7.3	5.6
Location of residence <sup>1</sup>									
Within SMSA.....	124.9	110.0	101.2	1,097.4	910.7	732.9	8.8	8.3	7.2
Outside SMSA.....	140.7	141.0	116.7	1,001.2	1,058.3	793.4	7.1	7.5	6.8

<sup>1</sup>Age adjusted.<sup>2</sup>Includes all other races not shown separately and unknown family income.<sup>3</sup>1964 data include all other races.<sup>4</sup>Family income categories for 1985. Income categories in 1964 are: less than \$2,000; \$2,000-\$3,999; \$4,000-\$6,999; \$7,000-\$9,999; and \$10,000 or more; and, in 1980 are: less than \$7,000; \$7,000-\$9,999; \$10,000-\$14,999; \$15,000-\$24,999; and \$25,000 or more.

NOTE: Excludes deliveries.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey.

Table 58. Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to selected characteristics: United States, 1979 and 1984

(Data are based on a sample of hospital records)

Selected characteristic	Discharges		Days of care		Average length of stay	
	1979	1984	1979	1984	1979	1984
	Number per 1,000 population				Number of days	
Total <sup>1</sup> .....	156.9	148.2	1,111.0	960.1	7.1	6.5
Age						
Under 15 years.....	70.8	62.0	306.4	277.7	4.3	4.5
15-44 years.....	151.8	132.2	793.0	647.3	5.2	4.9
45-64 years.....	192.4	183.3	1,572.8	1,316.8	8.2	7.2
65 years and over.....	361.5	400.4	3,888.8	3,574.8	10.8	8.9
Geographic region <sup>1</sup>						
Northeast.....	151.2	135.1	1,237.7	1,012.3	8.2	7.5
Midwest.....	178.1	156.7	1,297.8	1,059.9	7.3	6.8
South.....	170.3	159.5	1,150.1	962.9	6.8	6.0
West.....	142.1	132.3	863.2	756.5	6.1	5.7
Bed size <sup>1</sup>						
	Percent distribution					
All beds.....	100.0	100.0	100.0	100.0	7.1	6.5
6-99 beds.....	19.1	15.9	15.7	12.8	5.8	5.2
100-199 beds.....	17.2	18.0	15.7	16.5	6.5	5.9
200-299 beds.....	17.7	17.1	17.7	17.0	7.1	6.5
300-499 beds.....	23.5	27.2	25.2	28.6	7.6	6.8
500 beds or more.....	22.6	21.8	25.7	25.2	8.0	7.5
Ownership <sup>1</sup>						
All ownerships.....	100.0	100.0	100.0	100.0	7.1	6.5
State and local government.....	21.0	21.2	19.3	19.6	6.5	6.0
Proprietary.....	8.0	9.7	8.0	9.2	7.1	6.2
Nonprofit.....	71.1	69.1	72.6	71.2	7.2	6.7

<sup>1</sup>Age adjusted.

NOTES: Excludes newborn infants. Rates are based on the civilian population.

SOURCE: Division of Health Care Statistics, National Center for Health Statistics: Data from the National Hospital Discharge Survey.

Table 59. Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnosis: United States, 1979, 1982, and 1984

(Data are based on a sample of hospital records)

Sex, age, and first-listed diagnosis	Discharges			Days of care		
	1979	1982	1984	1979	1982	1984
Both sexes						
Total <sup>1,2</sup> .....	156.9	158.5	148.2	1,111.0	1,101.7	960.1
Females with delivery.....	14.6	15.0	14.3	54.6	53.6	49.0
Diseases of heart.....	12.8	13.8	13.9	121.2	122.0	106.8
Malignant neoplasms.....	7.5	8.0	8.1	90.6	88.0	77.9
Fracture, all sites.....	5.0	4.7	4.4	51.1	45.0	39.4
Cerebrovascular diseases.....	3.0	3.2	3.3	36.9	38.8	34.3
Pneumonia, all forms.....	3.5	3.7	3.5	26.5	27.8	25.9
Male						
All ages <sup>1,2</sup> .....	137.6	140.5	131.8	1,050.6	1,047.6	917.6
Diseases of heart.....	15.6	17.0	17.0	144.0	144.4	126.8
Malignant neoplasms.....	8.1	8.6	8.4	98.8	96.2	84.4
Fracture, all sites.....	5.5	5.0	4.6	48.7	41.2	38.1
Pneumonia, all forms.....	4.0	4.0	3.9	30.5	31.0	27.9
Cerebrovascular diseases.....	3.2	3.5	3.7	38.6	40.4	36.1
Inguinal hernia.....	4.0	4.2	3.5	19.6	18.6	12.9
Under 15 years <sup>2</sup> .....	78.1	79.9	69.2	342.6	366.9	302.7
Pneumonia, all forms.....	5.7	5.6	4.8	29.7	28.6	22.0
Acute respiratory infection.....	6.4	5.2	4.2	24.2	19.2	13.6
Bronchitis, emphysema, and asthma.....	3.6	4.6	4.2	14.5	16.8	14.5
Chronic disease of tonsils and adenoids.....	6.0	5.1	4.2	10.1	8.7	6.5
Congenital anomalies.....	3.7	4.0	3.9	21.4	20.1	22.0
Fracture, all sites.....	3.9	3.8	3.8	21.3	19.9	20.3
Otitis media and eustachian tube disorders.....	4.0	3.7	3.0	9.1	8.7	8.1
15-44 years <sup>2</sup> .....	93.4	87.4	79.6	592.8	549.9	478.4
Fracture, all sites.....	6.3	5.5	5.0	48.7	39.5	36.0
Diseases of heart.....	3.0	3.1	3.3	22.2	21.7	20.3
Alcohol dependence syndrome.....	3.5	3.6	3.1	34.6	38.4	32.8
Psychoses.....	3.3	2.9	3.1	44.1	42.8	43.6
Lacerations and open wounds.....	3.7	3.1	3.0	16.9	16.5	12.9
45-64 years <sup>2</sup> .....	190.6	196.3	185.8	1,541.2	1,521.5	1,324.1
Diseases of heart.....	33.4	35.6	36.1	285.4	276.2	255.0
Malignant neoplasms.....	13.9	14.5	14.4	159.4	160.4	139.9
Inguinal hernia.....	6.3	7.1	5.5	33.9	32.8	22.6
Cerebrovascular diseases.....	4.2	4.7	4.9	44.9	51.8	47.2
Alcohol dependence syndrome.....	6.6	4.9	4.4	57.6	50.5	42.5
Fracture, all sites.....	5.1	4.2	3.2	49.3	35.7	29.0
65 years and over <sup>2</sup> .....	389.5	428.1	424.8	4,067.5	4,188.0	3,757.3
Diseases of heart.....	75.7	84.9	84.0	773.9	803.9	675.9
Malignant neoplasms.....	45.8	47.9	47.2	588.1	569.6	503.8
Cerebrovascular diseases.....	23.2	24.8	26.4	291.8	284.8	261.7
Hyperplasia of prostate.....	15.7	17.4	16.8	163.5	152.1	131.0
Pneumonia, all forms.....	12.8	13.7	15.6	138.5	152.4	146.8

See footnotes at end of table.

Table 59. Rates of discharges and days of care in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnosis: United States, 1979, 1982, and 1984--Continued

(Data are based on a sample of hospital records)

Sex, age, and first-listed diagnosis	Discharges			Days of care		
	1979	1982	1984	1979	1982	1984
Female						
Number per 1,000 population						
All ages <sup>1,2</sup> .....	176.1	176.5	164.7	1,173.0	1,157.7	1,005.8
Delivery.....	28.6	29.6	28.1	107.4	105.6	96.5
Diseases of heart.....	10.4	11.1	11.3	101.9	102.9	89.4
Malignant neoplasms.....	7.2	7.6	8.0	85.9	83.2	74.2
Fracture, all sites.....	4.4	4.1	4.0	50.3	45.8	38.4
Pregnancy with abortive outcome.....	4.2	3.7	3.1	9.2	7.4	7.0
Cerebrovascular diseases.....	2.9	2.9	3.0	35.7	37.1	33.0
Eye diseases and conditions.....	2.8	3.4	3.0	10.5	10.7	8.3
Under 15 years <sup>2</sup> .....	63.1	62.0	54.5	268.5	284.0	251.5
Chronic disease of tonsils and adenoids.....	6.5	5.8	4.3	12.4	10.3	7.3
Acute respiratory infection.....	5.1	3.7	3.4	18.7	13.9	11.3
Noninfectious enteritis and colitis.....	3.5	3.6	3.3	15.7	13.5	11.7
Pneumonia, all forms.....	4.2	4.9	3.1	21.4	23.6	16.3
Bronchitis, emphysema, and asthma.....	2.2	2.9	2.6	8.2	10.2	9.7
Congenital anomalies.....	2.4	2.7	2.5	12.8	17.5	14.2
Otitis media and eustachian tube disorders.....	3.0	2.5	2.2	6.5	6.3	5.3
15-44 years <sup>2</sup> .....	208.2	201.0	183.1	986.4	928.4	810.8
Delivery.....	69.5	72.2	68.7	260.3	257.8	235.8
Pregnancy with abortive outcome.....	10.2	8.8	7.4	22.3	17.8	16.9
Inflammatory disease of female pelvic organs.....	5.2	4.9	4.5	27.0	24.9	21.7
Benign neoplasms.....	4.5	4.3	3.6	24.2	24.4	18.4
Disorders of menstruation.....	6.8	5.1	3.4	21.9	17.7	11.7
45-64 years <sup>2</sup> .....	194.0	194.8	180.9	1,601.4	1,550.4	1,310.2
Diseases of heart.....	17.6	18.0	18.5	155.4	146.6	133.0
Malignant neoplasms.....	15.8	17.5	17.9	182.7	184.6	155.2
Benign neoplasms.....	6.6	6.3	5.3	43.5	40.5	35.5
Diabetes.....	5.7	6.1	5.1	55.8	58.7	40.6
Bronchitis, emphysema, and asthma.....	4.1	4.9	4.2	34.3	35.0	27.5
Cholelithiasis.....	4.7	5.0	4.2	42.6	41.4	29.5
65 years and over <sup>2</sup> .....	342.5	379.1	383.9	3,767.6	3,917.6	3,451.6
Diseases of heart.....	61.1	69.2	69.3	661.5	702.5	598.6
Malignant neoplasms.....	28.2	29.8	32.0	390.5	376.5	344.9
Cerebrovascular diseases.....	21.3	21.9	22.0	274.3	292.3	236.1
Eye diseases and conditions.....	15.7	20.9	19.6	64.8	67.3	52.1
Fracture, all sites.....	19.4	18.7	19.2	319.1	283.8	251.4
Pneumonia, all forms.....	8.4	9.5	12.2	91.4	105.8	123.1
Diabetes.....	10.6	9.9	9.1	135.0	112.4	91.5

<sup>1</sup>Age adjusted.<sup>2</sup>Includes discharges with first-listed diagnoses not shown in table.

NOTES: Excludes newborn infants. Rates are based on the civilian population. In each sex and age group data are shown for diagnoses with the five highest discharge rates in 1979 and 1984. Diagnostic categories are based on the International Classification of Diseases, 9th Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table VI.

SOURCE: Division of Health Care Statistics, National Center for Health Statistics: Data from the National Hospital Discharge Survey.

Table 60. Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnosis: United States, 1979 and 1984

(Data are based on a sample of hospital records)

Sex, age, and first-listed diagnosis	Discharges		Days of care		Average length of stay	
	1979	1984	1979	1984	1979	1984
Both sexes		Number in thousands		Number of days		
Total <sup>1</sup> .....	36,747	37,162	264,173	244,652	7.2	6.6
Females with delivery.....	3,646	3,853	13,665	13,225	3.7	3.4
Diseases of heart.....	3,065	3,599	29,378	27,950	9.6	7.8
Malignant neoplasms.....	1,793	2,059	21,777	20,108	12.1	9.8
Fracture, all sites.....	1,180	1,114	12,366	10,373	10.5	9.3
Cerebrovascular diseases.....	747	896	9,226	9,277	12.4	10.4
Pneumonia, all forms.....	756	837	6,021	6,489	8.0	7.8
Male						
All ages <sup>1</sup> .....	14,705	14,899	112,504	104,587	7.7	7.0
Diseases of heart.....	1,640	1,905	15,112	14,240	9.2	7.5
Malignant neoplasms.....	850	943	10,415	9,547	12.2	10.1
Fracture, all sites.....	609	541	5,359	4,464	8.8	8.2
Pneumonia, all forms.....	403	424	3,130	3,085	7.8	7.3
Cerebrovascular diseases.....	335	420	4,060	4,122	12.1	9.8
Inguinal hernia.....	427	390	2,089	1,456	4.9	3.7
Under 15 years <sup>1</sup> .....	2,053	1,831	9,008	8,014	4.4	4.4
Pneumonia, all forms.....	150	128	781	582	5.2	4.6
Acute respiratory infection.....	169	112	637	360	3.8	3.2
Bronchitis, emphysema, and asthma.....	95	112	381	383	4.0	3.4
Chronic disease of tonsils and adenoids.....	158	110	265	171	1.7	1.6
Congenital anomalies.....	98	104	564	581	5.7	5.6
Fracture, all sites.....	103	102	559	537	5.4	5.3
Otitis media and eustachian tube disorders.....	106	80	239	215	2.3	2.7
15-44 years <sup>1</sup> .....	4,680	4,305	29,713	25,878	6.3	6.0
Fracture, all sites.....	315	273	2,439	1,949	7.8	7.1
Diseases of heart.....	153	177	1,112	1,099	7.3	6.2
Alcohol dependence syndrome.....	177	170	1,736	1,775	9.8	10.4
Psychoses.....	165	166	2,212	2,358	13.4	14.2
Lacerations and open wounds.....	184	162	847	697	4.6	4.3
45-64 years <sup>1</sup> .....	4,017	3,964	32,482	28,241	8.1	7.1
Diseases of heart.....	704	770	6,015	5,439	8.5	7.1
Malignant neoplasms.....	293	308	3,360	2,985	11.5	9.7
Inguinal hernia.....	132	118	714	481	5.4	4.1
Cerebrovascular diseases.....	88	104	947	1,007	10.7	9.6
Alcohol dependence syndrome.....	139	95	1,213	907	8.7	9.6
Fracture, all sites.....	107	68	1,040	619	9.7	9.0
65 years and over <sup>1</sup> .....	3,955	4,799	41,302	42,454	10.4	8.8
Diseases of heart.....	769	949	7,858	7,637	10.2	8.1
Malignant neoplasms.....	466	534	5,971	5,692	12.8	10.7
Cerebrovascular diseases.....	235	298	2,963	2,956	12.6	9.9
Hyperplasia of prostate.....	159	190	1,660	1,480	10.4	7.8
Pneumonia, all forms.....	130	177	1,407	1,659	10.8	9.4

See footnotes at end of table.

Table 60. Discharges, days of care, and average length of stay in non-Federal short-stay hospitals, according to sex, age, and selected first-listed diagnosis: United States, 1979 and 1984--Continued

(Data are based on a sample of hospital records)

Sex, age, and first-listed diagnosis	Discharges		Days of care		Average length of stay	
	1979	1984	1979	1984	1979	1984
	Number in thousands				Number of days	
Female						
All ages <sup>1</sup> .....	22,042	22,263	151,669	140,065	6.9	6.3
Delivery.....	3,646	3,853	13,665	13,225	3.7	3.4
Diseases of heart.....	1,425	1,694	14,266	13,710	10.0	8.1
Malignant neoplasms.....	943	1,117	11,361	10,561	12.0	9.5
Fracture, all sites.....	571	573	7,007	5,909	12.3	10.3
Cerebrovascular diseases.....	411	476	5,166	5,155	12.6	10.8
Eye diseases and conditions.....	381	454	1,442	1,245	3.8	2.7
Pregnancy with abortive outcome.....	536	418	1,172	956	2.2	2.3
Under 15 years <sup>1</sup> .....	1,588	1,377	6,757	6,352	4.3	4.6
Chronic disease of tonsils and adenoids.....	162	108	312	185	1.9	1.7
Acute respiratory infection.....	128	87	471	285	3.7	3.3
Noninfectious enteritis and colitis.....	88	82	396	296	4.5	3.6
Pneumonia, all forms.....	105	79	539	412	5.1	5.2
Bronchitis, emphysema, and asthma.....	56	66	207	246	3.7	3.7
Congenital anomalies.....	62	62	322	359	5.2	5.8
Otitis media and eustachian tube disorders.....	75	57	165	134	2.2	2.4
15-44 years <sup>1</sup> .....	10,808	10,228	51,200	45,294	4.7	4.4
Delivery.....	3,607	3,836	13,514	13,170	3.7	3.4
Pregnancy with abortive outcome.....	528	413	1,158	942	2.2	2.3
Inflammatory disease of female pelvic organs...	272	249	1,403	1,211	5.2	4.9
Benign neoplasms.....	236	204	1,254	1,028	5.3	5.0
Disorders of menstruation.....	350	191	1,138	651	3.2	3.4
45-64 years <sup>1</sup> .....	4,515	4,231	37,273	30,636	8.3	7.2
Diseases of heart.....	410	433	3,617	3,111	8.8	7.2
Malignant neoplasms.....	368	419	4,252	3,629	11.5	8.7
Benign neoplasms.....	153	124	1,013	831	6.6	6.7
Diabetes.....	132	119	1,299	950	9.9	8.0
Bronchitis, emphysema, and asthma.....	95	99	799	643	8.4	6.5
Cholelithiasis.....	110	98	992	691	9.0	7.1
65 years and over <sup>1</sup> .....	5,131	6,427	56,438	57,783	11.0	9.0
Diseases of heart.....	916	1,161	9,910	10,022	10.8	8.6
Malignant neoplasms.....	422	536	5,850	5,774	13.9	10.8
Cerebrovascular diseases.....	319	369	4,109	3,953	12.9	10.7
Eye diseases and conditions.....	235	328	971	872	4.1	2.7
Fracture, all sites.....	291	321	4,780	4,209	16.4	13.1
Pneumonia, all forms.....	126	204	1,370	2,061	10.9	10.1
Diabetes.....	159	152	2,022	1,532	12.8	10.1

<sup>1</sup>Includes discharges with first-listed diagnoses not shown in table.NOTES: Excludes newborn infants. In each sex and age group data are shown for diagnoses with the five highest number of discharges in 1979 and 1984. Diagnostic categories are based on the International Classification of Diseases, 9th Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table VI.

SOURCE: Division of Health Care Statistics, National Center for Health Statistics: Data from the National Hospital Discharge Survey.



Table 61. Operations for inpatients discharged from non-Federal short-stay hospitals, according to sex, age, and surgical category: United States, 1979, 1982, and 1984

(Data are based on a sample of hospital records)

Sex, age, and surgical category	Operations in thousands			Operations per 1,000 population		
	1979	1982	1984	1979	1982	1984
Male						
All ages <sup>1,2</sup> .....	8,179	9,062	9,164	76.0	81.8	80.6
Repair of inguinal hernia.....	449	489	411	4.2	4.5	3.7
Cardiac catheterization.....	195	309	372	1.9	2.9	3.4
Prostatectomy.....	293	358	361	2.8	3.3	3.2
Reduction of fracture (excluding skull, nose, and jaw).....	344	340	330	3.1	3.0	2.9
Operations on muscles, tendons, fascia, and bursa.....	222	227	196	2.0	2.0	1.7
Tonsillectomy, with or without adenoidectomy.....	215	179	148	2.2	1.8	1.5
Appendectomy, excluding incidental <sup>3</sup> .....	162	146	160	1.5	1.3	1.4
Under 15 years <sup>2</sup> .....	1,092	1,058	943	41.5	40.3	35.6
Tonsillectomy, with or without adenoidectomy.....	152	131	112	5.8	5.0	4.2
Myringotomy.....	115	85	72	4.4	3.2	2.7
Reduction of fracture (excluding skull, nose, and jaw).....	65	63	69	2.5	2.4	2.6
Repair of inguinal hernia.....	76	77	58	2.9	2.9	2.2
Appendectomy, excluding incidental <sup>3</sup> .....	43	38	44	1.6	1.5	1.7
Circumcision.....	45	46	42	1.7	1.8	1.6
15-44 years <sup>2</sup> .....	2,902	2,890	2,796	57.9	54.7	51.7
Reduction of fracture (excluding skull, nose, and jaw).....	183	185	168	3.6	3.5	3.1
Repair of inguinal hernia.....	122	124	111	2.4	2.3	2.0
Operations on muscles, tendons, fascia, and bursa.....	123	126	103	2.5	2.4	1.9
Appendectomy, excluding incidental <sup>3</sup> .....	97	85	92	1.9	1.6	1.7
Suture of skin and subcutaneous tissue.....	89	75	80	1.8	1.4	1.5
Debridement of wound, infection, or burn.....	61	66	78	1.2	1.3	1.4
Rhinoplasty and repair of nose.....	81	88	75	1.6	1.7	1.4
45-64 years <sup>2</sup> .....	2,186	2,508	2,548	103.7	118.8	119.4
Cardiac catheterization.....	118	182	199	5.6	8.6	9.3
Repair of inguinal hernia.....	138	156	122	6.6	7.4	5.7
Direct heart revascularization (coronary bypass).....	63	81	91	3.0	3.8	4.3
Prostatectomy.....	71	96	83	3.4	4.6	3.9
Cholecystectomy.....	46	52	60	2.2	2.5	2.8
Operations on muscles, tendons, fascia, and bursa.....	51	55	59	2.4	2.6	2.8
Reduction of fracture (excluding skull, nose, and jaw).....	59	54	43	2.8	2.5	2.0
65 years and over <sup>2</sup> .....	2,000	2,606	2,878	197.0	241.8	254.7
Prostatectomy.....	218	261	275	21.5	24.3	24.3
Extraction of lens.....	108	161	132	10.6	14.9	11.7
Insertion of prosthetic lens (pseudophakos).....	40	116	121	3.9	10.8	10.7
Repair of inguinal hernia.....	112	133	120	11.0	12.3	10.6
Cardiac catheterization.....	29	63	101	2.9	5.9	8.9
Pacemaker insertion, replacement, removal, and repair.....	62	74	84	6.1	6.9	7.5
Cholecystectomy.....	46	52	54	4.6	4.8	4.8

See footnotes at end of table.

Table 61. Operations for inpatients discharged from non-Federal short-stay hospitals, according to sex, age, and surgical category: United States, 1979, 1982, and 1984--Continued

(Data are based on a sample of hospital records)

Sex, age, and surgical category	Operations in thousands			Operations per 1,000 population		
	1979	1982	1984	1979	1982	1984
Female						
All ages <sup>1,2</sup> .....	15,679	16,763	16,426	125.8	128.0	121.8
Procedures to assist delivery.....	2,331	2,459	2,362	18.3	18.4	17.2
Cesarean section <sup>4</sup> .....	599	730	813	4.7	5.5	5.9
Hysterectomy.....	639	650	664	5.1	5.0	5.0
Oophorectomy and salpingo-oophorectomy.....	447	500	498	3.6	3.9	3.8
Bilateral destruction or occlusion of fallopian tubes.....	610	602	488	4.8	4.5	3.6
Diagnostic dilation and curettage of uterus.....	935	741	470	7.6	5.8	3.6
Repair of current obstetrical laceration.....	341	449	483	2.7	3.4	3.5
Under 15 years <sup>2</sup> .....	772	675	607	30.7	26.9	24.0
Tonsillectomy, with or without adenoidectomy.....	161	137	113	6.4	5.5	4.5
Myringotomy.....	87	58	49	3.5	2.3	1.9
Reduction of fracture (excluding skull, nose, and jaw).....	29	29	31	1.1	1.2	1.2
Appendectomy, excluding incidental <sup>3</sup> .....	36	27	26	1.4	1.1	1.0
Operations on muscles, tendons, fascia, and bursa.....	17	17	20	0.7	0.7	0.8
Adenoidectomy without tonsillectomy.....	31	22	14	1.2	0.9	0.5
15-44 years <sup>2</sup> .....	9,532	9,854	9,270	183.6	181.1	165.9
Procedures to assist delivery.....	2,308	2,448	2,355	44.5	45.0	42.1
Cesarean section.....	592	727	810	11.4	13.3	14.5
Bilateral destruction or occlusion of fallopian tubes.....	599	595	484	11.5	10.9	8.7
Repair of current obstetrical laceration.....	337	447	481	6.5	8.2	8.6
Hysterectomy.....	407	410	416	7.8	7.5	7.4
Diagnostic dilation and curettage of uterus.....	646	493	317	12.4	9.1	5.7
45-64 years <sup>2</sup> .....	3,088	3,177	3,115	132.7	136.2	133.2
Hysterectomy.....	187	181	188	8.0	7.8	8.1
Oophorectomy and salpingo-oophorectomy.....	149	153	155	6.4	6.5	6.6
Diagnostic dilation and curettage of uterus.....	246	200	115	10.6	8.6	4.9
Cholecystectomy.....	109	114	95	4.7	4.9	4.1
Cardiac catheterization.....	56	81	89	2.4	3.5	3.8
Biopsies on the integumentary system (breast, skin, and subcutaneous tissue).....	79	78	60	3.4	3.3	2.6
65 years and over <sup>2</sup> .....	2,286	3,056	3,434	152.6	190.5	205.1
Extraction of lens.....	198	297	277	13.2	18.5	16.6
Insertion of prosthetic lens (pseudophakos).....	69	221	254	4.6	13.8	15.2
Reduction of fracture (excluding skull, nose, and jaw).....	133	137	145	8.9	8.6	8.6
Arthroplasty and replacement of hip.....	73	77	104	4.9	4.8	6.2
Cholecystectomy.....	77	86	91	5.1	5.3	5.4

<sup>1</sup>Rates are age adjusted.<sup>2</sup>Includes operations not listed in table.<sup>3</sup>Limited to estimated number of appendectomies, excluding those performed incidental to other abdominal surgery.<sup>4</sup>Cesarean sections accounted for 16.4 percent of all deliveries in 1979, 18.5 percent in 1982, and 21.1 percent in 1984.

NOTES: Excludes newborn infants. Rates are based on the civilian population. In each sex and age group data are shown for operations with the five highest rates in 1979 and 1984. Surgical categories are based on the International Classification of Diseases, 9th Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table VII.

SOURCE: Division of Health Care Statistics, National Center for Health Statistics: Data from the National Hospital Discharge Survey.

Table 62. Diagnostic and other nonsurgical procedures for inpatients discharged from non-Federal short-stay hospitals, according to sex, age, and procedure category: United States, 1979, 1982, and 1984

(Data are based on a sample of hospital records)

Sex, age, and procedure category	Procedures in thousands			Procedures per 1,000 population		
	1979	1982	1984	1979	1982	1984
Male						
All ages <sup>1,2</sup> .....	2,828	4,269	5,195	26.4	38.6	45.7
Computerized axial tomography (CAT scan).....	93	289	530	0.9	2.6	4.6
Cystoscopy.....	517	532	513	4.9	4.9	4.5
Radioisotope scan.....	242	284	349	2.3	2.5	3.1
Angiocardiology using contrast material.....	155	239	324	1.5	2.2	2.9
Diagnostic ultrasound.....	83	204	317	0.8	1.8	2.8
Endoscopy of large intestine.....	215	281	269	2.0	2.5	2.4
Arteriography using contrast material.....	167	217	264	1.6	2.0	2.3
Under 15 years <sup>2</sup> .....	193	279	274	7.3	10.6	10.4
Spinal tap.....	45	58	56	1.7	2.2	2.1
Computerized axial tomography (CAT scan).....	*9	25	29	*0.3	0.9	1.1
Diagnostic ultrasound.....	*4	13	16	*0.1	0.5	0.6
Application of cast or splint.....	18	20	15	0.7	0.8	0.6
Cystoscopy.....	29	18	12	1.1	0.7	0.4
15-44 years <sup>2</sup> .....	745	1,056	1,164	14.9	20.0	21.5
Computerized axial tomography (CAT scan).....	28	76	133	0.6	1.4	2.5
Contrast myelogram.....	85	100	130	1.7	1.9	2.4
Arthroscopy of knee.....	67	119	100	1.3	2.3	1.8
Diagnostic ultrasound.....	18	45	64	0.4	0.8	1.2
Cystoscopy.....	78	62	47	1.6	1.2	0.9
Endoscopy of small intestine.....	35	46	64	0.7	0.9	1.2
45-64 years <sup>2</sup> .....	951	1,397	1,633	45.1	66.2	76.6
Angiocardiology using contrast material.....	103	150	183	4.9	7.1	8.6
Computerized axial tomography (CAT scan).....	23	81	144	1.1	3.8	6.8
Cystoscopy.....	151	153	138	7.2	7.3	6.5
Radioisotope scan.....	88	94	109	4.2	4.4	5.1
Diagnostic ultrasound.....	26	68	97	1.2	3.2	4.5
Arteriography using contrast material.....	75	92	97	3.5	4.3	4.5
Endoscopy of large intestine.....	76	83	72	3.6	3.9	3.4
65 years and over <sup>2</sup> .....	938	1,538	2,124	92.4	142.7	188.0
Cystoscopy.....	259	298	316	25.5	27.7	28.0
Computerized axial tomography (CAT scan).....	33	108	224	3.2	10.0	19.8
Radioisotope scan.....	105	128	171	10.3	11.9	15.2
Diagnostic ultrasound.....	36	79	140	3.5	7.3	12.4
Endoscopy of large intestine.....	83	128	134	8.2	11.9	11.9
Arteriography using contrast material.....	59	89	130	5.8	8.2	11.5

See footnotes at end of table.

Table 62. Diagnostic and other nonsurgical procedures for inpatients discharged from non-Federal short-stay hospitals, according to sex, age, and procedure category: United States, 1979, 1982, and 1984--Continued

(Data are based on a sample of hospital records)

Sex, age, and procedure category	Procedures in thousands			Procedures per 1,000 population		
	1979	1982	1984	1979	1982	1984
Female						
All ages <sup>1,2</sup> .....	2,917	4,539	5,370	23.3	34.3	38.9
Computerized axial tomography (CAT scan).....	101	311	561	0.8	2.3	4.0
Diagnostic ultrasound.....	139	357	519	1.1	2.6	3.7
Radioisotope scan.....	289	357	414	2.2	2.6	2.9
Endoscopy of large intestine.....	270	359	377	2.1	2.6	2.6
Endoscopy of small intestine.....	128	224	292	1.0	1.7	2.1
Laparoscopy (excluding that for ligation and division of fallopian tubes).....	203	277	232	1.6	2.1	1.7
Cystoscopy.....	350	280	228	2.9	2.2	1.7
Under 15 years <sup>2</sup> .....	176	207	200	7.0	8.2	7.9
Spinal tap.....	29	40	35	1.2	1.6	1.4
Computerized axial tomography (CAT scan).....	*9	19	18	*0.4	0.7	0.7
Diagnostic ultrasound.....	*3	*9	16	*0.1	*0.3	0.6
Cystoscopy.....	43	23	14	1.7	0.9	0.6
Application of cast or splint.....	11	11	*6	0.4	0.4	*0.2
15-44 years <sup>2</sup> .....	1,054	1,496	1,527	20.3	27.5	27.3
Laparoscopy (excluding that for ligation and division of fallopian tubes).....	187	256	217	3.6	4.7	3.9
Diagnostic ultrasound.....	63	153	196	1.2	2.8	3.5
Computerized axial tomography (CAT scan).....	26	74	114	0.5	1.4	2.0
Biliary tract X-ray.....	62	86	85	1.2	1.6	1.5
Contrast myelogram.....	67	77	85	1.3	1.4	1.5
Radioisotope scan.....	60	70	79	1.1	1.3	1.4
Cystoscopy.....	111	86	65	2.1	1.6	1.2
45-64 years <sup>2</sup> .....	874	1,286	1,466	37.6	55.1	62.7
Computerized axial tomography (CAT scan).....	32	77	152	1.4	3.3	6.5
Radioisotope scan.....	96	115	121	4.1	4.9	5.2
Diagnostic ultrasound.....	38	81	114	1.6	3.5	4.9
Endoscopy of large intestine.....	83	102	98	3.6	4.4	4.2
Angiocardiology using contrast material.....	43	64	86	1.9	2.8	3.7
Cystoscopy.....	99	80	63	4.3	3.4	2.7
65 years and over <sup>2</sup> .....	813	1,550	2,176	54.3	96.6	130.0
Computerized axial tomography (CAT scan).....	34	141	277	2.3	8.8	16.6
Radioisotope scan.....	127	169	207	8.5	10.5	12.4
Endoscopy of large intestine.....	112	174	200	7.5	10.8	12.0
Diagnostic ultrasound.....	35	114	193	2.3	7.1	11.5
Endoscopy of small intestine.....	43	83	137	2.9	5.2	8.2
Cystoscopy.....	96	90	86	6.4	5.6	5.2
Arteriography using contrast material.....	51	78	108	3.4	4.9	6.5

<sup>1</sup>Rates are age adjusted.<sup>2</sup>Includes nonsurgical procedures not shown.

\* Estimates of less than 5,000 procedures (and corresponding rates) are unreliable and should not be used; estimates of 5,000 to 10,000 should be used with caution.

NOTES: Excludes newborn infants. Rates are based on the civilian population. In each sex and age group data are shown for procedures with the five highest rates in 1979 and 1984. Procedure categories are based on the International Classification of Diseases, 9th Revision, Clinical Modification. For a listing of the code numbers, see Appendix II, table VIII.

SOURCE: Division of Health Care Statistics, National Center for Health Statistics: Data from the National Hospital Discharge Survey.

Table 63. Admissions, average length of stay, and outpatient visits in short-stay hospitals, according to type of ownership: United States, selected years 1960-84

(Data are based on reporting by a census of registered hospitals)

Type of ownership	1960	1970	1975	1979	1980	1981	1982	1983	1984
Admissions									
	Number in thousands								
All ownerships.....	24,324	30,706	35,270	37,034	38,140	38,417	38,332	38,135	37,143
Federal.....	1,354	1,454	1,751	1,874	1,942	1,923	1,903	1,934	1,941
Non-Federal.....	22,970	29,252	33,519	35,160	36,198	36,494	36,429	36,201	35,202
Nonprofit.....	16,788	20,948	23,735	24,885	25,576	25,955	25,908	25,837	25,246
Proprietary.....	1,550	2,031	2,646	2,963	3,165	3,239	3,316	3,299	3,314
State-local government.....	4,632	6,273	7,138	7,312	7,458	7,299	7,205	7,064	6,642
Average length of stay									
	Number of days								
All ownerships.....	8.4	8.7	8.0	7.8	7.8	7.9	7.9	7.8	7.5
Federal.....	21.4	17.0	14.4	12.8	12.9	12.5	12.6	12.4	11.9
Non-Federal.....	7.6	8.2	7.7	7.6	7.6	7.6	7.6	7.6	7.3
Nonprofit.....	7.4	8.2	7.8	7.7	7.7	7.8	7.8	7.7	7.4
Proprietary.....	5.7	6.8	6.6	6.6	6.5	6.6	6.6	6.6	6.3
State-local government.....	8.8	8.7	7.6	7.4	7.4	7.6	7.5	7.6	7.3
Outpatient visits <sup>1</sup>									
	Number in thousands								
All ownerships.....	---	173,058	245,938	252,461	255,320	257,254	304,089	263,729	267,868
Federal.....	---	39,514	49,627	48,587	48,568	50,524	53,200	49,734	51,394
Non-Federal.....	---	133,545	196,311	203,873	206,752	206,729	250,888	213,995	216,474
Nonprofit.....	---	90,992	132,368	140,525	142,864	143,953	176,838	151,444	153,928
Proprietary.....	---	4,698	7,713	9,289	9,696	9,961	13,193	10,389	11,090
State-local government.....	---	37,854	56,230	54,060	54,192	52,816	60,857	52,163	51,457

<sup>1</sup>Because of modifications in the collection of outpatient data for 1977 and 1982, there are discontinuities in the trends for this item.

NOTE: Excludes psychiatric and tuberculosis and other respiratory disease hospitals.

SOURCES: American Hospital Association: Hospitals. *JAHA* 35(15):396-401 and 45(15):463-467, Aug. 1961 and Aug. 1971; Hospital Statistics, 1976-85 Editions. Chicago, 1976-85. (Copyrights 1961, 1971, 1976-85: Used with the permission of the American Hospital Association.)

Table 64. Nursing home residents, according to selected functional status and age: United States, 1973-74 and 1977

(Data are based on a sample of nursing homes)

Functional status	1973-74 <sup>1</sup>					1977				
	All ages	Under 65 years	65-74 years	75-84 years	85 years and over	All ages	Under 65 years	65-74 years	75-84 years	85 years and over
	Number of residents									
All residents.....	1,075,800	114,300	163,100	384,900	413,600	1,303,100	177,100	211,400	464,700	449,900
	Percent distribution									
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dressing										
Independent.....	29.3	34.8	34.4	30.2	25.0	30.6	44.8	38.8	27.5	24.2
Requires assistance <sup>2</sup> .....	70.8	65.2	65.6	69.9	75.1	69.4	55.2	61.2	72.5	75.8
Using toilet room										
Independent.....	47.5	56.4	53.6	48.0	42.2	47.5	61.8	53.1	45.7	41.0
Requires assistance.....	30.8	21.6	27.3	31.5	34.1	42.5	28.1	37.8	44.7	48.0
Does not use.....	21.7	22.0	19.1	20.5	23.7	10.1	10.1	9.1	9.6	11.0
Mobility										
Walks independently.....	48.6	58.2	55.4	49.6	42.2	33.9	53.6	43.2	33.2	22.5
Walks with assistance....	20.2	11.1	15.5	20.4	24.4	28.8	15.7	21.4	30.5	35.6
Chairfast.....	26.5	24.8	24.9	25.9	28.2	32.0	25.5	30.5	31.5	35.9
Bedfast.....	4.7	5.9	4.1	4.1	5.2	5.3	5.2	5.0	4.9	6.1
Continence										
No difficulty controlling bowel or bladder.....	66.2	72.6	70.9	66.8	61.9	54.7	68.0	62.4	52.9	47.8
Difficulty controlling--										
Bowel.....	1.1	*0.8	*1.2	1.1	1.2	3.7	3.0	3.7	4.0	3.8
Bladder.....	4.2	2.4	4.4	4.2	4.7	9.0	5.8	6.5	9.4	11.1
Bowel and bladder.....	28.1	23.4	23.0	27.5	31.9	25.9	16.8	20.6	26.9	30.8
Ostomy in either bowel or bladder.....	0.4	*0.8	*0.4	*0.4	*0.3	6.7	6.4	6.8	6.9	6.5
Eating										
Independent.....	65.2	67.0	68.1	66.0	62.8	67.4	73.8	72.9	66.2	63.5
Requires assistance <sup>3</sup> .....	34.8	33.0	31.9	34.0	37.2	32.6	26.2	27.1	33.8	36.5
Vision										
Not impaired.....	53.5	70.6	62.3	53.8	45.0	67.2	81.0	75.4	67.9	57.2
Partially impaired.....	33.7	21.7	28.8	35.0	37.6	19.0	10.9	13.4	19.6	24.1
Severely impaired.....	10.0	5.0	6.3	8.9	14.0	6.6	2.2	3.3	6.1	10.4
Completely lost.....	2.8	2.7	2.6	2.3	3.5	2.9	2.2	2.6	2.6	3.8
Unknown.....	...	...	...	...	...	4.3	3.8	5.3	3.9	4.5
Hearing										
Not impaired.....	67.8	88.4	80.3	70.0	55.2	69.5	87.6	81.0	71.6	54.9
Partially impaired.....	26.1	9.2	17.0	25.5	34.8	21.7	6.6	11.4	21.2	33.1
Severely impaired.....	5.1	1.6	1.9	3.8	8.7	4.3	*0.4	1.9	3.0	8.4
Completely lost.....	1.0	*0.8	*0.8	0.7	1.4	0.7	*1.1	*0.7	*0.6	*0.7
Unknown.....	...	...	...	...	...	3.7	4.4	5.0	3.6	3.0

<sup>1</sup>Excludes residents in personal care or domiciliary care homes.<sup>2</sup>Includes those who do not dress.<sup>3</sup>Includes those who are tube or intravenously fed.

SOURCES: Division of Health Care Statistics, National Center for Health Statistics: Unpublished data from the National Nursing Home Survey and Characteristics of nursing home residents, health status, and care received: National Nursing Home Survey, United States, May-December 1977, by E. Hing. *Vital and Health Statistics*. Series 13, No. 51. DHHS Pub. No. (PHS) 81-1712. Public Health Service. Washington, U.S. Government Printing Office, April 1981.

Table 65. Nursing home and personal care home residents 65 years of age and over and number per 1,000 population, according to sex and race: United States, 1963, 1969, 1973-74, and 1977

(Data are based on a sample of nursing homes)

Year and age	Total	Sex		Race <sup>1</sup>		Total	Sex		Race <sup>1</sup>		
		Male	Female	White	All other		Male	Female	White	All other	
1963						Number per 1,000 population					
65 years and over...						Number of residents					
65 years and over...	445,600	141,000	304,500	431,700	13,800	25.4	18.1	31.1	26.6	10.3	
65-74 years.....	89,600	35,100	54,500	84,400	5,200	7.9	6.8	8.8	8.1	5.9	
75-84 years.....	207,200	65,200	142,000	202,000	5,300	39.6	29.1	47.5	41.7	13.8	
85 years and over.....	148,700	40,700	108,000	145,400	3,300	148.4	105.6	175.1	157.7	41.8	
1969						Number per 1,000 population					
65 years and over...	722,200	207,100	515,200	695,000	26,700	37.1	25.0	46.1	38.8	17.6	
65-74 years.....	138,500	52,300	86,200	129,500	9,000	11.6	9.9	12.9	11.7	9.6	
75-84 years.....	321,800	90,700	231,100	310,900	10,900	51.7	36.0	62.3	54.1	22.9	
85 years and over.....	261,900	64,100	197,800	254,500	7,400	203.2	130.8	247.6	221.9	52.4	
1973-74 <sup>2</sup>						Number per 1,000 population					
65 years and over...	961,500	265,700	695,800	920,600	40,900	45.1	30.2	55.5	47.3	21.9	
65-74 years.....	163,100	65,100	98,000	150,100	13,000	12.3	11.3	13.1	12.5	10.6	
75-84 years.....	384,900	102,300	282,600	369,700	15,200	59.4	40.8	71.1	61.9	30.1	
85 years and over.....	413,600	98,300	315,300	400,800	12,800	253.7	180.4	290.6	269.0	91.4	
1977 <sup>3</sup>						Number per 1,000 population					
65 years and over...	1,126,000	294,000	832,000	1,059,900	66,100	47.9	30.7	59.7	49.7	30.4	
65-74 years.....	211,400	80,200	131,200	187,500	23,800	14.5	12.7	15.9	14.2	16.8	
75-84 years.....	464,700	122,100	342,600	443,200	21,500	68.0	47.4	80.6	70.6	38.6	
85 years and over.....	449,900	91,700	358,200	429,100	20,800	216.4	140.0	251.5	229.0	102.0	

<sup>1</sup>For data years 1963 and 1969, Hispanic origin was not designated; therefore, Hispanics may be included in either the white or all other category.<sup>2</sup>For data years 1973-74 and 1977, Hispanics were included in the white category.<sup>3</sup>Excludes residents in personal care or domiciliary care homes.<sup>3</sup>Includes residents in domiciliary care homes.

SOURCES: National Center for Health Statistics: Characteristics of residents in institutions for the aged and chronically ill, United States, April-June 1963, by G. S. Wunderlich. *Vital and Health Statistics*. Series 12, No. 2. DHEW Pub. No. (PHS) 1000. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1965; Measures of chronic illness among residents of nursing and personal care homes, United States, by D. K. Ingram. *Vital and Health Statistics*. Series 12, No. 24. DHEW Pub. No. (HRA) 74-1709. Health Resources Administration. Washington. U.S. Government Printing Office, Mar. 1974; Characteristics, social contacts, and activities of nursing home residents, United States: 1973-74 National Nursing Home Survey, by A. Zappolo. *Vital and Health Statistics*. Series 13, No. 27. DHEW Pub. No. (HRA) 77-1778. Health Resources Administration. Washington. U.S. Government Printing Office, May 1977; Characteristics of nursing home residents, health status, and care received: National Nursing Home Survey, United States, May-December 1977, by E. Hing. *Vital and Health Statistics*. Series 13, No. 51. DHHS Pub. No. (PHS) 81-1712. Public Health Service. Washington. U.S. Government Printing Office, April 1981.

Table 66. Admissions to mental health organizations and rate per 100,000 civilian population, according to type of service setting and organization: United States, selected years 1969-83

(Data are based on inventories of mental health organizations)

Setting and organization	Admissions in thousands				Rate per 100,000 civilian population			
	1969	1975	1981 <sup>1</sup>	1983	1969	1975	1981 <sup>1</sup>	1983
<b>Inpatient and residential treatment</b>								
All organizations.....	1,283	1,557	1,483	1,495	644.2	736.5	651.2	649.3
State and county mental hospitals....	487	434	371	339	244.4	205.1	162.8	146.0
Private psychiatric hospitals.....	92	126	162	165	46.2	59.4	71.2	70.9
Non-Federal general hospital psychiatric services.....	478	544	648	---	240.1	257.2	284.7	---
Veterans Administration psychiatric services <sup>2</sup> .....	135	181	163	149	67.9	85.5	71.5	64.3
Federally funded community mental health centers.....	60	236	---	---	30.0	111.7	---	---
Residential treatment centers for emotionally disturbed children.....	8	12	18	17	3.8	5.7	7.8	7.1
All other <sup>3,4</sup> .....	23	25	121	177	11.8	11.9	53.2	76.3
<b>Outpatient treatment</b>								
All organizations.....	1,147	2,290	---	2,519	575.9	1,083.2	---	1,087.4
State and county mental hospitals....	164	146	73	84	82.5	69.1	32.2	36.3
Private psychiatric hospitals.....	26	33	70	78	12.8	15.6	30.6	33.4
Non-Federal general hospital psychiatric services.....	171	255	323	---	85.7	120.5	142.0	---
Veterans Administration psychiatric services <sup>2</sup> .....	17	94	---	103	8.4	44.4	---	44.5
Federally funded community mental health centers.....	177	785	---	---	88.7	371.2	---	---
Residential treatment centers for emotionally disturbed children.....	8	20	21	33	4.0	9.4	9.2	14.1
Freestanding psychiatric outpatient clinics <sup>4</sup> .....	538	871	1,306	538	270.4	411.8	573.9	231.7
All other <sup>3,4</sup> .....	46	87	542	360	23.4	41.2	238.0	585.4
<b>Day treatment</b>								
All organizations.....	55	163	---	169	27.8	77.2	---	73.3
State and county mental hospitals....	11	14	8	4	5.3	6.7	3.6	1.6
Private psychiatric hospitals.....	3	3	6	6	1.4	1.5	2.7	2.4
Non-Federal general hospital psychiatric services.....	18	14	38	---	9.1	6.7	16.7	---
Veterans Administration psychiatric services <sup>2</sup> .....	4	8	---	10	1.8	3.7	---	4.4
Federally funded community mental health centers.....	13	94	---	---	6.5	44.5	---	---
Residential treatment centers for emotionally disturbed children.....	1	3	2	3	0.3	1.6	1.0	1.5
Freestanding psychiatric outpatient clinics <sup>4</sup> .....	4	21	60	---	2.2	10.4	26.3	---
All other <sup>3,4</sup> .....	2	5	32	108	1.2	2.1	14.2	46.7

<sup>1</sup>In 1981, some organizations were reclassified and data for some organization types were not available, resulting in a particularly large increase for the all other category in 1981.

<sup>2</sup>Includes Veterans Administration neuropsychiatric hospitals and Veterans Administration general hospitals with separate psychiatric services.

<sup>3</sup>Includes other multiservice mental health organizations with inpatient and residential treatment services that are not elsewhere classified.

<sup>4</sup>Beginning in 1983 a definitional change sharply increased the number of multiservice mental health organizations while decreasing the number of freestanding psychiatric outpatient clinics. See Appendix I.

NOTE: Changes in reporting procedures in 1979 and 1981 affect the comparability of data with those from previous years.

SOURCE: Division of Biometry and Applied Sciences, National Institute of Mental Health.



Table 67. Inpatient and residential treatment episodes in mental health organizations, rate per 100,000 civilian population, and inpatient days, according to type of organization: United States, selected years 1969-83

(Data are based on inventories of mental health organizations)

Organization	1969	1975	1981 <sup>1</sup>	1983
Episodes in thousands				
All organizations.....	1,710	1,817	1,720	1,718
State and county mental hospitals.....	767	599	499	459
Private psychiatric hospitals.....	103	137	177	181
Non-Federal general hospital psychiatric services.....	535	566	677	---
Veterans Administration psychiatric services <sup>2</sup> .....	187	214	206	171
Federally funded community mental health centers.....	65	247	---	---
Residential treatment centers for emotionally disturbed children.....	21	28	34	33
All other <sup>3,4</sup> .....	32	26	128	197
Episodes per 100,000 civilian population				
All organizations.....	859.1	859.6	755.7	744.9
State and county mental hospitals.....	385.3	283.3	219.3	197.4
Private psychiatric hospitals.....	51.5	64.8	77.5	77.8
Non-Federal general hospital psychiatric services.....	269.0	267.6	297.3	---
Veterans Administration psychiatric services <sup>2</sup> .....	93.9	101.4	90.3	73.4
Federally funded community mental health centers.....	32.1	116.8	---	---
Residential treatment centers for emotionally disturbed children.....	10.7	13.4	15.1	14.1
All other <sup>3,4</sup> .....	16.1	12.3	56.1	84.9
Days in thousands				
All organizations.....	168,934	104,970	77,053	80,032
State and county mental hospitals.....	134,185	70,584	44,558	42,426
Private psychiatric hospitals.....	4,237	4,401	5,578	6,010
Non-Federal general hospital psychiatric services.....	6,500	8,349	10,727	---
Veterans Administration psychiatric services <sup>2</sup> .....	17,206	11,725	7,591	7,439
Federally funded community mental health centers.....	1,924	3,718	---	---
Residential treatment centers for emotionally disturbed children.....	4,528	5,900	6,127	5,776
All other <sup>3,4</sup> .....	354	293	2,472	7,654

<sup>1</sup>In 1981, some organizations were reclassified and data for some organization types were not available, resulting in a particularly large increase for the all other category in 1981.

<sup>2</sup>Includes Veterans Administration neuropsychiatric hospitals and Veterans Administration general hospitals with separate psychiatric services.

<sup>3</sup>Includes other multiservice mental health organizations with inpatient and residential treatment services that are not elsewhere classified.

<sup>4</sup>Beginning in 1983 a definitional change sharply increased the number of multiservice mental health organizations while decreasing the number of freestanding psychiatric outpatient clinics. See Appendix I.

NOTE: Changes in reporting procedures in 1979 and 1981 affect the comparability of data with those from previous years.

SOURCE: Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 68. Admissions to selected inpatient psychiatric facilities and rate per 100,000 civilian population, according to sex and age: United States, selected years 1970-80

Sex and age	State and county mental hospitals			Private psychiatric hospitals			Non-Federal general hospitals <sup>1</sup>		
	1970	1975	1980	1970	1975	1980	1971	1975	1980
Number in thousands									
Both sexes									
All ages.....	408	385	369	87	130	141	520	516	564
Under 18 years.....	26	25	17	6	15	17	44	43	44
18-24 years.....	77	72	77	12	19	23	91	93	98
25-44 years.....	159	166	177	32	47	56	222	220	249
45-64 years.....	111	102	78	27	35	32	127	121	123
65 years and over.....	35	21	20	10	13	14	36	38	50
Male									
All ages.....	241	249	239	36	56	67	240	212	255
Under 18 years.....	17	16	11	3	8	9	21	20	20
18-24 years.....	52	52	56	6	10	13	51	45	52
25-44 years.....	93	107	119	12	20	27	100	85	115
45-64 years.....	61	61	43	12	14	13	53	48	46
65 years and over.....	17	13	11	4	5	5	15	14	21
Female									
All ages.....	167	136	130	52	74	74	280	304	309
Under 18 years.....	9	9	5	3	8	7	23	23	23
18-24 years.....	25	20	22	6	9	10	40	48	45
25-44 years.....	66	59	58	20	28	29	122	135	135
45-64 years.....	50	41	35	15	21	18	74	74	77
65 years and over.....	17	8	9	6	8	9	21	24	29
Rate per 100,000 civilian population									
Both sexes									
All ages.....	201.9	182.2	163.6	43.3	61.4	62.6	257.5	243.8	250.0
Under 18 years.....	37.8	38.1	26.1	9.3	23.3	26.3	63.3	64.4	68.5
18-24 years.....	338.3	271.8	264.6	53.5	73.7	79.6	399.3	352.8	334.2
25-44 years.....	335.4	314.1	282.9	66.6	89.3	89.1	467.6	416.8	399.0
45-64 years.....	264.2	233.5	175.7	64.8	80.1	71.0	303.5	278.5	276.4
65 years and over.....	172.3	91.8	78.0	50.0	57.7	54.1	179.7	170.3	195.4
Male									
All ages.....	247.3	243.7	219.8	36.8	54.5	61.9	246.6	207.1	233.8
Under 18 years.....	47.7	48.3	35.4	8.4	22.5	28.9	58.7	59.1	62.6
18-24 years.....	499.6	409.0	387.9	54.8	78.0	92.2	486.1	350.8	365.3
25-44 years.....	406.6	418.4	388.1	50.6	76.6	86.8	437.8	332.8	374.7
45-64 years.....	304.9	291.5	202.3	58.7	66.8	63.2	266.9	228.6	219.1
65 years and over.....	206.8	136.4	105.3	45.0	50.3	47.3	175.2	152.0	203.4
Female									
All ages.....	159.7	124.7	111.1	49.3	67.8	63.3	267.6	278.1	265.1
Under 18 years.....	27.5	27.5	16.4	10.2	24.1	23.6	68.1	70.0	74.6
18-24 years.....	200.3	143.1	145.8	52.4	69.6	67.4	325.0	354.6	304.4
25-44 years.....	269.3	215.9	182.3	81.5	101.2	91.2	495.2	495.8	422.2
45-64 years.....	227.0	180.5	151.7	70.3	92.3	78.1	336.9	324.3	328.2
65 years and over.....	147.5	60.8	59.6	53.6	62.8	58.8	183.0	182.9	190.0

<sup>1</sup>Non-Federal general hospitals include public and nonpublic facilities.

SOURCE: Division of Biometry and Applied Sciences, National Institute of Mental Health: Data are from periodic sample surveys of inpatient psychiatric services of selected mental health organizations.

Table 69. Admissions to selected inpatient psychiatric organizations, according to selected primary diagnoses and age: United States, 1975 and 1980

Primary diagnosis and age	State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hospitals <sup>1</sup>		Veterans Administration inpatient psychiatric services	
	1975	1980	1975	1980	1975	1980	1975	1980
All diagnoses <sup>2</sup>	Number per 100,000 population							
All ages.....	182.2	163.6	61.4	62.6	243.8	250.0	103.5	70.4
Under 24 years.....	104.8	101.2	37.7	43.1	146.7	152.2	21.2	12.1
25-44 years.....	314.1	282.9	89.3	89.1	416.8	399.0	157.6	129.9
45-64 years.....	233.5	175.7	80.1	71.0	278.6	276.4	233.3	135.0
65 years and over.....	91.8	78.0	57.7	54.1	170.3	195.4	64.0	25.2
Alcohol related								
All ages.....	50.4	35.5	5.1	5.8	17.0	18.8	41.8	24.3
Under 24 years.....	10.7	12.4	0.4	1.4	*2.4	4.4	1.5	2.1
25-44 years.....	86.2	64.0	7.6	9.3	31.0	34.3	51.5	38.6
45-64 years.....	110.0	57.7	12.5	10.9	34.5	30.6	128.3	59.8
65 years and over.....	14.8	11.5	4.3	4.4	10.2	12.8	17.8	8.4
Drug related								
All ages.....	6.8	7.8	1.5	1.8	8.4	7.4	7.1	3.6
Under 24 years.....	7.2	9.4	1.5	1.8	7.7	7.8	5.3	1.2
25-44 years.....	12.6	12.9	2.3	3.0	13.8	9.3	16.5	10.1
45-64 years.....	*0.6	*1.4	*0.1	*1.0	*6.5	*7.1	2.9	*1.3
65 years and over.....	*3.5	*0.7	*0.4	*0.6	*2.6	*2.0	*0.3	*1.1
Organic disorders								
All ages.....	9.6	6.8	2.5	2.2	9.0	7.4	5.8	1.8
Under 24 years.....	2.2	1.2	0.7	0.5	*1.1	*0.8	0.2	*0.1
25-44 years.....	6.4	4.7	1.1	0.9	5.4	5.6	2.2	*1.0
45-64 years.....	12.2	8.1	1.7	2.7	9.3	6.9	9.7	4.0
65 years and over.....	43.3	30.0	14.5	10.8	49.3	36.4	29.9	5.8
Affective disorders								
All ages.....	21.3	22.0	26.0	26.8	91.9	79.2	8.5	10.2
Under 24 years.....	7.5	9.1	9.5	13.5	35.3	32.2	1.2	1.1
25-44 years.....	40.6	36.9	39.4	38.9	160.9	123.7	11.7	15.6
45-64 years.....	29.4	32.4	43.3	36.3	135.6	113.8	22.2	24.4
65 years and over.....	16.8	14.3	29.6	29.2	78.5	81.0	4.1	5.0
Schizophrenia								
All ages.....	61.2	62.1	13.4	13.3	58.9	59.9	26.3	21.1
Under 24 years.....	35.9	36.6	11.1	10.6	42.0	38.3	8.6	5.1
25-44 years.....	125.8	125.0	23.8	22.5	118.0	114.5	52.2	45.4
45-64 years.....	63.5	54.8	11.3	11.6	50.3	53.6	42.6	30.9
65 years and over.....	9.3	13.9	2.7	3.6	*5.6	16.3	6.3	*2.3

<sup>1</sup>Non-Federal general hospitals include public and nonpublic facilities.

<sup>2</sup>Includes all other diagnoses not listed separately.

\*Based on fewer than 20 admissions.

NOTES: Primary diagnosis categories are based on the then current International Classification of Diseases and Diagnostic and Statistical Manual of Mental Disorders. For a listing of the code numbers, see Appendix II, table IX.

SOURCE: Division of Biometry and Applied Sciences, National Institute of Mental Health: Data are from periodic sample surveys of inpatient psychiatric services of selected mental health organizations and from the 1975 Veterans Administration Patient Treatment File.

Table 70. Persons employed in selected health service sites, according to place of employment: United States, selected years 1970-85

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Place of employment	1970 <sup>1</sup>	1975	1980	1981	1982	1983	1984	1985
Number of persons in thousands								
Total.....	4,246	5,945	7,339	7,617	7,810	7,874	7,934	7,910
Offices of physicians.....	477	618	777	811	898	888	896	894
Offices of dentists.....	222	331	415	423	415	441	468	480
Offices of chiropractors <sup>2</sup> .....	19	30	40	46	53	54	61	59
Hospitals.....	2,690	3,441	4,036	4,186	4,341	4,348	4,288	4,269
Nursing and personal care facilities..	509	891	1,199	1,230	1,217	1,342	1,362	1,309
Other health service sites.....	330	634	872	921	886	800	859	899

<sup>1</sup>April 1, derived from decennial census; all other data years are annual averages from the Current Population Survey.  
<sup>2</sup>Data for 1980-82 are from the American Chiropractic Association; data for all other years are from the U.S. Bureau of Labor Statistics.

NOTES: Totals exclude persons in health-related occupations who are working in nonhealth industries, as classified by the U.S. Bureau of the Census, such as pharmacists employed in drugstores, school nurses, and nurses working in private households. Totals include Federal, State, and county health workers.

SOURCES: U.S. Bureau of the Census: 1970 Census of Population, occupation by industry. Subject Reports. Final Report PC(2)-7C. Washington. U.S. Government Printing Office, Oct. 1972; U.S. Bureau of Labor Statistics: Labor Force Statistics Derived from the Current Population Survey: A Databook, Vol. I. Washington. U.S. Government Printing Office, Sept. 1982; Employment and Earnings, January 1986. Vol. 33, No. 1. Washington. U.S. Government Printing Office, Jan. 1986; American Chiropractic Association: Unpublished data.

Table 71. Non-Federal physicians per 10,000 civilian population, according to geographic division, State, and primary specialty: United States, 1975 and 1983

Geographic division and State	Doctors of medicine <sup>2</sup>					
	Total physicians <sup>1</sup>		Patient care <sup>3</sup>		Primary care <sup>4</sup>	
	1975	1983	1975	1983	1975	1983
	Number per 10,000 civilian population					
United States.....	15.3	19.9	13.5	17.4	4.1	5.1
New England.....	19.1	25.4	16.9	21.9	4.6	5.6
Maine.....	12.8	17.7	10.7	14.8	3.8	5.0
New Hampshire.....	14.3	17.1	13.1	15.8	4.6	5.3
Vermont.....	18.2	21.8	15.5	18.6	5.2	5.7
Massachusetts.....	20.8	28.7	18.3	24.3	4.7	5.7
Rhode Island.....	17.8	22.0	16.1	19.2	4.4	4.8
Connecticut.....	19.8	26.3	17.7	23.1	4.7	5.9
Middle Atlantic.....	19.5	25.1	17.0	21.5	4.5	5.5
New York.....	22.7	28.2	20.2	24.7	5.1	5.9
New Jersey.....	16.2	22.1	14.0	18.9	4.1	5.1
Pennsylvania.....	16.6	22.4	13.9	18.3	4.0	5.1
East North Central.....	13.9	18.6	12.0	15.9	3.7	4.7
Ohio.....	14.1	19.1	12.2	16.1	3.7	4.4
Indiana.....	10.6	13.9	9.6	12.6	3.8	4.5
Illinois.....	14.5	19.9	13.1	17.8	4.1	5.0
Michigan.....	15.4	20.1	12.0	15.4	3.2	4.2
Wisconsin.....	12.5	17.2	11.4	15.5	4.0	5.2
West North Central.....	13.3	17.8	11.4	15.1	3.8	5.0
Minnesota.....	14.9	20.0	13.7	18.1	4.6	6.3
Iowa.....	11.4	15.3	9.4	12.1	3.5	4.3
Missouri.....	15.0	19.6	11.6	15.4	3.3	4.2
North Dakota.....	9.7	14.6	9.2	13.8	4.1	5.3
South Dakota.....	8.2	12.5	7.7	11.6	3.4	4.9
Nebraska.....	12.1	15.3	10.9	14.1	4.2	5.3
Kansas.....	12.8	17.0	11.2	14.9	3.9	5.0
South Atlantic.....	14.0	19.0	12.6	16.9	3.7	4.8
Delaware.....	14.3	18.8	12.7	16.5	3.8	4.5
Maryland.....	18.6	28.7	16.5	24.2	4.2	6.0
District of Columbia.....	39.6	54.4	34.6	45.1	7.2	9.6
Virginia.....	12.9	18.4	11.9	16.9	3.8	5.0
West Virginia.....	11.0	15.1	10.0	13.6	3.3	4.1
North Carolina.....	11.7	16.1	10.6	14.3	3.5	4.4
South Carolina.....	10.0	13.8	9.3	12.9	3.3	4.2
Georgia.....	11.5	15.4	10.6	14.1	3.3	4.1
Florida.....	15.2	19.3	13.4	17.1	3.9	5.0
East South Central.....	10.5	14.3	9.7	13.2	3.2	4.2
Kentucky.....	10.9	14.4	10.1	13.3	3.6	4.5
Tennessee.....	12.4	16.7	11.3	15.3	3.2	4.3
Alabama.....	9.2	13.4	8.6	12.4	3.0	4.0
Mississippi.....	8.4	11.3	8.0	10.7	3.1	3.9

See footnotes at end of table.

Table 71. Non-Federal physicians per 10,000 civilian population, according to geographic division, State, and primary specialty: United States, 1975 and 1983--Continued

Geographic division and State	Doctors of medicine <sup>2</sup>					
	Total physicians <sup>1</sup>		Patient care <sup>3</sup>		Primary care <sup>4</sup>	
	1975	1983	1975	1983	1975	1983
	Number per 10,000 civilian population					
West South Central.....	11.9	15.8	10.5	14.1	3.5	4.3
Arkansas.....	9.1	13.1	8.5	12.3	3.4	4.8
Louisiana.....	11.4	16.3	10.5	15.1	3.3	4.1
Oklahoma.....	11.6	15.4	9.4	12.3	3.2	4.0
Texas.....	12.5	16.2	11.0	14.2	3.6	4.3
Mountain.....	14.3	17.4	12.6	15.3	4.1	4.8
Montana.....	10.6	13.7	10.1	13.0	4.5	5.4
Idaho.....	9.5	11.3	8.9	10.6	4.0	4.5
Wyoming.....	9.5	12.3	8.9	11.7	4.1	4.6
Colorado.....	17.3	20.5	15.0	17.4	4.6	5.3
New Mexico.....	12.2	16.2	10.1	14.2	3.4	4.4
Arizona.....	16.7	19.9	14.1	16.8	4.2	4.8
Utah.....	14.1	16.6	13.0	15.0	3.8	4.2
Nevada.....	11.9	15.5	10.9	14.3	3.6	4.5
Pacific.....	17.9	22.2	16.3	20.1	5.2	6.3
Washington.....	15.3	19.2	13.6	17.1	4.7	5.8
Oregon.....	15.6	19.1	13.8	17.0	4.6	5.8
California.....	18.8	23.3	17.3	21.2	5.5	6.4
Alaska.....	8.4	12.5	7.8	11.8	3.5	5.2
Hawaii.....	16.2	20.8	14.7	19.1	4.9	6.5

<sup>1</sup>Includes active non-Federal doctors of medicine and doctors of osteopathy in all other specialties not shown separately.

<sup>2</sup>Excludes doctors of osteopathy (DO's). States with the largest numbers of DO's are: Michigan, Pennsylvania, Ohio, Missouri, and Florida.

<sup>3</sup>Excludes doctors of medicine in medical teaching, administration, research, and other nonpatient care activities.

<sup>4</sup>Includes doctors of medicine in patient care office-based general practice and family practice, internal medicine, and pediatrics.

SOURCES: Compiled by Health Resources and Services Administration, Bureau of Health Professions based on data from the American Medical Association Physician Distribution and Licensure in the U.S., 1975 and Physician Characteristics and Distribution in the U.S., 1984 Edition.

Table 72. Active physicians, according to type of physician, and number per 10,000 population: United States and outlying U.S. areas, selected 1950-83 estimates and 1985, 1990, and 2000 projections

(Data are based on reporting by physicians and medical schools)

Year	All active physicians	Doctors of medicine	Doctors of osteopathy	Active physicians per 10,000 population
Number of physicians				
1950.....	219,900	209,000	10,900	14.1
1960.....	259,400	247,300	12,200	14.0
1970.....	326,500	314,200	12,300	15.6
1971.....	337,400	325,000	12,400	16.1
1972.....	348,300	335,500	12,800	16.4
1973.....	355,700	342,500	13,200	16.4
1974.....	370,000	356,400	13,600	16.9
1975.....	384,500	370,400	14,100	17.4
1976.....	399,500	385,000	14,500	17.9
1977.....	405,900	390,800	15,100	18.0
1978.....	424,000	408,300	15,700	18.6
1979.....	440,400	424,000	16,400	19.1
1980.....	457,500	440,400	17,100	19.7
1981.....	466,600	448,700	18,000	19.9
1982.....	483,700	465,000	18,700	20.5
1983.....	501,200	481,500	19,700	21.1
Projections				
1985.....	520,700	498,800	21,900	21.8
1990.....	587,700	559,500	28,180	23.5
2000.....	696,600	656,110	40,440	26.0

NOTES: Population estimates include residents in the United States, Puerto Rico, and other U.S. outlying areas; U.S. citizens in foreign countries; and the Armed Forces in the United States and abroad. For 1985, 1990, and 2000, the Series II projections of the total population from the U.S. Bureau of the Census are used. Estimation and projection methods are from the Bureau of Health Professions. The numbers for doctors of medicine differ from American Medical Association figures because physicians not classified by activity status and whose addresses are unknown are allocated into the totals.

SOURCES: Bureau of Health Professions: Fifth Report to the President and Congress on the Status of Health Personnel in the United States. Health Resources and Services Administration. DHHS Pub. No. HRS-P-OD-86-1, Rockville, Md., 1986; Unpublished data.

Table 73. Physicians, according to activity: United States, selected years 1970-85

(Data are based on reporting by physicians)

Activity	1970	1975	1980	1983	1984	1985
	Number of physicians					
Doctors of medicine.....	328,020	388,626	462,276	513,040	530,585	545,986
Professionally active.....	304,926	335,608	409,992	464,114	476,995	490,410
Non-Federal.....	278,855	309,410	393,407	442,969	457,364	470,434
Patient care.....	252,778	285,345	358,470	403,956	414,914	426,721
Office-based practice.....	187,637	211,776	269,001	305,755	316,757	325,836
General and family practice.....	50,415	45,863	47,265	50,804	51,466	53,181
Internal medicine.....	22,841	28,070	40,276	46,974	50,936	52,333
Pediatrics.....	10,203	12,559	17,204	19,887	21,223	22,025
General surgery.....	17,975	19,613	22,262	23,561	23,876	24,519
Obstetrics and gynecology.....	13,732	15,469	19,306	22,101	22,815	23,256
Other specialty.....	72,471	90,202	122,688	142,428	146,441	150,522
Hospital-based practice.....	65,141	73,569	89,469	98,201	98,157	100,885
Residents and interns.....	45,514	53,150	59,127	69,763	69,506	71,302
Full-time hospital staff.....	19,627	20,419	30,342	28,438	28,651	29,583
Other professional activity <sup>1</sup> .....	26,077	24,065	34,937	39,013	42,450	43,713
Federal.....	26,071	26,198	16,585	17,950	19,631	19,976
Patient care.....	20,566	22,325	13,513	13,992	15,256	15,877
Office-based practice.....	2,819	1,841	679	1,382	931	961
Hospital-based practice.....	17,747	20,484	12,834	12,610	14,325	14,916
Residents and interns.....	5,173	4,089	2,323	2,485	3,024	3,149
Full-time hospital staff.....	12,574	16,395	10,511	10,125	11,301	11,767
Other professional activity <sup>1</sup> .....	5,505	3,873	3,072	3,958	4,375	4,099
Inactive.....	19,533	21,360	25,609	36,703	37,671	38,646
Information not available.....	357	25,790	20,285	12,223	12,795	13,950
Unknown address.....	3,204	5,868	6,390	3,195	3,124	2,980

<sup>1</sup>Includes medical teaching, administration, research, and other.

NOTE: Federal and non-Federal doctors of medicine in the 50 States and the District of Columbia are included.

SOURCES: Haug, J. N., Roback, G. A., and Martin, B. C.: Distribution of Physicians in the United States, 1970. Chicago. American Medical Association, 1971; Goodman, L. J., and Mason, H. R.: Physician Distribution and Medical Licensure in the U.S., 1975. Chicago. American Medical Association, 1976; Department of Statistical Analysis: Physician Distribution and Medical Licensure in the U.S., 1978. Chicago. American Medical Association, 1980; Bidese, C. M., and Danaï, D. G.: Physician Characteristics and Distribution in the U.S. Chicago. American Medical Association, 1982; Roback, G. A. and Eiler, M. A.: Physician Characteristics and Distribution in the U.S. Chicago. American Medical Association, 1983; Eiler, M. A.: Physician Characteristics and Distribution in the U.S., Chicago. American Medical Association, 1984; Randolph, L. L.: Physician Characteristics and Distribution in the U.S. 1985 and 1986. Chicago. American Medical Association, to be published. (Copyrights 1971, 1976, 1980, and 1983-86: Used with the permission of the American Medical Association.)



Table 74. Active health personnel and number per 100,000 population, according to occupation and geographic region: United States, 1970, 1980, and 1984

Year and occupation	Number of active health personnel	United States	Geographic region			
			North-east	Midwest	South	West
1970			Number per 100,000 population <sup>1</sup>			
Physicians <sup>2</sup> .....	290,862	142.7	185.0	127.5	114.8	158.2
Doctors of medicine <sup>3</sup> .....	279,212	137.0	178.7	118.2	111.5	154.8
Doctors of osteopathy.....	11,650	5.7	6.3	9.3	3.3	3.4
Dentists <sup>2</sup> .....	95,680	47.4	58.9	46.3	35.3	54.9
Optometrists.....	18,400	9.0	9.7	10.3	6.6	10.5
Pharmacists <sup>3</sup> .....	112,570	55.4	60.1	57.5	50.6	52.9
Podiatrists.....	7,110	3.5	6.0	3.6	1.6	3.0
Registered nurses.....	750,000	368.9	491.2	367.5	281.8	355.9
Veterinarians.....	25,900	12.7	8.3	16.1	11.8	15.0
1980						
Physicians <sup>2,4</sup> .....	409,917	182.4	224.8	165.8	157.1	200.1
Doctors of medicine <sup>3,4</sup> .....	393,407	174.9	216.1	153.3	152.8	195.8
Doctors of osteopathy.....	16,510	7.5	8.7	12.5	4.3	4.3
Dentists <sup>2</sup> .....	121,240	54.9	65.2	53.1	44.4	63.7
Optometrists.....	22,330	10.1	10.2	11.2	8.0	12.3
Pharmacists <sup>3</sup> .....	142,780	64.7	60.8	67.7	65.0	64.6
Podiatrists.....	8,880	4.0	6.3	3.9	2.5	4.1
Registered nurses <sup>4</sup> .....	1,272,900	560.0	736.0	583.6	443.4	533.7
Associate and diploma.....	908,300	399.9	536.0	429.2	316.5	351.1
Baccalaureate.....	297,300	130.9	161.0	127.8	103.8	148.1
Masters and doctorate.....	67,300	29.6	39.0	26.7	23.0	34.6
Veterinarians.....	36,000	16.3	10.8	19.9	16.0	18.5
1984						
Physicians <sup>2,5</sup> .....	462,009	198.9	251.6	183.8	170.8	209.4
Doctors of medicine <sup>3,5</sup> .....	442,969	190.7	241.8	170.0	165.9	204.7
Doctors of osteopathy <sup>5</sup> .....	19,040	8.2	9.8	13.8	4.9	4.7
Dentists <sup>2</sup> .....	132,750	56.3	67.5	57.5	45.5	61.5
Optometrists.....	23,590	9.9	9.9	11.1	8.0	11.8
Pharmacists <sup>3</sup> .....	156,960	66.0	64.6	76.7	67.2	52.7
Podiatrists.....	9,700	4.2	6.9	4.2	2.6	3.9
Registered nurses.....	1,485,725	629.1	798.3	681.6	513.4	582.4
Associate and diploma.....	997,286	422.3	543.7	471.2	343.9	366.3
Baccalaureate.....	397,576	168.4	202.7	174.0	139.3	174.8
Masters and doctorate.....	90,863	38.5	51.9	36.3	30.2	41.3
Veterinarians.....	42,570	17.9	12.8	21.7	17.5	19.4

<sup>1</sup>Ratios for physicians and dentists are based on civilian population; ratios for all other health occupations are based on resident population.

<sup>2</sup>Excludes doctors of medicine in Federal service; excludes dentists in military service.

<sup>3</sup>Excludes United States possessions.

<sup>4</sup>Revised figures.

<sup>5</sup>Data are for 1983.

SOURCE: Division of Health Professions Analysis, Bureau of Health Professions: Supply and Characteristics of Selected Health Personnel. DHHS Pub. No. (HRA) 81-20. Health Resources Administration. Hyattsville, Md., June 1981; Bureau of Health Professions: Fifth Report to the President and Congress on the Status of Health Personnel in the United States. Health Resources and Services Administration. DHHS Pub. No. HRS-P-OD-86-1, Rockville, Md., 1986; Unpublished data.

Table 75. Full-time equivalent employment in selected occupations for community hospitals: United States, 1981-84  
(Data are based on reporting by a census of registered hospitals)

Occupation	1981	1982	1983	1984	Average annual percent change	
					1981-83	1983-84
All hospital personnel <sup>1</sup> .....	3,069,955	3,136,144	3,130,131	3,050,767	1.0	-2.5
Administrators and assistant administrators.....	26,734	27,795	28,805	30,336	3.8	5.3
Registered nurses.....	629,354	671,918	698,151	697,840	5.3	0.0
Licensed practical nurses.....	234,226	237,837	229,735	204,559	-1.0	-11.0
Ancillary nursing personnel.....	280,614	285,514	294,180	259,220	2.4	-11.9
Medical record administrators and technicians.....	38,186	38,393	39,115	40,526	1.2	3.6
Licensed pharmacists and pharmacy technicians.....	47,053	49,741	52,077	52,096	5.2	0.0
Medical technologists and other laboratory personnel.....	147,451	152,738	149,949	146,677	0.8	-2.2
Dietitians and dietetic technicians.....	40,192	38,286	36,623	34,817	-4.5	-4.9
Radiologic service personnel.....	90,738	93,521	92,509	90,764	1.0	-1.9
Occupational therapists and recreational therapists.....	8,481	8,943	9,078	9,559	3.5	5.3
Physical therapists and physical therapy assistants and aides.....	27,675	28,300	28,759	28,485	1.9	-1.0
Speech pathologists and audiologists.....	2,463	2,697	2,684	2,964	4.4	10.4
Respiratory therapists and respiratory therapy technicians.....	47,312	49,584	51,490	51,111	4.3	-0.7
Medical social workers.....	13,915	14,153	14,489	14,927	2.0	3.0
Total trainee personnel <sup>2</sup> .....	66,906	65,992	66,515	66,918	-0.3	0.6

<sup>1</sup>Includes occupational categories not shown.

<sup>2</sup>This category is primarily composed of medical residents.

SOURCE: Compiled by the Office of Data Analysis and Management, Bureau of Health Professions, from the American Hospital Association's 1981, 1982, 1983, and 1984 Annual Survey of Hospitals.

Table 76. Graduates of health professions schools and number of schools, according to profession: United States, selected 1950-84 estimates and 1990 and 2000 projections

(Data are based on reporting by health professions schools)

Year	Medicine	Osteopathy	Nursing	Dentistry	Optometry	Pharmacy	Chiropractic
Graduates							
1950.....	5,553	373	25,790	2,565	961	---	---
1960.....	7,081	427	29,895	3,253	364	3,497	660
1970.....	8,367	432	43,103	3,749	445	4,758	642
1975.....	12,714	702	73,915	4,969	806	6,712	1,093
1978.....	14,393	963	77,874	5,324	980	7,785	1,544
1979.....	14,966	1,004	77,132	5,424	1,051	7,556	1,559
1980.....	15,135	1,059	75,523	5,256	1,073	7,278	2,049
1981.....	15,667	1,151	73,985	5,550	980	7,362	2,526
1982.....	15,985	1,017	74,052	5,371	1,020	6,859	2,631
1983.....	15,824	1,317	77,408	5,756	1,040	6,374	2,948
1984.....	16,369	1,415	80,312	5,337	1,089	5,964	---
1990.....	16,340	1,610	66,800	4,330	1,030	5,760	2,860
2000.....	15,855	1,610	66,400	4,020	1,030	5,110	2,950
Schools <sup>1</sup>							
1950.....	79	6	1,304	42	10	---	20
1960.....	86	6	1,128	47	10	76	12
1970.....	103	7	1,340	53	11	74	11
1975.....	114	9	1,362	59	12	73	12
1978.....	122	12	1,358	59	12	72	14
1979.....	125	14	1,374	60	13	72	14
1980.....	126	14	1,385	60	15	72	14
1981.....	126	15	1,401	60	16	72	16
1982.....	127	15	1,432	60	16	72	16
1983.....	127	15	1,466	60	16	72	17
1984.....	127	15	1,477	60	16	72	17

<sup>1</sup>Some nursing schools offer more than one type of program. Numbers shown for nursing are number of nursing programs.SOURCES: Bureau of Health Professions: Fifth Report to the President and Congress on the Status of Health Personnel in the United States. Health Resources and Services Administration. DHHS Pub. No. HRS-P-OD-86-1, Rockville, Md., 1986; Unpublished data; American Chiropractic Association: Unpublished data.

Table 77. Total and first-year enrollment of minorities and women in schools for selected health occupations: United States, academic years 1971-72 and 1984-85

Enrollment and health occupation	Total		Black		Other minority		Women	
	1971-72 <sup>1</sup>	1984-85 <sup>2</sup>	1971-72 <sup>1</sup>	1984-85 <sup>2</sup>	1971-72 <sup>1</sup>	1984-85 <sup>2</sup>	1971-72 <sup>1</sup>	1984-85 <sup>2</sup>
Total enrollment	Number of students				Percent of students <sup>3</sup>			
Medicine:								
Allopathic.....	43,650	67,016	4.7	5.9	2.4	11.1	10.9	31.7
Osteopathic.....	2,304	6,212	1.2	2.0	1.6	4.7	3.4	24.6
Podiatry.....	1,268	2,616	2.1	7.1	1.1	6.5	1.2	21.8
Dentistry.....	17,305	20,588	3.5	5.0	2.8	11.4	1.4	23.8
Optometry <sup>4</sup> .....	3,094	4,539	1.0	1.9	4.9	9.6	3.6	28.4
Pharmacy <sup>4,5</sup> .....	16,808	18,646	3.8	5.6	6.2	9.0	24.0	54.5
Veterinary medicine....	5,149	8,843	1.8	2.4	0.7	3.0	11.5	48.9
Registered nurses <sup>6</sup> .....	213,127	250,553	7.3	6.9	2.5	2.0	95.4	93.2
First-year enrollment								
Medicine:								
Allopathic.....	12,361	16,992	7.1	6.8	3.3	12.5	13.7	33.6
Osteopathic.....	670	1,746	1.5	2.8	1.5	5.9	4.3	26.3
Podiatry.....	400	782	2.8	8.4	1.0	9.6	---	---
Dentistry.....	4,705	4,983	5.2	6.0	3.6	13.7	3.1	26.9
Optometry <sup>4</sup> .....	906	1,187	---	---	---	---	5.3	34.2
Pharmacy <sup>5</sup> .....	8,342	6,849	3.3	6.3	4.9	10.6	30.1	55.4
Veterinary medicine....	1,453	2,329	---	---	---	---	15.3	50.5
Registered nurses <sup>6</sup> .....	93,344	123,824	7.7	8.1	3.0	2.5	93.9	93.0

<sup>1</sup>Data for first-year enrollment in pharmacy are for 1973-74.

<sup>2</sup>Data for osteopathic medicine, optometry, and registered nurses are for 1983-84.

<sup>3</sup>Percents based only on total counts of students identified by race/ethnicity and gender.

<sup>4</sup>Percents for 1983-84 exclude Puerto Rican schools.

<sup>5</sup>Data are for students in the final 3 years of pharmacy education.

<sup>6</sup>Data are based on students in schools responding to questions on race/ethnicity and gender.

<sup>7</sup>Data for 1983-84 exclude 30 students at the Inter-American University of Puerto Rico.

SOURCES: Bureau of Health Professions: Minorities and Women in the Health Fields, 1984. DHHS Pub. No. (HRSA) HRS-DV 84-5. Health Resources and Services Administration. Washington. U.S. Government Printing Office, Sept. 1984; and Minorities and Women in the Health Fields, 1978. DHEW Pub. No. (HRA) 79-22. Health Resources Administration. Washington. U.S. Government Printing Office, Oct. 1984; Unpublished data. Bureau of Health Professions: Fifth Report to the President and Congress on the Status of Health Personnel in the United States. Health Resources and Services Administration. DHHS Pub. No. HRS-P-OD-86-1. Rockville, Md., 1986.

Table 78. Total and first-year enrollment and percent of women in schools of medicine, according to race and ethnicity: United States, academic years 1971-72, 1977-78, and 1984-85

Enrollment and race/ethnicity	Both sexes			Women		
	1971-72	1977-78	1984-85	1971-72	1977-78	1984-85
Total enrollment	Number of students			Percent of students		
All races.....	43,650	60,039	67,016	10.9	23.7	31.8
White.....	---	51,974	55,232	---	22.4	30.7
Minority.....	3,072	6,728	11,374	19.0	33.0	37.6
Black.....	2,055	3,587	3,944	20.4	38.2	45.7
Mexican American.....	252	831	1,126	9.5	22.7	31.9
Mainland Puerto Rican.....	76	261	380	17.1	34.1	40.5
Other Hispanic.....	---	426	1,904	---	23.2	30.6
American Indian.....	42	201	257	23.8	27.4	35.8
Asian.....	647	1,422	3,763	17.9	29.3	34.1
First-year enrollment	Number of students			Percent of students		
All races.....	12,361	16,136	16,997	13.7	25.6	33.6
White.....	---	13,732	13,606	---	24.1	32.2
Minority.....	1,280	2,002	3,275	20.8	35.2	39.5
Black.....	882	1,085	1,148	22.7	40.8	49.0
Mexican American.....	118	246	329	8.5	26.8	28.3
Mainland Puerto Rican.....	40	68	118	15.0	33.8	40.7
Other Hispanic.....	---	157	479	---	27.4	34.7
American Indian.....	23	51	77	34.8	29.4	35.1
Asian.....	217	395	1,124	19.4	29.1	35.3

SOURCE: Based on data reported by the Association of American Medical Colleges in Bureau of Health Professions: *Minorities and Women in the Health Fields, 1984*. DHHS Pub. No. (HRSA) HRS-DV 84-S. Health Resources and Services Administration. Washington, U.S. Government Printing Office. Sept. 1984; Association of American Medical Colleges: Unpublished data for 1984-85.

Table 79. Short-stay hospitals, beds, and occupancy rates, according to type of ownership: United States, selected years 1960-84

(Data are based on reporting by a census of registered hospitals)

Type of ownership	1960	1970	1975	1980	1981	1982	1983	1984
Hospitals								
	Number							
All ownerships.....	5,768	6,193	6,310	6,229	6,190	6,173	6,148	6,118
Federal.....	361	334	331	325	311	310	305	304
Non-Federal.....	5,407	5,859	5,979	5,904	5,879	5,863	5,843	5,814
Nonprofit.....	3,291	3,386	3,364	3,339	3,356	3,354	3,363	3,366
Proprietary.....	856	769	775	730	729	748	757	786
State-local government..	1,260	1,704	1,840	1,835	1,794	1,761	1,723	1,662
Beds								
All ownerships.....	735,451	935,724	1,036,025	1,080,164	1,093,370	1,099,892	1,105,201	1,102,166
Federal.....	96,394	87,492	89,049	88,144	86,596	84,712	83,837	82,415
Non-Federal.....	639,057	848,232	946,976	992,020	1,006,774	1,015,180	1,021,364	1,019,751
Nonprofit.....	445,753	591,937	658,948	692,929	706,331	711,917	718,095	716,869
Proprietary.....	37,029	52,739	73,495	87,033	87,743	91,096	94,253	99,980
State-local government..	156,275	203,556	214,533	212,058	212,700	212,167	209,016	202,902
Occupancy rate								
	Percent of beds occupied							
All ownerships.....	75.7	77.9	75.0	75.6	76.0	75.3	73.8	69.5
Federal.....	82.5	77.5	77.6	77.8	76.2	77.2	78.4	76.6
Non-Federal.....	74.7	78.0	74.8	75.4	75.9	75.2	73.4	68.9
Nonprofit.....	76.6	80.1	77.4	78.2	78.5	77.8	75.8	71.4
Proprietary.....	65.4	72.2	65.9	65.2	66.4	65.5	63.1	57.0
State-local government..	71.6	73.2	69.7	70.7	71.2	70.7	70.1	65.9

NOTE: Excludes psychiatric and tuberculosis and other respiratory disease hospitals.

SOURCES: American Hospital Association: Hospitals. JAHA 35(15):396-401 and 45(15):463-467, Aug. 1961 and Aug. 1971; Hospital Statistics, 1976-85 Editions. Chicago, 1976-85. (Copyrights 1961, 1971, 1976-85: Used with the permission of the American Hospital Association.)

Table 80. Long-term hospitals, beds, and occupancy rates, according to type of hospital and ownership: United States, selected years 1970-84

(Data are based on reporting by a census of registered hospitals)

Type of hospital and ownership	1970	1975	1980	1981	1982	1983	1984
Hospitals		Number					
General.....	75	44	17	20	19	22	25
Federal.....	38	23	9	12	11	13	15
Non-Federal.....	37	21	8	8	8	9	10
Psychiatric.....	459	419	381	394	387	377	382
Federal.....	33	26	23	22	23	22	19
Nonprofit.....	56	45	47	52	53	50	54
Proprietary.....	39	51	57	65	65	65	77
State-local government.....	331	297	254	255	246	240	232
Tuberculosis and other respiratory diseases.....	103	34	10	10	7	5	5
All other.....	200	196	150	139	132	124	124
Federal.....	1	2	1	1	2	2	3
Nonprofit.....	110	94	66	67	63	58	61
Proprietary.....	2	9	11	10	10	10	10
State-local government.....	87	91	72	61	57	54	50
Beds							
General.....	42,569	17,329	8,253	9,925	9,657	11,464	13,846
Federal.....	31,403	14,406	7,205	8,823	8,552	9,978	11,994
Non-Federal.....	11,166	2,923	1,048	1,102	1,105	1,486	1,852
Psychiatric.....	551,847	344,257	218,400	205,003	197,765	183,843	171,367
Federal.....	41,500	27,523	20,871	19,051	19,798	18,549	16,205
Nonprofit.....	8,892	5,366	6,645	6,944	7,051	6,814	6,941
Proprietary.....	3,399	4,821	5,877	6,834	6,947	7,214	8,458
State-local government.....	498,056	306,547	185,007	172,174	163,969	151,266	139,763
Tuberculosis and other respiratory diseases.....	19,937	5,699	1,500	1,492	995	547	664
All other.....	49,152	49,268	37,911	34,472	33,962	29,578	30,124
Federal.....	357	968	357	357	626	578	1,694
Nonprofit.....	12,638	12,733	10,038	10,328	10,046	8,363	9,049
Proprietary.....	101	879	1,356	1,259	1,252	1,213	1,067
State-local government.....	36,056	34,688	26,160	22,528	22,038	19,424	18,314
Occupancy rate		Percent of beds occupied					
General.....	79.2	84.4	83.9	86.4	86.0	85.3	83.9
Federal.....	80.4	85.2	84.6	87.6	86.4	85.9	84.1
Non-Federal.....	75.8	80.4	79.0	77.1	82.3	81.3	83.0
Psychiatric.....	84.9	81.3	85.9	86.7	86.9	87.6	87.6
Federal.....	83.4	88.3	87.9	87.7	86.1	86.8	86.9
Nonprofit.....	85.2	84.8	87.2	88.6	86.1	87.2	86.8
Proprietary.....	78.4	74.1	76.3	80.1	79.8	77.3	77.2
State-local government.....	85.0	80.8	86.0	86.8	87.4	88.2	88.4
Tuberculosis and other respiratory diseases.....	61.9	57.6	66.4	67.0	61.1	66.4	62.3
All other.....	83.3	82.3	85.9	86.3	87.9	86.6	88.8
Federal.....	73.4	86.3	65.3	65.0	74.3	79.4	84.4
Nonprofit.....	82.8	83.3	87.3	86.6	88.7	89.3	90.0
Proprietary.....	87.1	86.0	86.5	87.8	90.7	92.0	92.1
State-local government.....	83.6	81.7	85.6	86.4	87.7	85.3	88.4

SOURCES: American Hospital Association: Hospitals. JAHA 45(15):463-467, Aug. 1971; Hospital Statistics, 1976-85 Editions. Chicago, 1976-85. (Copyrights 1971, 1976-85: Used with the permission of the American Hospital Association.)

Table 81. Inpatient and residential treatment beds in mental health facilities and rate per 100,000 civilian population, according to type of organization: United States, selected years 1970-83

(Data are based on inventories of mental health organizations)

Organization	1970	1976	1980 <sup>1</sup>	1982 <sup>2</sup>	1983
			Number		
All organizations.....	524,878	338,963	274,713	247,312	243,057
State and county mental hospitals.....	413,066	222,202	156,482	140,140	128,626
Private psychiatric hospitals.....	14,295	16,091	17,157	19,011	20,978
Non-Federal general hospital psychiatric services.....	22,394	28,706	29,384	36,525	---
Veterans Administration psychiatric services <sup>3</sup> ..	50,688	35,913	33,796	24,646	23,535
Federally funded community mental health centers.....	8,108	17,029	16,264	---	---
Residential treatment centers for emotionally disturbed children.....	15,129	18,029	20,197	18,475	16,113
All other <sup>4,5</sup> .....	1,198	993	1,433	8,515	17,280
			Number per 100,000 civilian population		
All organizations.....	263.6	160.3	124.3	108.1	104.6
State and county mental hospitals.....	207.4	105.1	70.2	61.2	55.4
Private psychiatric hospitals.....	7.2	7.6	7.7	8.3	9.0
Non-Federal general hospital psychiatric services.....	11.2	13.6	13.7	16.0	16.0
Veterans Administration psychiatric services <sup>3</sup> ..	25.5	17.0	15.7	10.8	10.1
Federally funded community mental health centers.....	4.1	8.0	7.3	---	---
Residential treatment centers for emotionally disturbed children.....	7.6	8.5	9.1	8.1	6.9
All other <sup>4,5</sup> .....	0.6	0.5	0.6	3.7	7.4

<sup>1</sup>During 1979-80, comparable data were not available for certain organization types, and data for either an earlier or later period were substituted.

<sup>2</sup>During 1981-82, some organizations were reclassified and data for some organization types were not available, resulting in a particularly large increase for the all other category in 1981.

<sup>3</sup>Includes Veterans Administration neuropsychiatric hospitals and Veterans Administration general hospitals with separate psychiatric services.

<sup>4</sup>Includes other multiservice mental health organizations with inpatient and residential treatment services that are not elsewhere classified.

<sup>5</sup>Beginning in 1983 a definitional change sharply increased the number of multiservice mental health organizations while decreasing the number of freestanding psychiatric outpatient clinics. See Appendix I.

NOTE: Changes in reporting procedures in 1979-80 and 1981-82 affect the comparability of data with those from previous years.

SOURCE: Division of Biometry and Applied Sciences, National Institute of Mental Health.



Table 82. Community hospital beds per 1,000 population and average annual percent change, according to geographic division and State: United States, selected years 1940-84

(Data are based on reporting by facilities)

Geographic division and State	Beds per 1,000 civilian population							Average annual percent change			
	1940 <sup>1</sup>	1950 <sup>1</sup>	1960 <sup>2</sup>	1970	1975	1980	1984	1940-60 <sup>1,2</sup>	1960-70 <sup>2</sup>	1970-80	1980-84
United States.....	3.2	3.3	3.6	4.3	4.6	4.5	4.3	0.6	1.8	0.5	-1.1
New England.....	4.4	4.2	3.9	4.1	4.2	4.1	4.1	-0.6	0.5	0.0	0.0
Maine.....	3.0	3.2	3.4	4.7	4.7	4.7	4.3	0.6	3.3	0.0	-2.2
New Hampshire.....	4.2	4.2	4.4	4.0	4.2	3.9	3.6	0.2	-0.9	-0.3	-2.0
Vermont.....	3.3	4.0	4.5	4.5	4.8	4.4	4.0	1.6	0.0	-0.2	-2.4
Massachusetts.....	5.1	4.8	4.2	4.4	4.6	4.4	4.5	-1.0	0.5	0.0	0.6
Rhode Island.....	3.9	3.8	3.7	4.0	3.8	3.8	3.7	-0.3	0.8	-0.5	-0.7
Connecticut.....	3.7	3.6	3.4	3.4	3.5	3.5	3.4	-0.4	0.0	0.3	-0.7
Middle Atlantic.....	3.9	3.8	4.0	4.4	4.6	4.6	4.5	0.1	1.0	0.4	-0.5
New York.....	4.3	4.1	4.3	4.6	4.7	4.5	4.5	0.0	0.7	-0.2	0.0
New Jersey.....	3.5	3.2	3.1	3.6	4.0	4.2	4.1	-0.6	1.5	1.6	-0.6
Pennsylvania.....	3.5	3.8	4.1	4.7	4.7	4.8	4.8	0.8	1.4	0.2	0.0
East North Central....	3.2	3.2	3.6	4.4	4.7	4.7	4.6	0.6	2.0	0.7	-0.5
Ohio.....	2.7	2.9	3.4	4.2	4.6	4.7	4.7	1.2	2.1	1.1	0.0
Indiana.....	2.3	2.6	3.1	4.0	4.4	4.5	4.4	1.5	2.6	1.2	-0.6
Illinois.....	3.4	3.6	4.0	4.7	4.9	5.1	4.9	0.8	1.6	0.8	-1.0
Michigan.....	4.0	3.3	3.3	4.3	4.5	4.4	4.3	-1.0	2.7	0.2	-0.6
Wisconsin.....	3.4	3.7	4.3	5.2	5.1	4.9	4.8	1.2	1.9	-0.6	-0.5
West North Central....	3.1	3.7	4.3	5.7	5.8	5.8	5.6	1.6	2.9	0.2	-0.9
Minnesota.....	3.9	4.4	4.8	6.1	6.0	5.7	5.2	1.0	2.4	-0.7	-2.3
Iowa.....	2.7	3.2	3.9	5.6	6.0	5.7	5.3	1.9	3.7	0.2	-1.8
Missouri.....	2.9	3.3	3.9	5.1	5.5	5.7	5.4	1.5	2.7	1.1	-1.3
North Dakota.....	3.5	4.3	5.2	6.8	6.7	7.4	7.7	2.0	2.7	0.8	1.0
South Dakota.....	2.8	4.4	4.5	5.6	5.5	5.5	6.5	2.4	2.2	-0.2	4.3
Nebraska.....	3.4	4.2	4.4	6.2	6.1	6.0	6.4	1.3	3.5	-0.3	1.6
Kansas.....	2.8	3.4	4.2	5.4	5.7	5.8	5.3	2.0	2.5	0.7	-2.2
South Atlantic.....	2.5	2.8	3.3	4.0	4.3	4.5	4.3	1.4	1.9	1.2	-1.1
Delaware.....	4.4	3.9	3.7	3.7	3.5	3.6	3.6	-0.9	0.0	-0.3	0.0
Maryland.....	3.9	3.6	3.3	3.1	3.2	3.6	3.6	-0.8	-0.6	1.5	0.0
District of Columbia.....	5.5	5.5	5.9	7.4	7.1	7.3	7.9	0.4	2.3	-0.1	2.0
Virginia.....	2.2	2.5	3.0	3.7	4.1	4.1	3.9	1.6	2.1	1.0	-1.2
West Virginia.....	2.7	3.1	4.1	5.4	5.8	5.5	5.4	2.1	2.8	0.2	-0.5
North Carolina.....	2.2	2.6	3.4	3.8	4.0	4.2	3.9	2.2	1.1	1.0	-1.8
South Carolina.....	1.8	2.4	2.9	3.7	3.9	3.9	3.6	2.4	2.5	0.5	-2.0
Georgia.....	1.7	2.0	2.8	3.8	4.4	4.6	4.5	2.5	3.1	1.9	-0.5
Florida.....	2.8	2.9	3.1	4.4	4.9	5.1	4.6	0.5	3.6	1.5	-2.5
East South Central....	1.7	2.1	3.0	4.4	4.9	5.1	5.1	2.9	3.9	1.5	0.0
Kentucky.....	1.8	2.2	3.0	4.0	4.3	4.5	4.4	2.6	2.9	1.2	-0.6
Tennessee.....	1.9	2.3	3.4	4.7	5.4	5.5	5.5	3.0	3.3	1.6	0.0
Alabama.....	1.5	2.0	2.8	4.3	4.9	5.1	5.1	3.2	4.4	1.7	0.0
Mississippi.....	1.4	1.7	2.9	4.4	4.9	5.3	5.3	3.7	4.3	1.9	0.0

See footnotes at end of table.

Table 82. Community hospital beds per 1,000 population and average annual percent change, according to geographic division and State: United States, selected years 1940-84--Continued

(Data are based on reporting by facilities)

Geographic division and State	Beds per 1,000 civilian population							Average annual percent change			
	1940 <sup>1</sup>	1950 <sup>1</sup>	1960 <sup>2</sup>	1970	1975	1980	1984	1940-60 <sup>1,2</sup>	1960-70 <sup>2</sup>	1970-80	1980-84
West South Central....	2.1	2.7	3.3	4.3	4.7	4.7	4.4	2.3	2.7	0.9	-1.6
Arkansas.....	1.4	1.6	2.9	4.2	4.6	5.0	4.9	3.7	3.8	1.8	-0.5
Louisiana.....	3.1	3.8	3.9	4.2	4.7	4.8	4.6	1.2	0.7	1.3	-1.1
Oklahoma.....	1.9	2.5	3.2	4.5	4.6	4.6	4.4	2.6	3.5	0.2	-1.1
Texas.....	2.0	2.7	3.3	4.3	4.7	4.7	4.2	2.5	2.7	0.9	-2.8
Mountain.....	3.6	3.8	3.5	4.3	4.0	3.8	3.6	-0.1	2.1	-1.2	-1.3
Montana.....	4.9	5.3	5.1	5.8	5.2	5.9	5.6	0.2	1.3	0.2	-1.3
Idaho.....	2.6	3.4	3.2	4.0	3.9	3.7	3.6	1.0	2.3	-0.8	-0.7
Wyoming.....	3.5	3.9	4.6	5.5	4.5	3.6	3.9	1.4	1.8	-4.1	2.0
Colorado.....	3.9	4.2	3.8	4.6	4.4	4.2	3.9	-0.1	1.9	-0.9	-1.8
New Mexico.....	2.7	2.2	2.9	3.5	3.4	3.1	3.0	0.4	1.9	-1.2	-0.8
Arizona.....	3.4	4.0	3.0	4.1	3.8	3.6	3.4	-0.6	3.2	-1.3	-1.4
Utah.....	3.2	2.9	2.8	3.6	3.2	3.1	2.6	-0.7	2.5	-1.5	-4.3
Nevada.....	5.0	4.4	3.9	4.2	4.3	4.2	3.8	-1.2	0.7	0.0	-2.5
Pacific.....	4.1	3.2	3.1	3.7	3.9	3.5	3.2	-1.4	1.8	-0.6	-2.2
Washington.....	3.4	3.6	3.3	3.5	3.4	3.1	3.1	-0.1	0.6	-1.2	0.0
Oregon.....	3.5	3.1	3.5	4.0	3.9	3.5	3.3	0.0	1.3	-1.3	-1.5
California.....	4.4	3.3	3.0	3.8	4.0	3.6	3.3	-1.9	2.4	-0.5	-2.2
Alaska.....	...	...	2.4	2.3	2.2	2.7	2.3	...	-0.4	1.6	-3.9
Hawaii.....	...	...	3.7	3.4	3.3	3.1	3.0	...	-0.8	-0.9	-0.8

<sup>1</sup>1940 and 1950 data are estimated based on published figures.<sup>2</sup>1960 includes hospital units of institutions.

SOURCES: American Medical Association: Hospital service in the United States. *JAMA* 116(11): 1055-1144, 1941, and 146(2): 109-184, 1951. (Copyright 1941 and 1951: Used with the permission of the American Medical Association.); American Hospital Association: Hospitals. *JAHA* 35(15): 383-430, Aug. 1, 1961. (Copyright 1961: Used with the permission of the American Hospital Association.); Data computed by the Division of Analysis, National Center for Health Statistics from data compiled by the Division of Health Care Statistics, National Master Facility Inventory and the American Hospital Association 1984 annual survey; U.S. Bureau of the Census: *Current Population Reports*. Series P-25, Nos. 72, 304, 460, 640, 642, 868, 876, and 970. Washington. U.S. Government Printing Office, 1953, 1965, 1971, 1976, 1979, 1980, and 1985.

Table 83. Occupancy rate in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1940-84

(Data are based on reporting by facilities)

Geographic division and State	Percent of beds occupied						Average annual percent change			
	1940 <sup>1</sup>	1960 <sup>2</sup>	1970	1975	1980	1984	1940-60 <sup>1,2</sup>	1960-70 <sup>2</sup>	1970-80	1980-84
United States.....	69.9	74.7	77.3	74.2	75.2	69.3	0.3	0.3	-0.3	-2.0
New England.....	72.5	75.2	79.7	77.6	80.1	75.9	0.2	0.6	0.1	-1.3
Maine.....	72.4	73.2	73.0	71.1	74.5	69.6	0.1	-0.0	0.2	-1.7
New Hampshire.....	65.3	66.5	73.4	71.4	73.2	67.6	0.1	1.0	-0.0	-2.0
Vermont.....	68.8	68.5	76.3	70.7	73.7	68.8	-0.0	1.1	-0.3	-1.7
Massachusetts.....	71.8	75.8	80.3	79.1	81.7	77.6	0.3	0.6	0.2	-1.3
Rhode Island.....	77.7	75.7	82.9	82.2	85.9	79.0	-0.1	0.9	0.4	-2.1
Connecticut.....	75.9	78.2	82.6	78.6	80.4	77.9	0.1	0.5	-0.3	-0.8
Middle Atlantic.....	75.5	78.1	82.4	81.4	83.2	81.5	0.2	0.5	0.1	-0.5
New York.....	78.9	79.4	82.9	84.2	85.9	86.5	0.0	0.4	0.4	0.2
New Jersey.....	72.4	78.4	82.5	81.1	82.8	79.6	0.4	0.5	0.0	-1.0
Pennsylvania.....	71.3	76.0	81.5	77.2	79.5	75.5	0.3	0.7	-0.2	-1.3
East North Central.....	71.0	78.4	79.5	77.2	76.9	69.0	0.5	0.1	-0.3	-2.7
Ohio.....	72.1	81.3	81.8	80.6	79.2	69.4	0.6	0.1	-0.3	-3.2
Indiana.....	68.5	79.6	80.3	76.4	77.6	69.1	0.8	0.1	-0.3	-2.9
Illinois.....	73.1	76.0	79.3	75.7	74.9	67.5	0.2	0.4	-0.6	-2.6
Michigan.....	71.5	80.5	80.6	78.8	78.2	72.5	0.6	0.0	-0.3	-1.9
Wisconsin.....	65.2	73.9	73.2	71.5	73.6	66.0	0.6	-0.1	0.1	-2.7
West North Central.....	65.7	71.8	73.6	70.6	71.2	63.7	0.4	0.2	-0.3	-2.7
Minnesota.....	71.0	72.3	73.9	70.7	73.7	66.6	0.1	0.2	-0.0	-2.5
Iowa.....	63.6	72.6	71.9	67.4	68.7	61.0	0.7	-0.1	-0.5	-2.9
Missouri.....	68.6	75.8	79.3	75.9	75.1	66.2	0.5	0.5	-0.5	-3.1
North Dakota.....	61.9	71.3	67.1	69.1	68.6	65.1	0.7	-0.6	0.2	-1.3
South Dakota.....	59.1	66.0	66.3	63.8	60.6	61.3	0.6	0.0	-0.9	0.3
Nebraska.....	59.0	65.6	69.9	65.8	67.4	63.9	0.5	0.6	-0.4	-1.3
Kansas.....	60.4	69.1	71.4	69.9	68.8	56.8	0.7	0.3	-0.4	-4.7
South Atlantic.....	66.7	74.8	77.9	73.9	75.5	69.5	0.6	0.4	-0.3	-2.0
Delaware.....	59.2	70.2	78.8	81.0	81.8	78.5	0.9	1.2	0.4	-1.0
Maryland.....	74.6	73.9	79.3	79.3	84.0	77.8	-0.0	0.7	0.6	-1.9
District of Columbia.....	76.2	80.8	77.7	78.9	83.0	75.8	0.3	-0.4	0.7	-2.2
Virginia.....	70.0	78.0	81.1	77.4	77.8	71.0	0.5	0.4	-0.4	-2.3
West Virginia.....	62.1	74.5	79.3	75.3	75.6	67.4	0.9	0.6	-0.5	-2.8
North Carolina.....	64.6	73.9	78.5	77.4	77.8	68.8	0.7	0.6	-0.1	-3.0
South Carolina.....	69.1	76.9	76.4	74.2	77.0	70.4	0.5	-0.1	0.1	-2.2
Georgia.....	62.7	71.7	76.5	68.2	70.4	67.1	0.7	0.7	-0.8	-1.2
Florida.....	57.5	73.9	76.2	70.2	71.7	67.0	1.3	0.3	-0.6	-1.7
East South Central.....	62.6	71.8	78.2	74.0	74.6	67.8	0.7	0.9	-0.5	-2.4
Kentucky.....	61.6	73.4	79.6	77.3	77.4	69.3	0.9	0.8	-0.3	-2.7
Tennessee.....	65.5	75.9	78.2	74.4	75.9	69.4	0.7	0.3	-0.3	-2.2
Alabama.....	59.0	70.8	80.0	72.6	73.3	67.7	0.9	1.2	-0.9	-2.0
Mississippi.....	63.8	62.8	73.6	71.4	70.5	62.9	-0.1	1.6	-0.4	-2.8

See footnotes at end of table.

Table 83. Occupancy rate in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1940-84--Continued

(Data are based on reporting by facilities)

Geographic division and State	Percent of beds occupied						Average annual percent change			
	1940 <sup>1</sup>	1960 <sup>2</sup>	1970	1975	1980	1984	1940-60 <sup>1,2</sup>	1960-70 <sup>2</sup>	1970-80	1980-84
West South Central.....	62.5	68.7	73.2	69.1	69.7	62.5	0.5	0.6	-0.5	-2.7
Arkansas.....	55.6	70.0	74.4	70.3	69.6	62.7	1.2	0.6	-0.7	-2.6
Louisiana.....	75.0	67.9	73.6	68.8	69.7	64.0	-0.5	0.8	-0.5	-2.1
Oklahoma.....	54.5	71.0	72.5	69.3	68.1	61.3	1.3	0.2	-0.6	-2.6
Texas.....	59.6	68.2	73.0	69.0	70.1	62.2	0.7	0.7	-0.4	-2.9
Mountain.....	60.9	69.9	71.2	68.4	69.6	62.0	0.7	0.2	-0.2	-2.8
Montana.....	62.8	60.3	65.9	61.4	66.1	61.6	-0.2	0.9	0.0	-1.7
Idaho.....	65.4	55.9	66.1	68.2	65.2	59.6	-0.8	1.7	-0.1	-2.2
Wyoming.....	47.5	61.1	63.1	55.9	57.2	54.4	1.3	0.3	-1.0	-1.2
Colorado.....	62.1	80.6	74.0	69.1	71.6	62.6	1.3	-0.9	-0.3	-3.3
New Mexico.....	47.8	65.1	69.8	63.6	66.2	64.0	1.6	0.7	-0.5	-0.8
Arizona.....	61.2	74.2	73.3	73.5	74.2	64.0	1.0	-0.1	0.1	-3.6
Utah.....	65.8	70.0	73.7	73.6	70.0	61.7	0.3	0.5	-0.5	-3.1
Nevada.....	67.9	70.7	72.7	67.2	68.8	59.2	0.2	0.3	-0.5	-3.7
Pacific.....	69.7	71.4	71.0	66.2	69.0	64.1	0.1	-0.1	-0.3	-1.8
Washington.....	67.5	63.4	69.7	67.7	71.7	63.8	-0.3	1.0	0.3	-2.9
Oregon.....	71.2	65.8	69.3	66.6	69.3	60.2	-0.4	0.5	0.0	-3.5
California.....	69.9	74.3	71.3	66.0	68.5	64.1	0.3	-0.4	-0.4	-1.6
Alaska.....	...	53.8	59.1	63.3	58.3	65.4	...	0.9	-0.1	2.9
Hawaii.....	...	61.5	75.7	68.1	74.7	76.0	...	2.1	-0.1	0.4

<sup>1</sup>1940 data are estimated based on published figures.<sup>2</sup>1960 includes hospital units of institutions.

SOURCES: American Medical Association: Hospital service in the United States. *JAMA* 116(11): 1055-1144, 1941. (Copyright 1941: Used with the permission of the American Medical Association.); American Hospital Association: Hospitals. *JAHA* 35(15): 383-430, Aug. 1, 1961. (Copyright 1961: Used with the permission of the American Hospital Association.); Data computed by the Division of Analysis, National Center for Health Statistics from data compiled by the Division of Health Care Statistics, National Master Facility Inventory and the American Hospital Association 1984 annual survey.

Table 84. Full-time equivalent employees per 100 average daily patients in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1960-84

(Data are based on reporting by facilities)

Geographic division and State	Employees per 100 average daily patients					Average annual percent change		
	1960 <sup>1</sup>	1970	1975	1980	1984	1960-70 <sup>1</sup>	1970-80	1980-84
United States.....	226	302	349	394	439	2.9	2.7	2.7
New England.....	249	351	412	456	503	3.5	2.7	2.5
Maine.....	227	289	359	409	470	2.4	3.5	3.5
New Hampshire.....	240	310	347	400	466	2.6	2.6	3.9
Vermont.....	227	318	346	348	414	3.4	0.9	4.4
Massachusetts.....	252	365	436	488	520	3.8	2.9	1.6
Rhode Island.....	270	383	433	454	519	3.6	1.7	3.4
Connecticut.....	247	347	397	440	497	3.5	2.4	3.1
Middle Atlantic.....	225	311	352	383	418	3.3	2.1	2.2
New York.....	233	336	375	396	415	3.7	1.7	1.2
New Jersey.....	225	278	308	332	384	2.1	1.8	3.7
Pennsylvania.....	214	287	340	390	441	3.0	3.1	3.1
East North Central.....	226	299	343	396	455	2.8	2.8	3.5
Ohio.....	232	302	334	392	476	2.7	2.6	5.0
Indiana.....	216	280	320	374	429	2.6	2.9	3.5
Illinois.....	226	301	357	407	462	2.9	3.1	3.2
Michigan.....	239	313	364	417	477	2.7	2.9	3.4
Wisconsin.....	199	277	315	367	375	3.4	2.9	0.5
West North Central.....	212	273	305	357	392	2.6	2.7	2.4
Minnesota.....	220	273	296	347	363	2.2	2.4	1.1
Iowa.....	208	258	293	349	393	2.2	3.1	3.0
Missouri.....	217	289	326	385	443	2.9	2.9	3.6
North Dakota.....	177	254	273	295	309	3.7	1.5	1.2
South Dakota.....	188	247	294	352	312	2.8	3.6	-3.0
Nebraska.....	220	276	298	326	341	2.3	1.7	1.1
Kansas.....	210	270	313	368	440	2.5	3.1	4.6
South Atlantic.....	217	295	343	379	426	3.1	2.5	3.0
Delaware.....	243	328	390	405	446	3.0	2.1	2.4
Maryland.....	237	354	391	403	441	4.1	1.3	2.3
District of Columbia.....	240	363	443	483	556	4.2	2.9	3.6
Virginia.....	193	289	323	369	403	4.1	2.5	2.2
West Virginia.....	198	255	298	351	406	2.6	3.2	3.7
North Carolina.....	196	277	319	363	424	3.5	2.7	4.0
South Carolina.....	185	257	302	356	405	3.3	3.3	3.3
Georgia.....	233	294	364	396	430	2.4	3.0	2.1
Florida.....	245	295	346	375	423	1.9	2.4	3.1
East South Central.....	227	275	306	348	384	1.9	2.4	2.5
Kentucky.....	229	276	292	332	376	1.9	1.9	3.2
Tennessee.....	231	284	315	359	390	2.1	2.4	2.1
Alabama.....	233	266	308	357	387	1.3	3.0	2.0
Mississippi.....	207	270	300	334	374	2.7	2.1	2.9

See footnotes at end of table.

Table 84. Full-time equivalent employees per 100 average daily patients in community hospitals and average annual percent change, according to geographic division and State: United States, selected years 1960-84--Continued

(Data are based on reporting by facilities)

Geographic division and State	Employees per 100 average daily patients					Average annual percent change		
	1960 <sup>1</sup>	1970	1975	1980	1984	1960-70 <sup>1</sup>	1970-80	1980-84
West South Central.....	225	297	346	384	429	2.8	2.6	2.8
Arkansas.....	209	274	318	355	378	2.7	2.6	1.6
Louisiana.....	218	292	354	392	444	3.0	3.0	3.2
Oklahoma.....	218	296	359	404	431	3.1	3.2	1.6
Texas.....	232	304	346	383	433	2.7	2.3	3.1
Mountain.....	226	299	364	413	454	2.8	3.3	2.4
Montana.....	216	247	301	302	337	1.4	2.0	2.8
Idaho.....	255	281	321	374	399	1.0	2.9	1.6
Wyoming.....	217	251	344	445	429	1.5	5.9	-0.9
Colorado.....	221	306	373	398	437	3.3	2.7	2.4
New Mexico.....	228	314	389	430	473	3.3	3.2	2.4
Arizona.....	222	327	381	455	503	3.9	3.4	2.5
Utah.....	243	304	388	460	533	2.3	4.2	3.8
Nevada.....	224	284	344	427	471	2.4	4.2	2.5
Pacific.....	243	327	401	467	519	3.0	3.6	2.7
Washington.....	263	313	382	428	502	1.8	3.2	4.1
Oregon.....	232	303	387	417	501	2.7	3.2	4.7
California.....	241	334	407	481	527	3.3	3.7	2.3
Alaska.....	220	301	385	454	508	3.2	4.2	2.8
Hawaii.....	226	278	357	401	428	2.1	3.7	1.6

<sup>1</sup>1960 includes hospital units of institutions, but excludes students, interns, and residents.

SOURCES: American Hospital Association: Hospitals. JAHA 35(15): 383-430, Aug. 1, 1961. (Copyright 1961: Used with the permission of the American Hospital Association.); Data computed by the Division of Analysis, National Center for Health Statistics from data compiled by the Division of Health Care Statistics, National Master Facility Inventory and the American Hospital Association 1984 annual survey.

Table 85. Nursing homes with 25 or more beds, beds, and bed rates, according to geographic division and State: United States, 1976 and 1982

(Data are based on reporting by facilities)

Geographic division and State	Nursing homes		Beds		Bed rate <sup>2</sup>	
	1976 <sup>1</sup>	1982	1976 <sup>1</sup>	1982	1976 <sup>1</sup>	1982
United States.....	14,133	14,565	1,291,632	1,469,357	56.3	54.8
New England.....	1,211	1,246	91,885	105,293	66.0	66.3
Maine.....	121	155	7,027	9,717	54.9	66.1
New Hampshire.....	68	70	5,633	6,729	61.9	61.7
Vermont.....	53	51	3,477	3,196	65.6	52.4
Massachusetts.....	645	620	47,169	50,366	69.5	67.0
Rhode Island.....	85	95	6,766	8,885	58.3	67.3
Connecticut.....	239	255	21,813	26,400	65.9	68.2
Middle Atlantic.....	1,567	1,587	187,435	210,010	44.1	44.6
New York.....	708	732	97,489	108,898	47.3	49.4
New Jersey.....	313	332	31,147	36,638	39.5	40.6
Pennsylvania.....	546	523	58,799	64,474	41.9	40.2
East North Central.....	2,904	2,966	281,144	326,171	68.2	69.4
Ohio.....	750	830	60,680	74,276	55.7	60.6
Indiana.....	420	449	35,799	47,196	65.9	77.0
Illinois.....	805	809	84,085	99,777	71.6	76.1
Michigan.....	508	471	53,966	55,349	64.7	57.5
Wisconsin.....	421	407	46,614	49,573	89.0	84.0
West North Central.....	1,965	2,171	157,057	185,774	75.7	81.8
Minnesota.....	385	390	38,177	42,500	85.4	85.0
Iowa.....	440	475	31,785	38,150	86.1	95.4
Missouri.....	408	530	32,539	46,403	53.3	69.7
North Dakota.....	82	80	6,413	6,402	85.5	76.2
South Dakota.....	117	116	8,047	7,938	93.6	84.4
Nebraska.....	210	225	18,408	18,516	93.4	87.8
Kansas.....	323	355	21,688	25,865	75.0	82.1
South Atlantic.....	1,475	1,745	142,245	177,495	38.4	38.1
Delaware.....	22	27	2,123	2,194	40.8	34.8
Maryland.....	165	179	18,559	21,164	53.0	50.2
District of Columbia.....	17	16	2,604	2,556	36.7	34.5
Virginia.....	208	267	23,816	29,251	54.1	54.4
West Virginia.....	73	95	4,858	7,505	22.6	30.4
North Carolina.....	276	346	20,903	28,156	40.8	43.5
South Carolina.....	102	130	8,311	11,560	34.8	37.3
Georgia.....	304	306	28,732	32,194	64.9	58.6
Florida.....	308	379	32,339	42,915	23.3	23.7
East South Central.....	856	865	66,994	85,565	45.5	49.5
Kentucky.....	267	276	19,929	25,837	53.3	60.8
Tennessee.....	258	251	19,448	26,111	42.9	48.1
Alabama.....	209	190	19,207	20,490	49.6	44.4
Mississippi.....	122	148	8,410	13,127	32.5	43.9

See footnotes at end of table.

Table 85. Nursing homes with 25 or more beds, beds, and bed rates, according to geographic division and State: United States, 1976 and 1982--Continued

(Data are based on reporting by facilities)

Geographic division and State	Nursing homes		Beds		Bed rate <sup>2</sup>	
	1976 <sup>1</sup>	1982	1976 <sup>1</sup>	1982	1976 <sup>1</sup>	1982
West South Central.....	1,740	1,789	157,173	177,237	72.6	68.9
Arkansas.....	208	200	19,322	19,327	69.5	59.7
Louisiana.....	200	224	18,969	24,836	53.4	59.3
Oklahoma.....	341	359	25,990	28,902	76.2	74.3
Texas.....	991	1,006	92,892	104,172	77.9	72.3
Mountain.....	495	529	41,881	47,857	47.4	41.4
Montana.....	69	59	4,725	5,120	61.4	56.9
Idaho.....	54	47	4,263	4,102	52.6	40.6
Wyoming.....	22	25	1,753	2,060	51.6	52.8
Colorado.....	174	157	17,792	16,848	81.6	64.1
New Mexico.....	30	31	2,489	2,351	26.5	18.7
Arizona.....	67	109	5,832	9,888	24.6	29.0
Utah.....	63	76	3,707	5,025	39.0	42.6
Nevada.....	16	25	1,320	2,463	28.1	32.0
Pacific.....	1,920	1,667	165,818	153,955	58.5	44.8
Washington.....	318	309	29,415	30,017	78.4	65.0
Oregon.....	202	177	15,758	15,711	59.0	48.5
California.....	1,369	1,148	118,144	105,325	55.7	41.2
Alaska.....	8	10	738	1,031	82.0	79.3
Hawaii.....	23	23	1,763	1,871	29.4	22.0

<sup>1</sup>The 1982 National Master Facility Inventory (NMFI) excluded certain types of nursing homes that the 1976 NMFI included (nursing home units of hospitals, nursing homes for the blind, etc.). To make the data comparable, these types of homes and their beds were subtracted from the 1976 figures.

<sup>2</sup>Number of beds per 1,000 population 65 years of age and over.

SOURCES: Division of Health Care Statistics, National Center for Health Statistics: Trends in nursing and related care homes and hospitals, United States, selected years 1969-80, by G. W. Strahan. *Vital and Health Statistics*. Series 14, No. 30. DHHS Pub. No. (PHS) 84-1825. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1984; and data from the National Master Facility Inventory.



Table 86. Consumer Price Index and average annual percent change for all items and selected items: United States, selected years 1950-85

(Data are based on reporting by samples of providers and other retail outlets)

Year	All items	Medical care	Food	Apparel and upkeep	Housing	Energy	Personal care
Consumer Price Index							
1950.....	72.1	53.7	74.5	79.0	72.8	---	68.3
1955.....	80.2	64.8	81.6	84.1	82.3	---	77.9
1960.....	88.7	79.1	88.0	89.6	90.2	94.2	90.1
1965.....	94.5	89.5	94.4	93.7	94.9	96.3	95.2
1970.....	116.3	120.6	114.9	116.1	118.2	107.0	113.2
1975.....	161.2	168.6	175.4	142.3	164.5	176.6	150.7
1976.....	170.5	184.7	180.8	147.6	174.6	189.3	160.5
1977.....	181.5	202.4	192.2	154.2	186.5	207.3	170.9
1978.....	195.4	219.4	211.4	159.6	202.8	220.4	182.0
1979.....	217.4	239.7	234.5	166.6	227.6	275.9	195.8
1980.....	246.8	265.9	254.6	178.4	263.3	361.1	213.1
1981.....	272.4	294.5	274.6	186.9	293.5	410.0	232.0
1982.....	289.1	328.7	285.7	191.8	314.7	416.1	248.3
1983.....	298.4	357.3	291.7	196.5	323.1	419.3	261.1
1984.....	311.1	379.5	302.9	200.2	336.5	423.6	271.4
1985.....	322.2	403.1	309.8	206.0	349.9	426.5	281.9
Average annual percent change							
1950-55.....	2.2	3.8	1.8	1.3	2.5	---	2.7
1955-60.....	2.0	4.1	1.5	1.3	1.9	---	3.0
1960-65.....	1.3	2.5	1.4	0.9	1.0	0.4	1.1
1965-70.....	4.2	6.1	4.0	4.4	4.5	2.1	3.5
1970-75.....	6.7	6.9	8.8	4.2	6.8	10.5	5.9
1975-80.....	8.9	9.5	7.7	4.6	9.9	15.4	7.2
1975-76.....	5.8	9.5	3.1	3.7	6.1	7.2	6.5
1976-77.....	6.5	9.6	6.3	4.5	6.8	9.5	6.5
1977-78.....	7.7	8.4	10.0	3.5	8.7	6.3	6.5
1978-79.....	11.3	9.3	10.9	4.4	12.2	25.2	7.6
1979-80.....	13.5	10.9	8.6	7.1	15.7	30.9	8.8
1980-85.....	5.5	8.7	4.0	2.9	5.9	3.4	5.8
1980-81.....	10.4	10.8	7.9	4.8	11.5	13.5	8.9
1981-82.....	6.1	11.6	4.0	2.6	7.2	1.5	7.0
1982-83.....	3.2	8.7	2.1	2.5	2.7	0.8	5.2
1983-84.....	4.3	6.2	3.8	1.9	4.1	1.0	3.9
1984-85.....	3.6	6.2	2.3	2.9	4.0	0.7	3.9

NOTE: 1967=100.

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor: Consumer Price Index. Various releases.

Table 87. Consumer Price Index for all items and medical care components: United States, selected years 1950-85

(Data are based on reporting by samples of providers and other retail outlets)

Item and medical care component	1950	1960	1965	1970	1975	1980	1983	1984	1985
	Consumer Price Index								
CPI, all items.....	72.1	88.7	94.5	116.3	161.2	246.8	298.4	311.1	322.2
Less medical care.....	---	89.4	94.9	116.1	160.9	245.5	295.1	307.3	317.7
CPI, all services.....	58.7	83.5	92.2	121.6	166.6	270.3	344.9	363.0	381.5
All medical care.....	53.7	79.1	89.5	120.6	168.6	265.9	357.3	379.5	403.1
Medical care services.....	49.2	74.9	87.3	124.2	179.1	287.4	387.0	410.3	435.1
Professional services.....	---	---	---	119.7	164.5	252.0	323.0	346.1	367.3
Physician services.....	55.2	77.0	88.3	121.4	169.4	269.3	352.3	376.8	398.8
Dental services.....	63.9	82.1	92.2	119.4	161.9	240.2	302.7	327.3	347.9
Other professional services <sup>1</sup> .....	---	---	---	---	---	123.6	153.0	159.9	171.0
Other medical care services.....	---	---	---	129.7	196.9	330.1	464.4	488.0	517.0
Hospital and other medical services <sup>1</sup> .....	---	---	---	---	---	133.5	193.9	210.6	224.0
Hospital room.....	30.3	57.3	75.9	145.4	236.1	418.9	619.7	670.9	710.5
Other hospital and medical care services <sup>1</sup> .....	---	---	---	---	---	132.8	190.0	207.0	220.9
Medical care commodities.....	88.5	104.5	100.2	103.6	118.8	168.1	223.3	239.7	256.7
Prescription drugs.....	92.6	115.3	102.0	101.2	109.3	154.8	213.8	234.3	256.5
Nonprescription drugs and medical supplies <sup>1</sup> .....	---	---	---	---	---	120.9	155.2	163.3	171.2
Eyeglasses <sup>1</sup> .....	---	---	---	---	---	117.5	135.9	140.1	145.3
Internal and respiratory over-the-counter drugs.....	---	---	98.0	106.2	130.1	188.1	251.7	267.3	281.7
Nonprescription medical <sup>1</sup> equipment and supplies <sup>1</sup> .....	---	---	---	---	---	118.2	149.9	156.9	163.7

<sup>1</sup>Dec. 1977=100.

NOTE: 1967=100, except where noted.

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor: Consumer Price Index. Various releases.

Table 88. Consumer Price Index average annual percent change for all items and medical care components: United States, selected years 1950-85

(Data are based on reporting by samples of providers and other retail outlets)

Item and medical care component	1950-60	1960-65	1965-70	1970-80	1980-83	1983-84	1984-85
	Average annual percent change						
CPI, all items.....	2.1	1.3	4.2	7.8	6.5	4.3	3.6
Less medical care.....	---	1.2	4.1	7.8	6.3	4.1	3.4
CPI, all services.....	3.6	2.0	5.7	8.3	8.5	5.2	5.1
All medical care.....	4.0	2.5	6.1	8.2	10.3	6.2	6.2
Medical care services.....	4.3	3.1	7.3	8.8	10.4	6.0	6.0
Professional services.....	---	---	---	7.7	8.6	7.2	6.1
Physician services.....	3.4	2.8	6.6	8.3	9.4	7.0	5.8
Dental services.....	2.5	2.3	5.3	7.2	8.0	8.1	6.3
Other professional services <sup>1</sup> .....	---	---	---	---	7.4	4.5	6.9
Other medical care services.....	---	---	---	9.8	12.1	5.1	5.9
Hospital and other medical services <sup>1</sup> .....	---	---	---	---	13.2	8.6	6.4
Hospital room.....	6.6	5.8	13.9	11.2	13.9	8.3	5.9
Other hospital and medical care services <sup>1</sup> .....	---	---	---	---	12.7	8.9	6.7
Medical care commodities.....	1.7	-0.8	0.7	5.0	9.9	7.3	7.1
Prescription drugs.....	2.2	-2.4	-0.2	4.3	11.4	9.6	9.5
Nonprescription drugs and medical supplies <sup>1</sup> .....	---	---	---	---	8.7	5.2	4.8
Eyeglasses <sup>1</sup> .....	---	---	---	---	5.0	3.1	3.7
Internal and respiratory over-the-counter drugs.....	---	---	1.6	5.9	10.2	6.2	5.4
Nonprescription medical equipment and supplies <sup>1</sup> .....	---	---	---	---	8.2	4.7	4.3

<sup>1</sup>Dec. 1977=100.

NOTE: 1967=100, except where noted.

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor: Consumer Price Index. Various releases.

Table 89. Gross national product and national health expenditures: United States, selected years 1929-85

(Data are compiled by the Health Care Financing Administration)

Year	Gross national product in billions	National health expenditures		
		Amount in billions	Percent of gross national product	Amount per capita
1929.....	\$ 103.9	\$ 3.6	3.5	\$ 29
1935.....	72.8	2.9	4.0	23
1940.....	100.4	4.0	4.0	29
1950.....	288.3	12.7	4.4	80
1955.....	405.9	17.7	4.4	101
1960.....	515.3	26.9	5.2	142
1965.....	705.1	41.9	5.9	205
1966.....	772.0	46.3	6.0	224
1967.....	816.4	51.5	6.3	247
1968.....	892.6	58.2	6.5	276
1969.....	963.9	65.6	6.8	309
1970.....	1,015.5	75.0	7.4	349
1971.....	1,102.7	83.5	7.6	384
1972.....	1,212.8	94.0	7.7	428
1973.....	1,359.3	103.4	7.6	467
1974.....	1,472.8	116.1	7.9	521
1975.....	1,598.4	132.7	8.3	590
1976.....	1,782.8	150.8	8.5	665
1977.....	1,990.5	169.9	8.5	743
1978.....	2,249.7	189.7	8.4	822
1979.....	2,508.2	214.7	8.6	921
1980.....	2,731.9	248.1	9.1	1,054
1981.....	3,052.6	287.0	9.4	1,207
1982.....	3,166.0	323.6	10.2	1,348
1983.....	3,401.6	357.2	10.5	1,473
1984.....	3,774.7	390.2	10.3	1,595
1985.....	3,988.5	425.0	10.7	1,721

NOTE: These data reflect Bureau of Economic Analysis, Department of Commerce, revisions to the gross national product as of December 1985 and Social Security Administration revisions to the population as of May 1986.

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.

Table 90. Personal health care per capita expenditures and average annual percent change, according to geographic division and State: United States, selected years 1966-82

(Data are compiled by the Health Care Financing Administration)

Geographic division and State	1966	1969	1972	1976	1980	1982	Average annual percent change	
							1966-80	1980-82
Per capita amount								
United States.....	\$201	\$280	\$381	\$ 605	\$ 958	\$1,220	11.8	12.8
New England.....	234	328	441	686	1,058	1,356	11.4	13.2
Maine.....	173	242	328	542	870	1,091	12.2	12.0
New Hampshire.....	188	245	330	507	759	986	10.5	14.0
Vermont.....	197	274	352	531	778	978	10.3	12.1
Massachusetts.....	253	360	489	760	1,175	1,508	11.6	13.3
Rhode Island.....	231	315	413	672	1,062	1,351	11.5	12.8
Connecticut.....	236	330	438	675	1,046	1,348	11.2	13.5
Middle Atlantic.....	227	319	425	662	1,017	1,310	11.3	13.5
New York.....	258	366	488	745	1,107	1,417	11.0	13.1
New Jersey.....	192	264	355	578	877	1,115	11.5	12.8
Pennsylvania.....	201	279	372	590	972	1,273	11.9	14.4
East North Central....	203	278	378	610	978	1,249	11.9	13.0
Ohio.....	195	264	361	597	958	1,247	12.0	14.1
Indiana.....	182	252	337	542	861	1,101	11.7	13.1
Illinois.....	220	300	407	634	1,033	1,308	11.7	12.5
Michigan.....	211	286	388	635	1,014	1,281	11.9	12.4
Wisconsin.....	192	269	373	610	952	1,219	12.1	13.2
West North Central....	200	273	369	597	973	1,241	12.0	12.9
Minnesota.....	216	287	389	602	976	1,229	11.4	12.2
Iowa.....	197	265	351	563	935	1,176	11.8	12.1
Missouri.....	198	273	365	627	997	1,285	12.2	13.5
North Dakota.....	197	273	367	676	1,034	1,325	12.6	13.2
South Dakota.....	181	241	327	522	887	1,154	12.0	14.1
Nebraska.....	195	268	371	598	948	1,216	12.0	13.3
Kansas.....	195	270	379	568	988	1,271	12.3	13.4
South Atlantic.....	169	242	342	551	879	1,115	12.5	12.6
Delaware.....	209	286	381	599	912	1,153	11.1	12.4
Maryland.....	190	273	390	609	957	1,232	12.2	13.5
District of Columbia.....	430	667	958	1,349	2,198	2,838	12.4	13.6
Virginia.....	151	213	301	493	811	1,054	12.8	14.0
West Virginia.....	161	227	313	508	808	1,057	12.2	14.4
North Carolina.....	143	204	282	461	737	931	12.4	12.4
South Carolina.....	125	182	251	423	686	857	12.9	11.8
Georgia.....	150	217	319	515	843	1,048	13.1	11.5
Florida.....	184	264	377	623	975	1,228	12.6	12.2
East South Central....	148	211	294	483	798	1,025	12.8	13.3
Kentucky.....	155	218	286	444	739	957	11.8	13.8
Tennessee.....	166	232	324	531	874	1,144	12.6	14.4
Alabama.....	145	210	300	501	809	1,033	13.1	13.0
Mississippi.....	115	163	242	425	730	897	14.1	10.8

See note at end of table.

Table 90. Personal health care per capita expenditures and average annual percent change, according to geographic division and State: United States, selected years 1966-82--Continued

(Data are compiled by the Health Care Financing Administration)

Geographic division and State	1966	1969	1972	1976	1980	1982	Average annual percent change	
							1966-80	1980-82
Per capita amount								
West South Central....	\$170	\$242	\$331	\$ 533	\$ 859	\$1,096	12.3	13.0
Arkansas.....	142	198	284	470	766	994	12.8	13.9
Louisiana.....	156	226	322	511	857	1,106	12.9	13.6
Oklahoma.....	183	263	351	539	852	1,086	11.6	12.9
Texas.....	177	249	338	549	876	1,110	12.1	12.6
Mountain.....	189	259	346	541	849	1,070	11.3	12.3
Montana.....	175	236	325	510	801	1,036	11.5	13.7
Idaho.....	153	210	292	455	695	868	11.4	11.8
Wyoming.....	200	268	327	451	710	873	9.5	10.9
Colorado.....	233	311	396	605	942	1,209	10.5	13.3
New Mexico.....	157	214	282	458	722	904	11.5	11.9
Arizona.....	190	271	376	582	882	1,112	11.6	12.3
Utah.....	158	211	286	458	714	896	11.4	12.0
Nevada.....	196	282	389	658	1,163	1,380	13.6	8.9
Pacific.....	234	328	440	691	1,093	1,380	11.6	12.4
Washington.....	219	297	390	584	915	1,165	10.8	12.8
Oregon.....	197	274	364	587	912	1,165	11.6	13.0
California.....	242	340	460	727	1,152	1,451	11.8	12.2
Alaska.....	227	289	340	560	961	1,187	10.9	11.1
Hawaii.....	208	300	401	598	932	1,228	11.3	14.8

NOTE: Per capita spending estimates are the expenditure level of services rendered in a geographic area per resident population. Per capita figures cannot be interpreted directly as spending per resident unless substantially all of the services provided in a State are consumed by residents of that State. U.S. estimates differ from those in table 80 because they do not include services provided in U.S. territories or possessions, services rendered by U.S. taxpayers while living abroad, and services furnished to U.S. personnel living abroad or on military vessels.

SOURCE: Office of the Actuary: Personal health care expenditures by State, selected years 1966-1982, by K. R. Levit. Health Care Financing Review. HCFA Pub. No. 03199. Health Care Financing Administration. Washington. U.S. Government Printing Office, summer 1985.

Table 91. Average annual percent change in personal health care expenditures and percent distribution of factors affecting growth: United States, 1965-85

(Data are compiled by the Health Care Financing Administration)

Period	Average annual percent change	Factors affecting growth			
		All factors	Prices	Population	Intensity <sup>1</sup>
			Percent distribution		
1965-85.....	12.4	100	62	8	30
1965-66.....	10.6	100	47	12	41
1966-67.....	12.2	100	55	8	37
1967-68.....	13.1	100	45	8	47
1968-69.....	13.4	100	42	8	50
1969-70.....	14.5	100	48	8	44
1970-71.....	10.4	100	60	11	29
1971-72.....	11.6	100	40	8	52
1972-73.....	10.5	100	43	8	49
1973-74.....	13.8	100	67	6	27
1974-75.....	15.7	100	70	6	24
1975-76.....	13.4	100	67	6	27
1976-77.....	12.3	100	67	7	26
1977-78.....	12.2	100	69	8	23
1978-79.....	13.3	100	72	7	21
1979-80.....	15.8	100	73	6	21
1980-81.....	15.9	100	73	7	20
1981-82.....	12.5	100	78	8	14
1982-83.....	9.8	100	71	10	19
1983-84.....	8.4	100	77	11	12
1984-85.....	8.9	100	64	10	26

<sup>1</sup>Represents changes in use and/or kinds of services and supplies.

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.

Table 92. National health expenditures, according to source of funds: United States, selected years 1929-85

(Data are compiled by the Health Care Financing Administration)

Year	All health expenditures in billions	Private funds			Public funds		
		Amount in billions	Amount per capita <sup>1</sup>	Percent of total	Amount in billions	Amount per capita <sup>1</sup>	Percent of total
1929.....	\$ 3.6	\$ 3.2	\$ 25	86.4	\$ 0.5	\$ 4	13.6
1935.....	2.9	2.4	18	80.8	0.6	4	19.2
1940.....	4.0	3.2	23	79.7	0.8	6	20.3
1950.....	12.7	9.2	58	72.8	3.4	21	27.2
1955.....	17.7	13.2	75	74.3	4.6	26	25.7
1960.....	26.9	20.3	107	75.3	6.6	35	24.7
1965.....	41.9	30.9	152	73.8	11.0	54	26.2
1966.....	46.3	32.7	158	70.7	13.6	66	29.3
1967.....	51.5	32.5	156	63.2	19.0	91	36.8
1968.....	58.2	36.1	171	62.0	22.1	105	38.0
1969.....	65.6	40.7	191	62.0	24.9	117	38.0
1970.....	75.0	47.2	220	63.0	27.8	129	37.0
1971.....	83.5	51.8	238	62.1	31.6	146	37.9
1972.....	94.0	58.5	267	62.3	35.4	161	37.7
1973.....	103.4	64.0	289	61.9	39.4	178	38.1
1974.....	116.1	69.1	310	59.5	47.0	211	40.5
1975.....	132.7	76.4	340	57.5	56.3	250	42.5
1976.....	150.8	88.0	388	58.4	62.8	277	41.6
1977.....	169.9	100.1	438	58.9	69.7	305	41.1
1978.....	189.7	110.1	477	58.0	79.6	345	42.0
1979.....	214.7	124.2	533	57.9	90.5	388	42.1
1980.....	248.1	142.9	607	57.6	105.2	447	42.4
1981.....	287.0	165.8	697	57.8	121.2	510	42.2
1982.....	323.6	188.4	784	58.2	135.3	563	41.8
1983.....	357.2	209.7	865	58.7	147.5	608	41.3
1984.....	390.2	230.7	943	59.1	159.5	652	40.9
1985.....	425.0	250.2	1,013	58.9	174.8	708	41.1

<sup>1</sup>Reflects May 1986 revisions to the social security area population estimates.

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.



Table 93. National health expenditures average annual percent change, according to source of funds: United States, 1929-85

(Data are compiled by the Health Care Financing Administration)

Period	All health expenditures	Average annual percent change	
		Private funds	Public funds
1929-65.....	7.1	6.5	9.0
1965-85.....	12.3	11.0	14.8
1929-35.....	-3.6	-4.6	2.2
1935-40.....	6.3	6.0	7.6
1940-50.....	12.2	11.2	15.5
1950-55.....	7.0	7.4	5.8
1955-60.....	8.7	9.0	7.8
1960-65.....	9.3	8.8	10.6
1965-70.....	12.3	8.8	20.4
1965-66.....	10.3	5.7	23.4
1966-67.....	11.2	-0.6	39.8
1967-68.....	13.1	11.1	16.6
1968-69.....	12.7	12.7	12.8
1969-70.....	14.3	16.0	11.4
1970-75.....	12.1	10.1	15.2
1970-71.....	11.3	9.8	14.0
1971-72.....	12.6	12.9	11.9
1972-73.....	10.0	9.3	11.1
1973-74.....	12.3	7.9	19.4
1974-75.....	14.3	10.5	19.8
1975-80.....	13.3	13.4	13.3
1975-76.....	13.6	15.2	11.5
1976-77.....	12.7	13.8	11.1
1977-78.....	11.7	10.0	14.1
1978-79.....	13.2	12.8	13.7
1979-80.....	15.6	15.1	16.2
1980-85.....	11.4	11.8	10.7
1980-81.....	15.7	16.0	15.2
1981-82.....	12.8	13.6	11.6
1982-83.....	10.4	11.3	9.1
1983-84.....	9.2	10.0	8.1
1984-85.....	8.9	8.5	9.6

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.

Table 94. National health expenditures and percent distribution, according to type of expenditure: United States, selected years 1950-85

(Data are compiled by the Health Care Financing Administration)

Type of expenditure	1950	1960	1965	1970	1975	1980	1983	1984	1985
Amount in billions									
Total.....	\$12.7	\$26.9	\$41.9	\$75.0	\$132.7	\$248.1	\$357.2	\$390.2	\$425.0
Percent distribution									
All expenditures.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health services and supplies.....	92.4	93.6	91.6	92.8	93.7	95.2	95.7	96.0	96.4
Personal health care.....	86.0	88.0	85.5	87.1	88.3	88.6	88.1	87.4	87.4
Hospital care.....	30.4	33.8	33.3	37.3	39.5	41.0	41.1	39.8	39.2
Physician services.....	21.7	21.1	20.2	19.1	18.8	18.9	19.2	19.3	19.5
Dentist services.....	7.6	7.4	6.7	6.3	6.2	6.2	6.1	6.3	6.4
Nursing home care.....	1.5	2.0	4.9	6.3	7.6	8.2	8.2	8.2	8.3
Other professional services.....	3.1	3.2	2.5	2.1	2.0	2.3	2.6	2.8	3.0
Drugs and medical sundries.....	13.6	13.6	12.4	10.7	9.0	7.6	6.9	6.8	6.7
Eyeglasses and appliances.....	3.9	2.9	2.8	2.6	2.4	2.0	1.7	1.8	1.8
Other health services.....	4.2	4.0	2.7	2.8	2.8	2.4	2.3	2.4	2.6
Program administration and net cost of health insurance.....	3.6	4.1	4.2	3.8	3.0	3.7	4.8	5.8	6.2
Government public health activities...	2.9	1.5	1.9	1.9	2.4	2.9	2.8	2.8	2.8
Research and construction.....	7.6	6.4	8.4	7.2	6.3	4.8	4.3	4.0	3.6
Noncommercial research.....	0.9	2.5	3.6	2.6	2.5	2.2	1.7	1.7	1.7
Construction.....	6.7	3.9	4.8	4.6	3.8	2.6	2.6	2.3	1.9

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington, U.S. Government Printing Office, Sept. 1986.

Table 95. National health expenditures average annual percent change, according to type of expenditure: United States, selected years 1950-85

(Data are compiled by the Health Care Financing Administration)

Type of expenditure	1950-60	1960-65	1965-70	1970-80	1980-83	1983-84	1984-85
	Average annual percent change						
All expenditures.....	7.8	9.3	12.3	12.7	12.9	9.2	8.9
Health services and supplies.....	8.0	8.8	12.6	13.0	13.1	9.6	9.3
Personal health care.....	8.1	8.7	12.8	12.9	12.7	8.4	8.9
Hospital care.....	9.0	9.0	14.9	13.8	13.0	5.8	7.3
Physician services.....	7.5	8.3	11.1	12.6	13.5	10.1	9.9
Dentist services.....	7.5	7.3	11.1	12.5	12.1	13.3	9.9
Nursing home care.....	10.9	31.5	17.8	15.8	13.0	8.5	10.6
Other professional services.....	8.1	3.7	9.1	13.6	17.9	17.1	15.2
Drugs and medical sundries.....	7.8	7.2	9.1	8.9	9.3	8.4	7.4
Eyeglasses and appliances.....	4.7	8.6	10.7	10.0	7.1	12.0	8.3
Other health services.....	7.7	0.7	12.5	11.1	12.1	13.2	16.0
Program administration and net cost of health insurance.....	9.1	9.8	10.1	12.5	23.1	31.7	16.1
Government public health activities.....	1.4	14.5	11.9	17.7	10.9	9.6	9.1
Research and construction.....	5.9	15.5	9.0	8.3	8.8	1.6	-1.2
Noncommercial research.....	18.9	18.0	5.4	10.7	4.2	10.1	8.9
Construction.....	2.2	13.8	11.4	6.6	12.4	-4.1	-9.0

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.

Table 96. Personal health care expenditures and percent distribution, according to source of funds: United States, selected years 1929-85

(Data are compiled by the Health Care Financing Administration)

Year	Total in billions <sup>1</sup>	Per capita	All sources	Direct payment	Private health insurance	Philan- thropy and industry	Government		
							Total	Federal	State and local
Percent distribution									
1929.....	\$ 3.2	\$ 26	100.0	<sup>2</sup> 88.4	( <sup>3</sup> )	2.6	9.0	2.7	6.3
1935.....	2.7	21	100.0	<sup>2</sup> 82.4	( <sup>3</sup> )	2.8	14.7	3.4	11.3
1940.....	3.5	26	100.0	<sup>2</sup> 81.3	( <sup>3</sup> )	2.6	16.1	4.1	12.0
1950.....	10.9	70	100.0	65.5	9.1	2.9	22.4	10.4	12.0
1955.....	15.7	93	100.0	58.1	16.1	2.8	23.0	10.5	12.5
1960.....	23.7	129	100.0	54.9	21.1	2.3	21.8	9.3	12.5
1965.....	35.9	176	100.0	51.6	24.2	2.2	22.0	10.1	11.9
1970.....	65.4	304	100.0	40.5	23.4	1.7	34.3	22.2	12.1
1971.....	72.2	332	100.0	38.9	23.8	1.8	35.5	23.2	12.3
1972.....	80.5	367	100.0	38.0	23.6	2.5	35.8	23.5	12.3
1973.....	89.0	402	100.0	37.4	24.0	2.5	36.1	23.7	12.4
1974.....	101.3	454	100.0	35.7	24.8	1.5	38.0	25.4	12.6
1975.....	117.1	521	100.0	32.5	26.7	1.3	39.5	26.8	12.7
1976.....	132.8	586	100.0	31.6	28.3	1.4	38.7	27.2	11.5
1977.....	149.1	652	100.0	31.1	28.8	1.3	38.7	27.4	11.3
1978.....	167.4	725	100.0	30.3	29.3	1.2	39.2	27.7	11.5
1979.....	189.7	814	100.0	29.4	30.0	1.2	39.3	28.1	11.2
1980.....	219.7	934	100.0	28.7	30.7	1.2	39.4	28.4	10.9
1981.....	254.7	1,071	100.0	28.5	30.8	1.3	39.5	29.1	10.3
1982.....	286.5	1,193	100.0	27.8	31.4	1.2	39.6	29.3	10.3
1983.....	314.7	1,298	100.0	28.2	31.1	1.3	39.4	29.5	9.9
1984.....	341.1	1,394	100.0	28.7	30.7	1.3	39.3	29.6	9.7
1985.....	371.4	1,504	100.0	28.4	30.6	1.3	39.7	30.3	9.4

<sup>1</sup>Includes all expenditures for health services and supplies other than expenses for prepayment and administration and government public health activities.

<sup>2</sup>Includes any insurance benefits and expenses for prepayment (insurance premiums less insurance benefits).

<sup>3</sup>Figures are not separable from direct payment.

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.

Table 97. Expenditures on hospital care, nursing home care, and physician services and percent distribution, according to source of funds: United States, selected years, 1965-85

Service and year	Total in billions	Direct payment	Private health insurance	Government		
				Total <sup>1</sup>	Medicaid	Medicare
Hospital care				Percent distribution		
1965.....	\$ 14.0	16.8	41.1	39.9	...	...
1970.....	28.0	11.4	34.6	52.4	8.0	18.2
1975.....	52.4	7.9	35.9	55.1	9.1	21.9
1980.....	101.6	7.8	38.1	53.1	9.4	25.5
1983.....	146.8	9.0	37.4	52.3	8.8	27.6
1984.....	155.3	9.2	36.3	53.3	8.9	28.4
1985.....	166.7	9.3	35.6	53.8	8.9	29.1
Nursing home care						
1965.....	2.1	64.5	0.1	34.3	...	...
1970.....	4.7	50.3	0.4	48.6	30.3	5.6
1975.....	10.1	42.7	0.7	56.0	47.9	2.9
1980.....	20.4	43.6	0.9	54.9	48.0	1.9
1983.....	29.4	48.0	0.9	50.4	44.4	1.8
1984.....	31.9	49.7	0.9	48.7	43.1	1.7
1985.....	35.2	51.4	1.0	46.9	41.8	1.7
Physician services						
1965.....	8.5	61.6	31.4	6.9	...	...
1970.....	14.3	45.4	33.6	20.9	4.8	11.3
1975.....	24.9	34.1	39.5	26.3	7.5	13.5
1980.....	46.8	30.4	42.6	26.9	5.2	16.9
1983.....	68.4	28.3	43.2	28.4	4.3	19.6
1984.....	75.4	27.7	44.1	28.1	4.1	19.4
1985.....	82.8	26.3	44.5	29.1	4.1	20.6

<sup>1</sup>Includes other government expenditures for these health care services, for example, care funded by the Veterans Administration and State and local expenditures on public health.

NOTE: Philanthropy and industry, which together accounted for 1.3 percent of personal health care expenditures in 1985, have been omitted from the sources of funds.

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.

Table 98. Hospital expenses and personnel and average annual percent change: United States, 1971-84

(Data are based on reporting by a census of hospitals)

Year and period	Adjusted expenses per inpatient day <sup>1</sup>			Labor costs as percent of total	Personnel <sup>3</sup>	
	Total	Labor <sup>2</sup>	Non- labor		Number in thousands	Number per 100 patients
1971.....	\$ 83	\$ 53	\$ 30	63.9	1,999	272
1972.....	95	59	36	62.6	2,056	278
1973.....	102	63	39	61.8	2,149	280
1974.....	113	69	44	60.7	2,289	289
1975.....	133	79	54	59.4	2,399	298
1976.....	152	88	64	57.9	2,483	304
1977.....	173	100	73	57.5	2,581	315
1978.....	194	111	83	57.2	2,662	323
1979.....	216	123	93	57.0	2,762	328
1980.....	244	138	106	56.4	2,879	334
1981.....	284	161	123	56.7	3,039	347
1982.....	327	185	142	56.7	3,110	353
1983.....	368	208	160	56.5	3,102	357
1984.....	410	230	180	56.1	3,023	367
Average annual percent change						
1971-84.....	13.1	12.0	14.8	...	3.2	2.3
1971-72.....	14.5	11.3	20.0	...	2.9	2.2
1972-73.....	7.4	6.8	8.3	...	4.5	0.7
1973-74.....	10.8	9.5	12.8	...	6.5	3.2
1974-75.....	17.7	14.5	22.7	...	4.8	3.1
1975-76.....	14.3	11.4	18.5	...	3.5	2.0
1976-77.....	13.8	13.6	14.1	...	3.9	3.6
1977-78.....	12.1	11.0	13.7	...	3.1	2.5
1978-79.....	11.3	10.8	12.0	...	3.8	1.5
1979-80.....	13.0	12.2	14.0	...	4.2	1.8
1980-81.....	16.4	16.7	16.0	...	5.6	3.9
1981-82.....	15.1	14.9	15.4	...	2.3	1.7
1982-83.....	12.5	12.4	12.7	...	-0.3	1.1
1983-84.....	11.4	10.6	12.5	...	-2.5	2.8

<sup>1</sup>Refers exclusively to expenses incurred for inpatient care.<sup>2</sup>Labor expenses include employee benefits.<sup>3</sup>Full-time equivalent personnel.

NOTE: Data refer to non-Federal short-term general and other specialty hospitals.

SOURCE: American Hospital Association: Hospital Statistics, 1985 Edition. Chicago, 1985. (Copyright 1985: Used with the permission of the American Hospital Association.)

Table 99. Hospital care per capita expenditures and average annual percent change, according to geographic division and State: United States, selected years 1966-82

(Data are compiled by the Health Care Financing Administration)

Geographic division and State	1966	1969	1972	1976	1980	1982	Average annual percent change	
							1966-80	1980-82
Per capita amount								
United States.....	\$ 80	\$119	\$166	\$276	\$ 441	\$ 577	13.0	14.4
New England.....	101	151	207	335	515	669	12.3	14.0
Maine.....	74	107	138	246	411	517	13.0	12.2
New Hampshire.....	73	98	134	213	334	458	11.5	17.1
Vermont.....	86	126	162	242	338	443	10.3	14.5
Massachusetts.....	116	178	247	400	624	810	12.8	13.9
Rhode Island.....	101	148	196	328	492	623	12.0	12.5
Connecticut.....	91	133	185	296	444	578	12.0	14.1
Middle Atlantic.....	94	144	200	328	495	641	12.6	13.8
New York.....	110	171	236	377	540	679	12.0	12.1
New Jersey.....	71	103	145	254	371	498	12.5	15.9
Pennsylvania.....	82	127	178	300	505	675	13.9	15.6
East North Central....	81	117	167	286	465	615	13.3	15.0
Ohio.....	74	107	154	273	446	599	13.7	15.9
Indiana.....	63	95	134	235	383	512	13.8	15.6
Illinois.....	90	132	195	323	539	700	13.6	14.0
Michigan.....	90	123	170	295	477	628	12.7	14.7
Wisconsin.....	76	117	163	268	401	539	12.6	15.9
West North Central....	79	117	158	270	451	592	13.3	14.6
Minnesota.....	89	122	168	272	425	540	11.8	12.7
Iowa.....	69	103	139	238	404	536	13.5	15.2
Missouri.....	81	123	164	295	510	679	14.0	15.4
North Dakota.....	83	121	156	283	479	624	13.3	14.1
South Dakota.....	75	101	133	234	398	530	12.7	15.4
Nebraska.....	75	115	157	259	429	568	13.3	15.1
Kansas.....	76	116	160	269	451	593	13.6	14.7
South Atlantic.....	68	103	151	252	411	539	13.7	14.5
Delaware.....	91	131	174	291	437	552	11.9	12.4
Maryland.....	84	122	185	287	464	606	13.0	14.3
District of Columbia.....	192	334	564	903	1,516	2,021	15.9	15.5
Virginia.....	63	92	132	218	372	506	13.5	16.6
West Virginia.....	70	107	152	264	424	564	13.7	15.3
North Carolina.....	57	85	121	201	324	428	13.2	14.9
South Carolina.....	51	79	107	188	303	397	13.6	14.5
Georgia.....	56	86	135	228	386	492	14.8	12.9
Florida.....	66	103	151	268	434	569	14.4	14.5
East South Central....	60	91	131	226	383	507	14.2	15.1
Kentucky.....	60	91	121	202	326	433	12.9	15.2
Tennessee.....	67	102	149	252	430	578	14.2	15.9
Alabama.....	61	92	134	238	408	541	14.5	15.2
Mississippi.....	48	73	111	198	343	431	15.1	12.1

See note at end of table.

Table 99. Hospital care per capita expenditures and average annual percent change, according to geographic division and State: United States, selected years 1966-82--Continued

(Data are compiled by the Health Care Financing Administration)

Geographic division and State	1966	1969	1972	1976	1980	1982	Average annual percent change	
							1966-80	1980-82
Per capita amount								
West South Central....	\$ 66	\$ 97	\$135	\$229	\$ 380	\$ 500	13.3	14.7
Arkansas.....	56	77	114	197	324	443	13.4	16.9
Louisiana.....	63	94	145	239	412	549	14.4	15.4
Oklahoma.....	63	102	132	224	378	498	13.7	14.8
Texas.....	69	101	137	233	379	495	12.9	14.3
Mountain.....	76	109	145	234	377	483	12.1	13.2
Montana.....	67	95	122	193	336	445	12.2	15.1
Idaho.....	50	75	104	162	254	335	12.3	14.8
Wyoming.....	85	116	123	188	313	398	9.8	12.8
Colorado.....	100	136	171	274	422	557	10.8	14.9
New Mexico.....	69	96	122	222	348	449	12.3	13.6
Arizona.....	78	119	169	256	396	498	12.3	12.1
Utah.....	58	81	114	188	307	399	12.6	14.0
Nevada.....	68	108	151	273	540	630	16.0	8.0
Pacific.....	85	123	169	280	445	583	12.6	14.5
Washington.....	72	102	133	223	337	434	11.7	13.5
Oregon.....	66	96	127	219	347	468	12.6	16.1
California.....	88	129	180	298	479	626	12.9	14.3
Alaska.....	149	173	164	255	446	552	8.1	11.3
Hawaii.....	79	115	146	222	352	479	11.3	16.7

NOTE: Per capita spending estimates are the expenditure level of services rendered in a geographic area per resident population. Per capita figures cannot be interpreted directly as spending per resident unless substantially all of the services provided in a State are consumed by residents of that State.

SOURCE: Office of the Actuary: Personal health care expenditures by State, selected years 1966-1982, by K. R. Levit. Health Care Financing Review. HCFA Pub. No. 03199. Health Care Financing Administration. Washington, U.S. Government Printing Office, summer 1985.



Table 100. Nursing home care per capita expenditures and average annual percent change, according to geographic division and State: United States, selected years 1966-82

(Data are compiled by the Health Care Financing Administration)

Geographic division and State	1966	1969	1972	1976	1980	1982	Average annual percent change	
							1966-80	1980-82
Per capita amount								
United States.....	\$12	\$19	\$31	\$52	\$ 90	\$114	15.5	12.5
New England.....	20	28	47	85	145	186	15.2	13.3
Maine.....	15	23	40	70	134	176	16.9	14.6
New Hampshire.....	16	20	35	43	71	90	11.2	12.6
Vermont.....	19	27	39	75	121	149	14.1	11.0
Massachusetts.....	22	32	52	94	152	192	14.8	12.4
Rhode Island.....	15	21	34	78	169	214	18.9	12.5
Connecticut.....	19	29	49	90	156	206	16.2	14.9
Middle Atlantic.....	14	21	36	66	108	145	15.7	15.9
New York.....	16	26	46	85	135	184	16.5	16.7
New Jersey.....	10	15	24	45	77	97	15.7	12.2
Pennsylvania.....	12	18	28	48	88	116	15.3	14.8
East North Central....	12	19	31	54	97	125	16.1	13.5
Ohio.....	12	18	27	53	99	143	16.3	20.2
Indiana.....	12	20	33	57	102	129	16.5	12.5
Illinois.....	13	20	33	52	90	109	14.8	10.1
Michigan.....	10	17	27	48	86	106	16.6	11.0
Wisconsin.....	14	22	39	71	120	150	16.6	11.8
West North Central....	18	28	44	69	131	172	15.2	14.6
Minnesota.....	22	33	57	91	175	235	16.0	15.9
Iowa.....	22	36	51	81	143	168	14.3	8.4
Missouri.....	12	19	29	47	95	139	15.9	21.0
North Dakota.....	19	33	47	60	112	154	13.5	17.3
South Dakota.....	18	30	49	69	132	165	15.3	11.8
Nebraska.....	17	27	42	68	112	140	14.4	11.8
Kansas.....	18	26	42	65	130	163	15.2	12.0
South Atlantic.....	8	12	20	33	59	77	15.3	14.2
Delaware.....	8	12	20	42	67	86	16.4	13.3
Maryland.....	9	17	24	46	75	102	16.4	16.6
District of Columbia.....	6	10	18	22	43	55	15.1	13.1
Virginia.....	6	9	16	30	63	85	18.3	16.2
West Virginia.....	3	5	12	20	41	62	20.5	23.0
North Carolina.....	6	11	16	30	58	75	17.6	13.7
South Carolina.....	6	9	16	28	62	76	18.2	10.7
Georgia.....	8	13	23	37	67	79	16.4	8.6
Florida.....	11	15	25	31	48	65	11.1	16.4
East South Central....	7	11	20	35	67	86	17.5	13.3
Kentucky.....	9	14	23	40	81	104	17.0	13.3
Tennessee.....	6	10	17	28	56	76	17.3	16.5
Alabama.....	8	14	22	40	62	79	15.8	12.9
Mississippi.....	4	7	15	30	71	90	22.8	12.6

See note at end of table.

Table 100. Nursing home care per capita expenditures and average annual percent change, according to geographic division and State: United States, selected years 1966-82--Continued

(Data are compiled by the Health Care Financing Administration)

Geographic division and State	1966	1969	1972	1976	1980	1982	Average annual percent change	
							1966-80	1980-82
Per capita amount								
West South Central....	\$12	\$19	\$31	\$48	79	94	14.4	9.1
Arkansas.....	13	21	34	50	95	112	15.3	8.6
Louisiana.....	8	13	22	38	68	89	16.5	14.4
Oklahoma.....	19	31	47	58	91	111	11.8	10.4
Texas.....	11	18	30	48	78	88	15.0	6.2
Mountain.....	10	15	23	35	59	74	13.5	12.0
Montana.....	12	17	33	43	66	92	12.9	18.1
Idaho.....	12	17	26	45	69	84	13.3	10.3
Wyoming.....	6	12	23	24	38	49	14.1	13.6
Colorado.....	15	21	33	54	86	104	13.3	10.0
New Mexico.....	5	9	15	16	34	49	14.7	20.0
Arizona.....	8	13	17	22	41	53	12.4	13.7
Utah.....	9	12	17	30	55	63	13.8	7.0
Nevada.....	7	10	20	29	60	82	16.6	16.9
Pacific.....	12	18	31	48	82	97	14.7	8.8
Washington.....	16	21	43	61	109	137	14.7	12.1
Oregon.....	17	24	37	57	94	113	13.0	9.6
California.....	11	18	30	47	78	91	15.0	8.0
Alaska.....	1	2	9	17	14	26	20.7	36.3
Hawaii.....	6	10	18	28	36	63	13.7	32.3

NOTE: Per capita spending estimates are the expenditure level of services rendered in a geographic area per resident population. Per capita figures cannot be interpreted directly as spending per resident unless substantially all of the services provided in a State are consumed by residents of that State.

SOURCE: Office of the Actuary: Personal health care expenditures by State, selected years 1966-1982, by K. R. Levit. Health Care Financing Review. HCFA Pub. No. 03199. Health Care Financing Administration. Washington. U.S. Government Printing Office, summer 1985.

Table 101. Average annual percent change in hospital inpatient expenses per inpatient day and percent distribution of factors affecting growth: United States, selected years 1960-84

(Data are based on a number of government and private sources)

Period	Average annual percent change	Factors affecting growth				
		All factors	Wage	Price	Employees	Other <sup>1</sup>
		Percent distribution				
1960-65.....	6.7	100	43	7	16	34
1965-68.....	11.2	100	35	12	18	35
1968-71.....	14.3	100	41	15	13	31
1971-74.....	10.7	100	36	28	11	25
1974-77.....	15.2	100	39	19	11	31
1977-80.....	12.2	100	43	38	9	10
1980-82.....	15.6	100	46	23	10	21
1982-84.....	12.0	100	44	14	9	33

<sup>1</sup>Nonlabor expenses such as X-rays and laboratory tests.

NOTE: For 1971-84, employee benefits are included as part of the wage component of total hospital expenses. Previously, they were included in the service component. As these benefits amount to a sizable portion of total hospital expenses (8.9 percent in 1984), this affects the distribution among contributing factors to hospital expenses.

SOURCES: American Hospital Association: Hospital Statistics, 1985 Edition. Chicago, 1985. (Copyright 1985: Used with the permission of the American Hospital Association.); Bureau of Labor Statistics, U.S. Department of Labor: Consumer Price Index. Various releases. Data computed by the Division of Analysis.

Table 102. Nursing home average monthly charges and percent distribution of residents, according to primary source of payments and selected facility characteristics: United States, 1973-74 and 1977

(Data are based on a sample of nursing homes)

Facility characteristic	1973-74 <sup>1</sup>						1977					
	Primary source of payment						Primary source of payment					
	All residents	Own income	Medi-care	Medic-aid	Public assist-ance welfare	All other sources	All residents	Own income	Medi-care	Medic-aid	Public assist-ance welfare	All other sources
	Average monthly charge <sup>2</sup>											
All facilities.....	\$479	\$491	\$754	\$503	\$381	\$225	\$689	\$690	\$1,167	\$720	\$508	\$440
Ownership												
Proprietary.....	489	525	754	486	373	406	670	686	1,048	677	501	562
Nonprofit and government.....	456	427	*751	556	397	136	732	698	1,325	825	534	324
Certification <sup>3</sup>												
Skilled nursing facility.....	566	585	765	567	468	290	880	866	1,136	955	575	606
Skilled nursing and intermediate facility.....	514	521	719	513	482	396	762	800	1,195	739	623	630
Intermediate facility.....	376	388	...	375	333	*389	556	567	...	563	479	*456
Not certified.....	329	377	...	...	330	*89	390	447	...	...	401	*155
Bed size												
Less than 50 beds.....	397	429	*625	431	296	*128	546	516	*869	663	394	*295
50-99 beds.....	448	484	*786	449	356	186	643	686	*1,141	634	493	468
100-199 beds.....	502	523	787	508	414	256	706	721	1,242	691	573	551
200 beds or more.....	576	506	*689	656	496	307	837	823	*1,179	925	602	370
Geographic region												
Northeast.....	651	637	*957	718	538	131	918	909	1,369	975	*511	395
Midwest.....	433	449	*738	454	360	252	640	652	*1,160	639	537	524
South.....	410	452	*615	408	306	278	585	585	*1,096	619	452	342
West.....	454	487	*672	442	323	*314	653	663	*868	663	564	*499

See footnotes at end of table.

Table 102. Nursing home average monthly charges and percent distribution of residents, according to primary source of payments and selected facility characteristics: United States, 1973-74 and 1977--Continued

(Data are based on a sample of nursing homes)

Facility characteristic	1973-74 <sup>1</sup>						1977					
	Primary source of payment						Primary source of payment					
	All residents	Own income	Medicare	Medicaid	Public assistance welfare	All other sources	All residents	Own income	Medicare	Medicaid	Public assistance welfare	All other sources
	Percent distribution of residents											
All facilities.....	100.0	36.7	1.1	47.9	11.4	3.0	100.0	38.4	2.0	47.8	6.4	5.3
Ownership												
Proprietary.....	100.0	34.5	1.2	52.0	11.0	1.4	100.0	37.5	1.7	49.6	7.3	3.8
Nonprofit and government.....	100.0	41.9	0.9	38.4	12.2	6.6	100.0	40.4	2.7	43.8	4.4	8.6
Certification <sup>3</sup>												
Skilled nursing facility.....	100.0	36.9	2.0	53.6	5.3	2.2	100.0	41.5	4.6	41.4	7.7	4.8
Skilled nursing and intermediate facility.....	100.0	29.8	1.1	59.7	7.6	1.8	100.0	31.6	2.6	58.3	3.2	4.1
Intermediate facility.....	100.0	35.8	...	53.1	9.7	1.4	100.0	36.3	...	55.3	5.3	3.1
Not certified.....	100.0	50.6	...	...	39.3	10.2	100.0	64.2	...	...	19.0	16.7
Bed size												
Less than 50 beds.....	100.0	41.5	*0.6	37.1	17.5	3.4	100.0	49.6	*1.8	32.7	10.5	5.4
50-99 beds.....	100.0	37.8	0.9	47.9	10.9	2.5	100.0	39.5	*1.2	46.5	8.1	4.7
100-199 beds.....	100.0	36.3	1.3	50.8	8.8	2.8	100.0	38.4	2.6	50.4	4.6	4.0
200 beds or more.....	100.0	30.7	*1.3	51.6	12.3	4.1	100.0	28.6	2.3	55.5	4.6	9.1
Geographic region												
Northeast.....	100.0	30.6	1.4	53.2	10.5	4.5	100.0	34.6	3.3	53.3	3.8	5.1
Midwest.....	100.0	44.4	0.8	35.6	16.1	3.0	100.0	44.5	1.5	42.1	6.5	5.4
South.....	100.0	31.0	1.1	55.2	10.3	2.4	100.0	32.2	*1.4	52.5	8.2	5.7
West.....	100.0	37.9	*1.2	54.6	4.6	1.9	100.0	41.3	2.5	44.7	6.7	4.8

<sup>1</sup>Excludes residents in personal care or domiciliary care homes. Excludes residents who did not live in the nursing home for at least 1 month.<sup>2</sup>Includes life-care residents and no-charge residents.<sup>3</sup>Medicare extended care facilities and Medicaid skilled nursing homes from the 1973-74 survey were considered to be equivalent to Medicare or Medicaid skilled nursing facilities in 1977 for the purposes of this comparison.

SOURCES: National Center for Health Statistics: Charges for care and sources of payment for residents in nursing homes, United States, National Nursing Home Survey, August 1973-April 1974, by E. Hing. Vital and Health Statistics. Series 13, No. 32. DHEW Pub. No. (PHS) 78-1783. Public Health Service. Washington. U.S. Government Printing Office, Nov. 1977; The National Nursing Home Survey, 1977 summary for the United States, by J. F. VanNostrand, A. Zappolo, E. Hing, et al. Vital and Health Statistics. Series 13, No. 43. DHEW Pub. No. (PHS) 79-1794. Public Health Service. Washington. U.S. Government Printing Office, July 1979; and unpublished data.

Table 103. Monthly charge for care in nursing homes and percent distribution of residents, according to selected facility and resident characteristics: United States, 1964, 1973-74, and 1977

(Data are based on reporting by a sample of nursing homes)

Facility and resident characteristic	1964		1973-74 <sup>2</sup>		1977	
	Average total monthly charge <sup>1</sup>	Percent distribution of residents	Average total monthly charge <sup>1</sup>	Percent distribution of residents	Average total monthly charge <sup>1</sup>	Percent distribution of residents
Facility characteristic						
All facilities.....	\$186	100.0	\$479	100.0	\$689	100.0
Type of service provided:						
Nursing care.....	212	67.4	495	64.8	719	85.4
Personal care with or without nursing.....	117	32.6	448	35.2	514	14.6
Ownership:						
Proprietary.....	205	60.2	489	69.8	670	68.2
Nonprofit and government.....	145	39.8	456	30.2	732	31.8
Size:						
Less than 50 beds.....	---	---	397	15.2	546	12.9
50-99 beds.....	---	---	448	34.1	643	30.5
100-199 beds.....	---	---	502	35.6	706	38.8
200 beds or more.....	---	---	576	15.1	837	17.9
Geographic region:						
Northeast.....	213	28.6	651	22.0	918	22.4
Midwest.....	171	36.6	433	34.6	640	34.5
South.....	161	18.1	410	26.0	585	27.2
West.....	204	16.7	454	17.4	653	15.9
Resident characteristic						
All residents.....	186	100.0	479	100.0	689	100.0
Age:						
Under 65 years.....	155	12.0	434	10.6	585	13.6
65-74 years.....	184	18.9	473	15.0	669	16.2
75-84 years.....	191	41.7	488	35.5	710	35.7
85 years and over.....	194	27.5	485	38.8	719	34.5
Sex:						
Male.....	171	35.0	466	29.1	652	28.8
Female.....	194	65.0	484	70.9	705	71.2
Level of care received:						
Intensive nursing care.....	224	31.0	510	40.6	758	43.8
Other nursing care.....	199	28.7	469	42.1	659	40.7
Personal care.....	164	26.9	435	16.4	586	14.4
No nursing or personal care.....	109	13.5	315	0.9	388	1.1

<sup>1</sup>Includes life-care residents and no-charge residents.<sup>2</sup>Data exclude residents of personal care homes.

SOURCES: National Center for Health Statistics: Charges for care and sources of payment for residents in nursing homes, United States, June-August 1969, by J. F. VanNostrand and J. F. Sutton. *Vital and Health Statistics*. Series 12, No. 21. DHEW Pub. No. (HRA) 74-1706. Public Health Service. Washington. U.S. Government Printing Office, July 1973; Charges for care and sources of payment for residents in nursing homes, United States, National Nursing Home Survey, Aug. 1973-Apr. 1974, by E. Hing. *Vital and Health Statistics*. Series 13, No. 32. DHEW Pub. No. (PHS) 78-1783. Public Health Service. Washington. U.S. Government Printing Office. Nov. 1977; The National Nursing Home Survey: 1977, Summary for the United States, by J. F. VanNostrand, A. Zappolo, E. Hing, et al. *Vital and Health Statistics*. Series 13, No. 43. DHEW Pub. No. (PHS) 79-1794. Public Health Service. Washington. U.S. Government Printing Office, July 1979; and unpublished data from the 1977 National Nursing Home Survey.

Table 104. Health care coverage for persons under 65 years of age, according to type of coverage and selected characteristics: United States, 1980, 1982, and 1984

(Data are based on household interviews of a sample of the civilian noninstitutionalized population)

Selected characteristic	Private insurance			Medicaid <sup>1</sup>			Not covered <sup>2</sup>		
	1980	1982	1984	1980	1982	1984	1980	1982	1984
	Percent of population								
Total <sup>3,4</sup> .....	78.8	77.3	76.0	5.9	5.6	6.0	12.4	14.7	15.1
Age									
Under 17 years.....	75.2	73.2	71.7	9.8	9.4	10.2	12.7	15.7	15.6
Under 6 years.....	71.0	70.1	67.5	12.0	11.2	13.0	14.7	16.9	17.3
6-16 years.....	77.3	74.9	74.2	8.7	8.4	8.5	11.8	15.0	14.7
17-44 years.....	79.4	77.7	76.0	3.9	3.9	4.2	14.4	16.6	17.6
45-64 years.....	83.6	83.1	82.6	3.1	2.7	2.7	8.6	9.7	10.1
Sex <sup>3</sup>									
Male.....	79.5	78.0	76.6	4.7	4.5	5.0	12.7	14.8	15.5
Female.....	78.2	76.7	75.4	7.1	6.6	7.0	12.2	14.5	14.9
Race <sup>3</sup>									
White.....	81.9	80.4	79.1	3.9	3.6	4.0	11.4	13.5	14.0
Black.....	60.1	59.6	57.8	17.9	17.2	17.3	19.0	21.2	21.9
Family income <sup>3,5</sup>									
Less than \$10,000...	38.6	38.3	33.8	27.6	24.9	26.6	31.0	35.0	37.4
\$10,000-\$14,999.....	61.1	67.6	64.9	9.2	4.4	5.4	25.9	24.7	26.3
\$15,000-\$19,999.....	79.0	81.3	78.8	3.0	2.0	2.5	15.0	14.2	16.2
\$20,000-\$34,999.....	90.2	91.8	89.4	1.1	0.7	1.0	6.2	5.7	7.2
\$35,000 or more.....	93.7	93.8	94.5	0.6	0.5	0.4	3.9	4.1	3.3
Geographic region <sup>3</sup>									
Northeast.....	81.7	80.5	79.2	7.0	6.9	7.3	10.3	11.0	11.5
Midwest.....	83.8	82.0	79.9	5.8	5.8	7.0	9.0	10.9	11.7
South.....	75.6	74.3	73.6	4.8	4.6	4.4	15.0	17.5	18.2
West.....	74.3	72.4	71.1	6.5	5.8	6.1	15.3	19.1	18.7
Location of residence <sup>3</sup>									
Within SMSA.....	79.7	78.0	76.5	6.2	6.0	6.4	11.3	13.6	14.2
Outside SMSA.....	77.0	75.9	74.8	5.2	4.7	5.1	14.8	17.0	17.3

<sup>1</sup>Includes persons receiving Aid to Families with Dependent Children or Supplementary Security Income or those with a current Medicaid card.<sup>2</sup>Includes persons not covered by private insurance, Medicaid, Medicare, and military plans.<sup>3</sup>Age adjusted.<sup>4</sup>Includes all other races not shown separately and unknown family income.<sup>5</sup>Family income categories for 1982 and 1984. Income categories in 1980 are less than \$7,000; \$7,000-\$9,999; \$10,000-\$14,999; \$15,000-\$24,999; \$25,000 or more.

NOTE: Persons with both private insurance and Medicaid appear in both columns.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the National Health Interview Survey.

Table 105. Health maintenance organizations and enrollment, according to model type, geographic region, and Federal program: United States, selected years 1976-85

Plans and enrollment	1976	1978	1980	1982	1983	1984	1985 <sup>1</sup>
Plans		Number					
All plans.....	174	202	235	264	279	304	478
Model type:							
Individual practice association <sup>2</sup> .....	<sup>3</sup> 41	<sup>4</sup> 70	97	97	99	125	244
Group.....	<sup>3</sup> 122	<sup>4</sup> 129	138	167	180	179	234
Geographic region:							
Northeast.....	29	49	55	59	65	67	81
Midwest.....	52	57	72	87	94	105	157
South.....	23	33	45	52	57	67	141
West.....	70	63	63	66	63	65	99
Enrollment		Number of persons in thousands					
Total.....	5,987	7,450	9,078	10,807	12,467	15,101	21,005
Model type:							
Individual practice association <sup>2</sup> .....	<sup>3</sup> 390	<sup>4</sup> 1,051	1,694	1,471	1,889	2,929	6,379
Group.....	<sup>3</sup> 5,562	<sup>4</sup> 6,376	7,384	9,336	10,578	12,172	14,625
Federal program: <sup>5</sup>							
Medicaid.....	---	230	265	197	258	349	561
Medicare.....	---	376	391	431	492	671	1,000
Geographic region:		Number per 1,000 population					
Northeast.....	19.9	24.9	31.4	39.0	46.3	57.8	79.4
Midwest.....	15.2	18.7	28.1	37.2	45.3	61.6	96.8
South.....	4.3	6.2	8.3	11.1	14.8	20.4	37.5
West.....	96.9	113.3	121.8	128.7	137.7	148.0	172.5

<sup>1</sup>Increases partly due to changes in reporting methods (see Appendix I).

<sup>2</sup>An individual practice association is a health maintenance organization that contracts with an association of physicians from various settings (a mixture of solo and group practices) to provide health services.

<sup>3</sup>11 HMO's with 35,000 enrollment did not report model type.

<sup>4</sup>3 HMO's with 23,000 enrollment did not report model type.

<sup>5</sup>Federal program enrollment in HMO's refers to enrollment by Medicaid or Medicare beneficiaries, where the Medicaid or Medicare program contracts directly with the HMO to pay the appropriate annual premium.

NOTE: Data as of June 30 each year, except August in 1978 and December 31 in 1985. HMO's in Guam are not included.

SOURCES: Office of Health Maintenance Organizations: Summary of the National HMO census of prepaid plans-June 1976, National HMO census of prepaid plans 1978, and National HMO census 1980. Public Health Service. Washington. U.S. Government Printing Office. DHHS Pub. No. (PHS) 80-50159; InterStudy: National HMO census: Annual report on the growth of HMO's in the U.S., 1982-1985 Editions. Excelsior, Minnesota (Copyrights 1983, 1984, 1985, 1986: Used with the permission of InterStudy); Regional populations obtained from U.S. Bureau of the Census, unpublished data; Data computed by the Division of Analysis.



Table 106. Medicare enrollees and Medicaid recipients and expenditures and percent distribution, according to type of service: United States, selected years 1967-85

(Data are compiled by the Health Care Financing Administration)

Type of service	1967	1970	1975	1980	1983	1984	1985
Medicare							
Number in millions							
Enrollees <sup>1</sup> .....	19.5	20.5	25.0	28.5	30.0	30.5	31.1
Amount in billions							
All expenditures.....	\$4.5	\$7.1	\$15.6	\$35.7	\$57.4	\$62.9	\$70.5
Percent distribution of expenditures							
All services.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital care.....	69.1	71.5	73.8	72.6	70.5	70.1	68.8
Physician services.....	24.7	22.8	21.6	22.1	23.4	23.3	24.2
Nursing home care.....	4.6	3.7	1.9	1.1	0.9	0.9	0.8
Other health services <sup>2</sup> .....	1.6	1.9	2.8	4.1	5.3	5.7	6.2
Medicaid							
Number in millions							
Recipients <sup>3</sup> .....	---	---	22.0	21.6	21.6	21.6	21.8
Amount in billions							
All expenditures <sup>4</sup> .....	\$2.9	\$5.2	\$13.5	\$25.2	\$33.9	\$36.3	\$39.8
Percent distribution of expenditures							
All services.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital care.....	42.3	42.9	35.3	38.1	38.0	38.0	37.2
Physician services.....	10.9	13.3	13.9	9.7	8.6	8.4	8.5
Dentist services.....	4.4	3.2	2.7	2.0	1.4	1.2	1.2
Other professional services.....	0.9	1.4	1.8	2.3	3.1	3.2	3.3
Drugs and medical sundries.....	7.2	7.9	6.6	5.5	5.5	5.7	6.0
Nursing home care.....	31.7	27.2	35.6	38.8	38.4	37.8	37.0
Other health services <sup>5</sup> .....	2.6	4.1	4.1	3.7	4.9	5.7	6.7

<sup>1</sup>Number enrolled in the hospital insurance and/or supplementary medical insurance programs on July 1.<sup>2</sup>Other services include the national health account service categories "eyeglasses and appliances" and "other professional services" (including home health services).<sup>3</sup>Unduplicated count of recipients during the fiscal year.<sup>4</sup>Calendar year expenditures from Federal, State, and local funds under Medicaid. Includes per capita payments for Part B of Medicare and excludes administrative costs.<sup>5</sup>Other services include the national health account category of "other health services," which includes family-planning services and early and periodic screening, diagnosis, and treatment services.

SOURCE: Office of the Actuary: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo. Health Care Financing Notes. HCFA Pub. No. 03232. Health Care Financing Administration. Washington. U.S. Government Printing Office, Sept. 1986.

Table 107. Medicare enrollment, persons served, and reimbursements for Medicare enrollees 65 years of age and over, according to selected characteristics: United States, 1967, 1977, and 1983

(Data are compiled by the Health Care Financing Administration)

Selected characteristic	Enrollment in millions			Persons served per 1,000 enrollees			Reimbursements per person served			Reimbursements per enrollee		
	1967	1977	1983	1967	1977	1983	1967	1977	1983	1967	1977	1983
Total <sup>1</sup> .....	19.5	23.8	27.1	366	570	660	\$592	\$1,332	\$2,611	\$217	\$ 759	\$1,724
Age												
65-66 years.....	2.8	3.3	3.6	300	533	589	496	1,075	1,976	149	573	1,164
67-68 years.....	2.6	3.2	3.5	326	511	590	521	1,173	2,239	170	599	1,321
69-70 years.....	2.4	2.9	3.3	339	531	619	530	1,211	2,356	180	643	1,458
71-72 years.....	2.3	2.6	2.9	351	555	639	560	1,228	2,483	197	681	1,586
73-74 years.....	2.1	2.3	2.6	369	576	664	574	1,319	2,606	212	759	1,730
75-79 years.....	3.9	4.5	5.2	398	597	696	624	1,430	2,791	248	853	1,942
80-84 years.....	2.2	3.0	3.3	430	623	734	693	1,549	3,062	298	965	2,249
85 years and over.....	1.3	2.1	2.7	465	652	757	740	1,636	3,167	345	1,068	2,396
Sex												
Male.....	8.3	9.6	10.9	357	546	629	647	1,505	2,919	231	821	1,835
Female.....	11.3	14.2	16.2	373	586	681	554	1,223	2,420	207	717	1,649
Race <sup>2</sup>												
White.....	17.4	21.1	23.9	375	576	666	593	1,328	2,533	222	765	1,721
Other.....	1.5	2.1	2.4	260	514	610	557	1,404	2,959	145	722	1,803
Geographic region												
Northeast.....	5.1	5.7	6.3	385	613	712	604	1,426	2,629	233	874	1,872
Midwest.....	5.6	6.3	7.0	352	541	645	599	1,401	2,673	211	757	1,723
South.....	5.6	7.5	8.7	351	556	648	528	1,198	2,514	186	666	1,630
West.....	2.9	3.8	4.6	455	632	688	620	1,341	2,714	282	848	1,868

<sup>1</sup>Includes the United States, Guam, Puerto Rico, Virgin Islands, all other areas, and foreign countries.

<sup>2</sup>Excludes persons of unknown race.

SOURCE: Bureau of Data Management and Strategy, Health Care Financing Administration: Unpublished data.

Table 108. Selected rates of non-Federal short-stay hospital utilization and benefit payments for aged and disabled Medicare enrollees, according to geographic division: United States, 1980, 1982, and 1984

(Data are compiled by the Health Care Financing Administration)

Geographic division	Discharges from short-stay hospitals			Average length of stay in short-stay hospitals			Average days of care in short-stay hospitals		
	1980	1982	1984	1980	1982	1984	1980	1982	1984
	Number per 1,000 hospital insurance enrollees			Number of days per hospital discharge			Number per 1,000 hospital insurance enrollees		
United States.....	372	391	371	10.6	10.3	8.9	4,016	4,015	3,297
New England.....	333	352	343	12.1	11.8	10.4	4,130	4,147	3,562
Middle Atlantic.....	329	344	348	13.4	13.0	11.8	4,528	4,475	4,099
East North Central.....	373	390	367	11.2	10.8	9.0	4,243	4,219	3,288
West North Central.....	426	445	400	9.9	9.9	7.9	4,371	4,388	3,176
South Atlantic.....	372	398	375	10.3	9.9	8.6	3,880	3,939	3,205
East South Central.....	436	481	450	9.6	9.3	8.1	4,260	4,451	3,649
West South Central.....	433	459	436	9.1	8.9	7.7	4,025	4,099	3,364
Mountain.....	360	381	333	8.7	8.3	7.3	3,243	3,166	2,432
Pacific.....	338	345	326	8.7	8.4	7.3	2,998	2,906	2,389
Benefit payments									
	Average total charges in short-stay hospitals <sup>1</sup>			Hospital insurance <sup>2</sup>			Supplementary medical insurance		
	1980	1982	1984	1980	1982	1984	1980	1982	1984
	Amount per day			Amount per enrollee					
United States.....	\$296	\$419	\$552	\$ 909	\$1,248	\$1,466	\$390	\$547	\$672
New England.....	295	404	496	978	1,307	1,543	402	560	672
Middle Atlantic.....	304	399	502	965	1,312	1,596	428	613	763
East North Central.....	298	425	560	1,008	1,354	1,542	370	513	636
West North Central.....	246	360	506	888	1,216	1,387	304	403	477
South Atlantic.....	277	399	538	818	1,154	1,346	384	545	663
East South Central.....	249	359	491	754	1,078	1,296	281	391	479
West South Central.....	259	377	516	798	1,167	1,434	352	502	652
Mountain.....	310	464	623	782	1,062	1,269	368	543	625
Pacific.....	424	632	819	1,003	1,350	1,551	509	709	863

<sup>1</sup>Includes reimbursable charges and days of care covered by Medicare.<sup>2</sup>For these years about 68-70 percent of covered hospital charges were reimbursed by Medicare, and short-stay hospitals accounted for approximately 93 percent of all hospital insurance reimbursements.

SOURCE: Health Care Financing Administration: Unpublished data.

Table 109. Percent distribution of recipients and Medicaid medical vendor payments, according to basis of eligibility: United States, selected years 1972-85

(Data are compiled by the Health Care Financing Administration)

Basis of eligibility	1972 <sup>1</sup>	1975 <sup>1</sup>	1980 <sup>2</sup>	1983 <sup>2</sup>	1984 <sup>2</sup>	1985 <sup>2,3</sup>
Recipients			Number in millions			
All recipients.....	17.6	22.0	21.6	21.5	21.6	21.8
			Percent distribution			
Total.....	100.0	100.0	...	...	...	...
Aged <sup>4</sup> .....	18.8	16.5	15.9	15.1	15.0	14.0
Blind and disabled.....	9.8	11.2	13.5	14.1	13.5	13.8
Adults in AFDC <sup>5</sup> families.....	17.8	20.6	22.6	25.4	26.0	25.3
Children in AFDC <sup>5</sup> families.....	44.5	43.7	43.2	43.8	44.7	44.7
Other Title XIX <sup>6</sup> .....	9.0	8.2	6.9	6.2	5.5	5.6
Vendor payments			Amount in billions			
All payments.....	\$ 6.3	\$12.2	\$23.3	\$32.4	\$33.9	\$37.5
			Percent distribution			
Total.....	100.0	100.0	100.0	100.0	100.0	100.0
Aged <sup>4</sup> .....	30.6	35.6	37.5	37.0	37.8	37.6
Blind and disabled.....	22.2	25.7	32.7	35.1	35.3	35.9
Adults in AFDC <sup>5</sup> families.....	15.3	16.8	13.9	13.9	13.0	12.7
Children in AFDC <sup>5</sup> families.....	18.1	17.9	13.4	11.8	11.7	11.8
Other Title XIX <sup>6</sup> .....	13.9	4.0	2.6	2.2	2.1	2.1

<sup>1</sup>Data for fiscal year ending June 30; all other data for fiscal year ending September 30.<sup>2</sup>Recipients may be included in more than one category.<sup>3</sup>Preliminary estimates.<sup>4</sup>65 years and over.<sup>5</sup>Aid to Families with Dependent Children.<sup>6</sup>Includes some participants in Supplemental Security Income program and other people deemed medically needy in participating States.

SOURCE: Bureau of Data Management and Strategy, Health Care Financing Administration: Unpublished data.

Table 110. Veterans medical care expenditures and percent distribution, according to type of service: United States, selected fiscal years 1965-85

(Data are compiled from Veterans Administration sources)

Type of services	1965 <sup>1</sup>	1970 <sup>1</sup>	1975 <sup>1</sup>	1980	1983	1984	1985
Patients treated		Number in thousands					
Inpatient hospital.....	730	787	1,065	1,235	1,280	1,290	1,306
Outpatient care.....	5,987	7,312	13,799	18,206	18,519	18,597	19,586
Veterans Administration nursing homes and domiciliaries.....	---	34	30	28	31	30	34
Community <sup>2</sup> nursing homes.....	---	15	24	28	34	36	39
All other <sup>2</sup> .....	---	43	53	57	56	55	56
Expenditures		Amount in millions					
All expenditures <sup>3</sup> .....	\$1,150	\$1,689	\$3,328	\$5,981	\$7,817	\$8,301	\$8,936
		Percent distribution					
All services.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital.....	81.9	71.3	66.4	64.3	62.8	61.3	60.3
Outpatient care.....	12.0	14.0	17.8	19.1	19.5	18.7	18.9
Veterans Administration nursing homes and domiciliaries.....	2.9	4.3	4.8	5.1	5.3	5.5	5.4
Community <sup>2</sup> nursing homes.....	0.0	1.2	1.4	2.0	2.5	2.8	3.0
All other <sup>2</sup> .....	3.2	9.1	9.6	9.6	9.9	11.7	12.4

<sup>1</sup>Data for fiscal year ending June 30; all other data for fiscal year ending September 30.<sup>2</sup>Includes miscellaneous benefits and services, contract hospitals, education and training, subsidies to State veterans hospitals, nursing homes, and domiciliaries, and the Civilian Health and Medical Program of the Veterans Administration.<sup>3</sup>Medical care expenditures exclude construction, medical administration, and miscellaneous operating expenses.

SOURCE: Budget Office, Veterans Administration: Unpublished data.

Table 111. National funding for health research and development and average annual percent change, according to source of funds: United States, selected years 1960-85

(Data are based on multiple sources)

Year and period	Source of funds				
	All funding	Federal	State and local	Industry <sup>1</sup>	Private nonprofit organizations
Amount in millions					
1960.....	\$ 886	\$ 448	\$ 46	\$ 253	\$139
1965.....	1,890	1,174	90	450	176
1970.....	2,847	1,667	170	795	215
1971.....	3,168	1,877	198	860	233
1972.....	3,536	2,147	228	934	227
1973.....	3,750	2,225	245	1,048	232
1974.....	4,443	2,754	254	1,183	252
1975.....	4,701	2,832	286	1,319	264
1976.....	5,107	3,059	312	1,469	267
1977.....	5,606	3,396	323	1,614	273
1978.....	6,264	3,811	371	1,800	282
1979.....	7,113	4,321	400	2,093	299
1980.....	7,914	4,723	422	2,456	313
1981.....	8,540	4,848	492	2,875	325
1982.....	9,239	4,970	557	3,373	339
1983.....	10,208	5,399	572	3,887	350
1984.....	11,538	6,087	602	4,486	363
1985 <sup>2</sup> .....	12,839	6,863	626	4,973	377
Average annual percent change					
1960-85.....	11.3	11.5	11.0	12.7	4.1
1960-65.....	16.4	21.2	14.4	12.2	4.8
1965-70.....	8.5	7.3	13.6	12.1	4.1
1970-75.....	10.6	11.2	11.0	10.7	4.2
1970-71.....	11.3	12.6	16.5	8.2	8.4
1971-72.....	11.6	14.4	15.2	8.6	-2.6
1972-73.....	6.1	3.6	7.5	12.2	2.2
1973-74.....	18.5	23.8	3.7	12.9	8.6
1974-75.....	5.8	2.8	12.6	11.5	4.8
1975-80.....	11.0	10.8	8.1	13.2	3.5
1975-76.....	8.6	8.0	9.1	11.4	1.1
1976-77.....	9.8	11.0	3.5	9.9	2.2
1977-78.....	11.7	12.2	14.9	11.5	3.3
1978-79.....	13.6	13.4	7.8	16.3	6.0
1979-80.....	11.3	9.3	5.5	17.3	4.7
1980-85.....	10.2	7.8	8.2	15.2	3.8
1980-81.....	7.9	2.6	16.6	17.1	3.8
1981-82.....	8.2	2.5	13.2	17.3	4.3
1982-83.....	10.5	8.6	2.7	15.2	3.2
1983-84.....	13.0	12.7	5.2	15.4	3.7
1984-85.....	11.3	12.7	4.0	10.9	3.9

<sup>1</sup>Includes expenditures for drug research. These expenditures are included in the "drugs and sundries" component of the Health Care Financing Administration's National Health Expenditure Series, not under "research."

<sup>2</sup>Estimates.

SOURCE: Office of Program Planning and Evaluation, National Institutes of Health, Public Health Service: Selected data.

Table 112. Federal obligations for health research and development and percent distribution, according to agency: United States, selected fiscal years 1970-85

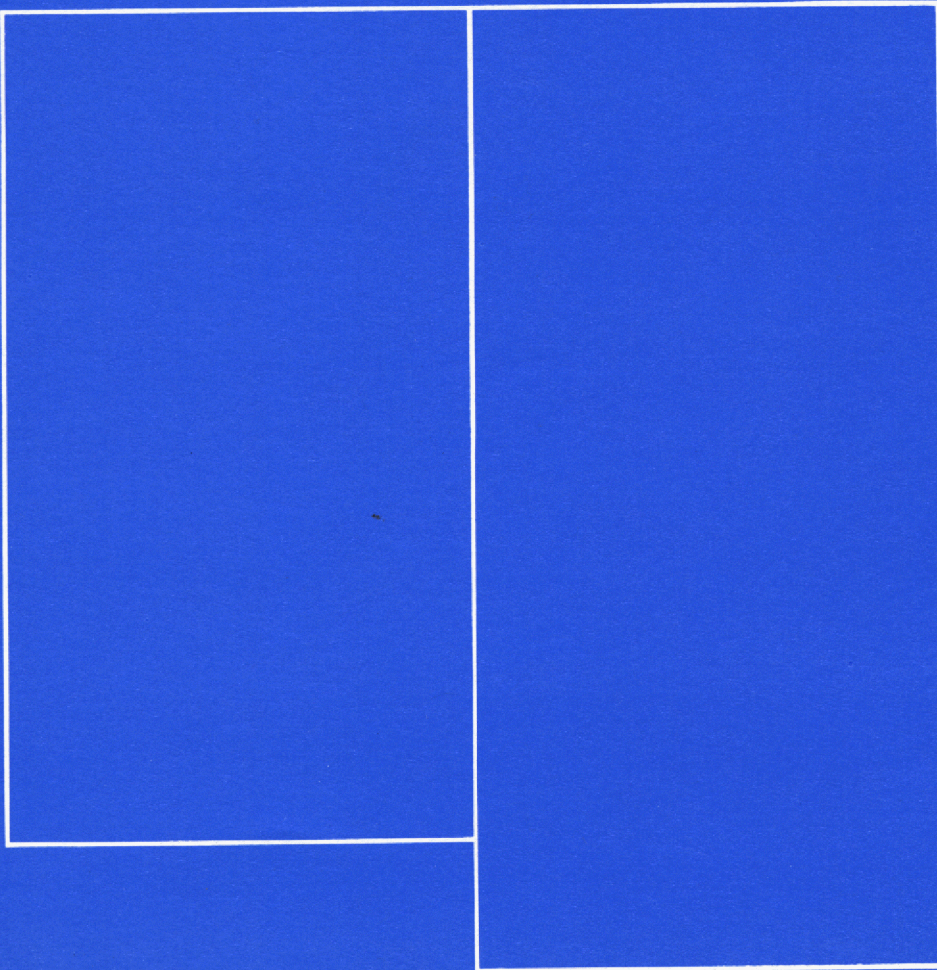
(Data are compiled from Federal Government sources)

Agency	1970 <sup>1</sup>	1975 <sup>1</sup>	1980	1983	1984	1985 <sup>2</sup>
	Amount in millions					
Total.....	\$1,667	\$2,832	\$4,723	\$5,399	\$6,087	\$6,863
	Percent distribution					
All Federal agencies.....	100.0	100.0	100.0	100.0	100.0	100.0
Department of Health and Human Services.....	70.6	77.6	78.2	80.0	78.9	79.0
National Institutes of Health.....	52.4	66.4	67.4	70.2	69.9	70.5
Centers for Disease Control.....	---	1.5	1.8	1.4	0.7	0.7
Other Public Health Service.....	16.2	8.3	7.9	7.5	7.5	7.2
Other Department of Health and Human Services....	2.0	1.3	1.1	0.8	0.7	0.7
Other agencies.....	29.4	22.4	21.8	20.0	21.1	21.0
Department of Agriculture.....	3.0	2.2	3.1	2.7	2.4	2.2
Department of Defense.....	7.5	4.1	4.5	5.7	6.8	6.9
Department of Education <sup>3</sup> .....	...	...	0.7	0.5	0.7	0.7
Department of Energy <sup>4</sup> .....	...	...	4.5	3.1	3.0	2.8
Department of the Interior.....	0.7	0.3	0.5	0.4	0.4	0.4
Department of State <sup>5</sup> .....	0.6	0.2	...	...	...	...
Agency for International Development <sup>5</sup> .....	...	...	0.3	0.6	0.3	0.5
Atomic Energy Commission <sup>4</sup> .....	6.3	...	...	...	...	...
Energy Research and Development Administration <sup>4</sup> ..	...	5.8	...	...	...	...
Environmental Protection Agency.....	...	1.3	1.7	0.7	0.7	0.8
National Aeronautics and Space Administration....	5.2	2.6	1.5	1.4	1.8	1.7
National Science Foundation.....	1.7	1.6	1.6	1.4	1.4	1.4
Veterans Administration.....	3.5	3.3	2.8	3.0	3.1	3.3
All other departments and agencies.....	0.9	1.0	0.4	0.4	0.3	0.4

<sup>1</sup>Data for fiscal year ending June 30; all other data for fiscal year ending September 30.<sup>2</sup>Preliminary estimates.<sup>3</sup>Formerly a part of the Department of Health, Education, and Welfare.<sup>4</sup>Data for the Atomic Energy Commission, Energy Research and Development Administration, and Department of Energy form a continuous series.<sup>5</sup>Data for the Department of State and Agency for International Development form a continuous series.

SOURCE: Office of Program Planning and Evaluation, National Institutes of Health, Public Health Service: Selected data.

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# Appendix I

## Sources and Limitations of Data

### Introduction

This report consolidates the most current data on the health of the population of the United States, the availability and use of health resources, and health care expenditures. The information was obtained from the data files and/or published reports of many governmental and nongovernmental agencies and organizations. In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, the data in this report vary considerably with respect to source, method of collection, definitions, and reference period.

Generally, the data presented in the detailed tables are from the ongoing data collection systems of the National Center for Health Statistics. However, health care personnel data come primarily from the Bureau of Health Professions, Health Resources and Services Administration, and the American Medical Association. National health expenditures data were compiled by the Bureau of Data Management and Strategy, Health Care Financing Administration.

Although a detailed description and comprehensive evaluation of each data source is beyond the scope of this appendix, users should be aware of the general strengths and weaknesses of the different data collection systems. For example, population-based surveys obtain socioeconomic data, data on family characteristics, and information on the impact of an illness, such as days lost from work or limitation of activity. They are limited by the amount of information a respondent remembers or is willing to report. Detailed medical information, such as precise diagnoses or the types of operations performed, may not be known and so will not be reported. Conversely, health care providers, such as physicians and hospitals, usually have good diagnostic information but little or no information about the socioeconomic characteristics of individuals or the impact of illnesses on individuals.\*

The population covered by different data collection systems may not be the same, and understanding the differences is critical to interpreting the data. Data on vital statistics and national expenditures cover the entire population. Most data on morbidity and utilization of health resources cover only the civilian nonin-

stitutionalized population. Thus, statistics are not included for military personnel, who are usually young; for institutionalized people, who may be any age; or for nursing home residents, who are usually old.

All data collection systems are subject to error, and records may be incomplete or contain inaccurate information. People may not remember essential information, a question may not mean the same thing to different respondents, and some institutions or individuals may not respond at all. It is not always possible to measure the magnitude of these errors or their impact on the data. Where possible, the tables have notes describing the universe and the method of data collection to enable the user to place his or her own evaluation on the data. In many instances, data do not add to totals because of rounding.

Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Numbers of births and deaths from the vital statistics system represent complete counts (except for births in those States where data are based on a 50-percent sample). Therefore, they are not subject to sampling error. However, when the figures are used for analytical purposes, such as the comparison of rates over a time period, the number of events that actually occurred may be considered as one of a large series of possible results that could have arisen under the same circumstances. When the number of events is small and the probability of such an event is small, considerable caution must be observed in interpreting the conditions described by the figures. Estimates that are unreliable because of large sampling errors or small numbers of events have been noted with an asterisk in selected tables. The criteria used to designate unreliable estimates are indicated as notes to the applicable tables.

The descriptive summaries that follow provide a general overview of study design, methods of data collection, and reliability and validity of the data. More complete and detailed discussions are found in the publications referenced at the end of each summary. The data set or source is listed under the agency or organization that sponsored the data collection.

## Department of Health and Human Services

### Public Health Service

#### Office of the Assistant Secretary for Health

#### National Center for Health Statistics

#### 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. Fetal deaths are classified and tabulated separately from other deaths. 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.

Until 1972, microfilm copies of all death certificates and a 50-percent sample of birth certificates were received from all registration areas and processed by NCHS. Beginning in 1972, some States began sending their data to NCHS through the Cooperative Health Statistics System (CHSS). States that participated in the CHSS program processed 100 percent of their death and birth records and sent the entire data file to NCHS on computer tape. Currently, the data are sent to NCHS through the Vital Statistics Cooperative Program (VSCP), following the same procedures as the CHSS. The number of participating States grew from 6 in 1972 to 46 in 1984. All 50 States and the District of Columbia participated in the VSCP in 1985.

The standard certificates of birth, death, and fetal death 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.

In most areas, practically all births and deaths are registered. The most recent test of the completeness of birth registration, conducted on a sample of births from 1964 to 1968, showed that 99.3 percent of all births in the United States during that period were registered. No comparable information is available for deaths, but it is generally believed that death registration in the United States is at least as complete as birth registration. Provisional death rates by cause, age, race, and sex are estimated from the Current Mortality Sample. The Current Mortality Sample is a 10-percent systematic sample of death certificates received each month in the vital statistics offices in the 50 States, the District of Columbia, and the independent registration area of New York City. All death certificates received during the 1-month period are sampled regardless of the month or year in which the death occurred.

For more information, see: National Center for Health Statistics, *Vital Statistics of the United States, 1981*,

Vol. I, DHHS Pub. No. (PHS) 85-1113 and Vol. II, Part A, DHHS Pub. No. (PHS) 86-1101, Public Health Service, Washington, U.S. Government Printing Office, 1986.

#### National Survey of Family Growth

Data from the National Survey of Family Growth (NSFG) are based on a five-stage area probability sample of civilian noninstitutionalized women living in the coterminous United States who are 15-44 years of age.

The counties and independent cities of the United States were combined to form a frame of primary sampling units (PSU's), and 101 PSU's were selected as the first-stage sample for Cycle I of NSFG, conducted from June 1973 to February 1974. The next three stages produced a clustered sample of 28,998 households within the 101 PSU's. At 26,028 of these households (89.8 percent), a household screener interview was completed. These screeners produced a fifth-stage sample of 10,879 women of whom 9,797 were interviewed. Never-married women (except those with offspring in the household) were not included in the sample for Cycle I.

Cycle II of NSFG was conducted from January to September 1976. The sample design was basically the same as it was in Cycle I. The sample consisted of 27,162 households in 79 PSU's. Household screener interviews were completed at 25,479 of these households (93.8 percent). Of the 10,202 women in the sample, 8,611 were interviewed. Again, never-married women (except those with offspring in the household) were not included in the sample for Cycle II.

Interviewing for Cycle III of the NSFG was conducted from August 1982 through February 1983. The sample design was similar to that in Cycle II: 31,027 households were selected in 79 PSU's. Household screener interviews were completed in 29,511 households (95.1 percent). Of the 9,964 eligible women identified, 7,969 were interviewed. The sample for Cycle III included black women and women 15-19 years of age at higher rates than other women. Women of all marital statuses were interviewed in Cycle III.

In order to produce estimates for the entire population of eligible women in the United States, data for the interviewed sample women were inflated by the reciprocal of the probability of selection at each stage of sampling and adjusted for both screener and interview nonresponse. In Cycles I and II estimates for ever-married women were poststratified to benchmark population values for 12 age-race categories based on data from the Current Population Survey of the U.S. Bureau of the Census. In Cycle III, the poststratification was done within categories of age, race, and marital status.

Quality control procedures for interviewer selection, interviewer training, field listing, and data processing were built into NSFG to minimize nonsampling error and bias. In addition, the nonresponse adjustments in the estimator were designed to minimize the effect of

nonresponse bias by assigning to nonrespondents the characteristics of similar respondents. Sampling errors for NSFG were estimated by balanced half-sample replication.

Discussion of the balanced half-sample technique, summary sampling error charts, and detailed information on the NSFG sample design are available in the following reports: National Center for Health Statistics, D. K. French: National Survey of Family Growth, Cycle I, sample design, estimation procedures, and variance estimation. *Vital and Health Statistics*. Series 2, No. 76. DHEW Pub. No. (PHS) 78-1350. Public Health Service. Washington. U.S. Government Printing Office, Jan. 1979; National Center for Health Statistics, W. R. Grady: National Survey of Family Growth, Cycle II: sample design, estimation procedures, and variance estimation. *Vital and Health Statistics*. Series 2, No. 87. DHHS Pub. No. (PHS) 81-1361. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1981; and National Center for Health Statistics, C. Bachrach, M. Horn, W. Mosher, and I. Shimizu: National Survey of Family Growth, Cycle III: estimation procedures, weighting, and variance estimation. *Vital and Health Statistics*. Series 2, No. 98. DHHS Pub. No. (PHS) 85-1372. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1985.

### National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey in which data are collected through personal household interviews. Information is obtained on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, utilization of health resources, and other health topics. The household questionnaire is reviewed each year, with supplemental topics being added or deleted. For most topics, data are collected over an entire calendar year.

The sample design plan of the NHIS follows a multistage probability design that permits a continuous sampling of the civilian noninstitutionalized population residing in the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target population and the weekly samples are additive over time. The response rate for the survey has been between 96 and 98 percent over the years.

In 1985, the NHIS adopted several new sample design features although, conceptually, the sampling plan remained the same as the previous design. Two major changes included reducing the number of primary sampling locations from 376 to 198 for sampling efficiency and oversampling the black population to improve the precision of the statistics.

The sample was designed so that a typical NHIS sample for the data collection years 1985-95 will consist of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 will be vacant, demolished, or occupied

by persons not in the target population of the survey. The expected sample of 49,000 occupied households will yield a probability sample of about 127,000 persons.

A description of the survey design, the methods used in estimation, and general qualifications of the data obtained from the survey are presented in: National Center for Health Statistics, A. J. Moss and V. L. Parsons: Current estimates from the National Health Interview Survey, United States, 1985. *Vital and Health Statistics*. Series 10, No. 160. DHHS Pub. No. (PHS) 86-1588. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1986.

### National Health Examination Survey

The National Health Examination Survey (NHES) is a continuing nationwide sample survey conducted by the National Center for Health Statistics in which data for determining the health status of the population are collected through direct standardized physical examinations, clinical and laboratory tests, and measurements. The content of the NHES program is revised periodically, and selected components are added or deleted to meet the current needs for health data of this type.

For the first program or cycle of the National Health Examination Survey (NHES I), 1960-62, data were collected on the total prevalence of certain chronic diseases as well as the distributions of various physical and physiological measures, including blood pressure and serum cholesterol levels. For that program, a highly stratified, multistage probability sample of 7,710 adults, of whom 86.5 percent were examined, was selected to represent the 111 million civilian noninstitutionalized adults 18-79 years of age in the United States at that time. The sample areas consisted of 42 primary sampling units from the 1,900 geographic units.

In 1971, a nutrition surveillance component was added and the survey name was changed to the National Health and Nutrition Examination Survey.

For further information on NHES I, see: National Center for Health Statistics: Cycle I of the National Health Examination Survey, sample and response, United States, 1960-62. T. Gordon and H. W. Miller. *Vital and Health Statistics*. Series 11, No. 1. PHS Pub. No. 1000. Public Health Service. Washington. U.S. Government Printing Office, May 1964.

### National Health and Nutrition Examination Survey

Through this survey, health-related data are obtained by means of direct physical examinations, clinical and laboratory tests, and related measurement procedures. In the first National Health and Nutrition Examination Survey (NHANES I), conducted from 1971 through 1974, a major purpose was to measure and monitor indicators of the nutritional status of the American people through dietary intake data, biochemical tests, physical measurements, and clinical assessments for evidence of nutritional deficiency. Detailed examinations were given by dentists, ophthalmologists, and

dermatologists with an assessment of need for treatment. In addition, data were obtained for a subsample of adults on overall health care needs and behavior, and more detailed examination data were collected on cardiovascular, respiratory, arthritic, and hearing conditions.

The NHANES I target population was the civilian noninstitutionalized population 1–74 years of age residing in the coterminous United States, except for people residing on any of the reservation lands set aside for the use of American Indians. The sample design was a multistage, stratified probability sample of clusters of persons in land-based segments. The sample areas consisted of 65 primary sampling units (PSU's) selected from the 1,900 PSU's in the coterminous United States. A subsample of persons 25–74 years of age was selected to receive the more detailed health examination. Groups at high risk of malnutrition were oversampled at known rates throughout the process.

Household interviews were completed for more than 96 percent of the 28,043 persons selected for the NHANES I sample, and about 75 percent (20,749) were examined.

For NHANES II, conducted from 1976 through 1980, the nutrition component remained nearly identical to that fielded for NHANES I. In the medical area, primary emphasis was placed on diabetes, kidney and liver functions, allergy, and speech pathology.

The NHANES II target population was the civilian noninstitutionalized population 6 months–74 years of age residing in the United States, including Alaska and Hawaii. NHANES II utilized a multistage probability design that involved selection of PSU's, segments (clusters of households) within PSU's, households, eligible persons, and finally sample persons. The sample design provided for oversampling among those persons 6 months–5 years of age, those 60–74 years of age, and those living in poverty areas.

A sample of 27,801 persons was selected for NHANES II. Of this sample, 20,322 (73.1 percent) were examined.

The estimation procedure used to produce national statistics for NHANES I and NHANES II involved inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and poststratified ratio adjustment to population totals. Sampling errors also were estimated to measure the reliability of the statistics.

For more information on NHANES I, see: National Center for Health Statistics, H. W. Miller: Plan and operation of the National Health and Nutrition Examination Survey, United States, 1971–73. *Vital and Health Statistics*. Series 1, Nos. 10a and 10b. DHEW Pub. No. (HSM) 73–1310. Health Services and Mental Health Administration. Washington. U.S. Government Printing Office, Feb. 1973; and National Center for Health Statistics, A. Engel, R. S. Murphy, K. Maurer, and E. Collins: Plan and operation of the NHANES I Augmentation Survey of Adults 25–74 Years, United States, 1974–75.

*Vital and Health Statistics*. Series 1, No. 14. DHEW Pub. No. (PHS) 78–1314. Public Health Service. Washington. U.S. Government Printing Office, June 1978.

For more information on NHANES II, see: National Center for Health Statistics, A. McDowell, A. Engel, J. T. Massey, and K. Maurer: Plan and operation of the Second National Health and Nutrition Examination Survey, 1976–80. *Vital and Health Statistics*. Series 1, No. 15. DHHS Pub. No. (PHS) 81–1317. Public Health Service. Washington. U.S. Government Printing Office, July 1981.

### National Master Facility Inventory

The National Master Facility Inventory (NMFI) is a comprehensive file of inpatient health facilities in the United States. The three broad categories of facilities in NMFI are hospitals, nursing and related care homes, and other custodial or remedial care facilities. To be included in NMFI, hospitals must have at least six inpatient beds, and nursing and related care homes must have at least three inpatient beds.

NMFI is kept current by the periodic addition of names and addresses obtained from State licensing and other agencies for all newly established inpatient facilities. In addition, annual surveys of hospitals and periodic surveys of nursing homes and other facilities are conducted to update name and location, type of business, number of beds, and number of residents or patients in the facilities, and to identify those facilities that have gone out of business.

From 1968 through 1975, the hospital survey was conducted in conjunction with the American Hospital Association (AHA) Annual Survey of Hospitals. AHA performed the data collection for its member hospitals, while the National Center for Health Statistics (NCHS) collected the data for the approximately 400 non-AHA registered hospitals. Since 1976, however, all of the data collection has been performed by AHA.

Hospitals are requested to report data for the full year ending September 30. More than half of the responding hospitals used this reporting period for the 1982 survey. The remaining hospitals used various other reporting periods. The response rate for the 1982 hospital survey was about 90 percent.

The nursing home and other facilities survey was conducted by NCHS in 1963, 1967, 1969, 1971, 1973, 1976, 1978, 1980, and 1982. In the 1980 and 1982 NMFI surveys, only nursing and related care homes were covered. In 1982, arrangements were made with 35 States for obtaining their data on nursing and related care homes. NCHS surveyed certain types of homes that were excluded from the State surveys.

Statistics derived from the hospital and nursing home and other facilities surveys were adjusted for both facility and item nonresponse. Missing items on the questionnaire were imputed, when possible, by using information reported by the same facility in a previous survey. When data were not available from a previous

census for a responding facility, the data were imputed by using data from similar responding facilities. Similar facilities are defined as those with the same types of business, ownership, service, and approximately the same bed size.

For more detailed information on NMFI, see: National Center for Health Statistics, D. A. Roper: Nursing and related care homes as reported from the 1982 NMFI survey. *Vital and Health Statistics*. Series 14, No. 32. DHHS Pub. No. (PHS) 86-1827. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1986.

### National Hospital Discharge Survey

The National Hospital Discharge Survey (NHDS) is a continuing nationwide sample survey of short-stay hospitals in the United States. The scope of NHDS encompasses patients discharged from noninstitutional hospitals, exclusive of military and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Only hospitals having six or more beds for patient use and those in which the average length of stay for all patients is less than 30 days are included in the survey. Although all discharges of patients from these hospitals are within the scope of the survey, discharges of newborn infants from all hospitals are excluded from this report as well as discharges of all patients from Federal hospitals.

The sample was selected from a frame of about 7,500 short-stay hospitals listed in the National Master Facility Inventory. A two-stage stratified sample design was used, and hospitals were stratified according to bed size and geographic region. The largest hospitals were selected with certainty in the sample, and the probability of selection of a hospital decreased as the bed size of the hospital decreased. Within each sample hospital, a systematic random sample of discharges was selected from the daily listing sheet. The within-hospital sampling ratio for selecting discharges varied inversely with the probability of selection of the hospital, so that the overall probability of selecting a discharge was approximately the same in each bed-size class.

Survey hospitals used an abstract form to transcribe data from the face sheet of hospital records. Forms were completed either by hospital staff or representatives of the National Center for Health Statistics.

The basic unit of estimation for NHDS was the sample patient abstract. The estimation procedure involved inflation by the reciprocal of the probability of selection, adjustment for nonresponding hospitals and missing abstracts, and ratio adjustments to fixed totals. Of the 550 hospitals selected for the survey, 497 were within the scope of the survey, and 426 participated in the survey in 1982. Data were abstracted from about 214,000 medical records.

For more detailed information on the design of NHDS and the magnitude of sampling errors associated with NHDS estimates, see: National Center for Health Statistics, E. J. Graves: Utilization of short-stay hospitals,

United States, 1982, Annual summary. *Vital and Health Statistics*. Series 13, No. 84. DHHS Pub. No. (PHS) 86-1745. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1986.

### National Nursing Home Survey

Two sample surveys were conducted by the National Center for Health Statistics to obtain information on nursing homes, their expenditures, residents, staff, and, in the most recent survey, discharged patients. The first survey was conducted from August 1973 through April 1974. The most recent National Nursing Home Survey (NNHS) was conducted from May through December 1977.

Data on facilities were collected by personal interviews with administrators; facility accountants completed questionnaires on expenditures. Resident data were collected by a nurse familiar with the care provided to the resident. The nurse relied on the medical record and personal knowledge of the resident. Employees completed a self-administered questionnaire. Discharge data, collected only in the most recent NNHS, were based on information recorded in the medical record.

For the initial survey conducted in 1973-74, the universe included only those nursing homes that provided some level of nursing care. Thus, homes providing only personal or domiciliary care were excluded. The sample of 2,118 homes was selected from the 17,685 homes that provided some level of nursing care and were listed in the 1971 National Master Facility Inventory (NMFI) or those that opened for business in 1972. Data were obtained from about 20,600 staff and 19,000 residents. Response rates were 97 percent for facilities, 88 percent for expenditures, 98 percent for residents, and 82 percent for staff.

The scope of the 1977 NNHS encompassed all types of nursing homes, including personal care and domiciliary care homes. The sample of about 1,700 facilities was selected from 23,105 nursing homes in the sampling frame, which consisted of all homes listed in the 1973 NMFI and those opening for business between 1973 and December 1976. Data were obtained from about 13,600 staff, 7,000 residents, and 5,100 discharged residents. Response rates were 95 percent for facilities, 85 percent for expenses, 81 percent for staff, 99 percent for residents, and 97 percent for discharges.

Statistics from NNHS were derived by a ratio-estimating procedure. Statistics were adjusted for failure of a home to respond, failure to fill out one of the questionnaires, and failure to complete an item on a questionnaire.

For more information on the 1973-74 NNHS, see: National Center for Health Statistics, M. R. Meiners: Selected operating and financial characteristics of nursing homes, United States, 1973-74 National Nursing Home Survey. *Vital and Health Statistics*. Series 13, No. 22. DHEW Pub. No. (HRA) 76-1773. Health Resources Administration. Washington. U.S. Government Printing Office, Dec. 1975. For more information on

the 1977 NNHS, see: National Center for Health Statistics, J. F. Van Nostrand, A. Zappolo, E. Hing, et al.: *The National Nursing Home Survey, 1977 Summary for the United States. Vital and Health Statistics. Series 13, No. 43.* DHHS Pub. No. (PHS) 79-1794. Public Health Service. Washington. U.S. Government Printing Office, July 1979.

### National Ambulatory Medical Care Survey

The National Ambulatory Medical Care Survey (NAMCS) is a continuing national probability sample of ambulatory medical encounters. The scope of the survey covers physician-patient encounters in the offices of nonfederally employed physicians classified by the American Medical Association or American Osteopathic Association as "office-based, patient care" physicians. Excluded are visits to hospital-based physicians, visits to specialists in anesthesiology, pathology, and radiology, and visits to physicians who are principally engaged in teaching, research, or administration. Telephone contacts and nonoffice visits are also excluded.

A multistage probability design is employed. The first-stage sample consists of 87 primary sampling units (PSU's) selected from about 1,900 such units into which the United States has been divided. In each sample PSU, a sample of practicing physicians is selected. The final stage involves selection within a randomly assigned 7-day reporting period, and the selection of samples of patient visits during that period.

For the 1981 survey, a sample of 2,846 non-Federal, office-based physicians was selected from masterfiles maintained by the American Medical Association and the American Osteopathic Association. The physician response rate for 1981 was 77.5 percent, providing data concerning a random sample of about 43,366 patient visits.

The estimation procedure used in NAMCS basically has three components: inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

For more detailed information on the design of NAMCS and the magnitude of sampling errors associated with NAMCS estimates, see: National Center for Health Statistics, L. Lawrence and T. McLemore: 1981 summary, *National Ambulatory Medical Care Survey. Advance Data From Vital and Health Statistics.* No. 88. DHHS Pub. No. (PHS) 83-1250. Public Health Service. Hyattsville, Md., Mar. 16, 1983.

## Health Resources and Services Administration

### Bureau of Health Professions

#### Physician Supply Projections

In an ongoing effort, the Bureau of Health Professions (formerly the Bureau of Health Manpower)

evaluates both the current and future supply of health personnel in the various occupations.

The 1981 supply of active physicians (M.D.'s) was used as the starting point for the most recent projections of active physicians. The major source of data used to obtain 1981 figures was the American Medical Association (AMA) Physician Masterfile.

In the first stage of the projections, graduates from U.S. schools of allopathic (M.D.) and osteopathic (D.O.) medicine and foreign- and Canadian-trained additions were estimated on a year-by-year basis. Estimates of first-year enrollments, student attrition, other medical school-related trends, and a model of foreign and Canadian medical graduate immigration were used in deriving these annual additions. These year-by-year additions were then combined with the already existing active supply in a given year to produce a preliminary estimate of the active work force in each succeeding year. These estimates were then reduced using estimates of mortality and retirement. Mortality and retirement losses were computed by 5-year age cohorts on an annual basis, using age distributions and mortality and retirement rates based on AMA data.

For more information, see: Bureau of Health Professions, *Fifth Report to the President and Congress on the Status of Health Personnel in the United States*, DHHS Pub. No. (HRS-P-OD) 86-1, Health Resources and Services Administration, Rockville, Md., 1986.

#### Nurse Supply Estimates

Nursing estimates in this report are based on a model developed by the Bureau of Health Professions to meet the requirements of Section 951, P.L. 94-63. The model estimates the following for each State:

1. Nurse population—those with current licenses to practice
2. Nurse supply—all practicing nurses either full or part time (or all of those available to practice at that time)
3. Full-time equivalent supply—nurses practicing full time plus one-half of those practicing part time (or available on that basis)

Each of the three estimates are divided into three levels of highest educational preparation: associate degree or diploma; baccalaureate; master's and doctorate.

Among factors that must be considered are new graduates, changes in educational status, migration patterns, death rates, and licensure phenomena. Data sources required include data on nursing education from the National League for Nursing and data on nurses and licensure from the American Nurses Association and the National Council of State Boards of Nursing. Data on the number and characteristics of registered nurses are from the National Sample Survey of Registered Nurses conducted in November 1984.

## Centers for Disease Control

### Epidemiology Program Office

#### National Morbidity Reporting System

This is a system for collecting demographic, clinical, and laboratory data primarily from State and territorial health agencies to provide national surveillance for conditions such as rabies, aseptic meningitis, diphtheria, tetanus, encephalitis, foodborne outbreaks, and others. Completeness of reporting varies greatly, since not all cases receive medical care and not all treated conditions are reported. Although State laws and regulations mandate disease reporting, reporting to the Centers for Disease Control (CDC) by States and territories is voluntary.

In addition, reporting of varicella (chickenpox) and mumps is not notifiable for some States. Rubella congenital syndrome cases are reported as a separate notifiable disease, and are not included in the counts for rubella cases.

Estimates of underreporting have been made for two diseases—measles and viral hepatitis. Prior to the institution of the Measles Elimination Program in 1978, it was generally accepted that about 10–15 percent of all cases of measles that occurred in the United States were reported to CDC. However, uncommon and serious conditions such as rabies are nearly always reported to CDC.

Depending on the disease, data are collected weekly or monthly and are analyzed to detect epidemiologic trends or to locate cases requiring control efforts. Data are published weekly and summarized annually.

For more information, see: Centers for Disease Control, Final 1984 reports of notifiable diseases, *Morbidity and Mortality Weekly Report*, 34(54), Public Health Service, DHHS, Atlanta, Ga., Dec. 1985; or write to Centers for Disease Control, Director, Division of Surveillance and Epidemiologic Studies, Epidemiology Program Office, Atlanta, Ga. 30333.

### Center for Health Promotion and Education

#### Abortion Surveillance

The Centers for Disease Control (CDC) acquires abortion service statistics by State of occurrence from three sources—central health agencies, hospitals and other medical facilities, and the National Center for Health Statistics. Most of the central health agencies have established direct reporting systems, although a few collected data by surveying abortion facilities. Epidemiologic surveillance of abortion was initiated in eight States in 1969, and now statewide abortion data are also reported by the remaining States.

The total number of abortions reported to CDC is about 16 percent less than the total estimated independently by the Alan Guttmacher Institute, the

research and development division of the Planned Parenthood Federation of America, Inc.

For more information, contact: Director, Division of Reproductive Health, Center for Health Promotion and Education, Centers for Disease Control, Atlanta, Ga. 30333.

### Center for Prevention Services

#### U.S. Immunization Survey

This system is the result of a contractual agreement between the Centers for Disease Control and the U.S. Bureau of the Census. Estimates from the Immunization Survey are based on data obtained during the third week of each September for a subsample of households interviewed for the Current Population Survey, which is described separately in this appendix.

The reporting system contains demographic variables and vaccine history along with disease history when relevant to vaccine history. The system is used to estimate the immunization level of the Nation's child population against the vaccine preventable diseases; from time to time, immunization level data on the adult population are collected.

The scope of the U.S. Immunization Survey covers the 50 States and the District of Columbia. For example, the 1981 sample included approximately 45,000 household units. Six thousand sample units were found to be vacant or otherwise not to be interviewed. Of the approximately 39,000 occupied households eligible for interview, about 1,500 were not interviewed because the occupants either were not at home after repeated calls or were unavailable for some other reason.

The estimating procedure that was used involves the inflation of weighted sample results to independent estimates of the civilian noninstitutionalized population of the United States by age and race.

Starting in 1979, the questionnaire was modified to solicit information regarding the source of immunization responses given by the interviewee. This change was made to measure the percent of responses for which a family immunization record was the source of the information.

For more information about the survey methodology, contact: Director, Division of Immunization, Center for Preventive Services, Centers for Disease Control, Atlanta, Ga. 30333.

### Center for Environmental Health

#### Birth Defects Monitoring Program

The Birth Defects Monitoring Program (BDMP) is a national program to monitor and analyze hospital discharge data on newborns for birth defects and other conditions. The BDMP was initiated at the Centers for Disease Control in December 1974 and provides data on births since 1970. Data used in this program are



derived from information sent by participant hospitals to the Commission on Professional and Hospital Activities (CPHA) as part of its ongoing health-data processing system. Discharge abstracts are coded by hospital medical records department staff and submitted regularly to CPHA for processing. CPHA provides a subset of these data to CDC. Included are abstracts on all liveborn and stillborn infants delivered in each participant CPHA hospital. Approximately 1,000 hospitals, most of which are midsized community hospitals, have granted use of their data.

Though this data source is not population based and not a random sample of U.S. births, it nevertheless represents the largest single set of uniformly collected and coded discharge data on birth defects among newborns in the United States. From 1970 through 1983 over 13 million births were monitored. Over 800,000, or about 22 percent, of U.S. births were monitored during 1983. The data are reviewed four times a year, and the defects are usually reported 3–6 months after birth. A total of 161 defect categories are analyzed to identify increases or unusual trends.

For more information, contact: Chief, Birth Defects and Genetic Diseases Branch, Division of Birth Defects and Developmental Disabilities, Center for Environmental Health, Atlanta, Ga. 30333.

## **National Institute for Occupational Safety and Health**

### **National Occupational Hazard Survey**

The National Occupational Hazard Survey (NOHS) was conducted by the National Institute for Occupational Safety and Health (NIOSH) to obtain data on employee exposure to particular chemicals and physical agents in various industries.

A random sample of 4,636 urban workplaces was selected by the U.S. Department of Labor, Bureau of Labor Statistics. Because mining and government activities are not within the coverage of the Occupational Safety and Health Act and agricultural and rural areas were beyond the logistical capacity of the survey, the sample excluded those types of facilities. Included were facilities in 66 different two-digit Standard Industrial Classifications (SIC's), located in 67 standard metropolitan statistical areas. Field work was performed by 20 industrial hygiene surveyors who collected data from February 1972 through June 1974.

Information in Part I, elicited during a questionnaire interview of management, profiled the SIC and size of facility, along with its medical, safety, and industrial hygiene programs. Part II, the greatest part of the NOHS data, contained the recorded observations of the surveyor's management-escorted "walk-through" of all facility work areas. Part II listed, by job title, the number of employees who were potentially exposed to the same chemicals and physical agents. The surveyor recorded

all materials and physical agents each employee group encountered, regardless of toxicity; hazardous nature; conditions of use; and the presence, absence, or effectiveness of any exposure control measures. For each potential exposure listed within an occupational group, the surveyor also recorded the duration, intensity, form, and the control utilized and whether it functioned.

For more information on NOHS, see: National Institute for Occupational Safety and Health, National Occupational Hazard Survey, Vol. I, Survey manual, DHEW Pub. No. (NIOSH) 74-127; Vol. II, Data editing and data base development, DHEW Pub. No. (NIOSH) 77-213; Vol. III, Survey analysis and supplemental tables, DHEW Pub. No. (NIOSH) 78-114.

### **National Occupational Exposure Survey**

Beginning in 1981, NIOSH began a second national survey of worksites, patterned after the NOHS. This second survey, known as the National Occupational Exposure Survey (NOES), collected information essentially identical to the NOHS in a sample of 4,490 facilities over a 30-month period.

For further information on NOES, see: National Institute for Occupational Safety and Health, National Occupational Exposure Survey, Field Guidelines, DHHS Pub. No. (NIOSH) 86-116.

## **Alcohol, Drug Abuse, and Mental Health Administration**

### **National Institute on Alcohol Abuse and Alcoholism**

#### **National Surveys of Drinking**

Data on trends in alcohol consumption were drawn from national surveys funded by the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Drug Abuse. The 1979 survey was based on self-reported consumption and was designed to represent adults 18 years of age and over living in households in the coterminous United States. A total of 1,772 interviews were conducted, representing a response rate of 66 percent.

For more information, write: Laboratory for Epidemiology and Population Studies, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Md. 20857.

#### **National Surveys on Drug Abuse**

Data on trends in use of marijuana, cigarettes, and alcohol among youth 12–17 years of age are from the National Survey on Drug Abuse. The 1982 survey is the seventh in a series that began in 1971 under the auspices of the National Commission on Marijuana and Drug Abuse. Since 1974, the survey has been sponsored by the National Institute on Drug Abuse.

The survey covers the population 12 years of age and over living in households in the coterminous United States. Samples of youth (12–17 years) and adults (18 years and over) are independently selected.

The most recent survey (1982) is based on home personal interviews of 5,624 randomly selected Americans 12 years of age and over. The response rate in this survey was 85 percent for the youth sample (12–17 years).

For more information on the National Survey on Drug Abuse, see: National Institute on Drug Abuse, National Survey on Drug Abuse: Main findings 1982, by J. D. Miller et al., DHHS Pub. No. (ADM) 83–1263, Public Health Service, Rockville, Md., U.S. Government Printing Office, 1983.

## National Institute of Mental Health

### Surveys of Mental Health Facilities

The Survey and Reports Branch of the Division of Biometry and Epidemiology conducts several inventories of mental health facilities. Some of the data in this report are derived from more than one of these inventories. The response rate to most of the items on these inventories is relatively high (90 percent or better) as is the rate for data presented in this report. However, for some inventory items, the response rate may be somewhat lower.

The Inventories of Mental Health Facilities are the primary source for National Institute of Mental Health (NIMH) data included in this report. This data system is based on questionnaires mailed every other year to mental health facilities in the United States, including psychiatric hospitals, non-Federal general hospitals with psychiatric services, Veterans Administration psychiatric services, residential treatment centers for emotionally disturbed children, freestanding outpatient psychiatric clinics, and other types of multiservice or day-night facilities. Federally funded community mental health centers (CMHC's) were included separately through 1980. In 1981, with the advent of block grants, the changes in definition of CMHC's, and the discontinuation of CMHC monitoring by NIMH, facilities formerly classified as CMHC's have been reclassified as other facility types, primarily "multiservice mental health facilities, not elsewhere classified" and "freestanding psychiatric outpatient clinics."

Beginning in 1983 any organization that provides services in any combination of two or more settings (e.g., outpatient plus partial care, residential treatment plus outpatient plus partial care) and is neither a hospital nor a residential treatment center for emotionally disturbed children is classified as a multiservice mental health organization. Prior to 1983 an organization had to have either inpatient or residential treatment services in combination with other settings to be a "multiservice mental health organization." The result of this defini-

tional change is to increase sharply the number of multiservice mental health organizations while decreasing the number of freestanding psychiatric outpatient clinics.

Other surveys conducted by the Survey and Reports Branch encompass samples of patients admitted to State, county, and private mental hospitals, outpatient psychiatric services, and Veterans Administration psychiatric services. The purpose of these surveys is to determine the sociodemographic, clinical, and treatment characteristics of patients served by these facilities.

For more information, write: Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health, 5600 Fishers Lane, Rockville, Md. 20857.

## National Institutes of Health

### National Cancer Institute

#### Surveillance, Epidemiology, and End Results Program

In the Surveillance, Epidemiology, and End Results (SEER) Program the National Cancer Institute (NCI) contracts with eleven population-based registries throughout the United States and Puerto Rico to provide data on all residents diagnosed with cancer during the year and to provide current followup information on all previously diagnosed patients.

Data are submitted to the Institute twice a year. Patients included in this report include those diagnosed between 1973 and 1983. Patients diagnosed between 1973 and 1982 have been followed through 1983 and are included in survival calculations using the actuarial method. All patients were residents of one of the following geographic areas at the time of their initial diagnosis of cancer: Atlanta, Georgia; Detroit, Michigan; Seattle-Puget Sound, Washington; San Francisco-Oakland, California; Connecticut; Iowa; New Mexico; Utah; and Hawaii. Data from New Jersey were excluded because those data are available only since 1979. Further, data from Puerto Rico were also excluded because this analysis focuses on trends occurring within the United States exclusive of its territories.

Population estimates used to calculate incidence rates are obtained from the U.S. Census Bureau. Currently, the Bureau has provided population projections through 1982. Population projections for 1983 have been made by NCI.

Life tables used to determine normal life expectancy when calculating relative survival rates were obtained from the National Center for Health Statistics. Separate life tables are used for each race-specific group included in the SEER Program.

For further information, see: National Cancer Institute, *1985 Annual Cancer Statistics Review*, by E. Sondik et al., Public Health Service, Bethesda, Md., 1985.

## Health Care Financing Administration

### Bureau of Data Management and Strategy

#### Estimates of National Health Expenditures

Estimates of public and private expenditures for health are compiled annually by type of expenditure and source of funds. Health Care Financing Administration occasionally revises its health expenditure estimates. Data in this volume may differ slightly from those appearing in earlier volumes of *Health, United States*. The data for Federal health programs are taken from administrative sources.

Estimates for non-Federal expenditures come from an array of sources. American Hospital Association data on hospital finances, increased slightly to allow for osteopathic hospitals, are the primary source for estimates relating to hospital care. Estimated expenditures for the services of dentists and physicians in private practice are based on the gross income from self-employed practice reported to the Internal Revenue Service. The salaries of dentists and physicians on the staffs of hospitals and hospital outpatient facilities are considered a component of hospital care. Expenditures for the education and training of medical personnel are considered to be expenditures for education, and where they can be separated, they are excluded from health expenditures. Expenditures for drugs, drug sundries, eyeglasses, and appliances exclude those provided to inpatients and are estimated principally from the report of personal consumption expenditures in the U.S. Department of Commerce's national income accounts in the *Survey of Current Business*. Nursing home care expenditures by both public and private sources are based on data from the National Nursing Home Survey conducted by the National Center for Health Statistics. Data on the financial expenditures of health insurance organizations come from special Health Care Financing Administration analyses of private health insurers. Expenditures for construction represent "value put in place" for hospitals, nursing homes, medical clinics, and medical research facilities but not for private office buildings providing office space for private practitioners.

For more specific information on items included and excluded and on general methodology used, see: National health expenditures, 1985, by H. Lazenby, K. R. Levit, and D. R. Waldo, *Health Care Financing Notes*, HCFA Pub. No. 03232, Health Care Financing Administration, Washington, U.S. Government Printing Office, Sept. 1986.

#### Medicare Statistical System

The Medicare Statistical System (MSS) is a byproduct of the administrative recordkeeping system of the Medicare program. This program tracks the eligibility of enrollees and the benefits they use, the certification status

of institutional providers, and the payments made for covered services. Currently, records are maintained on about 31 million active enrollees and 26,400 participating institutional providers, and about 240 million bills for services are processed annually.

The basic data files of MSS parallel the major files of Medicare's administrative system. There is an enrollment file containing demographic data including age, sex, race, State, county, and ZIP code of residence, and eligibility information for all enrollees. The institutional provider file contains information on hospitals, skilled nursing facilities, home health agencies, and independent laboratories certified for Medicare participation. The information in this file includes the institution's size, location, and type of control. The third major type of file contains records of services used under Part A of Medicare—hospital, skilled nursing facility, or home health agency services. The last major type of file in MSS provides information on the use of Medicare Part B services, the most important of which is use of physician services. These files include data on the physician's submitted charge, the amount Medicare allowed, Medicare reimbursements, and the number and type of services received.

For further information on MSS and its derivative files, see: Health Care Financing Administration, *Medical Data System*, by Irving Goldstein, HCFA Pub. No. 03111, Baltimore, Md., July 1981.

#### Medicaid Data System

The majority of Medicaid data come from a compilation of the annual and monthly Medicaid reports submitted by the State Medicaid agencies. The States obtain this information from their own Medicaid claims processing and payment operations.

The major claims processing and payment system used in the States is the Medicaid Management Information System (MMIS). The General System Design for these systems, completed and distributed in 1972, allowed for considerable variation in certain characteristics of the MMIS. However, as a consequence of the differences in coding, processing, and file structures among States, as well as the programmatic diversity inherent in Medicaid itself, in any fiscal year approximately six States do not file an annual report, and in any month approximately two States do not file a monthly report. Historically, these missing reports have been estimated by using weighted linear extrapolation methods and aggregating data from other reports.

For further information on the Medicaid data system, see: Health Care Financing Administration, *Analysis of State Medicaid Program Characteristics, 1983*, prepared by LaJolla Management Corporation, Rockville, Md., under contract number HCFA500-81-0040, Dec. 1983.

## Department of Commerce

### Bureau of the Census

#### U.S. Census of Population

The census of population has been taken in the United States every 10 years since 1790. In the 1980 census, data were collected on sex, race, age, and marital status from 100 percent of the enumerated population. More detailed information such as income, education, housing, occupation, and industry were collected from a 20-percent sample. The 20-percent sample was dichotomized by size of place of residence with 50 percent of households in places of less than 2,500 population and 1 out of 6 households in places of 2,500 or more population receiving the more detailed questionnaire.

For more information on the 1980 census, see: U.S. Bureau of the Census, *1980 Census of Population and Housing, Users Guide, Part A Text, PHC 80-R1-A*.

#### Current Population Survey

The Current Population Survey (CPS) is a household sample survey of the civilian noninstitutionalized population conducted monthly by the U.S. Bureau of the Census to provide estimates of employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various other subgroups of the population.

A list of housing units from the 1980 census, supplemented by newly constructed units and households known to be missed in the 1980 census, provides the sampling frame in most areas for the present CPS. In some rural locations, current household listings of selected land areas serve as the frame.

The present CPS sample is located in 729 sample areas with coverage in every State and the District of Columbia. In an average month during 1983, the number of housing units or living quarters eligible for the national sample was about 70,000 of which about 57,800 were interviewed households, and 2,500 were households at which the members were not available for interview. About 11,000 households were visited but were not eligible for interview.

The estimation procedure used involves inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment.

For more information, see: U.S. Bureau of the Census, *The Current Population Survey, Design and Methodology*, Technical Paper 40, Washington, U.S. Government Printing Office, Jan. 1978.

#### Population Estimates

National estimates are derived by use of decennial census data as benchmarks and of data available from various agencies as follows: births and deaths (Public Health Service); immigrants (Immigration and Naturalization Service); the Armed Forces (Department of Defense); net movement between Puerto Rico and the U.S.

mainland (Puerto Rico Planning Board); and Federal employees abroad (Civil Service Commission and Department of Defense). State estimates are based on similar data and also on a variety of data series, including school statistics from State departments of education and parochial school systems.

Current estimates are generally consistent with official decennial census figures and do not reflect the amount of estimated decennial census underenumeration.

For more information, see: U.S. Bureau of the Census, *Estimates of the population of the United States, by age, sex, and race: 1980-1985, Current Population Reports, Series P-25, No. 985*, Washington, U.S. Government Printing Office, 1986.

## Department of Labor

### Bureau of Labor Statistics

#### Consumer Price Index

The Consumer Price Index (CPI) is a monthly measure of price change for a fixed "market basket" of goods and services. It is revised periodically to take into account changes in what Americans buy and in the way they live. The latest revision included (1) a new CPI for all urban consumers, (2) a revision of the CPI for urban wage earners and clerical workers, and (3) a modification of some categories within the medical care component. The new indexes were introduced with the release of January 1978 data.

In this report, all CPI data shown are for all urban consumers. Prices are collected in 85 urban areas across the country. They were collected from about 18,000 tenants, 18,000 housing units for property taxes, and 24,000 establishments—grocery and department stores, hospitals, filling stations, and other types of stores and service establishments. All taxes directly associated with the purchase and use of items are included in the index.

Prices of food, fuels, and a few other items were obtained every month in all 85 locations. Prices of most other commodities and services were collected every month in the five largest areas and every other month in other areas. Prices of most goods and services were obtained by personal visits of the Bureau's trained representatives. Mail questionnaires were used to obtain local transit fares, public utility rates, newspaper prices, fuel prices, and certain other items.

In calculating the index, price changes for the various items in each location were averaged together with weights that represent their importance in the spending of all urban consumers. Local data were then combined to obtain a U.S. city average.

The index measures price changes from a designated reference date—1967—which equals 100. An increase of 22 percent, for example, is shown as 122. This change can also be expressed in dollars as follows: The price of a base period "market basket" of goods and services

bought by all urban consumers has risen from \$10 in 1967 to \$12.20.

For more information, see: Bureau of Labor Statistics, *Consumer Price Index, Concepts and Content over the Years*, BLS Report 517, Washington, U.S. Government Printing Office, May 1978.

### Employment and Earnings

The Division of Industry Employment Statistics and the Division of Employment and Unemployment Analysis of the Bureau of Labor Statistics (BLS) publish data on employment and earnings. The data are collected by the Bureau of the Census, State Employment Security Agencies, and State Departments of Labor in cooperation with BLS.

The major data source is the Current Population Survey (CPS), a household interview survey conducted monthly by the Bureau of the Census to collect labor force data for BLS. CPS is described separately in this appendix. Data based on establishment records are also compiled each month from mail questionnaires by BLS, in cooperation with State agencies.

For more information, see: U.S. Department of Labor, Bureau of Labor Statistics, *Employment and Earnings, January 1986*, Vol. 33, No. 1, Washington, U.S. Government Printing Office, Jan. 1986.

## Environmental Protection Agency

### National Aerometric Surveillance Network

The Environmental Protection Agency (EPA), through extensive monitoring of activities conducted by Federal, State, and local air pollution control agencies, collects data on the six pollutants for which National Ambient Air Quality Standards have been set. These pollution control agencies submit data quarterly to EPA's National Aerometric Data Bank (NADB). There are about 3,400 total stations reporting. Data from some short-term or sporadic monitoring for such purposes as special studies and complaint investigations are usually not included in NADB because the data are not extensive enough to provide equitable comparisons with routine data from permanent monitoring sites.

For more information, see: Environmental Protection Agency, *National Air Pollutant Emission Estimates, 1940-84*, EPA-450/4-85-014, Research Triangle Park, N.C., Jan. 1986, or write to Office of Air Quality Planning and Standards, Environmental Protection Agency, Research Triangle Park, N.C. 27711.

## United Nations

### Demographic Yearbook

The Statistical Office of the United Nations prepares the *Demographic Yearbook*, a comprehensive collection of international demographic statistics.

Questionnaires are sent annually and monthly to more than 220 national statistical services and other appropriate government offices. Data forwarded on these questionnaires are supplemented, to the extent possible, by data taken from official national publications and by correspondence with the national statistical services. To insure comparability, rates, ratios, and percentages have been calculated in the Statistical Office of the United Nations.

Lack of international comparability between estimates arises from differences in concepts, definitions, and time of data collection. The comparability of population data is affected by several factors, including (1) the definitions of the total population, (2) the definitions used to classify the population into its urban and rural components, (3) difficulties relating to age reporting, (4) the extent of over- or underenumeration, and (5) the quality of population estimates. The completeness and accuracy of vital statistics data also vary from one country to another. Differences in statistical definitions of vital events may also influence comparability.

For more information, see: United Nations, *Demographic Yearbook 1983*, Pub. No. ST/ESA/STAT/SER.R/13, United Nations, New York, N.Y., 1985.

## Alan Guttmacher Institute

### Abortion Survey

The Alan Guttmacher Institute (AGI) conducts an annual survey of abortion providers. Data are collected from hospitals, nonhospital clinics, and physicians identified as providers of abortion services. A survey universe of 3,092 hospitals, nonhospital clinics, and individual physicians was compiled. To assess the completeness of the provider and abortion counts, supplemental surveys were conducted of a sample of obstetrician-gynecologists and a sample of hospitals (not in original universe) that were identified as providing abortion services through the American Hospital Association survey.

The number of abortions estimated by AGI is about 20 percent more than the number reported to the Centers for Disease Control.

For more information, write to: The Alan Guttmacher Institute, 111 5th Avenue, 11th Floor, New York, N.Y. 10003-1089.

## American Hospital Association

### Annual Survey of Hospitals

Data from this survey are based on questionnaires that are sent to all hospitals in the United States and its associated areas accepted for registration by the American Hospital Association (AHA). In 1984, questionnaires were mailed to all hospitals on AHA files.

Overall, 6,454 hospitals reported data, a response rate of 90.8 percent. For nonreporting hospitals and for the survey questionnaires of reporting hospitals on which some information was missing, estimates were made for all data except those on beds, bassinets, and facilities. Data for beds and bassinets of nonreporting hospitals were based on the most recent information available from those hospitals. Facilities and services and inpatient service area data include only reporting hospitals and, therefore, do not include estimates.

Estimates of other types of missing data were based on data reported the previous year, if available. When unavailable, the estimates were based on data furnished by reporting hospitals similar in size, control, major service provided, length of stay, and geographic and demographic characteristics.

Hospitals are requested to report data for the full year ending September 30; 47.6 percent of the responding hospitals used this reporting period. In the 1984 survey, the remaining hospitals used various reporting periods.

For more information on the AHA Annual Survey of Hospitals, see: American Hospital Association, *Hospital Statistics, 1985 Edition, Data from the American Hospital Association 1984 Annual Survey*, Chicago, 1985.

## American Medical Association

### Physician Masterfile

A masterfile of physicians has been maintained by the American Medical Association (AMA) since 1906. Today, the Physician Masterfile contains data on almost every physician in the United States, both members and nonmembers of AMA, and on those graduates of American medical schools temporarily practicing overseas. The file also includes graduates of foreign medical schools who are in the United States.

A file is initiated on each individual upon entry into medical school or in the case of foreign graduates upon entry into the United States. A census of physicians is conducted every 3 years to update the file information on professional activities, specialization, and present employment status. The last census from which data are available was completed in 1982, with a response rate of 90 percent. Between censuses, AMA keeps the file current by continuous checks of professional publications and State licensure notices for changes in any physician's activities. When a change is noted, the physician may be sent a questionnaire to verify the change.

For more information on the AMA Physician Masterfile, see: Division of Survey and Data Resources, American Medical Association, *Physician Characteristics and Distribution in the U.S.*, 1984 edition, Chicago, 1985.

## Annual Census of Hospitals

From 1920 to 1953, the Council on Medical Education and Hospitals of the American Medical Association (AMA) conducted annual censuses of all hospitals registered by AMA.

In each annual census, questionnaires were sent to hospitals asking for the number of beds, bassinets, births, patients admitted, average census of patients, lists of staff doctors and interns, and other information of importance at the particular time. Response rates were always nearly 100 percent.

The community hospital data from 1940 and 1950 presented in this report were calculated using published figures from the AMA Annual Census of Hospitals. Although the hospital classification scheme used by AMA in published reports is not strictly comparable with the definition of community hospitals, methods were employed to achieve the greatest comparability possible.

For more information on the AMA Annual Census of Hospitals, see: American Medical Association, *Hospital service in the United States, Journal of the American Medical Association*, 116(11):1055-1144, 1941.

## Interstudy

### National Health Maintenance Organization Census

Interstudy has conducted a census of Health Maintenance Organizations (HMO) since 1982. From 1976 to 1981 the Office of Health Maintenance Organizations (OHMO) had conducted the census.

In 1985 nearly two-thirds of the 480 HMO's on which the census was based returned written surveys. Partial information (enrollment, operational date, model type, federal qualification, and profit status) on nonresponding HMO's was obtained through telephone interviews with the HMO or from OHMO. Utilization data, premium information, and specific Medicare and Medicaid enrollments were not obtained for nonresponding HMO's.

In 1985 a large increase in the number of HMO's and enrollment is partly attributable to a change in the categories of HMO's included in the census: Both Medicaid-only and Medicare-only HMO's have been added. Also component HMO's, which have their own discrete management, can be listed separately; whereas previously the oldest HMO reported for all of its component or expansion sites, even when the components had different operational dates or were different model types.

For further information, see: Interstudy, *National HMO census: Annual report on the growth of HMO's in the U.S., 1982-1985 Editions*. Excelsior, Minn., 1983-86.

# Appendix II

## Glossary

### General Terms

#### Social and Demographic Terms

**Age**—Age is reported as age at last birthday, i.e., age in completed years, often calculated by subtracting date of birth from the reference date, with the reference date being the date of the examination, interview, or other contact with an individual.

**Age adjustment**—Age adjustment, using the direct method, is the application of the age-specific rates in a population of interest to a standardized age distribution in order to eliminate the differences in observed rates that result from age differences in population composition. This adjustment is usually done when comparing two or more populations at one point in time or one population at two or more points in time.

In this report, the death rates are age adjusted to the U.S. population enumerated in 1940. Computations may be simplified by expressing the 1940 U.S. population on a per million basis (table I). Adjustment is based on 11 age groups. An exception is cause-specific provisional death rates, which are based on 10 age groups with 1–4 and 5–14 years of age combined as one group. Maternal mortality rates for complications of pregnancy, childbirth, and the puerperium are calculated as the number of deaths per 100,000 live births. These rates are age adjusted to the live births in the United States in 1970 using the intervals for mother's age in table II.

**Table I. Standard million age distribution used to adjust death rates to the U.S. population in 1940**

Age	Standard million
All ages . . . . .	1,000,000
Under 1 year . . . . .	15,343
1–4 years . . . . .	64,718
5–14 years . . . . .	170,355
15–24 years . . . . .	181,677
25–34 years . . . . .	162,066
35–44 years . . . . .	139,237
45–54 years . . . . .	117,811
55–64 years . . . . .	80,294
65–74 years . . . . .	48,426
75–84 years . . . . .	17,303
85 years and over . . . . .	2,770

The data from the National Health Interview Survey (NHIS), National Health Examination Survey (NHES), National Health and Nutrition Examination Survey (NHANES), National Ambulatory Medical Care Survey (NAMCS), and the National Hospital Discharge Survey (NHDS) are age adjusted to the 1970 civilian noninstitutionalized population. Most of the data from the NHIS are age adjusted using the following four age groups: under 17 years, 17–44 years, 45–64 years, and 65 years and over. The NHES and NHANES data are age adjusted using the following five age groups: 25–34 years, 35–44 years, 45–54 years, 55–64 years, and 65–74 years. For the NAMCS and NHDS the intervals used are under 15 years, 15–44 years, 45–64 years, and 65 years and over. The 1970 civilian noninstitutionalized population used to age adjust data from each survey are shown in table III.

**Average annual rate of change (percent change)**—In this report, average annual rates of change or growth rates are calculated as follows:

$$\left[ \left( \frac{P_n}{P_o} \right)^{1/N} - 1 \right] \times 100$$

where  $P_n$  = later time period  
 $P_o$  = earlier time period  
 $N$  = number of years in interval

This geometric rate of change assumes that a variable increases or decreases at the same rate during each year between the two time periods.

**Race**—Beginning in 1976, the Federal Government's data systems classified individuals into the following racial groups: American Indian or Alaskan Native, Asian

**Table II. Numbers of live births and mother's age groups used to adjust maternal mortality rates to live births in the United States in 1970**

Mother's age	Number
All ages . . . . .	3,731,386
Under 20 years . . . . .	656,460
20–24 years . . . . .	1,418,874
25–29 years . . . . .	994,904
30–34 years . . . . .	427,806
35–39 years . . . . .	180,244
40 years and over . . . . .	53,098

**Table III. Population and age groups used to adjust data to the U.S. civilian noninstitutionalized population in 1970: Selected surveys**

Survey and age	Number in thousands
NHIS	
All ages . . . . .	199,583
Under 17 years . . . . .	65,644
17-44 years . . . . .	73,289
20-24 years . . . . .	15,378
25-34 years . . . . .	24,430
35-44 years . . . . .	22,614
45-64 years . . . . .	41,537
65 years and over . . . . .	19,113
NHES and NHANES	
All ages . . . . .	100,804
25-34 years . . . . .	24,430
35-44 years . . . . .	22,614
45-54 years . . . . .	23,070
55-64 years . . . . .	18,467
65-74 years . . . . .	12,223
NAMCS and NHDS	
All ages . . . . .	199,584
Under 15 years . . . . .	57,745
15-44 years . . . . .	81,189
45-64 years . . . . .	41,537
65 years and over . . . . .	19,113

or Pacific Islander, black, and white. In this report, three racial categories are generally used: "white," "all other," and "black." The "all other" category includes all races other than 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. In the National Vital Statistics System, newborn infants are assigned the race of their parents. If the parents are of different races and one is white, the child is assigned the other parent's race. If either parent is Hawaiian, the child is classified as Hawaiian. In all other cases, the child is assigned the father's race. Prior to 1964, the National Vital Statistics System classified all births for which race was unknown as "white." Beginning in 1964 these births are classified according to information on the previous record. The National Health Interview Survey assigns children whose parents are of different races to the race of the father.

**Family income**—For purposes of the National Health Interview Survey and National Health and Nutrition Examination Survey, all people within a household related to each other by blood, marriage, or adoption constitute a family. Each member of a family is classified according to the total income of the family. Unrelated individuals are classified according to their own income.

Family income, then, is the total income received by the members of a family (or by an unrelated individual) in the 12 months prior to interview, including wages, salaries, rents from property, interest, dividends, profits and fees from their own businesses, pensions, and help from relatives.

**Marital status**—The population is classified through self-reporting into the categories married and unmarried. Married includes all married people including those separated from their spouses. Unmarried includes those who are single (never married), divorced, or widowed. The Abortion Surveillance reports of the Centers for Disease Control classify separated people as unmarried for all States except Rhode Island.

**Population**—The U.S. Bureau of the Census collects and publishes data on several different types of population in the United States. Various statistical systems then use the appropriate population in calculating rates.

**Total population** is the population of the United States, including all members of the Armed Forces living in foreign countries, Puerto Rico, Guam, and the U.S. Virgin Islands. Other Americans abroad (e.g., civilian Federal employees and dependents of members of the Armed Forces or other Federal employees) are not included.

**Resident population** is the population living in the United States. This includes members of the Armed Forces stationed in the United States and their families as well as foreigners working or studying here; it excludes foreign military, naval, and diplomatic personnel and their families located here and residing in embassies or similar quarters as well as Americans living abroad. The resident population is often the denominator when calculating birth and death rates and incidence of disease.

**Civilian population** is the resident population excluding members of the Armed Forces. Families of members of the Armed Forces are included, however. This population is the denominator in rates calculated for the NCHS National Hospital Discharge Survey.

**Civilian noninstitutionalized population** is the civilian population not residing in institutions. Institutions include correctional institutions, detention homes, and training schools for juvenile delinquents; homes for the aged and dependent (e.g., 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. This population is the denominator in rates calculated for the National Center for Health Statistics' National Health Interview Survey, National Health and Nutrition Examination Survey, and National Ambulatory Medical Care Survey.



## Geographic Terms

*Division and region*—The 50 States and the District of Columbia are grouped for statistical purposes by the U.S. Bureau of the Census into nine divisions within four regions. The groupings are as follows:

- Northeast
  - New England
    - Maine, New Hampshire, Vermont,
    - Massachusetts, Rhode Island, Connecticut
  - Middle Atlantic
    - New York, New Jersey, Pennsylvania
- Midwest
  - East North Central
    - Ohio, Indiana, Illinois, Michigan, Wisconsin
  - West North Central
    - Minnesota, Iowa, Missouri, North Dakota,
    - South Dakota, Nebraska, Kansas
- South
  - South Atlantic
    - Delaware, Maryland, District of Columbia,
    - Virginia, West Virginia, North Carolina,
    - South Carolina, Georgia, Florida
  - East South Central
    - Kentucky, Tennessee, Alabama, Mississippi
  - West South Central
    - Arkansas, Louisiana, Oklahoma, Texas
- West
  - Mountain
    - Montana, Idaho, Wyoming, Colorado, New
    - Mexico, Arizona, Utah, Nevada
  - Pacific
    - Washington, Oregon, California, Alaska,
    - Hawaii

*Registration area*—The United States has separate registration areas for birth, death, marriage, and divorce statistics, which collect data annually from States whose registration data are at least 90-percent complete. The *death registration area* was established in 1900 with 10 States and the District of Columbia, while the *birth registration area* was established in 1915, also with 10 States and the District of Columbia. Both areas have covered the entire United States since 1933. Currently, Puerto Rico, the U.S. Virgin Islands, and Guam are also included, although in statistical tabulations they are not part of the "United States" total.

*Reporting area*—In the National Vital Statistics System, reporting requirements on birth certificates vary according to State. Thus, different numbers of States report various characteristics. For example, in 1979, the month during which prenatal care began was reported in 49 States and the District of Columbia.

*Standard metropolitan statistical area (SMSA)*—This is a concept developed for use in statistical reporting and analysis. Except in the New England States, an SMSA

is a county or a group of contiguous counties containing at least one city of 50,000 inhabitants or more or "twin cities" with a combined population of at least 50,000. In addition, contiguous counties are included in an SMSA if they are essentially metropolitan in character (based on criteria of labor force characteristics and population density) and are socially and economically integrated with the central city or cities.

In New England, towns and cities rather than counties are the geographic components of the SMSA. Since National Center for Health Statistics (NCHS) data are not coded to identify all towns, NCHS uses the metropolitan State economic area (MSEA), which is made up of county units, for reporting data in New England.

## Health Status and Determinants

### Fertility

*Abortion*—The Centers for Disease Control's surveillance program counts *legal abortions* only. For surveillance purposes, legal abortion is defined as a procedure performed by a licensed physician or someone acting under the supervision of a licensed physician.

*Birth rate*—This measure divides the number of live births in a population in a given period by the resident population at the middle of that period. It is expressed as the number of live births per 1,000 population. The rate may be restricted to births to women of specific age, race, marital status, or geographic location, or it may be related to the entire population.

*Completed fertility rate*—Sum of the central birth rates over all ages (14–49 years) of childbearing for a given birth cohort.

*Gestation*—For both the National Vital Statistics System and the Centers for Disease Control's Abortion Surveillance, the period of gestation is defined as beginning with the first day of the last normal menstrual period and ending with the day of birth.

*Live birth*—In the World Health Organization's definition, also adopted by the United Nations and the National Center for Health Statistics, a live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as heartbeat, umbilical cord pulsation, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born.

*Live-birth order*—In the National Vital Statistics System, this item from the birth certificate indicates the number of live births a woman has had, counting the birth being recorded.

*Low birth weight*—Prior to 1979 low birth weight was defined as 2,500 grams or less. Beginning in 1979, low birth weight is defined as less than 2,500 grams.

## Mortality

*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 utilizing the international rules for selecting the underlying cause of death from the reported conditions. For data years 1979–84, the *International Classification of Diseases, Ninth Revision* is used for coding. Earlier data used the then current revision of the *International Classification of Diseases* (tables IV and V).

**Table IV. Revision of the *International Classification of Diseases*, according to year of conference by which adopted and years in use in United States**

Revision of the International Classification of Diseases	Year of conference by which adopted	Years in use in United States
First . . . . .	1900	1900–1909
Second . . . . .	1909	1910–1920
Third . . . . .	1920	1921–1929
Fourth . . . . .	1929	1930–1938
Fifth . . . . .	1938	1939–1948
Sixth . . . . .	1948	1949–1957
Seventh . . . . .	1955	1958–1967
Eighth . . . . .	1965	1968–1978
Ninth . . . . .	1975	1979–present

Use of successive revisions for classification of diseases may introduce discontinuities in the comparability of cause-of-death statistics over time. For further discussion, see the technical appendixes of the annual volumes of *Vital Statistics of the United States*, Volume II, Mortality, produced by the National Center for Health Statistics. The most recent published volume is: *Vital Statistics of the United States, 1981*, Volume II, Mortality, Part A, DHHS Pub. No. (PHS) 86–1101, Public Health Service, Washington, U.S. Government Printing Office, 1986.

*Death rate*—This measure is derived by dividing the number of deaths in a population in a given period by the resident population at the middle of that period. It is expressed as the number of deaths per 1,000 or 100,000 population. It may be restricted to deaths in specific age, race, sex, or geographic groups, or it may be related to the entire population.

*Infant mortality*—Infant mortality is the death of live-born children who have not reached their first birthday and is usually expressed as a rate (i.e., the number of infant deaths during a year per 1,000 live births reported in the year).

*International Classification of Diseases, Ninth Revision*—The *International Classification of Diseases* (ICD) classifies mortality information for statistical purposes. ICD was first used in 1900 and has been revised about every 10 years since then. The *Ninth Revision*, published in

**Table V. Cause-of-death codes, according to applicable revision of *International Classification of Diseases***

Cause of death	Code numbers			
	Sixth Revision	Seventh Revision	Eighth Revision	Ninth Revision
Diseases of heart . . . . .	400–402, 410–443	400–402, 410–443	390–398, 402, 404, 410–429	390–398, 402, 404–429
Cerebrovascular diseases . . . . .	330–334	330–334	430–438	430–438
Malignant neoplasms . . . . .	140–205	140–205	140–209	140–208
Respiratory system . . . . .	160–164	160–164	160–163	160–165
Colorectal . . . . .	153–154	153–154	153–154	153, 154
Breast . . . . .	170	170	174	174, 175
Prostate . . . . .	177	177	185	185
Chronic obstructive pulmonary diseases . . . . .	241, 501, 502, 527.1	241, 501, 502, 527.1	490–493, 519.3	490–496
Pneumonia and influenza . . . . .	480–483, 490–493	480–483, 490–493	470–474, 480–486	480–487
Tuberculosis . . . . .	001–019	001–019	010–019	010–018
Chronic liver disease and cirrhosis . . . . .	581	581	571	571
Diabetes mellitus . . . . .	260	260	250	250
Accidents and adverse effects . . . . .	E800–E962	E800–E962	E800–E949	E800–E949
Motor vehicle accidents . . . . .	E810–E835	E810–E835	E810–E823	E810–E825
Suicide . . . . .	E963, E970–E979	E963, E970–E979	E950–E959	E950–E959
Homicide and legal intervention . . . . .	E964, E980–E985	E964, E980–E985	E960–E978	E960–E978
Complications of pregnancy, childbirth, and the puerperium . . . . .	640–689	640–689	630–678	630–676
Malignant neoplasm of peritoneum and pleura . . . . .	...	...	158, 163.0	158, 163
Coalworkers' pneumoconiosis . . . . .	...	...	515.1	500
Asbestosis . . . . .	...	...	515.2	501
Silicosis . . . . .	...	...	515.0	502

1977, is used to code U.S. mortality data beginning with data for 1979. The clinical modification of the *Ninth Revision* is used to code U.S. morbidity data.

Both are arranged in 17 main chapters. Most of the diseases are arranged according to their principal anatomical site, with special chapters for infective and parasitic diseases; neoplasms; endocrine, metabolic, and nutritional diseases; mental diseases; complications of pregnancy and childbirth; certain diseases peculiar to the perinatal period; and ill-defined conditions. In addition, two supplemental classifications are provided: the classification of factors influencing health status and contact with health service and the classification of external causes of injury and poisoning.

*Neonatal mortality rate*—The neonatal mortality rate is the number of deaths under 28 days of age per 1,000 live births.

*Postneonatal mortality rate*—The postneonatal mortality rate is the number of deaths that occur from 28 days to 365 days after birth per 1,000 live births.

*Fetal death rate*—The fetal death rate is the number of fetal deaths with stated or presumed gestation of 20 weeks or more per 1,000 live births plus fetal deaths.

*Late fetal death rate*—The late fetal death rate is the number of fetal deaths with stated or presumed gestation of 28 weeks or more per 1,000 live births plus late fetal deaths.

*Perinatal mortality rate*—The perinatal mortality rate is the number of late fetal deaths plus infant deaths within 7 days of birth per 1,000 live births plus late fetal deaths.

*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.

## Determinants and Measures of Health

*Condition*—A health condition is a departure from a state of physical or mental well-being. Conditions, except impairments, are coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM).

Based on duration, there are two categories of conditions, acute and chronic. In the National Health Interview Survey, an *acute condition* is a condition that has lasted less than 3 months and has involved either a physician visit (medical attention) or restricted activity, and a *chronic condition* is any condition lasting 3 months or more or is one of certain conditions classified as chronic regardless of their time of onset. The National Nursing Home Survey uses a specific list of conditions classified as chronic, also disregarding time of onset.

*Disability*—Disability is any temporary or long-term

reduction of a person's activity as a result of an acute or chronic condition. It is often measured in terms of the number of days that a person's activity has been reduced.

*Disability day*—The National Health Interview Survey identifies several types of days on which a person's usual activity is reduced because of illness or injury (reported for the 2-week period preceding the week of the interview). These short-term disability days are not mutually exclusive categories but are defined as follows:

A *restricted-activity day* is any day on which a person cuts down on his or her usual activities for all or most of that day because of an illness or an injury. Restricted-activity days are unduplicated counts of bed-disability, work-loss, and school-loss days as well as other days during which a person cuts down on his or her usual activities.

A *bed-disability day* is a day on which a person stays in bed for more than half of the daylight hours (or normal waking hours) because of a specific illness or injury. All *hospital days* are bed-disability days. Bed-disability days may also be work-loss or school-loss days.

A *work-loss day* is a day on which a person did not work at his or her job or business for at least half of his or her normal workday because of a specific illness or injury. The number of work-loss days is determined only for currently employed persons.

A *school-loss day* is a day on which a child did not attend school for at least half of his or her normal schoolday because of a specific illness or injury. School-loss days are determined only for children 6–16 years of age.

*Former smoker*—Any person who has smoked at least 100 cigarettes during his or her entire life but who reports smoking no cigarettes at the present time is a former smoker.

*Incidence*—Incidence is the number of cases of disease having their onset during a prescribed period of time and is often expressed as a rate (e.g., the incidence of measles per 1,000 children 5–15 years of age during a year). Incidence is a measure of morbidity or other events that occur within a specified period of time.

*Limitation of activity*—Each person identified by the National Health Interview Survey as having a chronic condition is classified according to the extent to which his or her activities are limited because of the condition as follows:

- Persons unable to carry on *major activity*.
- Persons limited in the amount or kind of major activity performed.
- Persons not limited in major activity but otherwise limited.
- Persons not limited in activity.

*Major activity (or usual activity)*—This is the principal activity of a person or of his or her age-sex group. For 1–5 years of age, it refers to ordinary play with other children; for 6–16 years of age, it refers to school attendance; for 17 years of age and over, it usually refers to a job, housework, or school attendance.

*Notifiable disease*—A notifiable disease is one that health providers are required, usually by law, to report to Federal, State, or local public health officials when diagnosed. Notifiable diseases are those of public interest by reason of their contagiousness, severity, or frequency.

*Particulate matter*—Particulate matter is defined as particles of solid or liquid matter in the air, including both nontoxic materials (soot, dust, and dirt) and toxic materials (lead, asbestos, suspended sulfates and nitrates, etc.).

*Pollutant*—A pollutant is any substance that renders the atmosphere or water foul or noxious to health.

*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 (e.g., the prevalence of diabetes per 1,000 persons during a year).

*Relative survival rate*—The relative survival rate is the ratio of the observed survival rate for the patient group to the expected survival rate for persons in the general population similar to the patient group with respect to age, sex, race, and calendar year of observation. The 5-year relative survival rate is used to estimate the proportion of cancer patients potentially curable. Because over half of all cancers occur in persons 65 years of age and over, many of these individuals die of other causes with no evidence of recurrence of their cancer. Thus, because it is obtained by adjusting observed survival for the normal life expectancy of the general population of the same age, the relative survival rate is an estimate of the chance of surviving the effects of cancer.

## Utilization and Resources

### Ambulatory Care

*Dental visit*—The National Health Interview Survey counts visits to a dentist's office for treatment or advice, including services by a technician or hygienist acting under the dentist's supervision, as dental visits. Services provided to hospital inpatients are not included.

*Office*—In the National Health Interview Survey, an office refers to the office of any physician in private practice, including physicians connected with prepaid group practices. In the National Ambulatory Medical Care Survey, an office is any location for a physician's ambulatory practice other than hospitals, nursing homes, other extended care facilities, patients' homes, and industrial clinics. However, private offices in hospitals are included.

*Physician visit*—The National Health Interview Survey counts as a physician visit a visit in person or by telephone to a doctor of medicine or doctor of osteopathy for the purpose of examination, diagnosis, treatment, or advice. The service may be provided directly by the physician or by a nurse or other person acting under the physician's supervision. Contacts involving services provided on a mass basis are not included nor are contacts for hospital inpatients.

Physician visits are generally classified by the type of place of visit. In the National Health Interview Survey, this includes the *office, hospital outpatient clinic or emergency room, telephone* (advice given by a physician in a telephone call), *company or industrial clinic* (units at a place of business that provide treatment through a physician or trained nurse), *home* (any place in which a person was staying at the time a physician was called there), as well as other places.

In the National Ambulatory Medical Care Survey, an *office visit* is any direct personal exchange between an ambulatory patient and a physician or members of his or her staff for the purposes of seeking care and rendering health services.

### Inpatient Care

*Average daily census or average daily patients*—This refers to the average number of inpatients receiving care each day during a reporting period, excluding newborns.

*Average length of stay*—In the National Hospital Discharge Survey, the average length of stay is the total number of patient days accumulated at the time of discharge, counting the date of admission but not the date of discharge by patients discharged during a reporting period, divided by the number of patients discharged.

As measured in the National Nursing Home Survey, *length of stay for residents* is the time from their admission until the reporting time, while the *length of stay for discharges* is the time between the date of admission and the date of discharge.

*Bed*—Any bed that is set up and staffed for use for inpatients is counted as a bed in a facility. In the National Master Facility Inventory, the count is of beds at the end of the reporting period; for the American Hospital Association, it is of the average number of beds during the entire period. The World Health Organization defines a hospital bed as one regularly maintained and staffed for the accommodation and full-time care of a succession of inpatients and situated in a part of the hospital where continuous medical care for inpatients is provided.

*Day*—According to the American Hospital Association and National Master Facility Inventory, *days or inpatient days* are the number of adult and pediatric days of care rendered during a reporting period. Days of care for newborns are excluded.

In the National Health Interview Survey, *hospital*

*days during the year* refer to the total number of hospital days occurring in the 12-month period prior to the interview week. A *hospital day* is a night spent in the hospital for persons admitted as inpatients to a hospital.

In the National Hospital Discharge Survey, *days of care* refer to the total number of patient days accumulated by patients at the time of discharge from non-Federal short-stay hospitals during a reporting period. All days from and including the date of admission but not including the date of discharge are counted. A *patient* is a person who is formally admitted to the inpatient service of the hospital for observation, care, diagnosis, or treatment.

*Discharge*—The National Health Interview Survey defines a *hospital discharge* as the completion of any continuous period of stay of 1 night or more in a hospital as an inpatient, excepting the period of stay of a well newborn infant.

According to the National Hospital Discharge Survey, American Hospital Association, and National Master Facility Inventory, this is the formal release of an inpatient by a hospital, i.e., the termination of a period of hospitalization (including stays of 0 nights) by death or by disposition to a place of residence, nursing home, or another hospital. In this report, newborn infants are excluded.

In the National Nursing Home Survey, this is the formal release of a resident by a nursing home.

*First-listed diagnosis*—In the National Hospital Discharge Survey, this is the diagnosis listed first on the face sheet of the medical record.

*Hospital*—According to the American Hospital Association (AHA) and National Master Facility Inventory (NMFI), hospitals are institutions licensed as hospitals whose primary function is to provide diagnostic and therapeutic patient services for medical conditions and that have at least six beds, an organized physician staff, and continuous nursing services under the supervision of registered nurses. AHA data differ slightly from those of NMFI, because data from NMFI reflect osteopathic hospitals as well as hospitals not registered with AHA. Non-AHA hospitals comprise 5–10 percent of all hospitals in the country. The World Health Organization considers an establishment a hospital if it is permanently staffed by at least one physician, can offer inpatient accommodation, and can provide active medical and nursing care.

Hospitals may be classified by type of service, ownership, and length of stay.

*General hospitals* provide both diagnostic and treatment services for patients with a variety of medical conditions, both surgical and nonsurgical. According to the World Health Organization, these hospitals provide medical and nursing care for more than one category of medical discipline (e.g., general medicine, specialized medicine, general surgery, specialized surgery, and obstetrics); excluded are hospitals, usually ones in rural areas, that provide a more limited

range of care. *Psychiatric hospitals* are ones whose major type of service is psychiatric care. See “Psychiatric Care” section.

*Specialty hospitals*, such as psychiatric, tuberculosis, chronic disease, rehabilitation, maternity, and alcoholic or narcotic, provide a particular type of service to the majority of their patients.

*Federal hospitals* are operated by the Federal Government.

*Non-Federal government hospitals* are operated by State or local governments.

*Voluntary nonprofit hospitals* are operated by a church or other nonprofit organization.

*Proprietary hospitals* are operated for profit by individuals, partnerships, or corporations.

*Community hospitals* include all non-Federal short-stay hospitals classified by the American Hospital Association according to one of the following services: general medical and surgical; obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; orthopedic; other specialty; children’s general, children’s eye, ear, nose, and throat; children’s rehabilitation; children’s orthopedic; and children’s other specialty.

*Short-stay hospitals* in the National Hospital Discharge Survey are those in which the average length of stay is less than 30 days. The American Hospital Association and National Master Facility Inventory define *short-term hospitals* as hospitals in which more than half the patients are admitted to units with an average length of stay of less than 30 days and *long-term hospitals* as ones in which more than half the patients are admitted to units with an average length of stay of 30 days or more. The National Health Interview Survey defines *short-stay hospitals* as any hospital or hospital department in which the type of service provided is general; maternity; eye, ear, nose, and throat; children’s; or osteopathic.

*Registered hospitals* are hospitals registered with the American Hospital Association. About 98 percent of hospitals are registered.

*International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*—The ICD-9-CM is based on and is completely compatible with the *International Classification of Diseases, Ninth Revision*. While the *Ninth Revision* is used to code mortality data (“Mortality” section), ICD-9-CM is used to code morbidity data.

Diagnostic groupings and code number inclusions are shown in table VI; surgical groupings and code number inclusions are shown in table VII; and diagnostic and other nonsurgical procedure groupings and code number inclusions are shown in table VIII.

*Nursing care*—Nursing care is the provision of any of the following services: Application of dressings or bandages; bowel and bladder retraining; catheterization; enema; full bed bath; hypodermic, intramuscular, or

**Table VI. Codes for diagnostic categories from the *International Classification of Diseases, 9th Revision, Clinical Modification***

Diagnostic category	Code numbers
Females with delivery . . . . .	V27
Malignant neoplasms . . . . .	140-208, 230-234
Benign neoplasms . . . . .	210-229, 235-239
Diabetes . . . . .	250
Psychoses . . . . .	290-299
Alcohol dependence syndrome . .	303
Eye diseases and conditions . . . .	360-379
Otitis media and eustachian tube disorders . . . . .	381-382
Diseases of heart . . . . .	391, 398, 402-404, 410-429
Cerebrovascular diseases . . . . .	430-438
Acute respiratory infection . . . . .	460-466
Chronic disease of tonsils and adenoids . . . . .	474
Pneumonia, all forms . . . . .	480-486
Bronchitis, emphysema, and asthma . . . . .	490-493
Inguinal hernia . . . . .	550
Noninfectious enteritis and colitis . . . . .	555-556, 558
Cholelithiasis . . . . .	574
Hyperplasia of prostate . . . . .	600
Inflammatory disease of female pelvic organs . . . . .	614-616
Disorders of menstruation . . . . .	626
Pregnancy with abortive outcome . . . . .	630-639
Congenital anomalies . . . . .	740-759
Fracture, all sites . . . . .	800-829
Lacerations and open wounds . . .	870-904

intravenous injection; irrigation; nasal feeding; oxygen therapy; and temperature-pulse-respiration or blood pressure measurement.

**Nursing home**—A nursing home is an establishment with three or more beds that provides nursing or personal care to the aged, infirm, or chronically ill.

**Nursing care homes** must employ one or more full-time registered or licensed practical nurses and must provide nursing care to at least half the residents.

**Personal care homes with nursing** have some but fewer than half the residents receiving nursing care. In addition, such homes must employ one or more registered or licensed practical nurses or must provide administration of medications and treatments in accordance with physicians' orders, supervision of self-administered medications, or three or more personal services.

**Personal care homes without nursing** have no residents receiving nursing care. These homes provide administration of medications and treatments in accordance with physicians' orders, supervision of self-administered medications, or three or more personal services.

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

In the 1977 National Nursing Home Survey, all four categories of homes were included. In the 1973-74 sur-

**Table VII. Codes for surgical categories from the *International Classification of Diseases, 9th Revision, Clinical Modification***

Surgical category	Code numbers
Extraction of lens . . . . .	13.1-13.6
Insertion of prosthetic lens (pseudophakos) . . . . .	13.7
Resection and recession of ocular muscle . . . . .	15.1-15.6
Myringotomy . . . . .	20.0
Rhinoplasty and repair of nose . . . . .	28.1
Tonsillectomy, with or without adenoidectomy . . . . .	28.2-28.3
Adenoidectomy without tonsillectomy . . . . .	28.6
Direct heart revascularization (coronary bypass) . . . . .	36.1
Cardiac catheterization . . . . .	37.21-37.23
Pacemaker insertion, replacement, and repair . . . . .	37.7-37.8
Appendectomy, excluding incidental . . . . .	47.0
Cholecystectomy . . . . .	51.2
Repair of inguinal hernia . . . . .	53.0-53.1
Prostatectomy . . . . .	60.2-60.6
Circumcision . . . . .	64.0
Oophorectomy and salpingo-oophorectomy . . . . .	65.3-65.6
Bilateral destruction or occlusion of fallopian tubes . . . . .	66.2-66.3
Hysterectomy . . . . .	68.3-68.7
Diagnostic dilation and curettage of uterus . . . . .	69.09
Procedures to assist delivery . . . . .	72-73
Cesarean section . . . . .	74.0-74.2, 74.4, 74.99
Repair of current obstetrical laceration . . . . .	75.5-75.6
Reduction of fracture (excluding skull, nose, and jaw) . . . . .	76.70, 76.78-76.79, 79.0-79.6
Arthroplasty and replacement of hip . . . . .	81.5-81.6
Operations on muscles, tendons, fascia, and bursa . . . . .	82-83.1, 83.3-83.9
Biopsies on the integumentary system (breast, skin, and subcutaneous tissue) . . . . .	85.11-85.12, 86.11
Debridement of wound, infection, or burn . . . . .	86.22
Suture of skin and subcutaneous tissue . . . . .	86.5

**Table VIII. Codes for diagnostic and other nonsurgical procedure categories from the *International Classification of Diseases, 9th Revision, Clinical Modification***

Procedure category	Code numbers
Spinal tap . . . . .	03.31
Endoscopy of small intestine . . . . .	45.11-45.13
Endoscopy of large intestine . . . . .	45.21-45.24
Laparoscopy (excluding that for ligation and division of fallopian tubes) . . . . .	54.21
Cystoscopy . . . . .	57.31-57.32
Arthroscopy of knee . . . . .	80.26
Computerized axial tomography (CAT scan) . . . . .	87.03, 87.41, 87.71, 88.01, 88.38
Contrast myelogram . . . . .	87.21
Biliary tract x-ray . . . . .	87.5
Arteriography using contrast material . . . . .	88.4
Angiocardiography using contrast material . . . . .	88.5
Diagnostic ultrasound . . . . .	88.7
Radioisotope scan . . . . .	92.0-92.1
Application of cast or splint . . . . .	93.51, 93.53-93.54

vey, only nursing homes providing some level of nursing care were classified as nursing homes.

*Skilled nursing facilities* provide the most intensive nursing care available outside of a hospital. Facilities certified by Medicare provide posthospital care to eligible Medicare enrollees. Facilities certified by Medicaid as skilled nursing facilities provide skilled nursing services on a daily basis to individuals eligible for Medicaid benefits.

*Intermediate care facilities* are certified by the Medicaid program to provide health-related services on a regular basis to Medicaid eligibles who do not require hospital or skilled nursing facility care but do require institutional care above the level of room and board.

*Occupancy rate*—The National Master Facility Inventory and American Hospital Association define *hospital occupancy rate* as the average daily census divided by the number of hospital beds during a reporting period. The *occupancy rate for other facilities* is calculated as the number of residents reported at the time of the interview divided by the number of beds reported.

*Outpatient visit*—According to the American Hospital Association, these are visits by patients not lodged in the hospital for medical, dental, or other services. See "Ambulatory Care" section.

*Primary diagnosis*—In the National Nursing Home Survey, this is the primary condition at the last examination as extracted from the resident's medical record.

*Resident*—In the National Nursing Home Survey, a resident is a person who has been formally admitted to but not discharged from an establishment.

## Psychiatric Care

The definitions for psychiatric care are those used by the National Institute of Mental Health.

*Admission*—An individual is classified as an admission to a psychiatric facility by being a new admission, a readmission, a return from leave, or a transfer from another service of the same organization or another organization.

*Mental disorder*—A mental disorder is any of several disorders listed in the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* or *Diagnostic and Statistical Manual of Mental Disorders, Third*

*edition (DSM-III)*. Table IX shows diagnostic categories and code numbers for ICD-9-CM/DSM-III and corresponding codes for the *International Classification of Diseases, Adopted for use in the United States, 8th revision (ICDA8)* and *Diagnostic and Statistical Manual of Mental Disorders, Second edition (DSM-II)*.

*Mental health facility*—A mental health facility is an administratively distinct public or private agency or institution whose primary concern is the provision of direct mental health services to the mentally ill or emotionally disturbed. Facilities include public and private psychiatric hospitals, psychiatric units of general hospitals, residential treatment centers for emotionally disturbed children, federally funded community mental health centers, freestanding outpatient psychiatric clinics, multiservice mental health facilities, and halfway houses.

*Psychiatric hospitals* are hospitals primarily concerned with providing inpatient care and treatment for the mentally ill. *Psychiatric inpatient units of Veterans Administration general hospitals* and *Veterans Administration neuropsychiatric hospitals* are often combined into the category *Veterans Administration psychiatric hospitals* because of their similarity in size, operation, and length of stay. Other psychiatric hospitals include State and county mental hospitals and private mental hospitals.

*General hospitals providing psychiatric services* are hospitals that knowingly and routinely admit patients to a separate psychiatric unit for the purpose of diagnosing and treating psychiatric illness.

*Residential treatment centers for emotionally disturbed children* are residential institutions primarily serving emotionally disturbed children and providing treatment services, usually under the supervision of a psychiatrist.

*Federally funded community mental health centers* (prior to 1981) are legal entities through which comprehensive mental health services are provided to a delineated catchment area. This mental health delivery system may be implemented by a single facility (with or without subunits) or by a group of affiliated facilities that make available at least the following essential mental health services: inpatient, day treatment, outpatient, emergency care, and community consultation and education.

**Table IX. Mental illness codes, according to applicable revision of the *Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases***

Diagnostic category	DSM-III/ICDA-8	DSM-III/ICD-9-CM
Alcohol-related . . . . .	291, 303, 309.13	291, 303, 305.0
Drug-related . . . . .	294.3, 304, 309.14	292, 304, 305.1-305.9, 327, 328
Organic disorders (other than alcoholism and drug) . . . . .	290, 292, 293, 294 (except 294.3), 309.0, 309.2-309.9	290, 293, 294, 310
Affective disorders . . . . .	296, 298.0, 300.4	296, 298.0, 300.4, 301.11, 301.13
Schizophrenia . . . . .	295	295, 299

*Freestanding outpatient psychiatric clinics* (prior to 1981) are administratively distinct facilities, the primary purpose of which is to provide nonresidential mental health service and where a psychiatrist assumes medical responsibility for all patients and/or directs the mental health program.

*Service mode*—Service mode and *treatment modality* refer generally to the kinds of mental health service available: inpatient care, outpatient care, day treatment, etc.

*Inpatient care* is the provision of mental health treatment to people requiring 24-hour supervision.

*Outpatient care* is the provision of mental health treatment on an outpatient basis and does not involve any overnight stay in an inpatient facility.

*Day treatment* is the provision of a planned therapeutic program during most or all of the day for people needing broader programs than are possible through outpatient visits but who do not require full-time hospitalization.

## Personnel

*Full-time equivalent employee (FTE)*—The American Hospital Association and National Master Facility Inventory use an estimate of full-time equivalent employees that counts two part-time employees as one full-time employee, a *full-time employee* being someone working 35 hours or more a week. The National Nursing Home Survey uses an estimate of full-time employees that counts 35 hours of part-time employees' work per week as equivalent to one full-time employee.

*Physician*—Physicians are licensed doctors of medicine or osteopathy classified by the American Medical Association and others through self-reporting, as follows:

*Active physicians* or *professionally active physicians* are ones currently practicing, regardless of the number of hours worked per week. Federal physicians are employed by the Federal Government; *non-Federal* or *civilian physicians* are not.

*Office-based physicians* are physicians who spend the plurality of their time working in practices based in private offices; *hospital-based physicians* spend the plurality of their time as salaried physicians in hospitals.

*Physician specialty*—A physician specialty is any specific branch of medicine in which a physician may concentrate. The specialty classification used by the Bureau of Health Professions and National Ambulatory Medical Care Survey (NAMCS) follow these American Medical Association categories:

*Primary care specialties* include general practice (or family practice), internal medicine, and pediatrics.

*Medical specialties* include, along with internal medicine and pediatrics, the areas of allergy, cardiovascular disease, dermatology, gastroenterology, pediatric allergy and cardiology, and pulmonary diseases.

*Surgical specialties* include general surgery, neurological surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, colon and rectal surgery, thoracic surgery, and urology.

*Other specialties* covered by NAMCS are geriatrics, neurology, preventive medicine, psychiatry, and public health. Other specialties covered by the Bureau of Health Professions are aerospace medicine, anesthesiology, child psychiatry, neurology, occupational medicine, pathology, physical medicine and rehabilitation, psychiatry, public health, and radiology.

*Place of employment*—The classification of people employed in the health service industry by place of employment is a U.S. Bureau of the Census adaptation of the U.S. Office of Management and Budget's *Standard Industrial Classification Manual, 1967*, which classified people according to health service industry codes 801–809.

*Professional personnel*—Professional personnel include chiropractors, dentists, dental hygienists, licensed practical nurses, pharmacists, physical therapists, physicians, podiatrists, and registered nurses as well as other occupations not covered in this report.

In the United States, counts of these professionals include only those licensed in the State where they practice, with licensure usually requiring the completion of an appropriate degree or certificate program for that profession. In international counts prepared by the World Health Organization, only those professionals active in their profession are counted.

Professionals may be classified according to specialty, place of practice, or other criteria. See "Physician."

## Health Expenditures

*Consumer Price Index (CPI)*—The CPI is prepared by the U.S. Bureau of Labor Statistics. It is a measure of the changes in average prices of the goods and services purchased by urban wage earners and by clerical workers and their families. The medical care component of the CPI shows trends in medical care prices based on specific indicators of hospital, medical, dental, and drug prices.

A revision of the CPI has been in use since January 1978, and changes are noted where applicable in this report.

*Gross national product (GNP)*—This is the most comprehensive measure of a nation's total output of goods and services. In the United States, the GNP represents



the dollar value in current prices of all goods and services produced for sale plus the estimated value of certain imputed outputs (i.e., goods and services that are neither bought nor sold). The GNP is the sum of: (1) consumption expenditures by both individuals and nonprofit organizations plus certain imputed values; (2) business investment in equipment, inventories, and new construction; (3) Federal, State, and local government purchases of goods and services; and (4) the sale of goods and services abroad minus purchases from abroad.

*Medicaid*—This program is federally aided but State operated and administered. It provides medical benefits for certain low-income persons in need of medical care. The program, authorized in 1965 by Title XIX of the Social Security Act, categorically covers participants in the Aid to Families with Dependent Children program as well as some participants in the Supplemental Security Income program and other people deemed medically needy in a participating State. States also determine the benefits covered, rates of payment for providers, and methods of administering the program.

*Medicare*—This is a nationwide health insurance program providing health insurance protection to people 65 years of age and over, people eligible for social security disability payments for more than 2 years, 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).

*National health expenditures*—This measure estimates the amount spent for all health services and supplies and health-related research and construction activities consumed in the United States during a specified time period. Detailed estimates are available by source of expenditure (e.g., direct payment, private health insurance, and government programs) and by type of expenditure (e.g., hospitals, physicians, and drugs). Data are compiled from a variety of sources that collect data from the providers of care.

*Health services and supplies expenditures* are outlays for goods and services relating directly to patient care plus expenses for administering health insurance programs and for government public health activities.

This category is equivalent to total national health expenditures minus expenditures for research and construction.

*Private expenditures* are outlays for services provided or paid for by nongovernmental sources—consumers, insurance companies, private industry, and philanthropic organizations.

*Public expenditures* are outlays for services provided or paid for by Federal, State, and local government agencies or expenditures required by governmental action (such as workmen's compensation insurance payments).

*Personal health care expenditures*—These are outlays for goods and services relating directly to patient care. The expenditures in this category are total national health expenditures minus expenditures for research and construction, expenses for administering health insurance programs, and government public health activities.

## Health Maintenance Organizations

*Health maintenance organization (HMO)*—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 plan for a specified period of time (usually 1 year). HMO model types are

*Group*—An HMO that delivers health services through a physician group that is controlled by the HMO unit or an HMO that contracts with one or more independent group practices to provide health services.

*Individual Practice Association (IPA)*—An HMO that contracts directly with physicians in independent practice, and/or contracts with one or more associations of physicians in independent practice, and/or contracts with one or more multispecialty group practices (but the plan is predominantly organized around solo-single specialty practices).

These definitions differ somewhat from those used by the Office of Health Maintenance Organizations for Federal designation.